



Blue Shield AdvantageOptimum Plan (HMO)
and
Blue Shield AdvantageOptimum Plan 1 (HMO)

2025 Formulary

(List of Covered Drugs
or "Drug List")

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

Formulary ID 25355

This formulary was updated on 10/01/2024 . For more recent information or other questions, please contact Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1 Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit blueshieldca.com/medformulary2025.

Blue Shield of California is an independent member of the Blue Shield Association.

A53840MADD-M_1024 (10/24)

10/01/2024

Y0118_24_446A1_C 08222024

H2819_24_446A1_C Accepted 08312024

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1.

This document includes Drug List (formulary) for our plan which is current as of 10/01/2024 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1 formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: blueshieldca.com/medformulary2025.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled "How do I request an exception to the Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1's Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024 . To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/medformulary2025.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Plan's formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1's Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1 limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,

- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by our plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact our plan Customer Service for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website, and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS approved coverage criteria and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in our plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a

total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days during the first 90 days you are enrolled in our Plan, beginning on your effective date of coverage.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

For more detailed information about your plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800- MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Plan Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 97 .

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties and Blue Shield AdvantageOptimum Plan 1 in San Diego County:

TIER	SUPPLY	COST SHARE Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties	COST SHARE Blue Shield AdvantageOptimum Plan 1 in San Diego County
1: Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$0 Copay	\$0 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$0 Copay	\$0 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$5 Copay	\$3 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	\$5 Copay	\$3 Copay
2: Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$3 Copay	\$5 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$7.50 Copay	\$12.50 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$10 Copay	\$10 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	\$25 Copay	\$25 Copay
3: Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$40 Copay	\$40 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$47 Copay	\$47 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	\$117.50 Copay	\$117.50 Copay

TIER	SUPPLY	COST SHARE Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties	COST SHARE Blue Shield AdvantageOptimum Plan 1 in San Diego County
3: Covered Insulins	Preferred retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	\$105 Copay	\$105 Copay
4: Non-Preferred Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$95 Copay	\$95 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$237.50 Copay	\$237.50 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$250 Copay	\$250 Copay
4: Covered Insulins	Preferred retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$105 Copay	\$105 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	\$100 Copay	\$100 Copay

TIER	SUPPLY	COST SHARE Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties	COST SHARE Blue Shield AdvantageOptimum Plan 1 in San Diego County
5: Specialty Tier Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's home delivery cost-sharing (30-day supply)	33% Coinsurance	33% Coinsurance
	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's home delivery cost-sharing (up to 100-day supply)	A long-term supply is not available for drugs in Tier 5	A long-term supply is not available for drugs in Tier 5

- Cost-sharing for drugs obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for drugs on Tiers 1 through 5 obtained from network long-term care pharmacies (31- day supply) is the same as the in-network standard retail cost-sharing (30-day supply).

LEGEND

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

SYMBOL	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
INS	Covered Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
VAC	\$0 Vaccine	Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	TIER 2	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	TIER 2	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (1 % gel, 1.5 % solution)</i>	TIER 3	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	TIER 1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	TIER 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	TIER 2	
<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	TIER 3	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen 100 mg/5ml suspension</i>	TIER 2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	
<i>indomethacin er 75 mg cap er</i>	TIER 3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>naproxen dr 500 mg tab dr</i>	TIER 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	TIER 3	
<i>oxaprozin 600 mg tab</i>	TIER 4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 3	
<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	TIER 4	PA, QL (4 PER 28 OVER TIME), NDS
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg tab</i>	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/5ml solution</i>	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	TIER 4	PA, NDS
<i>methadone hcl 5 mg tab</i>	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 4	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	TIER 4	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab er</i>	TIER 4	QL (90 PER 30 OVER TIME), NDS
<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	TIER 4	PA, QL (1 PER 1 DAYS), NDS

OPIOID ANALGESICS, SHORT-ACTING

ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	TIER 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate 30 mg tab</i>	TIER 4	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	TIER 4	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	TIER 5	PA, QL (120 PER 30 OVER TIME), NDS
<i>fentanyl citrate 200 mcg loz handle</i>	TIER 4	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	TIER 4	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	TIER 3	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 4 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	TIER 3	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)</i>	TIER 3	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	TIER 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	TIER 3	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 100 mg/5ml conc</i>	TIER 4	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 20 mg tab</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg tab</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	TIER 3	QL (1000 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tramadol hcl 50 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film)</i>	TIER 2	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 8-2 mg film, -naloxone 8-2 mg sl tab)</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	TIER 2	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)

OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsy, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution)</i>	TIER 2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	TIER 2	QL (2 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naltrexone hcl 50 mg tab</i>	TIER 2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 4	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	TIER 4	QL (53 PER 30 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	TIER 4	
<i>neomycin sulfate 500 mg tab</i>	TIER 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 4	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	TIER 4	

ANTIBACTERIALS, OTHER

<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 4	
<i>clindamycin phosphate (9 gm/60ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	TIER 4	
<i>clindamycin phosphate 2 % cream</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	TIER 4	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	TIER 5	
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 4	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	TIER 3	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (1 % gel, 500 mg/100ml solution)</i>	TIER 4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>polymyxin b sulfate 500000 unit recon soln</i>	TIER 4	
<i>rosadan 0.75 % cream</i>	TIER 3	
<i>rosadan 0.75 % gel</i>	TIER 2	
<i>tigecycline 50 mg recon soln</i>	TIER 5	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim 100 mg tab</i>	TIER 2	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 250 mg cap, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i>	TIER 4	
<i>vancomycin hcl 5 gm recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VANDAZOLE 0.75 % GEL	TIER 3	
XIFAXAN 200 MG TAB	TIER 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	TIER 2	
<i>cefadroxil (1 gm tab, 500 mg cap)</i>	TIER 2	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	TIER 3	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	TIER 4	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	TIER 3	
<i>cefдинir 300 mg cap</i>	TIER 2	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	TIER 4	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	TIER 4	
<i>cefотetan disodium (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
<i>cefоxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	TIER 4	
<i>cefподoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	TIER 4	
<i>cefпроzil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 2	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	TIER 4	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	TIER 4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	TIER 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	TIER 5	

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	TIER 2	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	TIER 2	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	TIER 4	
<i>ampicillin 500 mg cap</i>	TIER 2	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 4	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	TIER 4	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	TIER 4	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	TIER 4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 2	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	TIER 4	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PFIZERPEN (5000000 RECON SOLN, 20000000 RECON SOLN)	TIER 4	
<i>piperacillin sod-tazobactam so (d-tazobactam 2.25 (2-0.25) gm recon ln, d-tazobactam 3-0.375 gm recon ln, d-tazobactam 3.375 (3-0.375) gm recon ln, d-tazobactam 4-0.5 gm recon ln, d-tazobactam 4.5 (4-0.5) gm recon ln, d-tazobactam 13.5 (12-1.5) gm recon ln, d-tazobactam 40.5 (36-4.5) gm recon ln)</i>	TIER 4	

CARBAPENEMS

<i>ertapenem sodium 1 gm recon soln</i>	TIER 3	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	TIER 4	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	TIER 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	

MACROLIDES

<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
<i>azithromycin 500 mg recon soln</i>	TIER 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>clarithromycin er 500 mg tab er 24h</i>	TIER 4	
DIFICID 200 MG TAB	TIER 5	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	TIER 5	PA, QL (136 PER 10 OVER TIME)
E.E.S. 400 400 MG TAB	TIER 4	
<i>erythrocin lactobionate 500 mg recon soln</i>	TIER 4	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	TIER 4	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	TIER 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	TIER 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	TIER 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>levofloxacin 25 mg/ml solution</i>	TIER 4	
<i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>	TIER 4	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	TIER 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	TIER 3	
<i>doxy 100 100 mg recon soln</i>	TIER 4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 4	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mondoxyne nl 100 mg cap</i>	TIER 2	
<i>morgidox 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	TIER 5	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	TIER 5	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i>	TIER 2	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
EPRONTIA 25 MG/ML SOLUTION	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	TIER 4	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	TIER 4	QL (3 PER 1 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>roweepra (500 mg tab, 750 mg tab, 1000 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>roweepra xr 500 mg tab er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>roweepra xr 750 mg tab er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2
<i>methsuximide 300 mg cap</i>	TIER 3

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam 10 mg tab</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 DAYS)
DIAZEPAM 2.5 MG GEL	TIER 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	TIER 3	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gabapentin 100 mg cap</i>	TIER 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	TIER 5	QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	TIER 2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	TIER 4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	TIER 5	QL (10 PER 30 DAYS)
<i>vigabatrin 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigabatrin 500 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	TIER 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	TIER 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	TIER 3	
<i>epitol 200 mg tab</i>	TIER 2	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2	
<i>phenytoin infatabs 50 mg chew tab</i>	TIER 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2	
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 4	ST, QL (8 PER 1 DAYS)
<i>XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)</i>	TIER 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK</i>	TIER 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ZONISADE 100 MG/5ML SUSPENSION</i>	TIER 4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 2	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

<i>ERGOLOID MESYLATES 1 MG TAB</i>	TIER 3
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>donepezil hcl 23 mg tab</i>	TIER 4	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 2	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	TIER 2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 4	
<i>galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 3	

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

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	TIER 3	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)</i>	TIER 4	

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	TIER 2	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	TIER 2	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mirtazapine (15 mg tab, 30 mg tab)</i>	TIER 1	
<i>mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	TIER 2	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	TIER 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	TIER 4	
<i>phenelzine sulfate 15 mg tab</i>	TIER 2	
<i>tranylcypromine sulfate 10 mg tab</i>	TIER 4	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	TIER 3	
<i>desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	TIER 2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	TIER 4	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	TIER 2	
FLUOXETINE HCL 90 MG CAP DR	TIER 4	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>paroxetine hcl 10 mg/5ml suspension</i>	TIER 4	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	TIER 4	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>sertraline hcl 20 mg/ml conc</i>	TIER 3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>trazodone hcl 300 mg tab</i>	TIER 3	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	TIER 4	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 2	
<i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 150 mg cap er 24h)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er 75 mg cap er 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 4	ST, QL (1 PER 1 DAYS)

TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

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

ANTIEMETICS

ANTIEMETICS, OTHER

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

EMETOGENIC THERAPY ADJUNCTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONDANSETRON HCL 24 MG TAB	TIER 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	TIER 4	PA
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	TIER 2	
<i>econazole nitrate 1 % cream</i>	TIER 4	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 10 mg/ml solution</i>	TIER 4	PA
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>miconazole sodium (50 mg recon soln, 100 mg recon soln)</i>	TIER 4	
MICONAZOLE 3 200 MG SUPPOS	TIER 3	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>posaconazole 100 mg tab dr</i>	TIER 5	PA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole 200 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

<i>AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)</i>	TIER 3	PA, QL (1 PER 28 DAYS)
<i>NURTEC 75 MG TAB DISP</i>	TIER 5	PA, QL (16 PER 30 DAYS)
<i>UBRELVY (50 MG TAB, 100 MG TAB)</i>	TIER 5	PA, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 5	PA, QL (8 PER 30 DAYS)
<i>MIGERGOT 2-100 MG SUPPOS</i>	TIER 4	QL (20 PER 30 DAYS)

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	TIER 4	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsyr, 6 mg/0.5ml solution)</i>	TIER 4	QL (8 PER 30 DAYS)
<i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i>	TIER 4	QL (8 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	TIER 4	QL (18 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>pyridostigmine bromide 60 mg tab</i>	TIER 2
<i>pyridostigmine bromide 60 mg/5ml solution</i>	TIER 4
<i>pyridostigmine bromide er 180 mg tab er</i>	TIER 4

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	TIER 2	
PRIFTIN 150 MG TAB	TIER 4	
<i>pyrazinamide 500 mg tab</i>	TIER 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 2	
<i>rifampin 600 mg recon soln</i>	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECTOR 250 MG TAB	TIER 4	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	TIER 3	PA - PART B VS D DETERMINATION
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE (10 MG CAP, 40 MG CAP)	TIER 4	
GLEOSTINE 100 MG CAP	TIER 5	
LEUKERAN 2 MG TAB	TIER 4	
MATULANE 50 MG CAP	TIER 5	LA
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	TIER 5	PA - PART B VS D DETERMINATION

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	TIER 2	
ERLEADA 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>flutamide 125 mg cap</i>	TIER 3	
<i>nilutamide 150 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI (40 MG CAP, 40 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant 250 mg/5ml soln prsyr</i>	TIER 5	
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	
ANTIMETABOLITES		
<i>mercaptopurine 50 mg tab</i>	TIER 2	
ONUREG (200 MG TAB, 300 MG TAB)	TIER 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PURIXAN 2000 MG/100ML SUSPENSION	TIER 5	LA, PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	TIER 3	
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	TIER 4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 2	
LONSURF 15-6.14 MG TAB	TIER 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 5	
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK 50 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	TIER 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
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MOLECULAR TARGET INHIBITORS

ALECENSA 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRAFTOVI 75 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 20 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 50 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	TIER 5	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 140 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	TIER 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	TIER 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI (400 MG DOSE) 200 MG TAB THPK	TIER 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	TIER 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	TIER 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	TIER 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL (100 MG TAB, 140 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL (70 MG TAB, 80 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL 20 MG TAB	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL 50 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sunitinib malate 25 mg cap</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	TIER 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 200 MG TAB)	TIER 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
UKONIQ 200 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	TIER 5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	TIER 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	TIER 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETINOIDS		
<i>bexarotene 1 % gel</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	TIER 5	
TREATMENT ADJUNCTS		
HEMADY 20 MG TAB	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mesna 100 mg/ml solution</i>	TIER 4	
MESNEX 400 MG TAB	TIER 5	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	TIER 4	
<i>ivermectin 3 mg tab</i>	TIER 2	
<i>praziquantel 600 mg tab</i>	TIER 3	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	TIER 4	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 2	
BENZNIDAZOLE 100 MG TAB	TIER 4	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	TIER 4	QL (720 PER 365 OVER TIME)
<i>chloroquine phosphate 250 mg tab</i>	TIER 2	QL (50 PER 30 DAYS)
<i>chloroquine phosphate 500 mg tab</i>	TIER 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfate 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	TIER 2	
<i>pyrimethamine 25 mg tab</i>	TIER 5	PA
<i>quinine sulfate 324 mg cap</i>	TIER 3	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

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

DOPAMINE AGONISTS

<i>apomorphine hcl 30 mg/3ml soln cart</i>	TIER 5	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	TIER 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	TIER 2	
<i>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	TIER 4	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	TIER 4	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	TIER 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 4	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	TIER 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	TIER 3	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	TIER 3	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 2	
MOLINDONE HCL 10 MG TAB	TIER 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	TIER 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	TIER 4	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	TIER 3	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 3	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 3	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 4	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ARISTADA INITIO 675 MG/2.4ML PRSYR	TIER 5	QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	TIER 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 5	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 PER 28 DAYS), PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl (80 mg tab, 120 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
<i>paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)</i>	TIER 4	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	TIER 4	
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone 1 mg/ml solution</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	TIER 4	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTISPASTICITY AGENTS

<i>baclofen 10 mg tab</i>	TIER 2	QL (8 PER 1 DAYS)
<i>baclofen 15 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>baclofen 20 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	TIER 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 2	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVYMIS 240 MG TAB	TIER 5	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	TIER 5	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 4	QL (18 PER 1 DAYS)

ANTI-HEPATITIS B (HBV) AGENTS

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

ANTI-HEPATITIS C (HCV) AGENTS

MAVYRET 100-40 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	TIER 5	PA, QL (6 PER 1 DAYS)
<i>ribavirin (200 mg cap, 200 mg tab)</i>	TIER 2	
<i>ribavirin 6 gm recon soln</i>	TIER 5	PA - PART B VS D DETERMINATION

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	TIER 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	TIER 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	TIER 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	TIER 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	TIER 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	TIER 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

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

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

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	TIER 4	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 2	QL (60 PER 1 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
FUZEON 90 MG RECON SOLN	TIER 5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	TIER 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	TIER 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	TIER 5	QL (8 PER 1 DAYS)
SUNLENCA 4 X 300 MG TAB THPK	TIER 5	QL (4 PER 180 OVER TIME)
SUNLENCA 463.5 MG/1.5ML SOLUTION	TIER 5	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	TIER 5	QL (5 PER 180 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYBOST 150 MG TAB	TIER 3	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	TIER 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	TIER 4	
NORVIR 100 MG PACKET	TIER 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	TIER 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	TIER 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
<i>ritonavir 100 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	TIER 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	TIER 5	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	TIER 3	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 3	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 3	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	TIER 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	TIER 3	QL (60 PER 180 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RIMANTADINE HCL 100 MG TAB	TIER 4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	TIER 4	QL (1 PER 30 OVER TIME)

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir 200 mg/5ml suspension</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 2	

ANTIVIRAL, CORONAVIRUS AGENTS

PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (20 PER 30 DAYS)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (30 PER 30 DAYS)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 2	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	TIER 4	

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>alprazolam er 2 mg tab er 24h</i>	TIER 4	QL (5 PER 1 DAYS)
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>alprazolam xr 2 mg tab er 24h</i>	TIER 4	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	TIER 3	QL (40 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam 0.5 mg tab</i>	TIER 2	QL (40 PER 1 DAYS)
<i>clonazepam 1 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>clonazepam 1 mg tab disp</i>	TIER 3	QL (20 PER 1 DAYS)
<i>clonazepam 2 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>clonazepam 2 mg tab disp</i>	TIER 3	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 3	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 3	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	TIER 2	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tab</i>	TIER 2	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	TIER 2	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 2	QL (12 PER 1 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	TIER 2	QL (5 PER 1 DAYS)
<i>lorazepam 0.5 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	TIER 2	QL (5 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1
<i>glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1
<i>glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	TIER 1	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	TIER 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	TIER 1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	TIER 1	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 4	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (-metformin 15-500 mg tab, -metformin 15-850 mg tab)</i>	TIER 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	TIER 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	TIER 3	QL (2 PER 2 OVER TIME)

INSULINS

HUMALOG 100 UNIT/ML SOLN CART	TIER 3	INS
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	INS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN N 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	INS
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	INS
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 DAYS), INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 DAYS), INS

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	TIER 3	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	TIER 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln prsy, 120 mg/0.8ml soln prsy)</i>	TIER 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	TIER 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	TIER 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	TIER 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 5	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 5	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 OVER TIME)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 3	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, (FREE) 25 MCG/0.42ML SOLN PRSYR, (FREE) 25 MCG/ML SOLUTION, (FREE) 40 MCG/0.4ML SOLN PRSYR, (FREE) 40 MCG/ML SOLUTION, (FREE) 60 MCG/ML SOLUTION, (FREE) 100 MCG/ML SOLUTION)	TIER 4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 200 MCG/ML SOLUTION, FREE) 300 MCG/0.6ML SOLN PRSYR, FREE) 500 MCG/ML SOLN PRSYR)	TIER 5	PA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	TIER 5	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	TIER 5	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	TIER 4	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 5	PA

HEMOSTASIS AGENTS

<i>tranexamic acid 650 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
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PLATELET MODIFYING AGENTS

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>droxidopa 100 mg cap</i>	TIER 5	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa 200 mg cap</i>	TIER 5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>droxidopa 300 mg cap</i>	TIER 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methyldopa (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	QL (1 PER 1 DAYS)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 1	

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>amiodarone hcl 200 mg tab</i>	TIER 2	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
MULTAQ 400 MG TAB	TIER 3	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>pacerone 200 mg tab</i>	TIER 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 2	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	TIER 2	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	
<i>sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)</i>	TIER 2	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)</i>	TIER 4	ST
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 2	
<i>metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)</i>	TIER 1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 3	
<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	TIER 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	TIER 3	
<i>propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)</i>	TIER 2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 4	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
<i>felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	TIER 2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	TIER 2	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	TIER 2	
<i>nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	TIER 2	
<i>nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	TIER 2	
<i>nimodipine 30 mg cap</i>	TIER 4	
NYMALIZE 6 MG/ML SOLUTION	TIER 5	QL (1260 PER 21 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	TIER 2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	TIER 2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg tab er 24h, er 180 mg tab er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	TIER 2	
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	TIER 2	
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	TIER 2	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	TIER 2	
<i>tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)</i>	TIER 2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
<i>verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 4	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	TIER 2	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	TIER 1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 1	
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 3	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 1	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 1	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 1	
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	TIER 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB)	TIER 3	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metyrosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 1	
<i>pentoxifylline er 400 mg tab er</i>	TIER 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	TIER 2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	TIER 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	TIER 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>furosemide 10 mg/ml solution</i>	TIER 4	
FUROSEMIDE 8 MG/ML SOLUTION	TIER 2	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	TIER 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 2	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	TIER 2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 3	
<i>gemfibrozil 600 mg tab</i>	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	TIER 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	TIER 4	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	TIER 3	
<i>colestipol hcl 1 gm tab</i>	TIER 2	
<i>ezetimibe 10 mg tab</i>	TIER 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 2	
<i>icosapent ethyl 0.5 gm cap</i>	TIER 4	QL (8 PER 1 DAYS)
<i>icosapent ethyl 1 gm cap</i>	TIER 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	TIER 4	
<i>niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 3	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
REPATHA 140 MG/ML SOLN PRSYR	TIER 3	PA, QL (2 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 3	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 3	PA, QL (2 PER 28 DAYS)

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

FARXIGA (5 MG TAB, 10 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 2	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i>	TIER 2	
<i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	TIER 2	
NITRO-BID 2 % OINTMENT	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	TIER 2	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)</i>	TIER 3	
<i>nitroglycerin 0.4 % ointment</i>	TIER 4	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4 mg/spray solution</i>	TIER 4	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	TIER 3	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine-dextroamphetamine 30 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	TIER 4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lisdexamphetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)</i>	TIER 4	QL (1 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	TIER 3	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	TIER 3	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i>	TIER 4	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg chew tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	TIER 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	TIER 3	QL (3 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

<i>bac 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>riluzole 50 mg tab</i>	TIER 3	
<i>tetrabenazine 12.5 mg tab</i>	TIER 5	PA, LA, QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tetrabenazine 25 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)

FIBROMYALGIA AGENTS

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

MULTIPLE SCLEROSIS AGENTS

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

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	TIER 4	
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 2	
KEPIVANCE 6.25 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
<i>kourzeq 0.1 % paste</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oralone 0.1 % paste</i>	TIER 3	
<i>paroex 0.12 % solution</i>	TIER 2	
<i>periogard 0.12 % solution</i>	TIER 2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 3	
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 3	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 4	
<i>adapalene 0.1 % cream</i>	TIER 4	PA
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	TIER 4	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	TIER 4	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	TIER 3	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 3	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 4	
TAZORAC 0.05 % CREAM	TIER 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	TIER 4	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort (1 % cream, 2.5 % cream)</i>	TIER 2	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	TIER 2	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	TIER 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	TIER 3	
<i>betamethasone dipropionate aug 0.05 % cream</i>	TIER 2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	TIER 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>clobetasol propionate e 0.05 % cream</i>	TIER 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	TIER 4	
<i>desoximetasone (0.25 % cream, 0.25 % ointment)</i>	TIER 3	
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	TIER 3	
<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 3	QL (200 PER 28 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	TIER 2	
<i>hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)</i>	TIER 2	
<i>hydrocortisone butyrate 0.1 % ointment</i>	TIER 4	ST
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 2	
<i>procto-med hc 2.5 % cream</i>	TIER 2	
<i>procto-pak 1 % cream</i>	TIER 2	
<i>proctosol hc 2.5 % cream</i>	TIER 2	
<i>proctozone-hc 2.5 % cream</i>	TIER 2	
<i>selenium sulfide 2.5 % lotion</i>	TIER 2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	TIER 4	QL (100 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	TIER 2	
<i>triderm (0.1 % cream, 0.5 % cream)</i>	TIER 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	TIER 2	
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	TIER 3	
<i>calcitrene 0.005 % ointment</i>	TIER 3	
CALCITRIOL 3 MCG/GM OINTMENT	TIER 4	QL (800 PER 28 OVER TIME)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 2	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	TIER 4	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>fluorouracil (2 % solution, 5 % solution)</i>	TIER 2	
<i>fluorouracil 5 % cream</i>	TIER 3	
<i>imiquimod 5 % cream</i>	TIER 2	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	TIER 2	
<i>isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>medpura alcohol pads 70 % misc</i>	TIER 2	
<i>methoxsalen rapid 10 mg cap</i>	TIER 5	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	TIER 4	
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
<i>podofilox 0.5 % solution</i>	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
<i>ssd 1 % cream</i>	TIER 2	
TOLAK 4 % CREAM	TIER 3	
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDICULICIDES/SCABICIDES		
<i>malathion 0.5 % lotion</i>	TIER 4	
<i>permethrin 5 % cream</i>	TIER 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	TIER 2	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	TIER 4	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 2	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	TIER 2	
ERY 2 % PAD	TIER 3	
<i>erythromycin 2 % gel</i>	TIER 4	
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>dextrose (5 % solution, 10 % solution)</i>	TIER 4	
<i>dextrose in lactated ringers 5 % solution</i>	TIER 4	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	TIER 4	
<i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
<i>klor-con 10 10 meq tab er</i>	TIER 2	
<i>klor-con 8 meq tab er</i>	TIER 2	
<i>klor-con m10 10 meq tab er</i>	TIER 2	
<i>klor-con m15 15 meq tab er</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>klor-con m20 20 meq tab er</i>	TIER 2	
<i>klor-con sprinkle (8 cap er, 10 cap er)</i>	TIER 2	
<i>lactated ringers solution</i>	TIER 4	
<i>magnesium sulfate 50 % solution</i>	TIER 4	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	TIER 2	
NORMOSOL-M IN D5W SOLUTION	TIER 4	
<i>potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i>	TIER 4	
<i>potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)</i>	TIER 2	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)</i>	TIER 2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	TIER 4	
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	TIER 4	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	TIER 3	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	TIER 3	
<i>ringers solution</i>	TIER 4	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	TIER 4	
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 4	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	TIER 5	
<i>clovique 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	TIER 5	
<i>deferasirox 125 mg tab sol</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trientine hcl 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)

POTASSIUM BINDERS

<i>kionex 15 gm/60ml suspension</i>	TIER 2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	TIER 2	
SPS (SODIUM POLYSTYRENE SULF) (SULF) 15 GM/60ML SUSPENSION, SULF) 30 GM/120ML SUSPENSION)	TIER 2	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose 10 gm/15ml solution</i>	TIER 2	
<i>enulose 10 gm/15ml solution</i>	TIER 2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 2	
<i>generlac 10 gm/15ml solution</i>	TIER 2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	TIER 2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 3	
NULYTELY LEMON-LIME 420 GM RECON SOLN	TIER 3	
NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN	TIER 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 2	
PLENVU 140 GM RECON SOLN	TIER 3	
<i>trilyte 420 gm recon soln</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
<i>loperamide hcl 2 mg cap</i>	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate (0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr)</i>	TIER 4	
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	TIER 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	TIER 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	TIER 4	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
<i>gavilyte-g 236 gm recon soln</i>	TIER 2	
GOLYTELY 236 GM RECON SOLN	TIER 3	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	TIER 3	
<i>ursodiol 300 mg cap</i>	TIER 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	TIER 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	TIER 2	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>sucralfate 1 gm tab</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	TIER 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	TIER 2	
<i>lansoprazole 30 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>omeprazole 10 mg cap dr</i>	TIER 2	
<i>omeprazole 20 mg cap dr</i>	TIER 1	
<i>omeprazole 40 mg cap dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 1	
<i>pantoprazole sodium 40 mg recon soln</i>	TIER 4	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 3	

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

ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 5	
<i>carglumic acid 200 mg tab sol</i>	TIER 5	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
CYSTAGON (50 MG CAP, 150 MG CAP)	TIER 4	PA, LA
CYSTARAN 0.44 % SOLUTION	TIER 5	PA, LA, QL (60 PER 28 DAYS)
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
ELAPRASE 6 MG/3ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	TIER 2	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	TIER 5	LA, PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	TIER 5	PA

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>flavoxate hcl 100 mg tab</i>	TIER 3	
GEMTESA 75 MG TAB	TIER 4	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 3	
MYRBETRIQ 8 MG/ML SRER	TIER 3	QL (10 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	TIER 2	
<i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	TIER 2	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 4	ST
<i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i>	TIER 4	ST
<i>tropium chloride 20 mg tab</i>	TIER 2	

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er 10 mg tab er 24h</i>	TIER 2	
<i>dutasteride 0.5 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	TIER 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	TIER 1	

GENITOURINARY AGENTS, OTHER

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	TIER 4	
CORTROPHIN 80 UNIT/ML GEL	TIER 5	PA, LA
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	TIER 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 4	
<i>prednisolone 15 mg/5ml solution</i>	TIER 2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	TIER 2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	TIER 2	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 3	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 4
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate spray 0.01 % solution</i>	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA

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

ANDROGENS

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

ESTROGENS

<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 3	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>amethia lo 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>apri 0.15-30 mg-mcg tab</i>	TIER 3	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 3	
<i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 3	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	TIER 3	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 3	
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 4	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 3	
<i>elinest 0.3-30 mg-mcg tab</i>	TIER 3	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 3	QL (1 PER 28 DAYS)
<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 3	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	TIER 3	QL (1 PER 28 DAYS)
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 3	
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 3	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	TIER 3	QL (8 PER 28 DAYS)
<i>estradiol (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>estradiol 10 mcg tab</i>	TIER 3	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	TIER 4	
<i>ESTRING (2 MG RING, 7.5 MCG/24HR RING)</i>	TIER 3	QL (1 PER 84 OVER TIME)
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	TIER 3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	TIER 3	QL (1 PER 28 DAYS)
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>femynor 0.25-35 mg-mcg tab</i>	TIER 3	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>gianvi 3-0.02 mg tab</i>	TIER 3	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 3	QL (1 PER 28 DAYS)
<i>iclevia 0.15-0.03 mg tab</i>	TIER 3	
<i>introvale 0.15-0.03 mg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 3	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>jasmiel 3-0.02 mg tab</i>	TIER 3	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 3	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larissia 0.1-20 mg-mcg tab</i>	TIER 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	TIER 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lillow 0.15-30 mg-mcg tab</i>	TIER 3	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>loryna 3-0.02 mg tab</i>	TIER 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 3	
<i>lutera 0.1-20 mg-mcg tab</i>	TIER 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>mili 0.25-35 mg-mcg tab</i>	TIER 3	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	TIER 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nikki 3-0.02 mg tab</i>	TIER 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>nymyo 0.25-35 mg-mcg tab</i>	TIER 3	
<i>ocella 3-0.03 mg tab</i>	TIER 3	
<i>orsythia 0.1-20 mg-mcg tab</i>	TIER 3	
<i>philith 0.4-35 mg-mcg tab</i>	TIER 3	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 3	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	TIER 4	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
<i>previfem 0.25-35 mg-mcg tab</i>	TIER 3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	TIER 3	
<i>setlakin 0.15-0.03 mg tab</i>	TIER 3	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 3	
<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 3	
<i>syeda 3-0.03 mg tab</i>	TIER 3	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 3	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 3	
<i>vestura 3-0.02 mg tab</i>	TIER 3	
<i>vienva 0.1-20 mg-mcg tab</i>	TIER 3	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 3	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>yuvaferm 10 mcg tab</i>	TIER 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>zarah 3-0.03 mg tab</i>	TIER 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zumandimine 3-0.03 mg tab</i>	TIER 3	

PROGESTINS

<i>camila 0.35 mg tab</i>	TIER 3
<i>deblitane 0.35 mg tab</i>	TIER 3
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	TIER 3
<i>emzahh 0.35 mg tab</i>	TIER 3
<i>errin 0.35 mg tab</i>	TIER 3
<i>heather 0.35 mg tab</i>	TIER 3
<i>incassia 0.35 mg tab</i>	TIER 3
<i>jencycla 0.35 mg tab</i>	TIER 3

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	PA - PART B VS D DETERMINATION
<i>lyleq 0.35 mg tab</i>	TIER 3	
<i>lyza 0.35 mg tab</i>	TIER 3	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	TIER 3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 2	PA - FOR NEW STARTS ONLY
NEXPLANON 68 MG IMPLANT	TIER 3	
<i>nora-be 0.35 mg tab</i>	TIER 3	
<i>norethindrone 0.35 mg tab</i>	TIER 3	
<i>norethindrone acetate 5 mg tab</i>	TIER 2	
<i>norlyda 0.35 mg tab</i>	TIER 3	
<i>norlyroc 0.35 mg tab</i>	TIER 3	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 2	
<i>sharobel 0.35 mg tab</i>	TIER 3	
<i>tulana 0.35 mg tab</i>	TIER 3	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA 60 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	TIER 3	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	TIER 5	
FIRMAGON 80 MG RECON SOLN	TIER 4	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	TIER 5	
LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)	TIER 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 5	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	TIER 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	TIER 5	PA
ORGOVYX 120 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	TIER 5	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	TIER 5	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNAREL 2 MG/ML SOLUTION	TIER 5	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

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

IMMUNOLOGICAL AGENTS, OTHER

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	TIER 5	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	TIER 5	PA, QL (55 PER 28 OVER TIME)
REZUROCK 200 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	TIER 5	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	TIER 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (6 PER 365 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 5	PA, QL (0.5 PER 28 DAYS)
STELARA 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 PER 365 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	TIER 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (2 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN PRSYR	TIER 5	PA, LA, QL (2 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN A-INJ	TIER 5	PA, QL (5 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN PRSYR	TIER 5	PA, LA, QL (5 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOSTIMULANTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	TIER 5	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	TIER 5	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	TIER 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>methotrexate sodium (1 gm recon soln, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	TIER 2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 3	PA - PART B VS D DETERMINATION
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	TIER 4	
XATMEP 2.5 MG/ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY

VACCINES

ABRYSSVO 120 MCG/0.5ML RECON SOLN	TIER 3	VAC
ACTHIB RECON SOLN	TIER 3	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	TIER 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 3	VAC
BEXSERO SUSP PRSYR	TIER 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
DAPTACEL 23-15-5 SUSPENSION	TIER 3	
DENGVAXIA RECON SUSP	TIER 4	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	TIER 3	VAC
HAVRIX 1440 EL U/ML SUSPENSION	TIER 3	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	TIER 3	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	TIER 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 3	VAC
INFANRIX 25-58-10 SUSPENSION	TIER 3	
IPOL INJECTABLE	TIER 3	VAC
IXCHIQ RECON SOLN	TIER 4	
IXIARO SUSPENSION	TIER 4	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 3	VAC
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
M-M-R II RECON SOLN	TIER 3	VAC
MENACTRA SOLUTION	TIER 3	VAC
MENQUADFI SOLUTION	TIER 3	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	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	PA - PART B VS D DETERMINATION, VAC
PRIORIX RECON SUSP	TIER 3	VAC
PROQUAD RECON SUSP	TIER 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECON SUSP	TIER 3	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	TIER 3	
ROTATEQ SOLUTION	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SHINGRIX 50 MCG/0.5ML RECON SUSP	TIER 3	QL (2 PER 365 OVER TIME), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TENIVAC 5-2 LFU INJECTABLE	TIER 3	VAC
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	TIER 3	
TRUMENBA SUSP PRSYR	TIER 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 4	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	TIER 3	
VAQTA 50 UNIT/ML SUSPENSION	TIER 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	TIER 3	VAC
VAXCHORA RECON SUSP	TIER 4	
YF-VAX INJECTABLE	TIER 4	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	TIER 3	
DIPENTUM 250 MG CAP	TIER 5	PA
<i>mesalamine 1.2 gm tab dr</i>	TIER 4	QL (4 PER 1 DAYS)
<i>mesalamine 1000 mg suppos</i>	TIER 4	
<i>mesalamine 4 gm enema</i>	TIER 2	
<i>mesalamine er 0.375 gm cap er 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 2	

GLUCOCORTICOIDS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
<i>alendronate sodium 70 mg/75ml solution</i>	TIER 4	
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>calcitriol 1 mcg/ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	TIER 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROLIA 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)</i>	TIER 4	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 5	PA, QL (1.56 PER 28 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	TIER 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
<i>argyle sterile water solution</i>	TIER 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	TIER 3	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	TIER 3	
AUM ALCOHOL PREP PADS 70 % PAD	TIER 2	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 3	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	TIER 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 3	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 3	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 3	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 3	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 3	
BIOGUARD GAUZE SPONGES 2"X2" PAD	TIER 2	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 3	
CVS ALCOHOL PREP PADS 70 % PAD	TIER 2	
DROPLET MICRON 34G X 3.5 MM MISC	TIER 3	
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT INSULIN SYRINGE (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC)	TIER 3	
EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
<i>gauze pads 2</i>	TIER 2	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN SYRINGE 0.3 ML	TIER 3	
INSULIN SYRINGE 0.5 ML	TIER 3	
INSULIN SYRINGE 1 ML	TIER 3	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 3	
NOVOTWIST 32G X 5 MM MISC	TIER 3	
NUTRILIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	TIER 4	QL (2 PER 30 DAYS)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PENBRAYA RECON SUSP	TIER 3	
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
<i>ringers irrigation solution</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SILIGENTLE FOAM DRESSING 2"X2" PAD	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	TIER 3	
<i>tis-u-sol solution</i>	TIER 2	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	TIER 3	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	TIER 3	
ULTIGUARD SAFEPAK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	TIER 3	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	TIER 3	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
VOWST CAP	TIER 5	PA, LA, QL (12 PER 30 DAYS)

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 2
<i>atropine sulfate 1 % solution</i>	TIER 3
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	TIER 2

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	TIER 2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 3	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	TIER 2	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	TIER 3	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 2	
<i>neo-polycin hc 1 % ointment</i>	TIER 2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	TIER 2	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	TIER 4	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05 % EMULSION	TIER 3	QL (5.5 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 2	
XDEMVIY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 3	
ZYLET 0.5-0.3 % SUSPENSION	TIER 3	

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl 0.05 % solution</i>	TIER 2
<i>cromolyn sodium 4 % solution</i>	TIER 2

OPHTHALMIC ANTI-INFECTIVES

BACITRACIN 500 UNIT/GM OINTMENT	TIER 4
<i>erythromycin 5 mg/gm ointment</i>	TIER 2
GENTAK 0.3 % OINTMENT	TIER 2

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin sulfate 0.3 % solution</i>	TIER 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	TIER 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 2	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 2	
NATACYN 5 % SUSPENSION	TIER 3	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	TIER 2	
<i>tobramycin 0.3 % solution</i>	TIER 2	
TRIFLURIDINE 1 % SOLUTION	TIER 3	
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 DAYS)

OPHTHALMIC ANTI-INFLAMMATORIES

DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>difluprednate 0.05 % emulsion</i>	TIER 4	
<i>fluorometholone 0.1 % suspension</i>	TIER 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
FML 0.1 % OINTMENT	TIER 4	
FML FORTE 0.25 % SUSPENSION	TIER 4	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	TIER 2	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i>	TIER 3	
MAXIDEX 0.1 % SUSPENSION	TIER 4	
PREDNISOLONE ACETATE 1 % SUSPENSION	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 2	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % solution</i>	TIER 2	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	TIER 3	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	TIER 1	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er 500 mg cap er 12h</i>	TIER 2	
<i>apraclonidine hcl 0.5 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 3	
<i>dorzolamide hcl 2 % solution</i>	TIER 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

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

OTIC AGENTS

<i>acetic acid 2 % solution</i>	TIER 2	
CIPRO HC 0.2-1 % SUSPENSION	TIER 4	
CIPROFLOXACIN HCL 0.2 % SOLUTION	TIER 3	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMOTIC 0.01 % OIL	TIER 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 2	
<i>ofloxacin 0.3 % solution</i>	TIER 2	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 4	PA - PART B VS D DETERMINATION
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	TIER 3	QL (2 PER 30 DAYS)

ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	TIER 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	TIER 2	
<i>cyproheptadine hcl 4 mg tab</i>	TIER 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 1	
<i>promethazine hcl 6.25 mg/5ml solution</i>	TIER 2	PA

ANTILEUKOTRIENES

<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>montelukast sodium 10 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN	TIER 4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	TIER 3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ipratropium bromide 0.02 % solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	TIER 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	TIER 3	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate 18 mcg cap</i>	TIER 3	QL (30 PER 30 DAYS)

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol 90mcg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 2	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	TIER 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	TIER 4	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 2	QL (17 PER 30 DAYS)
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALICK)	TIER 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

CYSTIC FIBROSIS AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	TIER 5	PA, LA, QL (3 PER 1 DAYS)

MAST CELL STABILIZERS

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

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

PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan 125 mg tab</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 62.5 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 10 mg/ml recon susp</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	TIER 5	PA, LA, QL (4 PER 1 DAYS)

PULMONARY FIBROSIS AGENTS

OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 5	PA, QL (3 PER 1 DAYS)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>brey-na</i> (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	TIER 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i> (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
<i>flunisolide</i> 25 mcg/act (0.025%) solution	TIER 2	QL (50 PER 30 DAYS)
<i>fluticasone propionate</i> 50 mcg/act suspension	TIER 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol</i> (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	TIER 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i> 0.5-2.5 (3) mg/3ml solution	TIER 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>wixela inhub</i> (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	TIER 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>temazepam 30 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zolpidem tartrate er 12.5 mg tab er</i>	TIER 3	QL (1 PER 1 DAYS)
<i>zolpidem tartrate er 6.25 mg tab er</i>	TIER 3	QL (2 PER 1 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	TIER 3	PA, QL (2 PER 1 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	TIER 5	PA, LA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xii.

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Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Blue Shield of California Customer Service using the number on the back of your member ID card.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, pregnancy or related conditions, sex characteristics, sex stereotypes, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California Civil Rights Coordinator
P.O. Box 5588, El Dorado Hills, CA 95762-0011
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

Multi-Language Insert Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo Díí ats'íís baa áháyá éí doodago azee' bee aa áháyá bína'ídííkidgo éí ná ata' hodoolnihíí hóló. Ata' halne'é biniiyégo, kojí' 1-800-776-4466 béésh bee hodíílnih. Diné k'ehjí yálti'i níká adoolwoł. Díí t'áá jíík'eh bee aná'áwo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਰੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਰੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ບໍ່ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ քնն հասանելի է և անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին անհատական և անվճար: Թարգմանչական և անվճար թարգմանչական ծառայություններ մեզ 1-800-776-4466 հեռախոսահամարով: Ձեր կողմից հարցերին իմացող թարգմանչական և անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

This formulary was updated on 10/01/2024 . For more recent information or other questions, please contact Blue Shield of California Customer Service at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit blueshieldca.com/medformulary2025.

Blue Shield of California's pharmacy network includes limited lower-cost, pharmacies with preferred cost sharing in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost pharmacies with preferred cost sharing in your area, please call Customer Service at (800) 776-4466 [TTY: 711], 8 a.m. to 8 p.m., seven days a week or consult the online pharmacy directory at blueshieldca.com/medformulary2025.

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