

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

فهرست داروهای تحت پوشش (دارونامه) سال 2021

کانتی‌های: San Diego و Los Angeles

این دارونامه در تاریخ به‌روزرسانی شده است. برای کسب اطلاعات جدیدتر یا سایر سؤالات، لطفاً طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با مرکز خدمات اعضای Blue Shield Promise Cal MediConnect Plan به شماره 711 (TTY: 1-855-905-3825) تماس بگیرید این تماس رایگان است؛ یا به این نشانی مراجعه کنید:
www.blueshieldca.com/promise/calmediconnect

شناسه دارونامه: 21409 ، نسخه:



Promise Health Plan

فهرست | Blue Shield Promise Cal MediConnect Plan

داروهای تحت پوشش (دارونامه) سال 2021

مقدمه

این سند فهرست داروهای تحت پوشش (همچنین موسوم به «فهرست دارویی») نام دارد. این فهرست به شما می‌گوید که کدام داروها و اقلام نسخه‌ای و بدون نسخه (OTC) تحت پوشش Blue Shield Promise Cal MediConnect Plan هستند. همچنین، اگر مقررات یا محدودیت‌های خاصی در مورد برخی داروهای تحت پوشش Blue Shield Promise Cal MediConnect Plan وجود داشته باشد در فهرست دارویی آمده است. عبارات کلیدی و تعاریف آنها در فصل آخر کتابچه راهنمای اعضا آمده است. برای درخواست یک نسخه از این کتابچه، لطفاً طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با مرکز خدمات اعضای Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است.

فهرست مطالب

- iv A. بیانیه‌های سلب مسئولیت
- v B. سوالات متداول (FAQ)
- v B1. کدام داروهای نسخه‌ای در فهرست داروهای تحت پوشش هستند؟ (ما فهرست داروهای تحت پوشش را به طور مختصر «فهرست دارویی» می‌نامیم.)
- vi B2. آیا فهرست دارویی اصلاً تغییر می‌کند؟
- vii B3. در صورت بروز تغییر در «فهرست دارویی» چه اتفاقی می‌افتد؟
- viii B4. آیا محدودیت‌ها یا ممنوعیت‌ها یا هر اقدام مورد نیاز دیگری در پوشش دارو برای دریافت برخی داروها وجود دارد؟ ..
- viii B5. چطور بدانید که آیا داروی مورد نظر شما محدودیت‌هایی دارد یا برای تهیه دارو لازم است اقداماتی را انجام دهید؟
- viii B6. در صورت تغییر مقررات‌مان در مورد برخی داروها (مثلاً مجوز قبلی (تأییدیه)، محدودیت‌های مقدار و/یا محدودیت‌های درمان مرحله‌ای) چه اتفاقی می‌افتد؟
- viii B7. چگونه می‌توانید یک دارو را در فهرست دارویی پیدا کنید؟
- ix B8. اگر دارویی که می‌خواهید مصرف کنید در فهرست دارویی نباشد، چه کاری باید انجام دهید؟
- ix B9. اگر عضو جدید Blue Shield Promise Cal MediConnect Plan هستید و نمی‌توانید داروی خود را در «فهرست دارویی» پیدا کنید یا برای تهیه داروی خود با مشکلی روبرو هستید، چه کاری باید انجام دهید؟
- x B10. آیا می‌توانید برای پوشش داروی خود درخواست استثنا کنید؟
- x B11. چگونه می‌توانید برای استثنا درخواست دهید؟
- x B12. گرفتن استثنا چقدر طول می‌کشد؟
- xi B13. داروهای عمومی چه هستند؟

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



- B14. داروهای OTC چه هستند؟ xi
- B15. آیا Blue Shield Promise Cal MediConnect Plan محصولات غیر دارویی OTC را پوشش می‌دهد؟ xi
- B16. سهم بیمه‌شده چیست؟ xi
- B17. ردیف‌های دارویی چه هستند؟ xii
- C. مروری بر فهرست داروهای تحت پوشش xii
- C1. فهرست داروها بر حسب عارضه پزشکی xiv
- D. فهرست راهنمای داروهای تحت پوشش xiv

A. بیانیه‌های سلب مسئولیت

- در زیر فهرست داروهایی آمده است که اعضا می‌توانند در Blue Shield Promise Cal MediConnect دریافت کنند.
- ❖ Blue Shield Promise Cal MediConnect یک طرح بیمه سلامت است که به منظور ارائه مزایای هر دو برنامه به اعضا، طرف قرارداد Medicare و Medi-Cal می‌باشد.
 - ❖ فهرست داروهای تحت پوشش و/یا داروخانه‌ها و ارائه‌دهندگان شبکه ممکن است در طول سال تغییر کند. ما قبل از اعمال تغییری که شامل شما شود، اطلاعیه‌ای برایتان ارسال خواهیم کرد.
 - ❖ ممکن است مزایا و/یا سهم‌های بیمه‌شده در 1 ژانویه هر سال تغییر کنند.
 - ❖ همواره می‌توانید به‌صورت آنلاین با مراجعه به www.blueshieldca.com/promise/calmediconnect یا از طریق تماس با شماره تلفن (TTY: 711) 1-855-905-3825 طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب، فهرست به‌روز داروهای تحت پوشش Blue Shield Promise Cal MediConnect را بررسی کنید. این تماس رایگان است.
 - ❖ ممکن است محدودیت‌ها، سهم‌های بیمه‌شده و ممنوعیت‌هایی اعمال شود. برای کسب اطلاعات بیشتر، با مرکز خدمات اعضای Blue Shield Promise Cal MediConnect تماس بگیرید یا کتابچه راهنمای اعضای Blue Shield Promise Cal MediConnect را مطالعه کنید.
 - ❖ سهم بیمه‌شده برای داروهای نسخه‌ای ممکن است بر حسب سطح Extra Help (کمک اضافه) که دریافت می‌کنید متغیر باشد. لطفاً جهت کسب اطلاعات بیشتر با پشتیبانی طرح بیمه تماس بگیرید.
 - ❖ **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 linggo.
 - ❖ **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..

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



❖ **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. 8 صبح تا 8 شب، هر روز هفته

❖ **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:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711)

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

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

❖ **ខ្មែរ (Cambodian/Khmer):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY:711) ចាប់ពីម៉ោងម៉ោង 8:00 ព្រឹក ដល់ ម៉ោង 8:00 យប់ ជ្រាបពីថ្លៃក្នុងមួយសប្តាហ៍។

❖ **می‌توانید این سند را بصورت رایگان در قالب‌های دیگر مانند خط درشت، بریل و/یا قالب صوتی دریافت کنید. از طریق شماره (TTY: 711) 1-855-905-3825 با خدمات اعضا تماس بگیرید. هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب. این تماس رایگان است.**

❖ **می‌توانید درخواستی دائمی ارائه دهید تا در حال حاضر و در آینده، این سند را به زبانی به جز انگلیسی یا در قالب دیگری دریافت کنید. برای ارائه درخواست، لطفاً با مرکز خدمات اعضای Blue Shield Promise Cal MediConnect Plan تماس بگیرید.**

B. سوالات متداول (FAQ)

پاسخ سوالات خود درباره فهرست داروهای تحت پوشش را در این بخش پیدا کنید. برای کسب اطلاعات بیشتر، می‌توانید همه FAQ را مطالعه کنید یا یک پرسش و پاسخ مشخص را جستجو نمایید.

B1. کدام داروهای نسخه‌ای در فهرست داروهای تحت پوشش هستند؟ (ما فهرست داروهای تحت پوشش را به طور مختصر «فهرست دارویی» می‌نامیم.)

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



داروهای موجود در «فهرست دارویی» تحت پوشش Blue Shield Promise Cal MediConnect Plan هستند. این داروها در داروخانه‌های شبکه ما موجود هستند. داروخانه‌هایی در شبکه ما هستند که ممکن است با آنها قرارداد داشته باشیم تا با ما همکاری کنند و به شما خدمات دهند. ما این داروخانه‌ها را «داروخانه‌های شبکه» می‌نامیم.

- Blue Shield Promise Cal MediConnect Plan هزینه همه داروهای موجود در «فهرست دارویی» را که ضرورت پزشکی دارند در شرایط زیر پرداخت می‌کند:

o پزشک شما یا تجویزکننده دیگر اظهار دارد که شما برای بهبود یا حفظ سلامت خود به آنها نیاز دارید، و

o نسخه‌تان را در داروخانه شبکه Blue Shield Promise Cal MediConnect Plan بپیچید.

- در برخی موارد، قبل از اینکه بتوانید دارو را دریافت کنید باید کاری را انجام دهید (به پرسش B4 در زیر مراجعه کنید).

می‌توانید فهرست بهروز داروهای تحت پوشش ما را در وبسایت ما به نشانی

www.blueshieldca.com/promise/calmediconnect مشاهده کنید یا با مرکز خدمات اعضا به شماره 1-855-905-3825 تماس بگیرید.

B2. آیا فهرست دارویی اصلاً تغییر می‌کند؟

بله و Blue Shield Promise Cal MediConnect Plan باید هنگام اعمال تغییرات، مقررات Medicare و Medicaid را رعایت کنند. ممکن است داروهای را در طول سال به فهرست دارویی اضافه یا از آن حذف کنیم.

ممکن است قوانین مربوط به داروها را نیز تغییر دهیم. مثلاً ممکن است:

- تصمیم بگیریم که دارویی نیاز به تأییدیه قبلی داشته باشد یا نداشته باشد. (تأییدیه قبلی یعنی کسب اجازه از Blue Shield Promise Cal MediConnect Plan پیش از دریافت دارو).

- اضافه کردن یا تغییر مقدار دارویی که می‌توانید دریافت کنید (که «محدودیت مقدار» نامیده می‌شود).

- محدودیت‌هایی را برای درمان مرحله‌ای با دارویی خاص اضافه کنیم یا آنها را تغییر دهیم. (درمان مرحله‌ای یعنی پیش از اینکه دارویی را تحت پوشش قرار دهیم، لازم است ابتدا دارویی دیگر را امتحان کرده باشید).

برای کسب اطلاعات بیشتر در مورد این مقررات دارویی، به پرسش B4 مراجعه کنید.

اگر دارویی مصرف می‌کنید که در ابتدای سال تحت پوشش قرار داشته است، معمولاً این دارو را در ادامه سال از فهرست حذف نمی‌کنیم یا آن را تغییر نمی‌دهیم، مگر اینکه:

- داروی جدید و ارزان‌تری به بازار عرضه شود که همان اثر دارویی را داشته باشد که اکنون در فهرست دارویی هست، یا

- متوجه شویم که دارویی ایمن نیست، یا

- یک دارو از بازار جمع شود.

پرسش‌های B3 و B6 که در زیر آمده‌اند حاوی اطلاعات بیشتری هستند در مورد اینکه هنگام تغییر «فهرست دارویی» چه اتفاقی می‌افتد.

- همیشه می‌توانید فهرست دارویی بهروز Blue Shield Promise Cal MediConnect Plan را آنلاین در www.blueshieldca.com/promise/calmediconnect مشاهده کنید.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal

MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات

بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.

- می‌توانید برای بررسی «فهرست دارویی» فعلی طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با مرکز خدمات اعضا به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید.

B3. در صورت بروز تغییر در «فهرست دارویی» چه اتفاقی می‌افتد؟

برخی تغییرات در فهرست دارویی بلافاصله اتفاق می‌افتند. مثلاً:

- **داروی عمومی جدیدی موجود می‌شود.** گاهی، داروی عمومی جدیدی به بازار عرضه می‌شود که همان اثر داروی تجاری را دارد که در حال حاضر در فهرست دارویی هست. در این صورت، ممکن است داروی تجاری فعلی را حذف و داروی عمومی جدید را اضافه کنیم، اما هزینه داروی جدید مشابه داروی قبلی یا کمتر از آن است. وقتی داروی جدید عمومی را اضافه می‌کنیم، ممکن است تصمیم بگیریم که داروی تجاری را نیز در فهرست نگه داریم اما قوانین یا محدودیت‌های پوشش آن را تغییر دهیم.

0 ممکن است قبل از اینکه این تغییر را انجام دهیم به شما اطلاع ندهیم، اما به محض ایجاد تغییر، اطلاعاتی را در مورد آن برای شما ارسال خواهیم کرد.

0 شما یا ارائه‌دهندگان همچنین می‌توانید درباره این محدودیت‌ها درخواست اعمال استثناء کنید. ما برای شما اطلاعیه‌ای ارسال می‌کنیم و در آن درباره مراحل که باید برای درخواست اعمال استثناء طی شود اطلاع‌رسانی می‌کنیم. لطفاً برای کسب اطلاعات بیشتر درباره موارد استثناء، به پرسش B10 مراجعه کنید.

- **یک دارو از بازار جمع شود.** اگر Food and Drug Administration (FDA)، سازمان غذا و دارو اعلام کند که داروی مورد مصرف شما ایمن نیست یا تولیدکننده دارو آن را از بازار جمع کند، ما بلافاصله آن را از «فهرست دارویی» حذف خواهیم کرد. اگر در حال مصرف دارو باشید، به شما اطلاع می‌دهیم که دارو از «فهرست دارویی» حذف شده است و به شما می‌گوییم که باید چه کار کنید.

ممکن است تغییرات دیگری اعمال کنیم که بر داروهای مورد استفاده‌تان تأثیرگذار باشند. ما پیشاپیش درباره این تغییرات در «فهرست دارویی» به شما اطلاع‌رسانی خواهیم کرد. این تغییرات ممکن است در این موارد رخ دهد:

- FDA راهنمای جدیدی ارائه دهد یا دستورالعمل‌های بالینی جدیدی در مورد یک دارو صادر شود.

- داروی عمومی که جدید نیست و قبلاً وارد بازار شده است را به فهرست خود اضافه کنیم و

0 داروی تجاری را که در حال حاضر در «فهرست دارویی» هست جایگزین کنیم یا

0 قوانین یا محدودیت‌های پوشش داروی تجاری را تغییر دهیم.

در صورت اعمال این تغییرات، اقدامات زیر را انجام خواهیم داد:

- حداقل 30 روز قبل از اعمال تغییر در «فهرست دارویی» به شما اطلاع خواهیم داد یا
- وقتی درخواست تجدید نسخه می‌کنید، به شما اطلاع خواهیم داد و یک ذخیره 30 روزه از دارو را در اختیارتان می‌گذاریم.

این به شما فرصت می‌دهد که با پزشک معالج خود یا دیگر تجویزکنندگان مشورت کنید. او می‌تواند در تصمیم‌گیری کمکتان کند

- به شما اطلاع می‌دهیم که آیا داروی مشابهی در «فهرست دارویی» وجود دارد که بتوانید جایگزین کنید یا
- برای این تغییرات درخواست استثناء کنید. برای کسب اطلاعات بیشتر درباره موارد استثناء، پرسش B10 را ببینید.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.

B4. آیا محدودیت‌ها یا ممنوعیت‌ها یا هر اقدام مورد نیاز دیگری در پوشش دارو برای دریافت برخی داروها وجود دارد؟

بله، برخی داروها دارای مقررات پوشش بیمه یا محدودیت‌هایی در مورد مقدار قابل دریافت هستند. در برخی موارد، شما یا پزشکتان یا تجویزکننده دیگر باید قبل از دریافت دارو کارهایی را انجام دهید. مثلاً:

- **تأییدیه قبلی (یا مجوز قبلی):** برای برخی داروها، شما یا پزشکتان یا تجویزکننده دیگر باید قبل از دریافت دارو از Blue Shield Promise Cal MediConnect Plan تأییدیه بگیرید. در غیر این صورت، ممکن است Blue Shield Promise Cal MediConnect Plan آن داروها را پوشش ندهد.

- **محدودیت مقدار:** گاهی اوقات، Blue Shield Promise Cal MediConnect Plan مقدار دارویی را که دریافت می‌کنید محدود می‌کند.

- **درمان مرحله‌ای:** گاهی Blue Shield Promise Cal MediConnect Plan شما را ملزم به انجام درمان مرحله‌ای می‌کند. یعنی لازم است برای درمان عارضه پزشکی خود، داروها را به ترتیب خاصی امتحان کنید. باید یک دارو را قبل از اینکه داروی دیگری را پوشش دهیم امتحان کنید. اگر نظر پزشک شما این باشد که داروی اول برای شما مؤثر نیست، آن‌گاه ما داروی دوم را پوشش خواهیم داد.

با جستجو در جدول‌های مندرج در صفحه‌های دیگری دارد یا خیر. همچنین، می‌توانید با مراجعه به وبسایت ما به نشانی www.blueshieldca.com/promise/calmediconnect اطلاعات بیشتری کسب کنید. ما اسنادی را به صورت آنلاین منتشر کرده‌ایم که مجوز قبلی ما و محدودیت‌های درمان مرحله‌ای در آن توضیح داده شده است. می‌توانید از ما درخواست کنید که یک نسخه از آن را برای شما ارسال کنیم.

همچنین، می‌توانید درخواست استثنا از این محدودیت‌ها کنید. این به شما فرصت می‌دهد که با پزشک معالج خود یا دیگر تجویزکنندگان مشورت کنید. آنها می‌توانند تصمیم بگیرند که آیا دارویی مشابه در «فهرست دارویی» وجود دارد که بتوانید از آن استفاده کنید یا اینکه باید درخواست استثنا دهید. لطفاً برای کسب اطلاعات بیشتر درباره موارد استثنا، به پرسش‌های B10-B12 مراجعه کنید.

B5. چطور بدانید که آیا داروی مورد نظر شما محدودیت‌هایی دارد یا برای تهیه دارو لازم است اقداماتی را انجام دهید؟

فهرست داروهای تحت پوشش در صفحه‌های ستونی تحت عنوان «اقدامات، ممنوعیت‌ها یا محدودیت‌های مصرف» دارد.

B6. در صورت تغییر مقرراتمان در مورد برخی داروها (مثلاً مجوز قبلی (تأییدیه)، محدودیت‌های مقدار و/یا محدودیت‌های درمان مرحله‌ای) چه اتفاقی می‌افتد؟

در برخی موارد، در صورت تغییر یا اضافه کردن مقررات مربوط به تأییدیه قبلی، محدودیت‌های مقدار و/یا محدودیت‌های درمان مرحله‌ای در مورد داروها از قبل به شما اطلاع می‌دهیم. برای کسب اطلاعات بیشتر درباره این اطلاعیه قبلی و مواقعی که ممکن است نتوانیم زمان تغییر مقرراتمان درباره داروهای مندرج در «فهرست دارویی» را به شما اطلاع دهیم، پرسش B3 را مشاهده کنید.

B7. چگونه می‌توانید یک دارو را در فهرست دارویی پیدا کنید؟

دو روش برای پیدا کردن دارو وجود دارد:

- می‌توانید بر حسب حروف الفبا جستجو کنید (اگر می‌دانید چگونه نام دارو را هجی کنید)، یا

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.

- می‌توانید بر حسب عارضه پزشکی جستجو کنید.

برای جستجو بر حسب حروف الفبا، به بخش «فهرست راهنمای داروهای تحت پوشش» بروید. می‌توانید در فهرست راهنما که از صفحه شروع می‌شود نام دارویتان را پیدا کنید. فهرست همه داروهای مندرج در این سند به ترتیب حروف الفبا در این فهرست راهنما آمده است. هم داروهای تجاری و هم داروهای عمومی در این فهرست راهنما ارائه شده‌اند. در فهرست راهنما جستجو کنید و داروی مورد نظر خود را پیدا کنید. در کنار نام دارویتان می‌توانید شماره صفحه‌ای را ببینید که در آن اطلاعات پوشش بیمه ارائه شده است. به صفحه مذکور بروید و نام داروی خود را در ستون اول فهرست پیدا کنید.

برای جستجو بر حسب عارضه پزشکی، بخش تحت عنوان «فهرست داروها بر اساس عارضه پزشکی» را در صفحه xiv پیدا کنید. داروهای مندرج در این بخش، بر حسب نوع عارضه‌های پزشکی که درمان می‌کنند دسته بندی شده‌اند. مثلاً، اگر عارضه قلبی دارید، باید دسته Cardiovascular agents (داروهای قلبی-عروقی) را جستجو کنید. در آنجا داروهایی خواهید یافت که عارضه قلبی شما را درمان می‌کنند.

B8. اگر دارویی که می‌خواهید مصرف کنید در فهرست دارویی نباشد، چه‌کاری باید انجام دهید؟

اگر داروی خود را در «فهرست دارویی» نمی‌بینید، طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با مرکز خدمات اعضا به شماره 1-855-905-3825 (TTY: 711) تماس بگیرید و درباره آن پرسید؛ این تماس رایگان است. اگر متوجه شدید که Blue Shield Promise Cal MediConnect Plan ن دارو را پوشش نمی‌دهد، می‌توانید یکی از کارهای زیر را انجام دهید:

- از «مرکز خدمات اعضا» فهرستی از داروهای مشابه داروی مورد نظرتان را درخواست کنید. سپس این فهرست را به پزشک خود یا تجویزکننده دیگر نشان دهید. او می‌تواند دارویی از این «فهرست دارویی» تجویز کند که مشابه داروی مورد نظر قبلی است. یا
- می‌توانید از طرح بیمه سلامت درخواست استثنا در مورد پوشش داروی خود کنید. لطفاً برای کسب اطلاعات بیشتر درباره موارد استثنا، به پرسش‌های B10-B12 مراجعه کنید.

B9. اگر عضو جدید Blue Shield Promise Cal MediConnect Plan هستید و نمی‌توانید داروی خود را در «فهرست دارویی» پیدا کنید یا برای تهیه داروی خود با مشکلی روبرو هستید، چه‌کاری باید انجام دهید؟

ما می‌توانیم به شما کمک کنیم. ممکن است یک ذخیره موقت 30 روزه دارو را در طول 90 روز اولی که عضو Blue Shield Promise Cal MediConnect Plan می‌شوید پوشش دهیم. این به شما فرصت می‌دهد که با پزشک معالج خود یا دیگر تجویزکنندگان مشورت کنید. آنها می‌توانند تصمیم بگیرند که آیا دارویی مشابه در «فهرست دارویی» وجود دارد که بتوانید از آن استفاده کنید یا اینکه باید درخواست استثنا دهید.

اگر نسخه شما برای تعداد روزهای کمتری نوشته شده است، می‌توانیم تا چند تمدید نسخه در حد مصرف دارو برای حداکثر 30 روز به شما ارائه دهیم.

ما ذخیره 30 روزه داروی شما را در موارد زیر پوشش می‌دهیم:

- دارویی را مصرف می‌کنید که در فهرست دارویی ما نیست، یا
- مقررات طرح بیمه سلامت به شما اجازه دریافت مقدار تجویز شده توسط تجویزکننده را نمی‌دهد، یا
- دارو به اخذ تأییدیه قبلی از Blue Shield Promise Cal MediConnect Plan نیاز دارد، یا
- دارویی مصرف می‌کنید که بخشی از محدودیت درمان مرحله‌ای است.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره 1-855-905-3825 (TTY: 711) تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



اگر در آسایشگاه یا مرکز مراقبت بلندمدت هستید و به دارویی نیاز دارید که در فهرست دارویی نیست یا اگر نمی‌توانید داروی مورد نیاز خود را به آسانی تهیه کنید، ما می‌توانیم کمک کنیم. اگر به مدت بیش از 90 روز عضو طرح بیمه بوده‌اید و در مرکز مراقبت بلندمدت زندگی کرده‌اید و فوراً به ذخیره دارو نیاز دارید:

- ما صرف نظر از اینکه شما عضو جدید Blue Shield Promise Cal MediConnect Plan هستید یا خیر، یک ذخیره اضطراری 31 روزه از داروی مورد نیاز شما را پوشش خواهیم داد (مگر اینکه نسخه شما برای روزهای کمتری باشد).
- این علاوه بر ذخیره موقت دارویی است که در طول 90 روز اولی که عضو Blue Shield Promise Cal MediConnect Plan می‌شوید، پوشش می‌دهیم.

سیاست انتقال

در شرایطی که بیمه‌شده از یک مجموعه درمانی به مجموعه دیگری جابجا می‌شود، Blue Shield Promise Cal MediConnect Plan تضمین خواهد کرد که فرایند سریعی را برای تأیید داروهای بخش D ناموجود در دارونامه ارائه دهد. این فرایند در مورد داروهای بخش D موجود در دارونامه که مستلزم مجوز قبلی یا درمان مرحله‌ای هستند نیز اعمال می‌شود. مثال‌هایی از تغییر سطح مراقبت: بیمه‌شدگانی که از بیمارستان به خانه مرخص شده‌اند؛ بیمه‌شدگانی که به اقامت خود در بخش A برنامه Medicare در مرکز پرستاری تخصصی خاتمه داده‌اند و لازم است که به طرح بخش D دارونامه خود برگردند؛ بیمه‌شدگانی که به اقامت در مرکز مراقبت بلندمدت خاتمه داده‌اند و به جامعه بازگشته‌اند؛ و بیمه‌شدگانی که با یک رژیم دارویی بسیار شخصی از بیمارستان روانی مرخص شده‌اند.

B10. آیا می‌توانید برای پوشش داروی خود درخواست استثنا کنید؟

بله. می‌توانید برای پوشش دارویی که در «فهرست دارویی» نیست از Blue Shield Promise Cal MediConnect Plan درخواست استثنا کنید.

می‌توانید برای تغییر مقررات مربوط به داروی خود نیز درخواست دهید.

- مثلاً، Blue Shield Promise Cal MediConnect Plan ممکن است مقدار دارویی را که پوشش خواهیم داد محدود کند. اگر داروی شما محدودیتی دارد، می‌توانید از ما بخواهید که محدودیت را تغییر دهیم و مقدار بیشتری را پوشش دهیم.
- سایر مثال‌ها: می‌توانید از ما بخواهید که محدودیت‌های درمان مرحله‌ای یا الزامات تأییدیه قبلی را برداریم.

B11. چگونه می‌توانید برای استثنا درخواست دهید؟

برای درخواست استثنا، با مرکز خدمات تماس بگیرید. مرکز خدمات اعضا با شما و ارائه‌دهندگان همکاری می‌کند تا برای استثنا درخواست دهید. برای کسب اطلاعات بیشتر درباره موارد استثنا، می‌توانید فصل 9 کتابچه راهنمای اعضا را نیز مطالعه کنید.

B12. گرفتن استثنا چقدر طول می‌کشد؟

ابتدا باید اظهاریه‌ای را از تجویزکننده شما دریافت کنیم که از درخواست‌تان برای استثنا حمایت می‌کند. ما پس از دریافت اظهاریه، ظرف 72 ساعت در مورد درخواست استثنای شما تصمیم‌گیری می‌کنیم.

اگر شما یا تجویزکننده‌تان فکر می‌کنید که در صورت انتظار 72 ساعته برای نتیجه تصمیم‌گیری ممکن است سلامت شما در معرض خطر قرار گیرد، می‌توانید برای استثنای تسریع‌شده درخواست کنید. این نوع تصمیم‌گیری سریع‌تر است. اگر تجویزکننده‌تان از درخواست شما حمایت کند، ما ظرف 24 ساعت پس از دریافت اظهاریه تجویزکننده شما تصمیم‌گیری خواهیم کرد.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



B13. داروهای عمومی چه هستند؟

داروهای عمومی از همان ترکیبات تجاری ساخته شده‌اند. این داروها معمولاً ارزان‌تر از داروهای تجاری هستند و نام آنها کمتر شناخته شده است. داروهای عمومی از طرف Food and Drug Administration (FDA) تأیید شده‌اند.

Blue Shield Promise Cal MediConnect Plan هر دو نوع داروهای عمومی و تجاری را پوشش می‌دهد.

B14. داروهای OTC چه هستند؟

OTC مخفف «over-the-counter» (داروی بدون نسخه) است. Blue Shield Promise Cal MediConnect Plan برخی داروهای OTC را در صورتی که توسط ارائه‌دهندگان تجویز شده باشد پوشش می‌دهد.

برای مشاهده داروهای OTC تحت پوشش، می‌توانید فهرست دارویی Blue Shield Promise Cal MediConnect Plan را بخوانید.

B15. آیا Blue Shield Promise Cal MediConnect Plan محصولات غیر دارویی OTC را پوشش می‌دهد؟

Blue Shield Promise Cal MediConnect Plan برخی محصولات غیر دارویی OTC را در صورتی که توسط ارائه‌دهندگان تجویز شده باشد پوشش می‌دهد.

نمونه‌هایی از محصولات غیر دارویی OTC عبارت‌اند از Vortex Adult Mask یا Microchamber.

برای مشاهده محصولات غیر دارویی OTC تحت پوشش، می‌توانید فهرست دارویی Blue Shield Promise Cal MediConnect Plan را بخوانید.

B16. سهم بیمه‌شده چیست؟

می‌توانید فهرست دارویی Blue Shield Promise Cal MediConnect Plan را برای کسب اطلاعات در مورد سهم بیمه‌شده برای هر دارو مطالعه کنید. اعضای Blue Shield Promise Cal MediConnect Plan که در آسایشگاه‌ها یا سایر مراکز مراقبت بلندمدت زندگی می‌کنند سهم بیمه‌شده نخواهند داشت. برخی اعضای که مراقبت بلندمدت در جامعه دریافت می‌کنند نیز سهم بیمه‌شده خواهند داشت.

سهم‌های بیمه‌شده بر اساس ردیف مشخص می‌شوند. گروهی از داروها را که سهم بیمه‌شده یکسان دارند «ردیف» می‌گوییم. مبلغ سهم بیمه‌شده بسته به میزان واجد شرایط بودن شما برای Medi-Cal متفاوت خواهد بود.

ردیف	توضیحات	سهم بیمه‌شده		
		نخیره 30 روزه	نخیره 90 روزه	نخیره 100 روزه
ردیف 1	داروهای ترجیحی عمومی	0\$	0\$	0\$
ردیف 2	داروهای عمومی	سهم بیمه‌شده 0\$ تا 3.70\$	سهم بیمه‌شده 0\$ تا 3.70\$	موجود نیست
ردیف 3	داروهای تجاری	سهم بیمه‌شده 0\$ تا 9.20\$	سهم بیمه‌شده 0\$ تا 9.20\$	موجود نیست
ردیف 4	داروهای غیر Medicare / Rx داروهای بدون نسخه (OTC)	سهم بیمه‌شده 0\$	سهم بیمه‌شده 0\$	موجود نیست

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



B17. ردیف‌های دارویی چه هستند؟

منظور از «ردیف»، گروه داروهای موجود در فهرست دارویی ما است.

- داروهای ردیف 1، داروهای ترجیحی عمومی هستند.
- داروهای ردیف 2، داروهای عمومی هستند.
- داروهای ردیف 3، داروهای تجاری هستند.
- داروهای ردیف 4، داروهای غیر Medicare RX و داروهای بدون نسخه (OTC) هستند.

C. مروری بر فهرست داروهای تحت پوشش

فهرست داروهای تحت پوشش زیر اطلاعاتی درباره داروهای تحت پوشش Blue Shield Promise Cal MediConnect Plan در اختیار شما قرار می‌دهد. اگر نمی‌توانید داروی خود را در این فهرست پیدا کنید، به «فهرست راهنمای داروهای تحت پوشش» که از صفحه شروع می‌شود مراجعه کنید. فهرست همه داروهای تحت پوشش Blue Shield Promise Cal MediConnect Plan به ترتیب حروف الفبا در این فهرست راهنما آمده است.

نام دارو در ستون اول جدول آمده است. داروهای تجاری با حروف بزرگ (مثلاً ELIQUIS) و داروهای عمومی با حروف کوچک مورب (مثلاً *simvastatin*) نوشته شده‌اند.

اطلاعات مندرج در ستون «اقدامات، ممنوعیت‌ها یا محدودیت‌های مصرف» هرگونه مقرراتی را که Blue Shield Promise Cal MediConnect Plan در مورد پوشش دارویتان دارد به اطلاع شما می‌رساند.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.

ردیف	نام	
1	داروی ترجیحی عمومی	
2	عمومی	
3	تجاری	
4	داروهای غیر OTC/Medicare Rx داروهای	
نماد	نام	توضیحات
LA	دسترسی محدود	این دارو ممکن است فقط در برخی داروخانه‌ها موجود باشد. برای کسب اطلاعات بیشتر، با مرکز خدمات اعضای Blue Shield Promise Cal MediConnect Plan تماس بگیرید.
PA	مجوز قبلی	شما (یا پزشکتان) باید قبل از پیچیدن نسخه این دارو، از Blue Shield Promise Cal MediConnect Plan مجوز قبلی بگیرید. بدون تأییدیه قبلی، ممکن است Blue Shield Promise Cal MediConnect Plan این دارو را پوشش ندهد.
QL	محدودیت مقدار	Blue Shield Promise Cal MediConnect Plan مقدار تحت پوشش این دارو را در چارچوب زمانی خاصی محدود می‌کند.
ST	درمان مرحله‌ای	قبل از اینکه Blue Shield Promise Cal MediConnect Plan این دارو را تحت پوشش قرار دهد، شما ابتدا باید دارو(های) دیگری از دارونامه را برای درمان عارضه پزشکی خود امتحان کنید. فقط چنانچه سایر دارو(ها) برای شما مؤثر نباشند، ممکن است این دارو را پوشش دهیم.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.



نماد	نام	توضیحات
BvD	بخش B در برابر بخش D	این دارو ممکن است واجد شرایط پرداخت تحت بخش B یا بخش D برنامه Medicare باشد. شما (یا پزشکتان) باید قبل از پیچیدن نسخه این دارو و برای تعیین اینکه آیا این دارو تحت پوشش بخش D برنامه Medicare هست یا خیر، از Blue Shield Promise Cal MediConnect Plan مجوز قبلی بگیرید. بدون تأییدیه قبلی، ممکن است Blue Shield Promise Cal MediConnect Plan این دارو را پوشش ندهد.
NPD	داروی غیر بخش D	این دارو تحت پوشش Medi-Cal قرار دارد و «داروی بخش D» نیست. اگر سؤالی دارید، با مرکز خدمات اعضای Blue Shield Promise Cal MediConnect Plan تماس بگیرید.
NDS	ذخیره دارویی تمدیدنشده	ذخیره دارویی بلندمدت موجود نیست.

توجه: علامت NPD در کنار دارو به این معناست که آن دارو «داروی بخش D» نیست. نیازی به پرداخت سهم بیمه‌شده نیست. همچنین، مقررات درخواست تجدیدنظر برای این داروها متفاوت است.

- درخواست تجدید نظر نوعی شیوه رسمی تقاضا از ما برای بازنگری در تصمیم‌مان درباره پوشش داروی شما و تغییر آن در مواقعی است که فکر می‌کنید ما اشتباه کرده‌ایم. مثلاً ممکن است تصمیم بگیریم که دارویی که شما می‌خواهید دیگر تحت پوشش ما، Medicare یا Medi-Cal نیست.
- اگر شما یا پزشکتان با تصمیم ما مخالف هستید، می‌توانید درخواست تجدیدنظر دهید. اگر پرسشی دارید، طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با مرکز خدمات اعضا به شماره (TTY: 1-855-905-3825) (711) تماس بگیرید. همچنین، برای اطلاع از نحوه ارائه درخواست تجدیدنظر درباره یک تصمیم می‌توانید فصل 9 کتابچه راهنمای اعضا را مطالعه کنید.

C1. فهرست داروها بر حسب عارضه پزشکی

داروهای مندرج در این بخش، بر حسب نوع عارضه‌های پزشکی که درمان می‌کنند دسته‌بندی شده‌اند. مثلاً، اگر عارضه قلبی دارید، باید دسته Cardiovascular Agents (داروهای قلبی-عروقی) را جستجو کنید. در آنجا داروهایی خواهید یافت که عارضه قلبی شما را درمان می‌کنند.

اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.

ANALGESICS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>	Tier 2	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg/ml solution, inj 10 mg/ml)</i>	Tier 2	PA, NDS
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml)</i>	Tier 2	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl tab 10 mg</i>	Tier 2	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl tab 5 mg</i>	Tier 2	PA, QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate (tab er 100 mg, tab er 200 mg, tab er 60 mg)</i>	Tier 2	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 15 mg</i>	Tier 2	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 30 mg</i>	Tier 2	QL (90 PER 30 OVER TIME), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg)</i>	Tier 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
<i>codeine sulfate (30 mg tab, tab 30 mg)</i>	Tier 2	QL (168 PER 30 OVER TIME), NDS
<i>codeine sulfate (60 mg tab, tab 60 mg)</i>	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 xiv - xv 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
<i>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)</i>	Tier 2	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (tab 10-325 mg, tab 7.5-325 mg)</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 2	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 2	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 2 mg</i>	Tier 2	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 4 mg</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 8 mg</i>	Tier 2	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab, tab 15 mg, tab 30 mg)</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)</i>	Tier 2	QL (315 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 2	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 2	QL (70 PER 30 OVER TIME), NDS
<i>oxycodone hcl (tab 15 mg, tab 30 mg)</i>	Tier 2	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 2	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 10 mg</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 20 mg</i>	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 xiv - xv 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
<i>oxycodone hcl tab 5 mg</i>	Tier 2	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg)</i>	Tier 2	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 2	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl tab 50 mg</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOCAL ANESTHETICS		
<i>lidocaine hcl (4 % solution, soln 4%)</i>	Tier 2	
<i>lidocaine hcl viscous soln 2%</i>	Tier 2	
<i>lidocaine oint 5%</i>	Tier 2	QL (50 PER 30 OVER TIME)
<i>lidocaine patch 5%</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 2	QL (30 PER 30 OVER TIME)
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 xiv - xv 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		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 2	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	Tier 2	
OPIOID DEPENDENCE		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 2	QL (84 PER 90 OVER TIME)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 2	QL (21 PER 90 OVER TIME)
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg (base equiv), -naloxone sl film 4-1 mg (base equiv))</i>	Tier 2	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg (base equiv), -naloxone sl tab 8-2 mg (base equiv))</i>	Tier 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	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		
<i>naloxone hcl (0.4 mg/ml soln cart, nasal spray 4 mg/0.1 ml)</i>	Tier 2	QL (2 PER 30 OVER TIME)
<i>naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	Tier 2	
<i>naltrexone hcl tab 50 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	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		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 2	
<i>gentamicin sulfate (topical) (cream 0.1%, oint 0.1%)</i>	Tier 2	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 2	
<i>neomycin sulfate tab 500 mg</i>	Tier 2	
<i>paromomycin sulfate cap 250 mg</i>	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 2	
<i>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))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>acetic acid otic soln 2%</i>	Tier 2	
<i>aztreonam (inj 1 gm, inj 2 gm)</i>	Tier 2	
<i>clindamycin hcl (cap 150 mg, cap 300 mg, cap 75 mg)</i>	Tier 2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)</i>	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	
<i>clindamycin phosphate swab 1%</i>	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 2	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)</i>	Tier 2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 2	QL (1 PER 30 OVER TIME)
<i>linezolid (for susp 100 mg/5ml, tab 600 mg)</i>	Tier 2	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 2	
<i>methenamine hippurate tab 1 gm</i>	Tier 2	

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

ANTIBACTERIALS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap, cap 250 mg, cap 500 mg)</i>	Tier 2	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	Tier 2	
<i>cefazolin sodium (1 gm recon soln, 100 gm recon soln, 2 gm recon soln, 20 gm recon soln, 300 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	Tier 2	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	Tier 2	
<i>cefepime hcl (2 gm recon soln, for inj 1 gm, for inj 2 gm)</i>	Tier 2	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	Tier 2	
<i>cefotaxime sodium (1 gm recon soln, for inj 1 gm)</i>	Tier 2	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm)</i>	Tier 2	
<i>cefoxitin sodium (soln 1 gm, soln 10 gm, soln 2 gm)</i>	Tier 2	
<i>cefpodoxime proxetil (for susp 100 mg/5ml, for susp 50 mg/5ml, tab 100 mg, tab 200 mg)</i>	Tier 2	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)</i>	Tier 2	
<i>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)</i>	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefuroxime axetil (tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>cefuroxime sodium (inj 7.5 gm, inj 750 mg, iv soln 1.5 gm)</i>	Tier 2	
<i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	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		
<i>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)</i>	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	
<i>ampicillin & sulbactam sodium (for inj 1.5 (1-0.5) gm, for inj 3 (2-1) gm, for iv soln 15 (10-5) gm)</i>	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 xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)</i>	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	
<i>dicloxacillin sodium (cap 250 mg, cap 500 mg)</i>	Tier 2	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for iv soln 10 gm)</i>	Tier 2	
<i>penicillin g potassium (for inj 20000000 unit, for inj 5000000 unit)</i>	Tier 2	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 2	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	Tier 2	
PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)	Tier 2	
<i>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))</i>	Tier 2	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 2	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	Tier 2	

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

ANTIBACTERIALS

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

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	Tier 2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 2	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	Tier 2	

SULFONAMIDES

<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 2	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim (iv soln 400-80 mg/5ml, susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	Tier 2	

TETRACYCLINES

<i>doxycycline (monohydrate) (cap 100 mg, cap 50 mg, tab 100 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	
<i>doxycycline hyclate (cap 100 mg, cap 50 mg, for inj 100 mg, tab 100 mg, tab 20 mg)</i>	Tier 2	
<i>minocycline hcl (cap 100 mg, cap 50 mg, cap 75 mg, tab 100 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	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 xiv - xv 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)
<i>divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)</i>	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 3	PA, LA
EPRONTIA 25 MG/ML SOLUTION	Tier 3	PA, QL (16 PER 1 DAYS)
<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	Tier 2	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 3	PA, LA, QL (12 PER 1 DAYS)
FYCOMPA (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	Tier 3	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	Tier 3	QL (3 PER 1 DAYS)
<i>lamotrigine (tab 100 mg, tab 150 mg, tab 200 mg, tab 25 mg, tab chewable dispersible 25 mg, tab chewable dispersible 5 mg)</i>	Tier 2	
<i>levetiracetam (oral soln 100 mg/ml, tab 1000 mg, tab 250 mg, tab 500 mg, tab 750 mg)</i>	Tier 2	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>valproate sodium (inj 100 mg/ml, oral soln 250 mg/5ml (base equiv))</i>	Tier 2	
<i>valproic acid cap 250 mg</i>	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	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	Tier 2	

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	Tier 2	PA, QL (16 PER 1 DAYS)
<i>clobazam tab 10 mg</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>clobazam tab 20 mg</i>	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 xiv - xv 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)
<i>gabapentin (tab 600 mg, tab 800 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>gabapentin cap 100 mg</i>	Tier 2	QL (12 PER 1 DAYS)
<i>gabapentin cap 300 mg</i>	Tier 2	QL (8 PER 1 DAYS)
<i>gabapentin cap 400 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 2	QL (72 PER 1 DAYS)
<i>phenobarbital (elixir 20 mg/5ml, tab 100 mg, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg)</i>	Tier 2	PA
<i>primidone (tab 250 mg, tab 50 mg)</i>	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 3	PA, QL (2 PER 1 DAYS)
<i>tiagabine hcl (tab 12 mg, tab 16 mg, tab 2 mg, tab 4 mg)</i>	Tier 2	PA
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)
<i>vigabatrin (powd pack 500 mg, tab 500 mg)</i>	Tier 2	PA, LA, QL (6 PER 1 DAYS)
SODIUM CHANNEL AGENTS		
APTOM (200 MG TAB, 400 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
APTOM (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 xiv - xv and reading the explanation provided in the legends.

ANTICONVULSANTS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>donepezil hydrochloride (orally disintegrating tab 10 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>rivastigmine (patch 24hr 13.3 mg/24hr, patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)</i>	Tier 2	QL (30 PER 30 OVER TIME)
<i>rivastigmine tartrate (cap 1.5 mg (base equivalent), cap 3 mg (base equivalent), cap 4.5 mg (base equivalent), cap 6 mg (base equivalent))</i>	Tier 2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>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)</i>	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)
<i>bupropion hcl (tab 100 mg, tab er 12hr 100 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>bupropion hcl tab 75 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>bupropion hcl tab er 24hr 300 mg</i>	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	
<i>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)</i>	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	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	Tier 2	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	Tier 2	
<i>desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv), tab 5 mg (base equiv))</i>	Tier 2	
FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)</i>	Tier 2	
FLUOXETINE HCL (PMDD) (10 MG CAP, 20 MG CAP)	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 2	QL (4 PER 28 OVER TIME)
<i>fluvoxamine maleate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 2	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	Tier 2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Tier 2	QL (30 PER 1 DAYS)
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>trazodone hcl (tab 100 mg, tab 150 mg, tab 300 mg, tab 50 mg)</i>	Tier 2	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 3	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (cap er 24hr 150 mg (base equivalent), cap er 24hr 37.5 mg (base equivalent))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>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))</i>	Tier 2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 2	QL (3 PER 1 DAYS)
VIIBRYD STARTER PACK 10 & 20 MG KIT	Tier 3	ST, QL (30 PER 30 OVER TIME)
<i>vilazodone hcl (tab 10 mg, tab 20 mg, tab 40 mg)</i>	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 xiv - xv 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		
<i>amitriptyline hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	PA
AMOXAPINE (100 MG TAB, 150 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 2	
<i>clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	PA
<i>desipramine hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	
<i>doxepin hcl (cap 10 mg, cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg, conc 10 mg/ml)</i>	Tier 2	PA
<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	
<i>protriptyline hcl (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>trimipramine maleate (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 2	PA

ANTIEMETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS, OTHER		
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	Tier 2	
<i>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))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>perphenazine (tab 16 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	Tier 2	
<i>prochlorperazine maleate (tab 10 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	
<i>prochlorperazine suppos 25 mg</i>	Tier 2	
<i>promethazine hcl (tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2	PA

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (capsule 125 mg, capsule 80 mg, capsule therapy pack 80 & 125 mg)</i>	Tier 2	BvD
<i>aprepitant capsule 40 mg</i>	Tier 2	PA, QL (1 PER 30 OVER TIME)
<i>dronabinol (cap 10 mg, cap 2.5 mg, cap 5 mg)</i>	Tier 2	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))</i>	Tier 2	BvD
<i>granisetron hcl tab 1 mg</i>	Tier 2	QL (2 PER 1 DAYS), BvD
<i>ondansetron (tab 4 mg, tab 8 mg)</i>	Tier 2	QL (3 PER 1 DAYS), BvD
<i>ondansetron hcl (24 mg tab, tab 24 mg)</i>	Tier 2	QL (15 PER 30 OVER TIME), BvD
<i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>	Tier 2	QL (3 PER 1 DAYS), BvD
<i>ondansetron hcl oral soln 4 mg/5ml</i>	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 xiv - xv 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
<i>amphotericin b liposome iv for susp 50 mg</i>	Tier 2	BvD
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln, for iv soln 50 mg, for iv soln 70 mg)</i>	Tier 2	PA
<i>ciclopirox olamine (cream 0.77% (base equiv), susp 0.77% (base equiv))</i>	Tier 2	
<i>clotrimazole (topical) (cream 1%, soln 1%)</i>	Tier 2	
<i>clotrimazole troche 10 mg</i>	Tier 2	
CRESEMBA (186 MG CAP, 372 MG RECON SOLN)	Tier 3	PA
<i>econazole nitrate cream 1%</i>	Tier 2	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)</i>	Tier 2	
<i>fluconazole in nacl (inj 200 mg/100ml, inj 400 mg/200ml)</i>	Tier 2	
<i>flucytosine (cap 250 mg, cap 500 mg)</i>	Tier 2	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	Tier 2	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	Tier 2	
<i>itraconazole cap 100 mg</i>	Tier 2	PA
<i>ketoconazole (topical) (cream 2%, shampoo 2%)</i>	Tier 2	
<i>ketoconazole tab 200 mg</i>	Tier 2	
<i>miconazole sodium (soln 100 mg, soln 50 mg)</i>	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 xiv - xv 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
<i>nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)</i>	Tier 2	
<i>nystatin susp 100000 unit/ml</i>	Tier 2	
<i>nystatin tab 500000 unit</i>	Tier 2	
<i>posaconazole tab delayed release 100 mg</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl tab 250 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	Tier 2	
<i>voriconazole (for susp 40 mg/ml, tab 200 mg, tab 50 mg)</i>	Tier 2	PA
<i>voriconazole for inj 200 mg</i>	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		
<i>allopurinol (tab 100 mg, tab 300 mg)</i>	Tier 2	
<i>colchicine (0.6 mg cap, tab 0.6 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 2	
COLCRYS 0.6 MG TAB	Tier 3	QL (4 PER 1 DAYS)
KRYSTEXXA 8 MG/ML SOLUTION	Tier 3	PA, LA
<i>probenecid tab 500 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 2	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	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)
<i>timolol maleate (tab 10 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (tab 1 mg (base equiv), tab 2.5 mg (base equiv))</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>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))</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (20 mg/act, 5 mg/act)</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>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)</i>	Tier 2	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	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 xiv - xv 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)
<i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i>	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	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 2	QL (25 PER 1 DAYS)

ANTIMYCOBACTERIALS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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	
<i>pyrazinamide tab 500 mg</i>	Tier 2	
<i>rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)</i>	Tier 2	
RIFATER 50-120-300 MG TAB	Tier 3	
SIRTURO 100 MG TAB	Tier 3	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	Tier 3	PA, QL (120 PER 28 OVER TIME)
TRECTOR 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		
<i>cyclophosphamide (25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab, cap 25 mg, cap 50 mg)</i>	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
<i>thiotepa (inj 100 mg, inj 15 mg)</i>	Tier 2	BvD
VALCHLOR 0.016 % GEL	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>abiraterone acetate tab 500 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
<i>bicalutamide tab 50 mg</i>	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 xiv - xv 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
<i>flutamide (125 mg cap, cap 125 mg)</i>	Tier 2	
<i>nilutamide tab 150 mg</i>	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

<i>lenalidomide (cap 10 mg, cap 15 mg, cap 25 mg, cap 5 mg)</i>	Tier 2	PA, LA, QL (1 PER 1 DAYS)
<i>lenalidomide (cap 20 mg, caps 2.5 mg)</i>	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	
<i>fulvestrant (250 mg/5ml soln prsyr, inj soln pref syr 250 mg/5ml)</i>	Tier 2	
SOLTAMOX 10 MG/5ML SOLUTION	Tier 3	PA
<i>tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))</i>	Tier 2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 2	

ANTIMETABOLITES

DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
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You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>hydroxyurea cap 500 mg</i>	Tier 2	
INQOVI 35-100 MG TAB	Tier 3	PA, LA, QL (5 PER 28 OVER TIME)
<i>mercaptopurine tab 50 mg</i>	Tier 2	
PURIXAN 2000 MG/100ML SUSPENSION	Tier 3	PA, LA
TABLOID 40 MG TAB	Tier 3	
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)
<i>leucovorin calcium (for inj 100 mg, for inj 350 mg, tab 10 mg, tab 15 mg, tab 25 mg, tab 5 mg)</i>	Tier 2	

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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 xiv - xv 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

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

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 xiv - xv 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)
<i>erlotinib hcl (tab 100 mg (base equivalent), tab 150 mg (base equivalent))</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>everolimus (tab 10 mg, tab 7.5 mg)</i>	Tier 2	PA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>everolimus (tab 2.5 mg, tab 5 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>everolimus (tab for oral susp 2 mg, tab for oral susp 3 mg, tab for oral susp 5 mg)</i>	Tier 2	PA
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (6 PER 21 OVER TIME)
GAVRETO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 2	PA, QL (8 PER 1 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 2	PA, QL (2 PER 1 DAYS)
IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INLYTA 1 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
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 xiv - xv 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)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 2	PA, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
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)

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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)
SCSEMBLIX 20 MG TAB	Tier 3	PA, QL (20 PER 1 DAYS)
SCSEMBLIX 40 MG TAB	Tier 3	PA, QL (10 PER 1 DAYS)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 2	PA, QL (4 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	Tier 3	PA, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
STIVARGA 40 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
<i>sunitinib malate (cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 2	PA, QL (7 PER 1 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 2	PA, QL (3 PER 1 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
TAGRISSE (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 xiv - xv 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 xiv - xv 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		
<i>bexarotene cap 75 mg</i>	Tier 2	PA, QL (10 PER 1 DAYS)
<i>bexarotene gel 1%</i>	Tier 2	PA, QL (60 PER 30 OVER TIME)
PANRETIN 0.1 % GEL	Tier 3	PA
<i>tretinoin cap 10 mg</i>	Tier 2	
TREATMENT ADJUNCTS		
<i>mesna inj 100 mg/ml</i>	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 xiv - xv 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		
<i>albendazole tab 200 mg</i>	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 2	QL (16 PER 365 OVER TIME)
<i>praziquantel tab 600 mg</i>	Tier 2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	Tier 3	PA, QL (180 PER 3 OVER TIME)
<i>atovaquone susp 750 mg/5ml</i>	Tier 2	PA
<i>atovaquone-proguanil hcl (tab 250-100 mg, tab 62.5-25 mg)</i>	Tier 2	
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)
<i>chloroquine phosphate tab 250 mg</i>	Tier 2	QL (50 PER 30 OVER TIME)
<i>chloroquine phosphate tab 500 mg</i>	Tier 2	QL (25 PER 30 OVER TIME)
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)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>mefloquine hcl tab 250 mg</i>	Tier 2	
<i>nitazoxanide tab 500 mg</i>	Tier 2	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 2	BvD
<i>pentamidine isethionate for soln 300 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	Tier 3	
<i>pyrimethamine tab 25 mg</i>	Tier 2	PA
<i>quinine sulfate cap 324 mg</i>	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		
<i>benztropine mesylate (inj 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)</i>	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>entacapone tab 200 mg</i>	Tier 2	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 2	PA
<i>bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))</i>	Tier 2	

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

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)</i>	Tier 2	
<i>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)</i>	Tier 2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa tab 25 mg</i>	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		
<i>rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>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)</i>	Tier 2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 10 mg, tab 2 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
<i>haloperidol decanoate (soln 100 mg/ml, soln 50 mg/ml)</i>	Tier 2	
<i>haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)</i>	Tier 2	
<i>loxapine succinate (cap 10 mg, cap 25 mg, cap 5 mg, cap 50 mg)</i>	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	
<i>thioridazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>thiothixene (cap 1 mg, cap 10 mg, cap 2 mg, cap 5 mg)</i>	Tier 2	
<i>trifluoperazine hcl (tab 1 mg (base equivalent), tab 10 mg (base equivalent), tab 2 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>aripiprazole (orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 5 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	QL (25 PER 1 DAYS)
<i>aripiprazole tab 2 mg</i>	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)
<i>asenapine maleate (sl tab 10 mg (base equiv), sl tab 2.5 mg (base equiv), sl tab 5 mg (base equiv))</i>	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 xiv - xv 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)
<i>olanzapine (for im inj 10 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 15 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 7.5 mg)</i>	Tier 2	
<i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 3	PA, QL (1 PER 28 OVER TIME)

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

ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quetiapine fumarate (150 mg tab, tab 100 mg, tab 200 mg, tab 25 mg, tab 300 mg, tab 400 mg, tab 50 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)</i>	Tier 2	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (12.5 MG SRER, 25 MG SRER, 37.5 MG SRER, 50 MG SRER)	Tier 3	
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	Tier 2	
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)
<i>ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)</i>	Tier 2	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Tier 2	
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 xiv - xv 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		
<i>clozapine (12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, orally disintegrating tab 100 mg, orally disintegrating tab 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
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		
<i>baclofen tab 10 mg</i>	Tier 2	QL (8 PER 1 DAYS)
<i>baclofen tab 20 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>baclofen tab 5 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>dantrolene sodium (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 2	
<i>tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))</i>	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 xiv - xv 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
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 2	QL (18 PER 1 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 2	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	Tier 3	QL (5 PER 30 OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 2	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 3	QL (21 PER 1 DAYS)
<i>entecavir (tab 0.5 mg, tab 1 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
<i>lamivudine tab 100 mg (hbv)</i>	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)
<i>ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)</i>	Tier 2	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
VOSEVI 400-100-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
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 xiv - xv 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)
<i>efavirenz cap 200 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>efavirenz cap 50 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>efavirenz tab 600 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>etravirine tab 100 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>etravirine tab 200 mg</i>	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 xiv - xv 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)
<i>nevirapine tab 200 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	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)		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 2	QL (30 PER 1 DAYS)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	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)
<i>emtricitabine caps 200 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 3	QL (24 PER 1 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 2	QL (30 PER 1 DAYS)
<i>lamivudine tab 150 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>lamivudine tab 300 mg</i>	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 xiv - xv 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
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>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)</i>	Tier 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	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)
<i>zidovudine cap 100 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	Tier 2	QL (60 PER 1 DAYS)
<i>zidovudine tab 300 mg</i>	Tier 2	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	Tier 3	QL (4 PER 30 OVER TIME), BvD
CABENUVA 600 & 900 MG/3ML SUSP	Tier 3	QL (6 PER 30 OVER TIME), BvD
FUZEON 90 MG RECON SOLN	Tier 3	QL (60 PER 30 OVER TIME)
<i>maraviroc tab 150 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>maraviroc tab 300 mg</i>	Tier 2	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 3	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	Tier 3	QL (60 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>atazanavir sulfate (cap 150 mg (base equiv), cap 200 mg (base equiv))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	QL (1 PER 1 DAYS)
CRIVAN 200 MG CAP	Tier 3	QL (9 PER 1 DAYS)
CRIVAN 400 MG CAP	Tier 3	QL (6 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAP	Tier 3	QL (10 PER 1 DAYS)
INVIRASE 500 MG TAB	Tier 3	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 3	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QL (13 PER 1 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 2	QL (4 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	Tier 3	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 3	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	Tier 3	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 600 MG TAB	Tier 3	QL (2 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (5 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>ritonavir tab 100 mg</i>	Tier 2	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 3	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 3	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QL (60 PER 180 OVER TIME)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	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

<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	Tier 2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 2	BvD
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	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 xiv - xv 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
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	Tier 2	

ANXIOLYTICS

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

LITHIUM 8 MEQ/5ML SOLUTION	Tier 2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap, cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg)</i>	Tier 2	

BLOOD GLUCOSE REGULATORS

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

<i>acarbose (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
<i>glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)</i>	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>glipizide (tab 10 mg, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	Tier 1	
<i>glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	Tier 1	
<i>glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 1	PA
<i>glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)</i>	Tier 1	PA
<i>glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	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)
<i>metformin hcl (tab 1000 mg, tab 500 mg, tab 850 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	Tier 1	
<i>miglitol (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>nateglinide (tab 120 mg, tab 60 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>pioglitazone hcl (tab 15 mg (base equiv), tab 30 mg (base equiv), tab 45 mg (base equiv))</i>	Tier 2	
<i>repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
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 xiv - xv 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
<i>diazoxide susp 50 mg/ml</i>	Tier 2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	Tier 3	QL (2 PER 2 OVER TIME)
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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
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 xiv - xv 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		
<i>dabigatran etexilate mesylate (cap 150 mg (base eq), cap 75 mg (base eq))</i>	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)
<i>enoxaparin sodium (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)</i>	Tier 2	QL (60 PER 30 OVER TIME)
<i>enoxaparin sodium (inj soln pref syr 120 mg/0.8ml, inj soln pref syr 80 mg/0.8ml)</i>	Tier 2	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 2	QL (36 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 2	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 2	QL (12 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>heparin sodium (porcine) (inj 1000 unit/ml, inj 10000 unit/ml, inj 20000 unit/ml, inj 5000 unit/ml)</i>	Tier 2	BvD
PRADAXA (110 MG CAP, 150 MG CAP, 75 MG CAP)	Tier 3	QL (2 PER 1 DAYS)
<i>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)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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

<i>anagrelide hcl (cap 0.5 mg, cap 1 mg)</i>	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

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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

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

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	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)
<i>cilostazol (tab 100 mg, tab 50 mg)</i>	Tier 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	PA
OXBRYTA (300 MG TAB SOL, 500 MG TAB)	Tier 3	PA, LA, QL (5 PER 1 DAYS)
<i>prasugrel hcl (tab 10 mg (base equiv), tab 5 mg (base equiv))</i>	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		
<i>clonidine (patch weekly 0.1 mg/24hr, patch weekly 0.2 mg/24hr, patch weekly 0.3 mg/24hr)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)</i>	Tier 2	
<i>droxidopa cap 100 mg</i>	Tier 2	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa cap 200 mg</i>	Tier 2	PA, QL (120 PER 30 OVER TIME)
<i>droxidopa cap 300 mg</i>	Tier 2	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (tab 1 mg, tab 2 mg)</i>	Tier 2	
<i>methyldopa (250 mg tab, 500 mg tab, tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>midodrine hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>valsartan (tab 160 mg, tab 320 mg, tab 40 mg, tab 80 mg)</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>captopril (tab 100 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>enalapril maleate (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg)</i>	Tier 1	
<i>fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)</i>	Tier 1	
<i>lisinopril (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>moexipril hcl (tab 15 mg, tab 7.5 mg)</i>	Tier 1	
<i>perindopril erbumine (tab 2 mg, tab 4 mg, tab 8 mg)</i>	Tier 1	
<i>quinapril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>ramipril (cap 1.25 mg, cap 10 mg, cap 2.5 mg, cap 5 mg)</i>	Tier 1	
<i>trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	Tier 2	
<i>disopyramide phosphate (cap 100 mg, cap 150 mg)</i>	Tier 2	
<i>dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))</i>	Tier 2	
<i>flecainide acetate (tab 100 mg, tab 150 mg, tab 50 mg)</i>	Tier 2	
<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	Tier 2	

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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)
<i>propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)</i>	Tier 2	
<i>quinidine sulfate (200 mg tab, 300 mg tab, tab 200 mg, tab 300 mg)</i>	Tier 2	
<i>sotalol hcl (afib/afll) (tab 120 mg, tab 160 mg, tab 80 mg)</i>	Tier 2	
<i>sotalol hcl (tab 120 mg, tab 160 mg, tab 240 mg, tab 80 mg)</i>	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (cap 200 mg, cap 400 mg)</i>	Tier 2	
<i>atenolol (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>betaxolol hcl (tab 10 mg, tab 20 mg)</i>	Tier 2	
<i>bisoprolol fumarate (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>carvedilol (tab 12.5 mg, tab 25 mg, tab 3.125 mg, tab 6.25 mg)</i>	Tier 1	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	Tier 2	
<i>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))</i>	Tier 2	
<i>metoprolol tartrate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	Tier 2	
<i>nebivolol hcl (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 20 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	

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CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pindolol (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 1	
<i>felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	Tier 2	
<i>nicardipine hcl (cap 20 mg, cap 30 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>nimodipine cap 30 mg</i>	Tier 2	
NYMALIZE 6 MG/ML SOLUTION	Tier 3	QL (1260 PER 21 OVER TIME)
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>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)</i>	Tier 2	

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CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>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)</i>	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		
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	Tier 2	
<i>aliskiren fumarate (tab 150 mg (base equivalent), tab 300 mg (base equivalent))</i>	Tier 2	PA
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 2	
<i>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)</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil (tab 10-20 mg, tab 10-40 mg, tab 5-20 mg, tab 5-40 mg)</i>	Tier 2	
<i>amlodipine besylate-valsartan (tab 10-160 mg, tab 10-320 mg, tab 5-160 mg, tab 5-320 mg)</i>	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>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)</i>	Tier 2	
<i>atenolol & chlorthalidone (tab 100-25 mg, tab 50-25 mg)</i>	Tier 1	
<i>benazepril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg, tab 5-6.25 mg)</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide (tab 10-6.25 mg, tab 2.5-6.25 mg, tab 5-6.25 mg)</i>	Tier 2	
<i>candesartan cilexetil-hydrochlorothiazide (tab 16-12.5 mg, tab 32-12.5 mg, tab 32-25 mg)</i>	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)
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)</i>	Tier 3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>enalapril maleate & hydrochlorothiazide (tab 10-25 mg, tab 5-12.5 mg)</i>	Tier 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
<i>fosinopril sodium & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)</i>	Tier 1	

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CARDIOVASCULAR AGENTS

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

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CARDIOVASCULAR AGENTS

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

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CARDIOVASCULAR AGENTS

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

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CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)</i>	Tier 2	
<i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>	Tier 2	
<i>ezetimibe tab 10 mg</i>	Tier 2	
<i>ezetimibe-simvastatin (tab 10-10 mg, tab 10-20 mg, tab 10-40 mg, tab 10-80 mg)</i>	Tier 2	
<i>icosapent ethyl cap 0.5 gm</i>	Tier 2	QL (8 PER 1 DAYS)
<i>icosapent ethyl cap 1 gm</i>	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)
<i>niacin (antihyperlipidemic) (tab er 1000 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic))</i>	Tier 2	QL (2 PER 1 DAYS)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	Tier 2	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 2	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 2	
<i>omega-3-acid ethyl esters cap 1 gm</i>	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)

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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		
<i>hydralazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>minoxidil (tab 10 mg, tab 2.5 mg)</i>	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (tab 10 mg, tab 20 mg, tab 30 mg, tab 5 mg)</i>	Tier 2	
ISOSORBIDE DINITRATE ER 40 MG TAB ER	Tier 2	
<i>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)</i>	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	
<i>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)</i>	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		
<i>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)</i>	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>amphetamine-dextroamphetamine (tab 10 mg, tab 15 mg, tab 5 mg, tab 7.5 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, tab 10 mg, tab 5 mg)</i>	Tier 2	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 2	QL (12 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 2	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv))</i>	Tier 2	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (cap 100 mg (base equiv), cap 60 mg (base equiv), cap 80 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 2	
<i>dexmethylphenidate hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>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))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (tab 10 mg, tab er 10 mg)</i>	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 xiv - xv 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
<i>methylphenidate hcl (tab 20 mg, tab er 20 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl tab 5 mg</i>	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)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	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)
<i>riluzole tab 50 mg</i>	Tier 2	
<i>tetrabenazine tab 12.5 mg</i>	Tier 2	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine tab 25 mg</i>	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)
<i>duloxetine hcl (cap 20 mg (base eq), cap 60 mg (base eq))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>pregabalin (cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)</i>	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>pregabalin soln 20 mg/ml</i>	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)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)</i>	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)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	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 xiv - xv 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		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 2	
KEPIVANCE 6.25 MG RECON SOLN	Tier 3	BvD
<i>pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)</i>	Tier 2	
<i>triamcinolone acetonide dental paste 0.1%</i>	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		
<i>acitretin (cap 10 mg, cap 17.5 mg, cap 25 mg)</i>	Tier 2	
<i>adapalene gel 0.1%</i>	Tier 2	PA
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>tazarotene cream 0.1%</i>	Tier 2	
TAZORAC 0.05 % CREAM	Tier 3	
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)</i>	Tier 2	PA
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate oint 0.05%</i>	Tier 2	
<i>betamethasone dipropionate (topical) (cream 0.05%, lotion 0.05%)</i>	Tier 2	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	Tier 2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 2	
<i>betamethasone valerate (cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	Tier 2	
<i>clobetasol propionate (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	Tier 2	
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 2	
<i>desonide (cream 0.05%, oint 0.05%)</i>	Tier 2	
<i>desoximetasone (cream 0.25%, oint 0.25%)</i>	Tier 2	
<i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)</i>	Tier 2	
<i>fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	Tier 2	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 2	
<i>fluticasone propionate (cream 0.05%, oint 0.005%)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>halobetasol propionate (cream 0.05%, oint 0.05%)</i>	Tier 2	QL (200 PER 28 OVER TIME)
<i>hydrocortisone (rectal) (cream 1%, cream 2.5%)</i>	Tier 2	
<i>hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	Tier 2	
<i>hydrocortisone butyrate (0.1 % solution, soln 0.1%)</i>	Tier 2	ST
<i>hydrocortisone valerate cream 0.2%</i>	Tier 2	ST
<i>lactic acid (ammonium lactate) (cream 12%, lotion 12%)</i>	Tier 2	
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 2	
<i>selenium sulfide lotion 2.5%</i>	Tier 2	
<i>tacrolimus (topical) (oint 0.03%, oint 0.1%)</i>	Tier 2	ST, QL (100 PER 30 OVER TIME)
<i>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%)</i>	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (cream 0.005%, oint 0.005%, soln 0.005% (50 mcg/ml))</i>	Tier 2	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	Tier 2	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 2	PA, QL (300 PER 365 OVER TIME)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	Tier 2	
<i>fluorouracil cream 5%</i>	Tier 2	
<i>imiquimod cream 5%</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>nystatin-triamcinolone (cream 100000-0.1 unit/gm-%, oint 100000-0.1 unit/gm-%)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>podofilox soln 0.5%</i>	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)
<i>silver sulfadiazine cream 1%</i>	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	
<i>malathion lotion 0.5%</i>	Tier 3	
<i>permethrin cream 5%</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	Tier 2	PA, QL (30 PER 30 OVER TIME)
<i>ciclopirox solution 8%</i>	Tier 2	
<i>clindamycin phosphate (topical) (gel 1%, lotion 1%, soln 1%)</i>	Tier 2	
ERY 2 % PAD	Tier 2	
<i>erythromycin (acne aid) (gel 2%, soln 2%)</i>	Tier 2	
<i>mupirocin oint 2%</i>	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 xiv - xv 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		
<i>*amino acid electrolyte infusion 8.5%***</i>	Tier 2	BvD
<i>*amino acid infusion 15%***</i>	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
<i>carglumic acid soluble tab 200 mg</i>	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 xiv - xv 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
<i>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))</i>	Tier 2	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	Tier 2	
<i>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)</i>	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	
<i>potassium chloride microencapsulated crystals er (crys er tab 10 meq, crys er tab 15 meq, crys er tab 20 meq)</i>	Tier 2	
<i>potassium citrate (alkalinizer) (tab er 10 meq (1080 mg), tab er 15 meq (1620 mg), tab er 5 meq (540 mg))</i>	Tier 2	
PREMASOL 10 % SOLUTION	Tier 2	BvD
<i>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%)</i>	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 xiv - xv 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		
<i>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)</i>	Tier 2	
<i>deferiprone tab 1000 mg</i>	Tier 2	PA
<i>deferiprone tab 500 mg</i>	Tier 2	PA, LA
FERRIPROX 100 MG/ML SOLUTION	Tier 3	PA, LA
<i>trientine hcl cap 250 mg</i>	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)
<i>calcium acetate (phosphate binder) (cap 667 mg (169 mg ca), tab 667 mg)</i>	Tier 2	
<i>sevelamer carbonate tab 800 mg</i>	Tier 2	
POTASSIUM BINDERS		
<i>sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml)</i>	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		
<i>dextrose (inj 10%, inj 5%)</i>	Tier 2	
<i>dextrose 5% in lactated ringers</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>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%)</i>	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	
<i>lactated ringer's for irrigation</i>	Tier 2	
<i>lactated ringer's solution</i>	Tier 2	
LACTATED RINGERS SOLUTION	Tier 2	
<i>levocarnitine tab 330 mg</i>	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	
<i>prenatal vitamins</i>	Tier 3	
<i>ringer's solution</i>	Tier 2	
<i>ringer's solution for irrigation</i>	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 3	BvD
<i>sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), soln 0.5 mg/ml f (from 1.1 mg/ml naf))</i>	Tier 2	

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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)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 2	
<i>lactulose solution 10 gm/15ml</i>	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
LUBIPROSTONE (24 MCG CAP, 8 MCG CAP)	Tier 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 2	
RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)	Tier 3	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 2	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	Tier 3	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	Tier 2	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	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 xiv - xv 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
<i>loperamide hcl cap 2 mg</i>	Tier 2	
XERMELO 250 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (cap 10 mg, tab 20 mg)</i>	Tier 2	PA
<i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>	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)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (soln 236 gm, soln 240 gm)</i>	Tier 2	
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 3	PA
<i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>	Tier 2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (tab 200 mg, tab 300 mg, tab 400 mg, tab 800 mg)</i>	Tier 2	
<i>cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)</i>	Tier 2	
<i>famotidine (tab 20 mg, tab 40 mg)</i>	Tier 2	
<i>nizatidine (150 mg cap, 300 mg cap, cap 150 mg, cap 300 mg)</i>	Tier 2	
PROTECTANTS		
<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	Tier 2	
<i>sucralfate tab 1 gm</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>lansoprazole cap delayed release 15 mg</i>	Tier 2	
<i>lansoprazole cap delayed release 30 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>omeprazole (cap delayed release 10 mg, cap delayed release 20 mg)</i>	Tier 2	
<i>omeprazole cap delayed release 40 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>rabeprazole sodium ec tab 20 mg</i>	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		
<i>*betaine powder for oral solution***</i>	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 xiv - xv 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	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 2	
CYSTAGON (150 MG CAP, 50 MG CAP)	Tier 3	PA, LA
CYSTARAN 0.44 % SOLUTION	Tier 3	PA, LA, QL (60 PER 28 OVER TIME)
FABRAZYME 35 MG RECON SOLN	Tier 3	LA, BvD
<i>miglustat cap 100 mg</i>	Tier 2	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	Tier 3	LA, BvD
<i>nitisinone (cap 10 mg, cap 2 mg, cap 5 mg)</i>	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 xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)</i>	Tier 2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 2	PA
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	Tier 2	PA
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	
<i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	Tier 2	
<i>solifenacin succinate (tab 10 mg, tab 5 mg)</i>	Tier 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	ST
<i>tropium chloride tab 20 mg</i>	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 2	
<i>dutasteride cap 0.5 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>finasteride tab 5 mg</i>	Tier 2	
<i>silodosin (cap 4 mg, cap 8 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (tab 10 mg, tab 25 mg, tab 5 mg, tab 50 mg)</i>	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 2	PA
THIOLA EC (100 MG TAB DR, 300 MG TAB DR)	Tier 3	PA, LA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
ANABOLIC STEROIDS		
ANADROL-50 50 MG TAB	Tier 3	
<i>oxandrolone (tab 10 mg, tab 2.5 mg)</i>	Tier 2	
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
<i>danazol (cap 100 mg, cap 200 mg, cap 50 mg)</i>	Tier 2	
<i>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%))</i>	Tier 2	PA, QL (300 PER 30 OVER TIME)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution, im inj in oil 100 mg/ml, im inj in oil 200 mg/ml)</i>	Tier 2	
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	Tier 2	QL (5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL 5 MG/ML OIL	Tier 3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Tier 2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>drospirenone-ethinyl estradiol (tab 3-0.02 mg, tab 3-0.03 mg)</i>	Tier 2	

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

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)</i>	Tier 2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 2	
<i>norethindrone acet & eth estra (ethinyl estradiol tab 1 mg-20 mcg, ethinyl estradiol tab 1.5 mg-30 mcg)</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	PA
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	PA
<i>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)</i>	Tier 2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
PROGESTINS		
DEPO-PROVERA 400 MG/ML SUSPENSION	Tier 3	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	Tier 2	
<i>medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)</i>	Tier 2	
<i>medroxyprogesterone acetate (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	Tier 2	PA
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2	PA
<i>norethindrone acetate tab 5 mg</i>	Tier 2	
<i>norethindrone tab 0.35 mg</i>	Tier 2	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	Tier 2	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHEA 60 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl tab 60 mg</i>	Tier 2	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>liothyronine sodium (tab 25 mcg, tab 5 mcg, tab 50 mcg)</i>	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)		
<i>cabergoline tab 0.5 mg</i>	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
<i>leuprolide acetate inj kit 5 mg/ml</i>	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 xiv - xv 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
<i>octreotide acetate (100 mcg/ml soln prsyr, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 500 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), inj 1000 mcg/ml (1 mg/ml), inj 200 mcg/ml (0.2 mg/ml), inj 50 mcg/ml (0.05 mg/ml), inj 500 mcg/ml (0.5 mg/ml))</i>	Tier 2	PA
ORGOVYX 120 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	Tier 3	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	Tier 3	PA
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	Tier 3	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	Tier 3	
TRELSTAR MIXJECT (11.25 MG RECON SUSP, 22.5 MG RECON SUSP, 3.75 MG RECON SUSP)	Tier 3	BvD

HORMONAL AGENTS, SUPPRESSANT (THYROID)

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
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
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 2	PA, QL (36 PER 60 OVER TIME)
RUCONEST 2100 UNIT RECON SOLN	Tier 3	PA, LA
IMMUNOGLOBULINS		
BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 2.5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAGARD (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
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
<i>azathioprine tab 50 mg</i>	Tier 2	BvD
<i>cyclosporine (cap 100 mg, cap 25 mg, iv soln 50 mg/ml)</i>	Tier 2	BvD
<i>cyclosporine modified (for microemulsion) (cap 100 mg, cap 25 mg, cap 50 mg, oral soln 100 mg/ml)</i>	Tier 2	BvD
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
ENVARUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 3	PA
<i>everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)</i>	Tier 2	PA
HUMIRA (10 MG/0.1ML PREF SY KT, 10 MG/0.2ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	Tier 3	PA
HUMIRA PEDIATRIC CROHNS START (40 MG/0.8ML PREF SY KT, 80 MG/0.8ML & 40MG/0.4ML PREF SY KT, 80 MG/0.8ML PREF SY KT)	Tier 3	PA
HUMIRA PEN (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA
HUMIRA PEN-CD/UC/HS STARTER (40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA
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/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Tier 3	PA
<i>leflunomide (tab 10 mg, tab 20 mg)</i>	Tier 2	
<i>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))</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 2	
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	Tier 2	BvD
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	Tier 2	BvD
<i>mycophenolate sodium (tab dr 180 mg (mycophenolic acid equiv), tab dr 360 mg (mycophenolic acid equiv))</i>	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
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	BvD
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	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 xiv - xv 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	
DENGVAIXIA RECON SUSP	Tier 3	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGRIX-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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
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 xiv - xv 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		
<i>balsalazide disodium cap 750 mg</i>	Tier 2	
<i>mesalamine (cap er 24hr 0.375 gm, tab delayed release 1.2 gm)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>mesalamine (enema 4 gm, suppos 1000 mg)</i>	Tier 2	
<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</i>	Tier 2	
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>budesonide tab er 24hr 9 mg</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>hydrocortisone (tab 10 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
<i>hydrocortisone enema 100 mg/60ml</i>	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		
<i>alendronate sodium (40 mg tab, 5 mg tab, tab 10 mg, tab 35 mg, tab 5 mg, tab 70 mg)</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 2	QL (3.7 PER 30 OVER TIME)
<i>calcitriol (1 mcg/ml solution, cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	Tier 2	BvD
<i>cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv), tab 90 mg (base equiv))</i>	Tier 2	BvD
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Tier 2	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	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)
<i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)</i>	Tier 2	BvD
PROLIA 60 MG/ML SOLN PRSYR	Tier 3	PA
<i>risedronate sodium (tab 150 mg, tab 35 mg, tab 5 mg)</i>	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)
<i>zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
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 xiv - xv 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	
<i>gauze pads 2"x2"</i>	Tier 2	
GAUZE PADS 2"X2" PAD	Tier 2	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
GNP STERILE GAUZE 2"X2" PAD	Tier 2	
GNP ULTICARE PEN NEEDLES (31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
GNP ULTIGUARD SAFEPAK 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	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 2	
<i>novofine 32g x 6 mm misc</i>	Tier 2	
<i>novotwist 32g x 5 mm misc</i>	Tier 2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (31G X 6 MM MISC, 31G X 8 MM MISC)	Tier 2	
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	

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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
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	Tier 2	
UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
UNIFINE ULTRA PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 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	

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

OPHTHALMIC AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 2	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 2	
LEVOFLOXACIN 1.5 % SOLUTION	Tier 2	
<i>levofloxacin ophth soln 0.5%</i>	Tier 2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 2	
NATACYN 5 % SUSPENSION	Tier 3	
<i>ofloxacin ophth soln 0.3%</i>	Tier 2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 2	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 2	
<i>tobramycin ophth soln 0.3%</i>	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	Tier 3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 2	
<i>fluorometholone ophth susp 0.1%</i>	Tier 2	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	Tier 2	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (1.7 PER 30 OVER TIME)

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

OPHTHALMIC AGENTS

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

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	Tier 2	ST, QL (5 PER 30 OVER TIME)
<i>latanoprost (0.005 % solution, ophth soln 0.005%)</i>	Tier 2	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 OVER TIME)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	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	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	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	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 2	
<i>neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)</i>	Tier 2	
<i>ofloxacin otic soln 0.3%</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)</i>	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)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 2	ST, QL (50 PER 30 OVER TIME)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	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 REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 OVER TIME)
ANTIHISTAMINES		
<i>azelastine hcl (0.1% (137 mcg/), 0.15% (205.5 mcg/))</i>	Tier 2	QL (30 PER 25 OVER TIME)
<i>cypheptadine hcl tab 4 mg</i>	Tier 2	PA
<i>hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 2	
<i>promethazine hcl (inj 25 mg/ml, inj 50 mg/ml, syrup 6.25 mg/5ml)</i>	Tier 2	PA

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RESPIRATORY TRACT/PULMONARY AGENTS

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

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RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate (tab 2 mg, tab 4 mg)</i>	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)
<i>epinephrine (anaphylaxis) (solution auto-injector 0.15 mg/0.3ml (1:2000), solution auto-injector 0.3 mg/0.3ml (1:1000))</i>	Tier 2	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick)	Tier 2	QL (24 PER 365 OVER TIME)
<i>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))</i>	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)
<i>tobramycin nebu soln 300 mg/4ml</i>	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 xiv - xv and reading the explanation provided in the legends.

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 2	PA, QL (280 PER 56 OVER TIME)
TRIKAF TA (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		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	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	
<i>roflumilast tab 250 mcg</i>	Tier 2	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast tab 500 mcg</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>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)</i>	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)
<i>ambrisentan (tab 10 mg, tab 5 mg)</i>	Tier 2	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan tab 125 mg</i>	Tier 2	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan tab 62.5 mg</i>	Tier 2	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Tier 2	PA, QL (6 PER 1 DAYS)

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RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil citrate tab 20 mg</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	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)
<i>pirfenidone tab 267 mg</i>	Tier 2	PA, QL (9 PER 1 DAYS)
<i>pirfenidone tab 801 mg</i>	Tier 2	PA, QL (3 PER 1 DAYS)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (soln 10%, soln 20%)</i>	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)
<i>fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	Tier 2	QL (60 PER 30 OVER TIME)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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)
<i>ribavirin for inhal soln 6 gm</i>	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		
<i>carisoprodol tab 350 mg</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (tab 10 mg, tab 5 mg)</i>	Tier 2	PA
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	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		
<i>estazolam (tab 1 mg, tab 2 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
HETLIOZ 20 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>ramelteon tab 8 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>temazepam cap 15 mg</i>	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>temazepam cap 30 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>triazolam tab 0.125 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>triazolam tab 0.25 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zaleplon cap 10 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zaleplon cap 5 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate tab 10 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate tab 5 mg</i>	Tier 2	QL (2 PER 1 DAYS)

WAKEFULNESS PROMOTING AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>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)</i>	Tier 4	NPD
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Tier 4	NPD
BAYER PLUS 500 MG TAB	Tier 4	NPD
<i>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)</i>	Tier 4	NPD
SMOKING CESSATION AGENTS		
<i>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)</i>	Tier 4	NPD
<i>nicotine polacrilex ((gum 2 mg, gum 4 mg, lozenge 2 mg, lozenge 4 mg), gum 2 mg, gum 4 mg, lozenge 2 mg)</i>	Tier 4	NPD
ANTIBACTERIALS, OTHER		
<i>bacitracin oint 500 unit/gm</i>	Tier 4	NPD
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 4	NPD
<i>bacitracin-polymyxin b oint</i>	Tier 4	NPD
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 4	NPD
<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	Tier 4	NPD
ANTIEMETICS, OTHER		
<i>meclizine hcl chew tab 25 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>clotrimazole vaginal cream 1%</i>	Tier 4	NPD
<i>miconazole nitrate vaginal ((cream 2%, suppos 100 mg), cream 2%)</i>	Tier 4	NPD
<i>tioconazole vaginal oint 6.5%</i>	Tier 4	NPD
<i>tolnaftate cream 1%</i>	Tier 4	NPD
ANTHELMINTHICS		
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	Tier 4	NPD
ANTIHERPETIC AGENTS		
<i>docosanol cream 10%</i>	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		
<i>phytonadione tab 100 mcg</i>	Tier 4	NPD
<i>phytonadione tab 5 mg</i>	Tier 4	QL (5 PER 7 OVER TIME), NPD
DYSLIPIDEMICS, OTHER		
<i>niacin ((cap er 250 mg, cap er 500 mg, tab 100 mg, tab 250 mg, tab 50 mg, tab 500 mg, tab er 250 mg, tab er 500 mg, tab er 750 mg), cap er 250 mg, cap er 500 mg, tab 100 mg, tab 250 mg, tab 50 mg, tab 500 mg, tab er 250 mg, tab er 500 mg)</i>	Tier 4	NPD
NIACIN ER 1000 MG TAB ER	Tier 4	NPD
<i>niacinamide tab 500 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>acetaminophen</i> ((<i>tab 325 mg, tab 500 mg, tab 325 mg</i>)	Tier 4	NPD
<i>phentermine hcl</i> ((<i>cap 15 mg, cap 30 mg, cap 15 mg</i>)	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
<i>hydrocortisone (topical)</i> ((<i>cream 0.5%, cream 1%, oint 0.5%, cream 0.5%, cream 1%</i>)	Tier 4	NPD
MONISTAT SOOTHING CARE ITCH 1 % CREAM	Tier 4	NPD
<i>selenium sulfide lotion 1%</i>	Tier 4	NPD
DERMATOLOGICAL AGENTS, OTHER		
<i>benzoyl peroxide</i> ((<i>cream 10%, gel 10%, liq 10%, cream 10%, gel 10%</i>)	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 xiv - xv 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
<i>permethrin ((creme rinse 1%, lotion 1%), creme rinse 1%)</i>	Tier 4	NPD
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	Tier 4	NPD
<i>pyrethrins-piperonyl butoxide ((liq 0.33-4%, shampoo 0.33-4%), liq 0.33-4%)</i>	Tier 4	NPD
RID 0.33-4 % LIQUID	Tier 4	NPD
RID COMPLETE LICE ELIMINATION KIT	Tier 4	NPD
ELECTROLYTE/MINERAL REPLACEMENT		
<i>ferrous sulfate ((tab 27 mg (elemental fe), tab 325 mg (65 mg elemental fe)), tab 27 mg (elemental fe))</i>	Tier 4	NPD
<i>oral electrolyte solution</i>	Tier 4	NPD
VITAMINS		
<i>ascorbic acid ((tab 1000 mg, tab 250 mg), tab 1000 mg)</i>	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
<i>calcium ascorbate tab 500 mg</i>	Tier 4	NPD
<i>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))</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>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))</i>	Tier 4	NPD
<i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i>	Tier 4	NPD
<i>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))</i>	Tier 4	NPD
CALCIUM GLUCONATE ((50 MG TAB, 500 MG TAB), 50 MG TAB)	Tier 4	NPD
<i>calcium tab 600 mg</i>	Tier 4	NPD
CALCIUM/C/D 500-10-250 MG-MG-UNIT CHEW TAB	Tier 4	NPD
CHEWABLE CALCIUM/D3 500-15 MG-MCG WAFER	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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
<i>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))</i>	Tier 4	NPD
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Tier 4	NPD
<i>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)</i>	Tier 4	NPD
MAG-G 500 (27 MG) MG TAB	Tier 4	NPD
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 4	NPD
<i>methylcobalamin orally disintegrating tab 5000 mcg</i>	Tier 4	NPD
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 4	NPD
OYSTER SHELL CALCIUM 500 + D 500-3.125 MG-MCG TAB	Tier 4	NPD
<i>oyster shell calcium tab 500 mg</i>	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 xiv - xv 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
<i>pyridoxine hcl ((tab 100 mg, tab 50 mg), tab 100 mg)</i>	Tier 4	NPD
RA OYSTER SHELL CALCIUM/D2 500-5 MG-MCG TAB	Tier 4	NPD
<i>riboflavin ((tab 100 mg, tab 50 mg), tab 100 mg)</i>	Tier 4	NPD
<i>thiamine hcl tab 100 mg</i>	Tier 4	NPD
<i>thiamine mononitrate tab 100 mg</i>	Tier 4	NPD
<i>vitamin a cap 3 mg (10000 unit)</i>	Tier 4	NPD
<i>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))</i>	Tier 4	NPD
VITAMIN K 100 MCG TAB	Tier 4	NPD
ANTI-CONSTIPATION AGENTS		
<i>bisacodyl ((suppos 10 mg, tab delayed release 5 mg), suppos 10 mg)</i>	Tier 4	NPD
<i>docusate sodium ((cap 100 mg, cap 250 mg, liquid 150 mg/15ml), cap 100 mg, cap 250 mg)</i>	Tier 4	NPD
<i>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)</i>	Tier 4	NPD
<i>magnesium citrate soln</i>	Tier 4	NPD
<i>polyethylene glycol 3350 ((oral packet 17 gm, oral powder 17 gm/scoop), oral packet 17 gm)</i>	Tier 4	NPD
<i>sennosides tab 8.6 mg</i>	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 xiv - xv 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
<i>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)</i>	Tier 4	NPD
GASTROINTESTINAL AGENTS, OTHER		
ALLI 60 MG CAP	Tier 4	PA, NPD
<i>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)</i>	Tier 4	NPD
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	Tier 4	NPD
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Tier 4	NPD
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	Tier 4	NPD
<i>bismuth subsalicylate ((chew tab 262 mg, susp 525 mg/15ml, tab 262 mg), chew tab 262 mg, susp 525 mg/15ml)</i>	Tier 4	NPD
<i>calcium carbonate (antacid) ((chew tab 500 mg, chew tab 750 mg), chew tab 500 mg)</i>	Tier 4	NPD
CALCIUM CARBONATE ANTACID 648 MG TAB	Tier 4	NPD
<i>simethicone ((cap 125 mg, chew tab 80 mg, susp 40 mg/0.6ml), cap 125 mg, chew tab 80 mg)</i>	Tier 4	NPD
SM FOAMING ANTACID 80-20 MG CHEW TAB	Tier 4	NPD
<i>sodium bicarbonate tab 325 mg</i>	Tier 4	NPD
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine tab 10 mg</i>	Tier 4	NPD

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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		
<i>omeprazole delayed release tab 20 mg</i>	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		
<i>levonorgestrel tab 1.5 mg</i>	Tier 4	NPD
METABOLIC BONE DISEASE AGENTS		
<i>ergocalciferol ((cap 1.25 mg (50000 unit), soln 200 mcg/ml (8000 unit/ml)), cap 1.25 mg (50000 unit))</i>	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

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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

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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
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	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

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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 xiv - xv 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
<i>saline nasal spray 0.65%</i>	Tier 4	NPD
SAXENDA 18 MG/3ML SOLN PEN	Tier 4	PA, NPD
VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
WATCHHALER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPHTHALMIC AGENTS, OTHER		
<i>eye wash</i>	Tier 4	NPD
MURO 128 2 % SOLUTION	Tier 4	NPD
<i>naphazoline w/ pheniramine ophth soln 0.027-0.315%</i>	Tier 4	NPD
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 4	NPD
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 4	NPD

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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		
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 4	NPD
OTIC AGENTS		
<i>carbamide peroxide 6.5% otic soln</i>	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
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 4	NPD
ANTIHISTAMINES		
<i>cetirizine hcl ((tab 10 mg, tab 5 mg), tab 10 mg)</i>	Tier 4	NPD
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Tier 4	NPD
<i>diphenhydramine hcl ((cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml, tab 25 mg), cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml)</i>	Tier 4	NPD
<i>fexofenadine hcl ((tab 180 mg, tab 60 mg), tab 180 mg)</i>	Tier 4	NPD
<i>loratadine ((rapidly-disintegrating tab 10 mg, tab 10 mg), rapidly-disintegrating tab 10 mg)</i>	Tier 4	NPD
BRONCHODILATORS, SYMPATHOMIMETIC		
NASAL DECONGESTANT ((30 MG/5ML LIQUID, 30 MG/5ML SYRUP), 30 MG/5ML LIQUID)	Tier 4	NPD
<i>pseudoephedrine hcl ((tab 30 mg, tab 60 mg), tab 30 mg)</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv 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		
<i>benzonatate ((cap 100 mg, cap 200 mg), cap 100 mg)</i>	Tier 4	NPD
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 4	NPD
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	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
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
<i>promethazine-dm ((6.25-15 mg/5ml solution, syrup 6.25-15 mg/5ml), 6.25-15 mg/5ml solution)</i>	Tier 4	PA, NPD
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	Tier 4	NPD

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

Index of Covered Drugs

A

abacavir sulfate.....	62	AIMOVIG.....	39
abacavir sulfate-lamivudine.....	62	AIMOVIG (140 MG DOSE).....	39
abacavir sulfate-lamivudine-zidovudine.....	62	AIRIAL CHAMBER.....	145
ABELCET.....	36	albendazole.....	52
ABILIFY MAINTENA.....	56	albuterol 90mcg hfa inhaler (generic proair).....	130
abiraterone acetate.....	41	albuterol 90mg hfa inhaler (generic proair).....	130
acamprosate calcium.....	19	albuterol 90mg hfa inhaler (generic proventil).....	130
acarbose.....	67	Albuterol 90mg HFA inhaler (Generic Ventolin).....	130
acebutolol hcl.....	77	albuterol sulfate.....	130,131
acetaminophen.....	138	alclometasone dipropionate.....	90,102
acetaminophen w/ codeine.....	16	ALCOHOL 70% PADS.....	119
acetazolamide.....	79,127	ALCOHOL PREP.....	120
acetic acid (otic).....	21	ALCOHOL PREP PADS.....	120
acetylcysteine.....	133	ALCOHOL WIPES.....	120
acitretin.....	89	ALDURAZYME.....	99
ACTHAR.....	102	ALECENSA.....	45
ACTHIB.....	115	alendronate sodium.....	118
ACTIMMUNE.....	113	alfuzosin hcl.....	102
acyclovir.....	65	ALINIA.....	52
acyclovir sodium.....	65	aliskiren fumarate.....	79
acyclovir topical.....	92	ALLI.....	143
ADACEL.....	115	allopurinol.....	38
adapalene.....	89	alosetron hcl.....	97
adefovir dipivoxil.....	60	ALPHAGAN P.....	127
ADEMPAS.....	132	alprazolam.....	66
ADVOCATE ALCOHOL PREP PADS.....	119	ALREX.....	126
AEROCHAMBER MINI CHAMBER.....	144	alum & mag hydrox-simethicone.....	143
AEROCHAMBER MV.....	144	ALUMINUM HYDROXIDE GEL.....	143
AEROCHAMBER PLUS FLO-VU.....	144	aluminum hydroxide-mag carb.....	143
AEROCHAMBER PLUS FLO-VU LARGE... ..	144	aluminum hydroxide-mag trisil.....	143
AEROCHAMBER PLUS FLO-VU MEDIUM... ..	144	ALUNBRIG.....	45
AEROCHAMBER PLUS FLO-VU SMALL... ..	144	amantadine hcl.....	53
AEROCHAMBER PLUS FLO-VU W/MASK... ..	144	AMBISOME.....	37
AEROCHAMBER PLUS FLOW VU.....	144	ambrisentan.....	132
AEROCHAMBER W/FLOWSIGNAL.....	145	amikacin sulfate.....	20
AEROCHAMBER Z-STAT PLUS.....	145	amiloride & hydrochlorothiazide.....	79
AEROCHAMBER Z-STAT PLUS CHAMBR... ..	145	amiloride hcl.....	82
AEROCHAMBER Z-STAT PLUS/LARGE... ..	145	amino acid electrolyte infusion.....	93
AEROCHAMBER Z-STAT PLUS/MEDIUM... ..	145	amino acid infusion.....	93
AEROCHAMBER Z-STAT PLUS/SMALL... ..	145		
AEROVENT PLUS.....	145		

AMINOSYN.....	93	ascorbic acid.....	139
AMINOSYN II.....	93	asenapine maleate.....	56
AMINOSYN-HBC.....	93	aspirin.....	136
AMINOSYN-PF.....	93	aspirin buffered (cal carb-mag carb-mag oxide).....	136
AMINOSYN-RF.....	93	aspirin-dipyridamole.....	74
AMINOSYN/ELECTROLYTES.....	93	atazanavir sulfate.....	64
amiodarone hcl.....	76	atenolol.....	77
AMITIZA.....	97	atenolol & chlorthalidone.....	80
amitriptyline hcl.....	35	atomoxetine hcl.....	86
amlodipine besylate.....	78	atorvastatin calcium.....	83
amlodipine besylate-benazepril hcl.....	79	atovaquone.....	52
amlodipine besylate-olmesartan medoxomil.....	79	atovaquone-proguanil hcl.....	52
amlodipine besylate-valsartan.....	79	ATROPINE SULFATE.....	124
amlodipine-valsartan-hydrochlorothiazide.....	80	atropine sulfate (ophthalmic).....	125
AMOXAPINE.....	35	ATROVENT HFA.....	130
AMOXICILLIN.....	24	AUBAGIO.....	88
amoxicillin & pot clavulanate.....	24	AUM MINI INSULIN PEN NEEDLE.....	120
AMOXICILLIN-POT CLAVULANATE.....	24	AUM READYGARD DUO PEN NEEDLE...	120
amphetamine-dextroamphetamine.....	85,86	AURYXIA.....	95
AMPHOTERICIN B.....	37	AUSTEDO.....	87
amphotericin b liposome.....	37	AUVELITY.....	32
AMPICILLIN.....	24	AVONEX.....	88
ampicillin & sulbactam sodium.....	24	AVONEX PEN.....	88
ampicillin sodium.....	25	AVONEX PREFILLED.....	88
AMPICILLIN-SULBACTAM SODIUM.....	25	AYVAKIT.....	43
ANADROL-50.....	105	azathioprine.....	113
anagrelide hcl.....	73	AZATHIOPRINE SODIUM.....	113
anastrozole.....	45	azelastine hcl.....	129
ANDRODERM.....	105	azelastine hcl (ophth).....	125
ANORO ELLIPTA.....	133	azithromycin.....	26
ANTI-DIARRHEAL.....	142	AZOPT.....	127
apomorphine hydrochloride.....	53	aztreonam.....	21
apraclonidine hcl.....	127		
aprepitant.....	36	B	
APRETUDE.....	60	B-12.....	139
APTIOM.....	30	B-12 DOTS.....	139
APTIVUS.....	64	BACITRACIN.....	126
ARALAST NP.....	99	bacitracin (topical).....	136
ARANESP (ALBUMIN FREE).....	73	bacitracin zinc.....	136
ARCALYST.....	112	bacitracin-poly-neomycin-hc.....	125
aripiprazole.....	56	bacitracin-polymyxin b (ophth).....	125
ARISTADA.....	56	bacitracin-polymyxin b oint.....	136
ARISTADA INITIO.....	56	baclofen.....	59
		balsalazide disodium.....	118

BALVERSA.....	45	bimatoprost.....	128
BAQSIMI ONE PACK.....	69	BIOGUARD GAUZE SPONGES.....	120
BAQSIMI TWO PACK.....	69	bisacodyl.....	142
BARACLUDE.....	60	bismuth subsalicylate.....	143
BAYER PLUS.....	136	bisoprolol & hydrochlorothiazide.....	80
BCG VACCINE.....	115	bisoprolol fumarate.....	77
BD ECLIPSE SYRINGE.....	120	BIVIGAM.....	111
BD INSULIN SYRINGE.....	120	BOOSTRIX.....	116
BD Pen Needle Mini U/F 31G X 5 MM MISC.....	120	bosentan.....	132
BD PEN NEEDLE NANO 2ND GEN.....	120	BOSULIF.....	45,46
BD Pen Needle Nano U/F 32G X 4 MM MISC.....	120	BRAFTOVI.....	46
BD Pen Needle Original U/F 29G X 12.7MM MISC.....	120	BREATHE EASE LARGE.....	145
BD Pen Needle Short U/F 31G X 8 MM MISC.....	120	BREATHE EASE MEDIUM.....	145
BD Pen Needle Short U/F 31G X 8 MM MISC.....	120	BREATHE EASE SMALL.....	145
benazepril & hydrochlorothiazide.....	80	BREATHERITE.....	145
benazepril hcl.....	76	BREATHERITE COLL SPACER ADULT.....	145
BENLYSTA.....	112	BREATHERITE COLL SPACER CHILD.....	145
BENZNIDAZOLE.....	52	BREATHERITE COLL SPACER INFANT.....	145
benzonatate.....	150	BREATHERITE RIGID SPACER/MASK.....	145
benzoyl peroxide.....	138	BREATHERITE SPACER NEONATE.....	145
benztropine mesylate.....	53	BREATHERITE SPACER SMALL CHILD.....	145
BERINERT.....	111	BREATHERITE/LARGE MASK.....	146
BESIVANCE.....	26	BREATHERITE/MEDIUM MASK.....	146
BESREMI.....	43	BREATHERITE/SMALL MASK.....	146
betaine.....	99	BRILINTA.....	74
betamethasone dipropionate (topical).....	90,102	brimonidine tartrate.....	127
BETAMETHASONE DIPROPIONATE AUG.....	90	brimonidine tartrate-timolol maleate.....	125
betamethasone dipropionate augmented.....	90,102	brinzolamide.....	127
betamethasone valerate.....	90	BRIVIACT.....	27,28
BETASERON.....	88	bromocriptine mesylate.....	53
betaxolol hcl.....	77	BRUKINSA.....	43
betaxolol hcl (ophth).....	127	budesonide.....	118
bethanechol chloride.....	102	budesonide (inhalation).....	129
BEVESPI AEROSPHERE.....	133	bumetanide.....	82
bexarotene.....	51	buprenorphine hcl.....	19
bexarotene (topical).....	51	buprenorphine hcl-naloxone hcl dihydrate.....	19
BEXSERO.....	115	bupropion hcl.....	32,33
bicalutamide.....	41	bupropion hcl (smoking deterrent).....	20
BICILLIN L-A.....	25	buspirone hcl.....	66
BIKTARVY.....	61	butalbital-acetaminophen-caffeine.....	87
		butalbital-acetaminophen-caffeine w/ codeine.....	16
		BYLVAY.....	100
		BYLVAY (PELLETS).....	99

C

CABENUVA.....	63	CAYSTON.....	131
cabergoline.....	109	cefaclor.....	23
CABLIV.....	74	cefadroxil.....	23
CABOMETYX.....	46	cefazolin sodium.....	23
CALAMINE LOTION.....	138	cefdinir.....	23
CALAMINE-ZINC OXIDE.....	138	cefepime hcl.....	23
CALCI-CHEW.....	139	cefixime.....	23
calcipotriene.....	91	cefotaxime sodium.....	23
calcitonin (salmon).....	118	cefotetan disodium.....	23
calcitriol.....	118	cefoxitin sodium.....	23
calcium.....	140	cefpodoxime proxetil.....	23
calcium acetate (phosphate binder)...	95	cefprozil.....	23
calcium ascorbate.....	139	ceftazidime.....	23
calcium carbonate.....	139	ceftriaxone sodium.....	23
calcium carbonate (antacid).....	143	cefuroxime axetil.....	24
CALCIUM CARBONATE ANTACID.....	143	cefuroxime sodium.....	24
calcium carbonate-cholecalciferol....	140	celecoxib.....	15
calcium carbonate-ergocalciferol....	140	CELONTIN.....	29
calcium carbonate-vitamin d.....	140	cephalexin.....	24
CALCIUM GLUCONATE.....	140	CERDELGA.....	100
CALCIUM/C/D.....	140	CEREZYME.....	100
CALQUENCE.....	46	cetirizine hcl.....	149
candesartan cilexetil.....	75	CHEWABLE CALCIUM/D3.....	140
candesartan cilexetil-		chlordiazepoxide hcl.....	66
hydrochlorothiazide.....	80	chlorhexidine gluconate (mouth-throat)	89
CAPASTAT SULFATE.....	40	chloroquine phosphate.....	52
CAPLYTA.....	56	chlorothiazide.....	82
CAPRELSA.....	46	chlorpheniramine maleate.....	149
captopril.....	76	chlorpromazine hcl.....	55
CAPTOPRIL-HYDROCHLOROTHIAZIDE....	80	chlorthalidone.....	82
carbamazepine.....	31	CHOLBAM.....	100
carbamide peroxide (otic).....	149	cholestyramine.....	83
carbidopa.....	54	cholestyramine light.....	83
CARBIDOPA-LEVODOPA.....	54	choline fenofibrate.....	83
carbidopa-levodopa-entacapone.....	53	ciclopirox.....	92
CAREONE UNIFINE PENTIPS PLUS.....	120	ciclopirox olamine.....	37
CARETOUCH INSULIN SYRINGE.....	120	cilostazol.....	74
CARETOUCH PEN NEEDLES.....	120	CILOXAN.....	26
carglumic acid.....	93	CIMDUO.....	62
carisoprodol.....	134	cimetidine.....	98
CARTEOLOL HCL.....	127	cimetidine hcl.....	98
carvedilol.....	77	cinacalcet hcl.....	118
caspofungin acetate.....	37	CINRYZE.....	111
		ciprofloxacin.....	26
		ciprofloxacin hcl.....	26

efavirenz-emtricitabine-tenofovir		erlotinib hcl	46
disoproxil fumarate	61	ertapenem sodium	25
efavirenz-lamivudine-tenofovir disoproxil		ERY	92
fumarate	61	ERYTHROCIN LACTOBIONATE	26
EGRIFTA	104	erythromycin (acne aid)	92
EGRIFTA SV	104	erythromycin (ophth)	126
ELIQUIS	72	erythromycin base	26
ELIQUIS DVT/PE STARTER PACK	72	ERYTHROMYCIN ETHYLSUCCINATE	26
ELIXOPHYLLIN	132	erythromycin lactobionate	26
EMCYT	42	ESBRIET	133
EMSAM	33	escitalopram oxalate	33
emtricitabine	62	estazolam	134
emtricitabine-tenofovir disoproxil		estradiol	106
fumarate	62	estradiol vaginal	106
EMTRIVA	62	ESTRING	106
enalapril maleate	76	eszopiclone	134
enalapril maleate &		ethambutol hcl	40
hydrochlorothiazide	80	ethosuximide	29
ENBREL	113	ethynodiol diacet & eth estrad	106
ENBREL SURECLICK	114	ETIDRONATE DISODIUM	119
ENGERIX-B	116	etodolac	15
enoxaparin sodium	72	etonogestrel-ethinyl estradiol	106
entacapone	53	etravirine	61
entecavir	60	everolimus	46,47
ENTRESTO	80	everolimus (immunosuppressant)	114
ENVARUS XR	114	EVOTAZ	64
EPCLUSA	60	exemestane	45
EPIDIOLEX	28	EXKIVITY	43
EPINEPHRINE	131	EXTAVIA	88
epinephrine (anaphylaxis)	131	eye wash	148
EPINEPHRINE AUTOINJECTOR (GENERIC		ezetimibe	84
ADRENAClick)	131	ezetimibe-simvastatin	84
EPIVIR HBV	60		
eplerenone	82	F	
EPRONTIA	28	FABRAZYME	100
EPROSARTAN MESYLATE	75	famciclovir	65
EQ CALAMINE	138	famotidine	98,143
EQ SPACE CHAMBER ANTI-STATIC	146	FANAPT	56
EQ SPACE CHAMBER ANTI-STATIC L	146	FANAPT TITRATION PACK	56
EQ SPACE CHAMBER ANTI-STATIC M	146	FARXIGA	67
EQ SPACE CHAMBER ANTI-STATIC S	146	FARYDAK	47
ergocalciferol	144	felbamate	28
ERGOLOID MESYLATES	32	felodipine	78
ERIVEDGE	46	fenofibrate	83
ERLEADA	41	fenofibrate micronized	83

fentanyl.....	15	FORTEO.....	119
fentanyl citrate.....	17	fosamprenavir calcium.....	64
FERRIPROX.....	95	fosfomycin tromethamine.....	21
ferrous sulfate.....	139,141	fosinopril sodium.....	76
ferrous sulfate dried.....	141	fosinopril sodium & hydrochlorothiazide.....	80
FETZIMA.....	33	FOTIVDA.....	43
FETZIMA TITRATION.....	34	FREAMINE III.....	93
fexofenadine hcl.....	149	fulvestrant.....	42
finasteride.....	102	furosemide.....	82
FINTEPLA.....	28	FUZEON.....	63
FIRDAPSE.....	87	FYCOMPA.....	28
FIRMAGON.....	109		
FIRMAGON (240 MG DOSE).....	109	G	
FLEBOGAMMA DIF.....	111	gabapentin.....	30
flecainide acetate.....	76	GAMMAGARD.....	111
FLEXICHAMBER.....	146	GAMMAGARD S/D LESS IGA.....	111
FLOVENT DISKUS.....	129	GAMMAKED.....	111
FLOVENT HFA.....	129	GAMMAPLEX.....	111,112
fluconazole.....	37	GAMUNEX-C.....	112
fluconazole in nacl.....	37	GARDASIL 9.....	116
flucytosine.....	37	GATTEX.....	98
fludrocortisone acetate.....	103	GAUZE PADS.....	121
flunisolide (nasal).....	129	gauze pads 2"x2".....	121
fluocinolone acetonide.....	90	GAVILYTE-C.....	98
fluocinonide.....	90	GAVRETO.....	47
fluocinonide emulsified base.....	90	gemfibrozil.....	83
fluorometholone (ophth).....	126	GENTAK.....	126
FLUOROURACIL.....	91	gentamicin sulfate.....	20
fluorouracil (topical).....	91	gentamicin sulfate (ophth).....	126
fluoxetine hcl.....	34	gentamicin sulfate (topical).....	20
FLUOXETINE HCL.....	34	GENVOYA.....	61
FLUOXETINE HCL (PMDD).....	34	GILENYA.....	88
fluphenazine decanoate.....	55	GILOTTRIF.....	47
fluphenazine hcl.....	55	glatiramer acetate.....	88
flurbiprofen.....	15	GLEOSTINE.....	41
flurbiprofen sodium.....	126	glimepiride.....	67
flutamide.....	42	glipizide.....	68
fluticasone propionate.....	90	glipizide-metformin hcl.....	68
fluticasone propionate (nasal).....	129	GLUCAGEN HYPOKIT.....	70
FLUTICASONE-SALMETEROL.....	133	glucagon (rdna).....	70
fluticasone-salmeterol.....	133	GLUCAGON EMERGENCY.....	70
fluvastatin sodium.....	83	GLUCOSE CHEW TAB 4 GM.....	137
fluvoxamine maleate.....	34	GLUCOSE-VITAMIN C CHEW TAB 4-6 GM- MG.....	137
folic acid.....	141	glyburide.....	68
fondaparinux sodium.....	72		

glyburide micronized.....	68	HUMIRA PEN.....	114
glyburide-metformin.....	68	HUMIRA PEN-CD/UC/HS STARTER.....	114
glycerin (laxative).....	142	HUMIRA PEN-PEDIATRIC UC START.....	114
glycopyrrolate.....	98	HUMIRA PEN-PS/UV/ADOL HS START.....	114
GLYXAMBI.....	68	HUMIRA PEN-PSOR/UEIT STARTER.....	114
GNP ISOPROPYL ALCOHOL WIPES.....	121	HUMULIN 70/30.....	70
GNP STERILE GAUZE.....	121	HUMULIN 70/30 KWIKPEN.....	70
GNP ULTICARE PEN NEEDLES.....	121	HUMULIN N.....	70
GNP ULTIGUARD SAFEPAK NEEDLE.....	121	HUMULIN N KWIKPEN.....	70
GOODSENSE CALAMINE.....	138	HUMULIN R.....	70
granisetron hcl.....	36	HUMULIN R U-500 (CONCENTRATED).....	70
griseofulvin microsize.....	37	HUMULIN R U-500 KWIKPEN.....	71
griseofulvin ultramicrosize.....	37	HYCODAN.....	150
guaifenesin.....	150	hydralazine hcl.....	85
guaifenesin-codeine.....	150	hydrochlorothiazide.....	82
guanfacine hcl.....	75	hydrocodone bitartrate-homatropine methylbromide.....	150
guanfacine hcl (adhd).....	86	hydrocodone-acetaminophen.....	17
GUANIDINE HCL.....	40	hydrocortisone.....	118
H		hydrocortisone (intrarectal).....	118
H-E-B INCONTROL PEN NEEDLES.....	121	hydrocortisone (rectal).....	91
H-E-B INCONTROL UNIFINE PENTIP.....	121	hydrocortisone (topical).....	91,138
HAEGARDA.....	111	hydrocortisone butyrate.....	91,103
halobetasol propionate.....	91	hydrocortisone valerate.....	91,103
haloperidol.....	55	hydrocortisone w/acetic acid.....	128
haloperidol decanoate.....	55	hydromorphone hcl.....	17
haloperidol lactate.....	55	HYDROXYCHLOROQUINE SULFATE.....	52
HARVONI.....	60	hydroxychloroquine sulfate.....	52
HAVRIX.....	116	HYDROXYPROGESTERONE CAPROATE.....	108
HEMADY.....	103	hydroxyurea.....	43
heparin sodium (porcine).....	72	hydroxyzine hcl.....	129
HEPATAMINE.....	93	I	
HETLIOZ.....	134	ibandronate sodium.....	119
HIBERIX.....	116	IBRANCE.....	47
HIZENTRA.....	112	ibuprofen.....	15,136
HM ULTICARE MINI PEN NEEDLES.....	122	icatibant acetate.....	111
HUMALOG.....	70	ICLUSIG.....	47
HUMALOG JUNIOR KWIKPEN.....	70	icosapent ethyl.....	84
HUMALOG KWIKPEN.....	70	IDHIFA.....	43
HUMALOG MIX 50/50.....	70	ILARIS.....	112
HUMALOG MIX 50/50 KWIKPEN.....	70	ILEVRO.....	126
HUMALOG MIX 75/25.....	70	imatinib mesylate.....	47
HUMALOG MIX 75/25 KWIKPEN.....	70	IMBRUVICA.....	47
HUMIRA.....	114	imipenem-cilastatin.....	25
HUMIRA PEDIATRIC CROHNS START.....	114		

imipramine hcl.....	35	isosorbide dinitrate.....	85
imiquimod.....	91	ISOSORBIDE DINITRATE ER.....	85
IMOVAX RABIES.....	116	isosorbide mononitrate.....	85
INCRELEX.....	104	isotretinoin.....	89
INCRUSE ELLIPTA.....	130	itraconazole.....	37
indapamide.....	82	ivermectin.....	52
indomethacin.....	15	IXIARO.....	116
INFANRIX.....	116		
INGREZZA.....	87	J	
INLYTA.....	47	JAKAFI.....	47
INQOVI.....	43	JANUMET.....	68
INREBIC.....	43	JANUMET XR.....	68
INSPIRACHAMBER/LARGE.....	147	JANUVIA.....	68
INSPIRACHAMBER/MEDIUM.....	147	JARDIANCE.....	68
INSPIRACHAMBER/MOUTHPIECE.....	147	JENTADUETO.....	68
INSPIRACHAMBER/SMALL.....	147	JENTADUETO XR.....	68
INSPIREASE.....	147	JULUCA.....	61
INSULIN LISPRO.....	71	JUXTAPID.....	84
INSULIN LISPRO (1 UNIT DIAL).....	71		
INSULIN LISPRO JUNIOR KWIKPEN.....	71	K	
INSULIN LISPRO PROT & LISPRO.....	71	KALYDECO.....	131
INSULIN PEN NEEDLES.....	122	KCL IN DEXTROSE-NACL.....	93
INSULIN SYRINGE 0.3 ML.....	122	KCL-LACTATED RINGERS-D5W.....	96
INSULIN SYRINGE 0.5 ML.....	122	KEPIVANCE.....	89
INSULIN SYRINGE 1 ML.....	122	ketoconazole.....	37
INSULIN SYRINGE-NEEDLE U-100.....	122	ketoconazole (topical).....	37
INTELENCE.....	61	ketorolac tromethamine (ophth).....	127
INTRALIPID.....	93	ketotifen fumarate (ophth).....	149
INTRON A.....	113	KINRIX.....	116
INVEGA HAFYERA.....	56	KISQALI (200 MG DOSE).....	47
INVEGA SUSTENNA.....	56,57	KISQALI (400 MG DOSE).....	48
INVEGA TRINZA.....	57	KISQALI (600 MG DOSE).....	48
INVIRASE.....	64	KISQALI FEMARA (400 MG DOSE).....	43
IPOL.....	116	KISQALI FEMARA (600 MG DOSE).....	43
ipratropium bromide.....	130	KISQALI FEMARA(200 MG DOSE).....	43
ipratropium bromide (nasal).....	130	KORLYM.....	103
ipratropium-albuterol.....	133	KOSELUGO.....	43
irbesartan.....	75	KRYSTEXXA.....	38
irbesartan-hydrochlorothiazide.....	80		
IRESSA.....	47	L	
ISENTRESS.....	61	labetalol hcl.....	77
ISENTRESS HD.....	61	lacosamide.....	31
isoniazid.....	40	lactated ringer's.....	96
ISOPROPYL ALCOHOL.....	122	lactated ringer's (irrigation).....	96
ISOPROPYL ALCOHOL WIPES.....	122	LACTATED RINGERS.....	96

lactic acid (ammonium lactate).....	91	LEXIVA.....	64
lactulose.....	97	lidocaine.....	18
lactulose (encephalopathy).....	97	lidocaine hcl.....	18
lamivudine.....	62	lidocaine hcl (mouth-throat).....	18
lamivudine (hbv).....	60	lidocaine-prilocaine.....	18
lamivudine-zidovudine.....	63	LINDANE.....	92
lamotrigine.....	28	linezolid.....	21
LANREOTIDE ACETATE.....	109	LINEZOLID IN SODIUM CHLORIDE.....	21
lansoprazole.....	99	LINZESS.....	97
LANTUS.....	71	liothyronine sodium.....	109
LANTUS SOLOSTAR.....	71	lisinopril.....	76
lapatinib ditosylate.....	48	lisinopril & hydrochlorothiazide.....	81
latanoprost.....	128	LITEAIRE.....	147
LATUDA.....	57	LITHIUM.....	67
LEDIPASVIR-SOFOSBUVIR.....	60	lithium carbonate.....	67
leflunomide.....	114	LONSURF.....	44
lenalidomide.....	42	loperamide hcl.....	98,143
LENVIMA (10 MG DAILY DOSE).....	48	lopinavir-ritonavir.....	64
LENVIMA (12 MG DAILY DOSE).....	48	loratadine.....	149
LENVIMA (14 MG DAILY DOSE).....	48	lorazepam.....	67
LENVIMA (18 MG DAILY DOSE).....	48	LORBRENA.....	48
LENVIMA (20 MG DAILY DOSE).....	48	losartan potassium.....	75
LENVIMA (24 MG DAILY DOSE).....	48	losartan potassium & hydrochlorothiazide.....	81
LENVIMA (4 MG DAILY DOSE).....	48	loteprednol etabonate.....	127
LENVIMA (8 MG DAILY DOSE).....	48	lovastatin.....	83
letrozole.....	45	loxapine succinate.....	55
leucovorin calcium.....	43	LUBIPROSTONE.....	97
LEUKERAN.....	41	LUMAKRAS.....	44
leuprolide acetate.....	109	LUMIGAN.....	128
levalbuterol hcl.....	131	LUPRON DEPOT (1-MONTH).....	109
LEVALBUTEROL TARTRATE.....	131	LUPRON DEPOT (3-MONTH).....	109
levetiracetam.....	28	LUPRON DEPOT (4-MONTH).....	109
levobunolol hcl.....	127	LUPRON DEPOT (6-MONTH).....	109
levocarnitine (metabolic modifiers).....	96	LUPRON DEPOT-PED (1-MONTH).....	109
levocetirizine dihydrochloride.....	129	LUPRON DEPOT-PED (3-MONTH).....	109
levofloxacin.....	26	LYBALVI.....	33
LEVOFLOXACIN.....	126	LYNPARZA.....	48
levofloxacin (ophth).....	126	LYSODREN.....	44
levofloxacin in d5w.....	27	LYUMJEV.....	71
levonorgestrel & eth estradiol.....	106	LYUMJEV KWIKPEN.....	71
levonorgestrel (emergency oc).....	144		
levonorgestrel-eth estradiol (triphasic).....	106		
levonorgestrel-ethinyl estradiol (91- day).....	106		
levothyroxine sodium.....	108		
		M	
		M-M-R II.....	116
		MAG-G.....	141

magnesium citrate.....	142	metoclopramide hcl.....	35
magnesium gluconate.....	141	metolazone.....	82
malathion.....	92	metoprolol & hydrochlorothiazide.....	81
MAPROTILINE HCL.....	33	metoprolol succinate.....	77
maraviroc.....	63	metoprolol tartrate.....	77
MARPLAN.....	33	metronidazole.....	22
MATULANE.....	41	metronidazole (topical).....	22
MAVYRET.....	60	metronidazole vaginal.....	22
meclizine hcl.....	35,136	metyrosine.....	81
MEDPURA ALCOHOL PADS.....	122	mexiletine hcl.....	76
medroxyprogesterone acetate.....	108	micafungin sodium.....	37
medroxyprogesterone acetate (contraceptive).....	108	MICONAZOLE 3.....	37
mefloquine hcl.....	52	miconazole nitrate vaginal.....	137
megestrol acetate.....	108	MICROCHAMBER.....	147
megestrol acetate (appetite).....	108	MICROSPACER.....	147
MEKINIST.....	48	midodrine hcl.....	75
MEKTOVI.....	48	MIGERGOT.....	39
meloxicam.....	15	miglitol.....	68
memantine hcl.....	32	miglustat.....	100
MENACTRA.....	116	minocycline hcl.....	27
MENEST.....	106	minoxidil.....	85
MENQUADFI.....	116	mirtazapine.....	33
MENVEO.....	116	misoprostol.....	98
meprobamate.....	66	modafinil.....	135
mercaptopurine.....	43	moexipril hcl.....	76
meropenem.....	26	MOLINDONE HCL.....	55
mesalamine.....	118	mometasone furoate.....	91,103
mesna.....	51	MONISTAT SOOTHING CARE ITCH.....	138
MESNEX.....	51	montelukast sodium.....	130
metformin hcl.....	68	morphine sulfate.....	16,17
methadone hcl.....	16	MOVANTIK.....	97
methazolamide.....	127	moxifloxacin hcl.....	27
methenamine hippurate.....	21	MOXIFLOXACIN HCL (2X DAY).....	126
methimazole.....	110	moxifloxacin hcl (ophth).....	126
methocarbamol.....	134	MOZOBIL.....	73
methotrexate sodium.....	114,115	MULTAQ.....	77
methylcobalamin.....	141	mupirocin.....	92
methyldopa.....	75	MURO 128.....	148
methylergonovine maleate.....	122	MYALEPT.....	98
methylphenidate hcl.....	86,87	mycophenolate mofetil.....	115
methylprednisolone.....	103	mycophenolate mofetil hcl.....	115
methylprednisolone acetate.....	103	mycophenolate sodium.....	115
methylprednisolone sod succ.....	103	MYRBETRIQ.....	101
METIPRANOLOL.....	127		

N

nabumetone.....	15	nilutamide.....	42
nadolol.....	77	nimodipine.....	78
nafticillin sodium.....	25	NINLARO.....	44
NAGLAZYME.....	100	nitazoxanide.....	52
naloxone hcl.....	19	nitisinone.....	100
naltrexone hcl.....	19	NITRO-BID.....	85
naphazoline w/ pheniramine.....	148	nitrofurantoin macrocrystal.....	22
naproxen.....	15	nitrofurantoin monohyd macro.....	22
naratriptan hcl.....	39	nitroglycerin.....	85
NARCAN.....	20	NITROSTAT.....	85
NASACORT ALLERGY 24HR.....	149	NITYR.....	100
NASACORT ALLERGY 24HR CHILDREN..	149	NIX COMPLETE LICE TREATMENT.....	138
NASAL DECONGESTANT.....	149	nizatidine.....	98
NATACYN.....	126	NORDITROPIN FLEXPOR.....	104
nateglinide.....	68	norethin acet & estrad-fe.....	106
NATPARA.....	119	norethindrone & eth estradiol.....	107
NAYZILAM.....	18	norethindrone & ethinyl estradiol-fe...	107
nebivolol hcl.....	77	norethindrone (contraceptive).....	108
NEFAZODONE HCL.....	34	norethindrone acet & eth estra.....	107
neomycin sulfate.....	20	norethindrone acetate.....	108
neomycin-bacitracin zn-polymyxin....	125	norethindrone acetate-ethinyl	
neomycin-bacitracin-polymyxin oint...	136	estradiol.....	107
neomycin-polymy-dexameth.....	125	norethindrone-eth estradiol (triphasic).	107
neomycin-polymyxin w/ pramoxine....	136	norgestimate-ethinyl estradiol.....	107
NEOMYCIN-POLYMYXIN-GRAMICIDIN..	125	norgestimate-ethinyl estradiol	
neomycin-polymyxin-hc (otic).....	128	(triphasic).....	107
NEONATAL PLUS.....	96	norgestrel & ethinyl estradiol.....	107
NERLYNX.....	48	NORMOSOL-M IN D5W.....	93
NEVIRAPINE.....	61	nortriptyline hcl.....	35
nevirapine.....	62	NORVIR.....	64
NEVIRAPINE ER.....	62	NovoFine 32G X 6 MM MISC.....	122
niacin.....	137	NOVOLIN 70/30.....	71
niacin (antihyperlipidemic).....	84	NOVOLIN 70/30 RELION.....	71
NIACIN (ANTIHYPOLIPIDEMIC).....	84	NOVOLIN N.....	71
NIACIN ER.....	137	NOVOLIN N RELION.....	71
niacinamide.....	137	NOVOLIN R.....	71
NIACOR.....	84	NOVOLIN R RELION.....	71
nicardipine hcl.....	78	NovoTwist 32G X 5 MM MISC.....	122
nicotine.....	136	NOXAFIL.....	38
nicotine polacrilex.....	136	NUBEQA.....	42
NICOTROL.....	20	NUCALA.....	134
NICOTROL NS.....	20	NUPLAZID.....	57
nifedipine.....	78	NUTRILIPID.....	94
		NYMALIZE.....	78
		nystatin.....	38

nystatin (mouth-throat).....38
 nystatin (topical).....38
 nystatin-triamcinolone.....91

O

octreotide acetate.....110
 ODEFSEY.....62
 ODOMZO.....49
 OFEV.....133
 ofloxacin.....27
 ofloxacin (ophth).....126
 ofloxacin (otic).....128
 olanzapine.....57
 olmesartan medoxomil.....75
 olmesartan medoxomil-amlodipine-
 hydrochlorothiazide.....81
 olmesartan medoxomil-
 hydrochlorothiazide.....81
 olopatadine hcl.....125
 omega-3 fatty acids cap 1000 mg.....141
 omega-3-acid ethyl esters.....84
 omeprazole.....99,144
 ondansetron.....36
 ondansetron hcl.....36
 ONUREG.....44
 OPSUMIT.....132
 OPTICHAMBER ADVANTAGE-LG MASK.....147
 OPTICHAMBER ADVANTAGE-MED
 MASK.....147
 OPTICHAMBER ADVANTAGE-SM MASK.....147
 OPTICHAMBER DIAMOND.....147
 OPTICHAMBER DIAMOND-LG MASK.....147
 OPTICHAMBER DIAMOND-MD MASK.....147
 OPTICHAMBER DIAMOND-SM MASK.....147
 OPTICHAMBER FACE MASK-LARGE.....147
 OPTICHAMBER FACE MASK-MEDIUM.....147
 OPTICHAMBER FACE MASK-SMALL.....147
 OPTIHALER.....148
 OPTIONS GYNOL II CONTRACEPTIVE.....144
 oral electrolyte solution.....139
 ORBACTIV.....22
 ORGOVYX.....110
 oseltamivir phosphate.....65
 OSPHENA.....108
 OTEZLA.....92,112

oxandrolone.....105
 OXBRYTA.....74
 oxcarbazepine.....31
 oxybutynin chloride.....101
 oxycodone hcl.....17,18
 oxycodone w/ acetaminophen.....18
 oyster shell.....141
 OYSTER SHELL CALCIUM 500 + D.....141
 OYSTER SHELL CALCIUM/D.....141
 OZEMPIC (0.25 OR 0.5 MG/DOSE).....69
 OZEMPIC (1 MG/DOSE).....69
 OZEMPIC (2 MG/DOSE).....69

P

paliperidone.....57
 PANRETIN.....51
 pantoprazole sodium.....99
 paricalcitol.....119
 paromomycin sulfate.....20
 paroxetine hcl.....34
 PASER.....40
 PEDIARIX.....116
 PEDVAX HIB.....116
 peg 3350-kcl-sod bicarb-sod chloride-sod
 sulfate.....98
 peg 3350-potassium chloride-sod
 bicarbonate-sod chloride.....97
 PEGANONE.....31
 PEGASYS.....113
 PEGASYS PROCLICK.....113
 PEMAZYRE.....49
 penicillamine.....102
 penicillin g potassium.....25
 PENICILLIN G SODIUM.....25
 penicillin v potassium.....25
 PENTACEL.....116
 pentamidine isethionate.....52
 PENTIPS.....122
 pentoxifylline.....81
 perindopril erbumine.....76
 permethrin.....92,139
 perphenazine.....36
 PERSERIS.....57
 PFIZERPEN.....25
 phenelzine sulfate.....33

phenobarbital.....	30	PRE-NATAL FORMULA.....	141
phentermine hcl.....	138	prednisolone.....	104
PHENYTEK.....	31	PREDNISOLONE ACETATE.....	127
phenytoin.....	31	PREDNISOLONE SODIUM	
phenytoin sodium extended.....	31	PHOSPHATE.....	103,127
PHOSPHOLINE IODIDE.....	127	prednisone.....	104
phytonadione.....	137	PREDNISONE INTENSOL.....	104
PIFELTRO.....	62	pregabalin.....	87,88
pilocarpine hcl.....	128	PREHEVBRIO.....	116
pilocarpine hcl (oral).....	89	PREMARIN.....	107
PIMOZIDE.....	55	PREMASOL.....	94
pindolol.....	78	PREMPHASE.....	107
pioglitazone hcl.....	69	PREMPRO.....	107
piperacillin sodium-tazobactam sodium	25	PRENATAL (W/IRON & FA).....	141
PIQRAY (200 MG DAILY DOSE).....	49	PRENATAL FORTE.....	141
PIQRAY (250 MG DAILY DOSE).....	49	PRENATAL PLUS.....	96
PIQRAY (300 MG DAILY DOSE).....	49	PRENATAL PLUS VITAMIN/MINERAL.....	96
PIRFENIDONE.....	133	PRENATAL VITAMIN WITH IRON TAB 27-0.8	
pirfenidone.....	133	MG.....	141
piroxicam.....	15	PRENATAL VITAMIN WITH IRON TAB 28-0.8	
PLEGRIDY.....	88	MG.....	141
PLEGRIDY STARTER PACK.....	88	prenatal vitamins.....	96
POCKET CHAMBER.....	148	PRENATAL/IRON.....	141
POCKET SPACER.....	148	PREVENT DROPSAFE PEN NEEDLES.....	122
podofilox.....	92	PREVYMIS.....	59
polyethylene glycol 3350.....	142	PREZCOBIX.....	64
polymyxin b-trimethoprim.....	126	PREZISTA.....	64,65
polyvinyl alcohol.....	148	PRIFTIN.....	41
POMALYST.....	42	primaquine phosphate.....	53
posaconazole.....	38	primidone.....	30
potassium chloride.....	94	PRIORIX.....	116
POTASSIUM CHLORIDE ER.....	94	PRIVIGEN.....	112
POTASSIUM CHLORIDE IN DEXTROSE.....	96	PRO COMFORT SPACER ADULT.....	148
potassium chloride in dextrose & sodium		PRO COMFORT SPACER CHILD.....	148
chloride.....	94	PRO COMFORT SPACER INFANT.....	148
POTASSIUM CHLORIDE IN NACL.....	94	probenecid.....	38
potassium chloride microencapsulated		PROCARE SPACER/ADULT MASK.....	148
crystals er.....	94	PROCARE SPACER/CHILD MASK.....	148
potassium citrate (alkalinizer).....	94	prochlorperazine.....	36
PRADAXA.....	72	prochlorperazine maleate.....	36
pramipexole dihydrochloride.....	54	PROCYSBL.....	100
prasugrel hcl.....	74	progesterone.....	108
pravastatin sodium.....	83	PROGRAF.....	115
praziquantel.....	52	PROLASTIN-C.....	100
prazosin hcl.....	75	PROLENSA.....	127

PROLIA.....	119
PROMACTA.....	73
promethazine hcl.....	36,129
promethazine w/codeine.....	150
promethazine-dm.....	150
promethazine-phenylephrine-codeine.....	150
propafenone hcl.....	77
propranolol hcl.....	78
PROPRANOLOL-HCTZ.....	81
propylthiouracil.....	110
PROQUAD.....	117
protriptyline hcl.....	35
pseudoephedrine hcl.....	149
PULMICORT FLEXHALER.....	129
PULMOZYME.....	131
PURIXAN.....	43
pyrantel pamoate.....	137
pyrazinamide.....	41
pyrethrins-piperonyl butoxide.....	139
pyrethrins-piperonyl butoxide-permethrin-nit remover.....	139
pyridostigmine bromide.....	40
pyridoxine hcl.....	142
pyrimethamine.....	53

Q

QC UNIFINE PENTIPS.....	122
QINLOCK.....	44
QSYMIA.....	138
QUADRACEL.....	117
quetiapine fumarate.....	58
quinapril hcl.....	76
quinapril-hydrochlorothiazide.....	81
quinidine sulfate.....	77
quinine sulfate.....	53
QVAR REDIHALER.....	129

R

RA CALAMINE.....	138
RA DAYLOGIC ACNE FOAMING WASH.....	138
RA ISOPROPYL ALCOHOL WIPES.....	122
RA OYSTER SHELL CALCIUM/D2.....	142
RABAVERT.....	117
rabeprazole sodium.....	99
raloxifene hcl.....	108

ramelteon.....	134
ramipril.....	76
ranolazine.....	81
rasagiline mesylate.....	54
RAVICTI.....	100
REBIF.....	88
REBIF REBIDOSE.....	89
REBIF REBIDOSE TITRATION PACK.....	89
REBIF TITRATION PACK.....	89
RECOMBIVAX HB.....	117
RECTIV.....	85
REGRANEX.....	92
RELENZA DISKHALER.....	65
RELION PEN NEEDLES.....	122
RELISTOR.....	97
repaglinide.....	69
REPATHA.....	84
REPATHA PUSHTRONEX SYSTEM.....	84
REPATHA SURECLICK.....	84
RESCRIPTOR.....	62
RESTASIS.....	125
RESTASIS MULTIDOSE.....	125
RETACRIT.....	73
RETEVMO.....	44
REVLIMID.....	42
REXULTI.....	58
REYATAZ.....	65
REZUROCK.....	115
RHOPRESSA.....	128
ribavirin.....	134
ribavirin (hepatitis c).....	60
riboflavin.....	142
RID.....	139
RID COMPLETE LICE ELIMINATION.....	139
rifabutin.....	40
rifampin.....	41
RIFATER.....	41
riluzole.....	87
RIMANTADINE HCL.....	65
ringer's.....	96
ringer's irrigation.....	96
RINVOQ.....	115
risedronate sodium.....	119
RISPERDAL CONSTA.....	58
risperidone.....	58

RITEFLO.....	148	silver sulfadiazine.....	92
ritonavir.....	65	simethicone.....	143
rivastigmine.....	32	simvastatin.....	83
rivastigmine tartrate.....	32	sirolimus.....	115
rizatriptan benzoate.....	39	SIRTURO.....	41
ROCKLATAN.....	125	SKYRIZI.....	92,98,112
roflumilast.....	132	SKYRIZI (150 MG DOSE).....	112
ropinirole hydrochloride.....	54	SKYRIZI PEN.....	112
rosuvastatin calcium.....	83	SM FOAMING ANTACID.....	143
ROTARIX.....	117	SMOFLIPID.....	96
ROTATEQ.....	117	sodium bicarbonate (antacid).....	143
ROZLYTREK.....	44	sodium chloride.....	94
RUBRACA.....	49	sodium chloride hypertonic.....	148
RUCONEST.....	111	sodium fluoride.....	96
rufinamide.....	31	sodium phenylbutyrate.....	101
RUKOBIA.....	63	sodium polystyrene sulfonate.....	95
RUZURGI.....	122	sodium sulfate-potassium sulfate- magnesium sulfate.....	97
RYBELSUS.....	69	SOFOSBUVIR-VELPATASVIR.....	60
RYDAPT.....	49	solifenacin succinate.....	101
S		SOLTAMOX.....	42
saline.....	148	SOMATULINE DEPOT.....	110
SANDIMMUNE.....	115	SOMAVERT.....	110
SANDOSTATIN LAR DEPOT.....	110	sorafenib tosylate.....	49
SANTYL.....	92	sotalol hcl.....	77
sapropterin dihydrochloride.....	101	sotalol hcl (afib/afl).....	77
SAVELLA.....	88	SPIRIVA HANDIHALER.....	130
SAVELLA TITRATION PACK.....	88	SPIRIVA RESPIMAT.....	130
SAXENDA.....	148	spironolactone.....	82
SCEMBLIX.....	49	spironolactone & hydrochlorothiazide..	81
scopolamine.....	36	SPRITAM.....	28,29
SECUADO.....	58	SPRYCEL.....	49
selegiline hcl.....	54	SPS.....	95
selenium sulfide.....	91,138	stavudine.....	63
SELZENTRY.....	63,64	STELARA.....	92,112
sennosides.....	142	STIVARGA.....	49
SEREVENT DISKUS.....	131	STRENSIQ.....	101
SEROSTIM.....	104	STREPTOMYCIN SULFATE.....	20
sertraline hcl.....	34	STRIBILD.....	61
sevelamer carbonate.....	95	STRIVERDI RESPIMAT.....	131
SHINGRIX.....	117	sucralfate.....	98
SIGNIFOR.....	110	sulfacetamide sod-prednisolone.....	125
sildenafil citrate (pulmonary hypertension).....	132,133	SULFACETAMIDE SODIUM.....	126
silodosin.....	102	sulfacetamide sodium (acne).....	27
		sulfacetamide sodium (ophth).....	126

SULFACETAMIDE-PREDNISOLONE.....	125	telmisartan-hydrochlorothiazide.....	81
sulfadiazine.....	27	temazepam.....	134,135
sulfamethoxazole-trimethoprim.....	27	TEMIXYS.....	63
SULFAMYLON.....	92	TENIVAC.....	117
sulfasalazine.....	118	tenofovir disoproxil fumarate.....	63
sulindac.....	15	TEPMETKO.....	50
sumatriptan.....	39	terazosin hcl.....	75
sumatriptan succinate.....	39	terbinafine hcl.....	38
SUMATRIPTAN SUCCINATE REFILL.....	40	terconazole vaginal.....	38
sunitinib malate.....	49	testosterone.....	105
SUPREP BOWEL PREP KIT.....	97	testosterone cypionate.....	105
SYLATRON.....	113	testosterone enanthate.....	105
SYMDEKO.....	131	tetrabenazine.....	87
SYMPAZAN.....	30	tetracycline hcl.....	27
SYMTUZA.....	65	THALOMID.....	42
SYNAREL.....	110	theophylline.....	132
SYNERCID.....	22	thiamine hcl.....	142
SYNJARDY.....	69	thiamine mononitrate.....	142
SYNJARDY XR.....	69	THIOLA EC.....	102
SYNRIBO.....	44	thioridazine hcl.....	55
SYNTHAMIN 17.....	94	thiotepa.....	41
SYNTHROID.....	109	thiothixene.....	55
T		tiagabine hcl.....	30
TABLOID.....	43	TIBSOVO.....	50
TABRECTA.....	44	TICOVAC.....	117
tacrolimus.....	115	tigecycline.....	22
tacrolimus (topical).....	91	timolol maleate.....	39
tadalafil (pulmonary hypertension).....	133	timolol maleate (ophth).....	127
TAFINLAR.....	49	tioconazole vaginal.....	137
TAGRISSO.....	49	TIVICAY.....	61
TALTZ.....	112	TIVICAY PD.....	61
TALZENNA.....	50	tizanidine hcl.....	59
tamoxifen citrate.....	42	TOBI PODHALER.....	131
tamsulosin hcl.....	102	tobramycin.....	131,132
TASIGNA.....	50	tobramycin (ophth).....	126
TAVALISSE.....	74	tobramycin sulfate.....	20
tazarotene.....	90	tobramycin-dexamethasone.....	125
TAZICEF.....	24	TOLAK.....	92
TAZORAC.....	90	tolnaftate.....	137
TAZVERIK.....	44	tolterodine tartrate.....	102
TDVAX.....	117	topiramate.....	29
TEFLARO.....	24	toremifene citrate.....	42
TEKTURN HCT.....	81	torsemide.....	82
telmisartan.....	75	TOUJEO MAX SOLOSTAR.....	71
		TOUJEO SOLOSTAR.....	71

TPN ELECTROLYTES.....	97	TUKYSA.....	50
TRACLEER.....	133	TURALIO.....	50
TRADJENTA.....	69	TWINRIX.....	117
tramadol hcl.....	18	TYBOST.....	64
tramadol-acetaminophen.....	18	TYMLOS.....	119
trandolapril.....	76	TYPHIM VI.....	117
tranexamic acid.....	74	TYSABRI.....	89
tranylcypromine sulfate.....	33		
TRAVASOL.....	95	U	
travoprost.....	128	UBRELVY.....	39
trazodone hcl.....	34	UKONIQ.....	50
TRECTOR.....	41	ULTICARE MINI PEN NEEDLES.....	123
TRELEGY ELLIPTA.....	134	ULTICARE SHORT PEN NEEDLES.....	123
TRELSTAR MIXJECT.....	110	ULTIGUARD SAFEPAK PEN NEEDLE.....	123
tretinoin.....	90	ULTIGUARD SAFEPAK SYR/NEEDLE.....	123
tretinoin (chemotherapy).....	51	ULTRA FLO INSULIN PEN NEEDLES.....	123
triamcinolone acetonide (mouth).....	89	ULTRA FLO INSULIN SYR 1/2 UNIT.....	123
triamcinolone acetonide (nasal).....	149	ULTRA FLO INSULIN SYRINGE.....	124
triamcinolone acetonide (topical).....	91	UNIFINE PEN NEEDLES.....	124
triamterene & hydrochlorothiazide.....	81	UNIFINE PENTIPS.....	124
triazolam.....	135	UNIFINE ULTRA PEN NEEDLE.....	124
trientine hcl.....	95	ursodiol.....	98
trifluoperazine hcl.....	55		
TRIFLURIDINE.....	65	V	
trihexyphenidyl hcl.....	53	valacyclovir hcl.....	66
TRIKAFTA.....	132	VALCHLOR.....	41
trimethoprim.....	22	valganciclovir hcl.....	60
trimipramine maleate.....	35	valproate sodium.....	29
TRINTELLIX.....	34	valproic acid.....	29
triprolidine & pseudoephedrine.....	150	valsartan.....	76
TRIUMEQ.....	63	valsartan-hydrochlorothiazide.....	82
TRIUMEQ PD.....	63	VALTOCO 10 MG DOSE.....	30
TRIZIVIR.....	63	VALTOCO 15 MG DOSE.....	30
TROPHAMINE.....	95	VALTOCO 20 MG DOSE.....	30
tropium chloride.....	102	VALTOCO 5 MG DOSE.....	30
TRUE COMFORT PEN NEEDLES.....	122	VALVED HOLDING CHAMBER.....	148
TRUE COMFORT PRO ALCOHOL PREP.....	123	vancomycin hcl.....	22
TRUE COMFORT PRO INSULIN SYR.....	123	VANDAZOLE.....	22
TRUE COMFORT PRO PEN NEEDLES.....	123	VAQTA.....	117
TRULICITY.....	69	VARENICLINE TARTRATE.....	20
TRUMENBA.....	117	VARIVAX.....	117
TRUSELTIQ (100MG DAILY DOSE).....	50	VARIZIG.....	112
TRUSELTIQ (125MG DAILY DOSE).....	50	VASCEPA.....	85
TRUSELTIQ (50MG DAILY DOSE).....	50	VCF VAGINAL CONTRACEPTIVE.....	144
TRUSELTIQ (75MG DAILY DOSE).....	50	VELIVET.....	107

VELTASSA	95
VEMLIDY	60
VENCLEXTA	50
VENCLEXTA STARTING PACK	50
venlafaxine hcl	34
VENTAVIS	133
verapamil hcl	79
VERAPAMIL HCL ER	79
VERSACLOZ	59
VERZENIO	50
VICTOZA	69
VIDEX	63
VIDEX EC	63
vigabatrin	30
VIIBRYD STARTER PACK	34
vilazodone hcl	34
VIRACEPT	65
VIREAD	63
vitamin a	142
VITAMIN D2	144
vitamin e	142
VITAMIN K	142
VITRAKVI	50,51
VIZIMPRO	51
VONJO	51
voriconazole	38
VORTEX VALVED HOLDING CHAMBER	148
VOSEVI	60
VOTRIENT	51
VRAYLAR	58
VYNDAMAX	82
VYNDAQEL	101

W

warfarin sodium	72
WATCHHALER	148
water for irrigation, sterile	124
WELIREG	44

X

XALKORI	51
XARELTO	73
XARELTO STARTER PACK	73
XATMEP	115
XCOPRI	29

XCOPRI (250 MG DAILY DOSE)	29
XCOPRI (350 MG DAILY DOSE)	29
XELJANZ	113
XELJANZ XR	115
XERMELO	98
XGEVA	119
XIFAXAN	22
XIGDUO XR	69
XOFLUZA (40 MG DOSE)	65
XOFLUZA (80 MG DOSE)	65
XOLAIR	113
XOSPATA	51
XPOVIO (100 MG ONCE WEEKLY)	44
XPOVIO (40 MG ONCE WEEKLY)	44
XPOVIO (40 MG TWICE WEEKLY)	44
XPOVIO (60 MG ONCE WEEKLY)	45
XPOVIO (60 MG TWICE WEEKLY)	45
XPOVIO (80 MG ONCE WEEKLY)	45
XPOVIO (80 MG TWICE WEEKLY)	45
XTANDI	42
XYREM	135

Y

YF-VAX	117
--------	-----

Z

zafirlukast	130
zaleplon	135
ZARXIO	74
ZEJULA	51
ZELBORAF	51
ZENPEP	101
ZEVRX INSULIN SYRINGE	124
ZEVRX PEN NEEDLES	124
ZEVRX STERILE ALCOHOL PREP PAD	124
zidovudine	63
ziprasidone hcl	58
ziprasidone mesylate	58
ZIRGAN	60
zoledronic acid	119
ZOLINZA	45
zolmitriptan	40
zolpidem tartrate	135
ZONISADE	31
zonisamide	31

ZONTIVITY	73
ZOSTAVAX.....	117
ZTALMY.....	29
ZUBSOLV.....	19
ZYDELIG.....	51
ZYKADIA.....	51
ZYPREXA RELPREVV.....	58

List of Drugs by Medical Condition

ANALGESICS.....	15
ANESTHETICS.....	18
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	19
ANTIBACTERIALS.....	20
ANTICONVULSANTS.....	27
ANTIDEMENTIA AGENTS.....	32
ANTIDEPRESSANTS.....	32
ANTIEMETICS.....	35
ANTIFUNGALS.....	36
ANTIGOUT AGENTS.....	38
ANTIMIGRAINE AGENTS.....	39
ANTIMYASTHENIC AGENTS.....	40
ANTIMYCOBACTERIALS.....	40
ANTINEOPLASTICS.....	41
ANTIPARASITICS.....	52
ANTIPARKINSON AGENTS.....	53
ANTIPSYCHOTICS.....	55
ANTISPASTICITY AGENTS.....	59
ANTIVIRALS.....	59
ANXIOLYTICS.....	66
BIPOLAR AGENTS.....	67
BLOOD GLUCOSE REGULATORS.....	67
BLOOD PRODUCTS AND MODIFIERS.....	72
CARDIOVASCULAR AGENTS.....	74
CENTRAL NERVOUS SYSTEM AGENTS.....	85
DENTAL AND ORAL AGENTS.....	89
DERMATOLOGICAL AGENTS.....	89
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	93
GASTROINTESTINAL AGENTS.....	97
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	99
GENITOURINARY AGENTS.....	101
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	102
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	104
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)...	105
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	108
HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....	109
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	110
IMMUNOLOGICAL AGENTS.....	111

INFLAMMATORY BOWEL DISEASE AGENTS 118

METABOLIC BONE DISEASE AGENTS 118

MISCELLANEOUS THERAPEUTIC AGENTS 119

Non-Part D Drugs 136

OPHTHALMIC AGENTS 124

OTIC AGENTS 128

RESPIRATORY TRACT/PULMONARY AGENTS 129

SKELETAL MUSCLE RELAXANTS 134

SLEEP DISORDER AGENTS 134

تبعیض خلاف قانون است

Blue Shield of California Promise Health Plan از قوانین حقوق مدنی ایالتی و فدرال مربوطه پیروی کرده و براساس نژاد، رنگ پوست، اصلیت ملی، هویت گروه بومی، وضعیت پزشکی، اطلاعات ژنتیک، تبار، مذهب، جنسیت، وضعیت تأهل، جنس، هویت جنسی، سوگیری جنسی، سن معلولیت روانی یا معلولیت جسمی تبعیض قائل نمی‌شود، اشخاص را محروم نکرده یا با آنها به صورت متفاوت رفتار نمی‌کند.

خدمات ارائه شده توسط Blue Shield of California Promise Health Plan:

- امداد و خدمات رایگان بدون اخذ هزینه برای اشخاص معلول تا به طور مؤثر ارتباط برقرار کنند، از جمله:
 - مترجمین واجد شرایط برای زبان اشاره
 - اطلاعات کتبی به سایر فرمت‌ها (چاپ درشت، صوتی، فرمت‌های الکترونیک قابل دسترسی، فرمت‌های دیگر)
- خدمات رایگان زبانی برای اشخاصی که زبان مادری آنها انگلیسی نیست، از جمله:
 - مترجمین شفاهی واجد شرایط
 - اطلاعات کتبی به زبان‌های دیگر

در صورت نیاز به این خدمات، با هماهنگی‌کننده حقوق مدنی Blue Shield of California Promise Health Plan تماس بگیرید.

اگر عقیده دارید که Blue Shield of California Promise Health Plan براساس نژاد، رنگ پوست، اصلیت ملی، هویت گروه بومی، وضعیت پزشکی، اطلاعات ژنتیک، تبار، مذهب، جنسیت، وضعیت تأهل، جنس، هویت جنسی، سوگیری جنسی، سن معلولیت روانی یا معلولیت جسمی در ارائه این خدمات کوتاهی کرده یا به روش دیگری تبعیض قائل شده است، می‌توانید نارضایتی را به این نشانی تسلیم نمایید:

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

می‌توانید نارضایتی را شخصاً یا توسط پست، نمابر یا ایمیل تسلیم کنید. اگر در تسلیم نارضایتی به کمک و راهنمایی نیاز دارید، هماهنگی‌کننده حقوق مدنی آماده ارائه کمک و راهنمایی می‌باشد.

می‌توانید یک شکایت حقوق مدنی را به طور الکترونیک و از طریق پورتال دفتر شکایات حقوق مدنی به آدرس <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> به وزارت بهداشت و خدمات انسانی ایالات متحده، دفتر حقوق مدنی یا توسط پست یا تلفن به نشانی زیر تسلیم کنید:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(TTY 800-537-7697), 1-800-368-1019

پورتال شکایت: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

فرم‌های شکایت در <http://www.hhs.gov/ocr/office/file/index.htm> موجود می‌باشند.

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)

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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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່າງໃຫ້ທ່ານ. ໂທ 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 ដោយមិនគិតថ្លៃ

គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-905-3825 (TTY: 711)។

Հայերեն (Armenian)

ՈՒՇՇԱՐԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվապես և ջանքեր ծախսեր ծախսեր: Ձանգահարեք 1-855-905-3825 (TTY (հեռախոսի) 711):

این دارونامه در تاریخ
به‌روزرسانی شده است. برای کسب اطلاعات جدیدتر یا سایر سؤالات، لطفاً
> طی هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با مرکز خدمات اعضای Blue Shield Promise Cal
MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید یا به
www.blueshieldca.com/promise/calmediconnect مراجعه کنید.



اگر پرسشی دارید، لطفاً هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب با Blue Shield Promise Cal
MediConnect Plan به شماره (TTY: 711) 1-855-905-3825 تماس بگیرید. این تماس رایگان است. برای اطلاعات
بیشتر، به نشانی زیر مراجعه کنید: www.blueshieldca.com/promise/calmediconnect.