



Blue Shield Medicare (PPO)
2027 Formulary
(List of Covered Drugs or “Drug List”)

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

Formulary ID# 27200

This formulary was updated on 09/01/2026 . For more recent information or other questions, please contact Blue Shield Medicare Customer Service (800) 776-4466 (TTY users should call 711), 8 a.m. to 8 p.m. PT, seven days a week, or visit blueshieldca.com/medformulary2027.

Y0118_26_168B_PHA_C 07142026

A53840MAD-P 09/26

09/01/2026

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 Medicare.

This document includes Drug List (formulary) for our plan which is current as of 09/01/2026 . 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, 2027, and from time to time during the year.

What is the Blue Shield Medicare 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.

For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we 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 the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: blueshieldca.com/medformulary2027.

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 titled "How do I request an exception to the Blue Shield Medicare'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 Medicare's formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 09/01/2026 . 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/medformulary2027](https://www.blueshieldca.com/medformulary2027).

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 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 148 . 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 based on specific criteria 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 vi 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 Medicare'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 Medicare 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 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 our 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 148 .

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.

LEGEND

TIER	NAME	
1	Generic Drugs	
2	Preferred Brand Drugs	
3	Non-Preferred Drugs	
4	Specialty Tier Drugs	
SYMBOL	NAME	DESCRIPTION
ED	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.
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.

SYMBOL	NAME	DESCRIPTION
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, even if you haven't paid your deductible.
VAC	\$0 Vaccine	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. 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 1	PA, QL (48 PER 30 DAYS), NDS
<i>cataflam 50 mg tab</i>	TIER 1	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 1	
<i>diclofenac sodium (1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	TIER 1	
<i>diclofenac sodium 3 % gel</i>	TIER 1	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab 24h</i>	TIER 1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	TIER 1	
<i>diflunisal 500 mg tab</i>	TIER 1	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	TIER 1	
<i>etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)</i>	TIER 1	
FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)	TIER 1	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 1	
<i>indomethacin er 75 mg cap</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 1	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	TIER 1	
<i>naproxen dr 500 mg tab</i>	TIER 1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	TIER 1	
<i>oxaprozin 600 mg tab</i>	TIER 1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 1	
<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 1	
<i>salsalate (salsalate 500 mg tab, salsalate 750 mg tab, salsalate 500 mg tab)</i>	TIER 1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 1	
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 1	PA, QL (4 PER 28 DAYS), NDS
DISKETS 40 MG TAB SOL	TIER 1	QL (30 PER 30 DAYS), NDS
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	TIER 1	PA, QL (10 PER 30 DAYS), NDS
<i>hydromorphone hcl er (er 8 mg tab er, er 16 mg tab er, er 32 mg tab er)</i>	TIER 1	PA, QL (30 PER 30 DAYS), NDS
<i>hydromorphone hcl er 12 mg tab 24h</i>	TIER 1	PA, QL (60 PER 30 DAYS), NDS
<i>methadone hcl (10 mg tab, 10 mg/ml conc)</i>	TIER 1	PA, QL (90 PER 30 DAYS), NDS
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)</i>	TIER 1	PA, QL (450 PER 30 DAYS), NDS
<i>methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)</i>	TIER 3	PA, NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)</i>	TIER 1	PA, QL (900 PER 30 DAYS), NDS
<i>methadone hcl 40 mg tab sol</i>	TIER 1	QL (30 PER 30 DAYS), NDS
<i>methadone hcl 5 mg tab</i>	TIER 1	PA, QL (180 PER 30 DAYS), NDS
<i>methadone hcl intensol 10 mg/ml conc</i>	TIER 1	PA, QL (90 PER 30 DAYS), NDS
<i>methadose 40 mg tab sol</i>	TIER 1	QL (30 PER 30 DAYS), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 1	QL (60 PER 30 DAYS), NDS
<i>morphine sulfate er 15 mg tab</i>	TIER 1	QL (180 PER 30 DAYS), NDS
<i>morphine sulfate er 30 mg tab</i>	TIER 1	QL (90 PER 30 DAYS), NDS
OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H)	TIER 1	PA, QL (60 PER 30 DAYS), NDS
<i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>	TIER 1	PA, QL (30 PER 30 DAYS), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 1	QL (360 PER 30 DAYS), NDS
<i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i>	TIER 1	QL (1800 PER 30 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 1	QL (180 PER 30 DAYS), NDS
<i>ascomp-codeine 50-325-40-30 mg cap</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 1	QL (15 PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i>	TIER 1	QL (168 PER 30 DAYS), NDS
CODEINE SULFATE 15 MG TAB	TIER 1	QL (336 PER 30 DAYS), NDS
CODEINE SULFATE 60 MG TAB	TIER 1	QL (84 PER 30 DAYS), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 1	QL (168 PER 30 DAYS), NDS
<i>endocet 10-325 mg tab</i>	TIER 1	QL (84 PER 30 DAYS), NDS
<i>endocet 7.5-325 mg tab</i>	TIER 1	QL (112 PER 30 DAYS), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	TIER 1	QL (2520 PER 30 DAYS), NDS
<i>hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)</i>	TIER 1	QL (180 PER 30 DAYS), NDS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)</i>	TIER 1	QL (240 PER 30 DAYS), NDS
<i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 10-200 mg tab, hydrocodone-ibuprofen 7.5-200 mg tab, hydrocodone-ibuprofen 5-200 mg tab)</i>	TIER 1	QL (150 PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	TIER 1	QL (675 PER 30 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	TIER 1	QL (154 PER 30 DAYS), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	TIER 1	QL (240 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>hydromorphone hcl 4 mg tab</i>	TIER 1	QL (84 PER 30 DAYS), NDS
<i>hydromorphone hcl 8 mg tab</i>	TIER 1	QL (42 PER 30 DAYS), NDS
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)	TIER 1	QL (84 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	TIER 1	QL (70 PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>	TIER 1	QL (630 PER 30 DAYS), NDS
<i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i>	TIER 1	QL (315 PER 30 DAYS), NDS
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i>	TIER 1	QL (120 PER 30 DAYS), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 1	QL (56 PER 30 DAYS), NDS
<i>oxycodone hcl (20 mg tab, 100 mg/5ml conc)</i>	TIER 1	QL (120 PER 30 DAYS), NDS
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	TIER 1	QL (168 PER 30 DAYS), NDS
<i>oxycodone hcl 10 mg tab</i>	TIER 1	QL (84 PER 30 DAYS), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 1	QL (840 PER 30 DAYS), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 1	QL (168 PER 30 DAYS), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 1	QL (84 PER 30 DAYS), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	TIER 1	QL (1800 PER 30 DAYS), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 1	QL (112 PER 30 DAYS), NDS
<i>oxymorphone hcl 10 mg tab</i>	TIER 1	PA, QL (120 PER 30 DAYS), NDS
<i>oxymorphone hcl 5 mg tab</i>	TIER 1	PA, QL (180 PER 30 DAYS), NDS
<i>pentazocine-naloxone hcl (pentazocine-naloxone hcl 50-0.5 mg tab, pentazocine-naloxone hcl 50-0.5 mg tab)</i>	TIER 1	QL (360 PER 30 DAYS), NDS
<i>tramadol hcl 100 mg tab</i>	TIER 1	QL (120 PER 30 DAYS), NDS
<i>tramadol hcl 50 mg tab</i>	TIER 1	QL (240 PER 30 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 1	QL (112 PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	TIER 1	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	TIER 1	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4 % solution</i>	TIER 1	
LIDOCAINE HCL 4 % SOLUTION	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 1	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	TIER 1	PA, QL (90 PER 30 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	TIER 3	QL (10 PER 30 DAYS)
PREMIUM LIDOCAINE 5 % OINTMENT	TIER 1	QL (50 PER 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	TIER 1	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	TIER 1	
OPIOID DEPENDENCE		
<i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>	TIER 1	
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	TIER 1	
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	TIER 3	QL (2 PER 30 DAYS)
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	TIER 1	
<i>naltrexone hcl 50 mg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	TIER 1	QL (60 PER 30 DAYS)
NICOTROL 10 MG INHALER	TIER 2	
NICOTROL NS 10 MG/ML SOLUTION	TIER 2	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	TIER 1	QL (53 PER 30 DAYS)
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 3	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 4	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	TIER 1	
<i>gentamicin sulfate 40 mg/ml solution</i>	TIER 3	
<i>neomycin sulfate 500 mg tab</i>	TIER 1	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 3	
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 2 gm/50ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	TIER 3	
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm soln, 2 gm soln)</i>	TIER 3	
CAYSTON 75 MG RECON SOLN	TIER 4	PA, LA, QL (84 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLEOCIN 100 MG SUPPOS	TIER 2	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 1	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	TIER 3	
<i>clindamycin phosphate 2 % cream</i>	TIER 1	
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	TIER 3	
CLINDAMYCIN PHOSPHATE IN NACL (IN 300-0.9 MG/50ML-% SOLUTION, IN 600-0.9 MG/50ML-% SOLUTION, IN 900-0.9 MG/50ML-% SOLUTION)	TIER 3	
CLINDESSE 2 % CREAM	TIER 2	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 3	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>	TIER 3	
<i>fosfomycin tromethamine 3 gm packet</i>	TIER 1	QL (4 PACKETS PER 28 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 3	
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	TIER 1	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 3	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 4	
<i>methenamine hippurate 1 gm tab</i>	TIER 1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i>	TIER 1	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	TIER 1	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 1	
<i>polymyxin b sulfate 500000 unit recon soln</i>	TIER 3	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	TIER 1	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>	TIER 3	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 1	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	TIER 1	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	TIER 1	
<i>vancomycin hcl (50 mg/ml soln, 250 mg/5ml soln)</i>	TIER 1	PA, QL (450 PER 30 DAYS)
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 2 gm recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1.75 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 100 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	TIER 3	
<i>vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>vancomycin hcl 25 mg/ml recon soln</i>	TIER 1	PA, QL (900 PER 30 DAYS)
VANDAZOLE 0.75 % GEL	TIER 2	
XIFAXAN 200 MG TAB	TIER 2	PA, QL (9 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIFAXAN 550 MG TAB	TIER 2	PA, QL (90 PER 30 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	TIER 1	
CEFACLOR ER 500 MG TAB 12H	TIER 1	
<i>cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap)</i>	TIER 1	
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 3 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	TIER 3	
<i>cefдинир (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	TIER 1	
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	TIER 3	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	TIER 1	
<i>cefotetan disodium (cefotetan disodium 1 gm recon soln, cefotetan disodium 2 gm recon soln)</i>	TIER 3	
<i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	TIER 3	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 1	
<i>ceftaroline fosamil (400 mg soln, 600 mg soln)</i>	TIER 4	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	TIER 3	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 500 mg recon soln)</i>	TIER 3	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 1	
<i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>	TIER 3	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>	TIER 1	
TAZICEF (TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN)	TIER 3	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	TIER 1	
<i>amoxicillin trihydrate 250 mg/5ml recon susp</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 875-125 mg tab, amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i>	TIER 1	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h</i>	TIER 1	
<i>ampicillin 500 mg cap</i>	TIER 1	
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	TIER 3	
<i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i>	TIER 3	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	TIER 2	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	TIER 3	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	TIER 3	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 1	
<i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	TIER 3	
<i>penicillin g potassium (5000000 soln, 20000000 soln)</i>	TIER 3	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 3	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	TIER 1	
<i>pfizerpen (5000000 soln, 20000000 soln)</i>	TIER 3	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>	TIER 3	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	TIER 1	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	TIER 3	
<i>meropenem (1 gm soln, 500 mg soln)</i>	TIER 3	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MACROLIDES		
<i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab)</i>	TIER 1	
<i>azithromycin 500 mg recon soln</i>	TIER 3	
<i>clarithromycin (clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp)</i>	TIER 1	
<i>clarithromycin er 500 mg tab 24h</i>	TIER 1	
DIFICID 40 MG/ML RECON SUSP	TIER 4	PA, QL (136 PER 10 DAYS)
<i>e.e.s. 400 (e.e.s. 400 400 mg tab, e.e.s. 400 400 mg tab)</i>	TIER 1	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i>	TIER 3	
ERYTHROCIN STEARATE 250 MG TAB	TIER 2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab)</i>	TIER 1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	TIER 1	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 3	
<i>fidaxomicin 200 mg tab</i>	TIER 4	PA, QL (20 PER 10 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 2	
CILOXAN 0.3 % OINTMENT	TIER 2	
<i>ciprofloxacin (250 mg/5ml (5%), 500 mg/5ml (10%))</i>	TIER 1	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 1	
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	TIER 3	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 1	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 25 mg/ml solution)</i>	TIER 3	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	TIER 3	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 1	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION
<i>ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab, ofloxacin 400 mg tab)</i>	TIER 1	
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 3	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	TIER 1	
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	TIER 1	
<i>doxy 100 mg recon soln</i>	TIER 3	
<i>doxycycline 40 mg cap dr</i>	TIER 1	PA, QL (30 PER 30 DAYS)
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	TIER 1	
<i>doxycycline hyclate (doxycycline hyclate 150 mg tab, doxycycline hyclate 50 mg tab dr, doxycycline hyclate 50 mg tab dr, doxycycline hyclate 75 mg tab dr, doxycycline hyclate 100 mg tab dr, doxycycline hyclate 150 mg tab dr, doxycycline hyclate 200 mg tab dr)</i>	TIER 1	PA
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 3	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	TIER 1	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	TIER 1	
<i>monodoxyne nl 100 mg cap</i>	TIER 1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 1	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 1	ST, QL (60 PER 30 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	TIER 1	ST, QL (600 PER 30 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 4	LA, QL (180 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i>	TIER 1	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 4	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 1	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 4	LA, QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	TIER 1	
<i>lamotrigine er (er 100 mg tab er, er 200 mg tab er)</i>	TIER 1	ST, QL (90 PER 30 DAYS)
<i>lamotrigine er (er 25 mg tab er, er 50 mg tab er)</i>	TIER 1	ST, QL (30 PER 30 DAYS)
<i>lamotrigine er (er 250 mg tab er, er 300 mg tab er)</i>	TIER 1	ST
<i>lamotrigine odt (odt 25 mg tab disp, odt 50 mg tab disp, odt 100 mg tab disp, odt 200 mg tab disp)</i>	TIER 1	
<i>lamotrigine starter kit-blue 35 x 25 mg</i>	TIER 1	
<i>lamotrigine starter kit-green 84 x 25 mg & 14x100 mg</i>	TIER 1	
<i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg</i>	TIER 1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 1	
<i>levetiracetam er 500 mg tab 24h</i>	TIER 1	QL (180 PER 30 DAYS)
<i>levetiracetam er 750 mg tab 24h</i>	TIER 1	QL (120 PER 30 DAYS)
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perampanel 0.5 mg/ml suspension</i>	TIER 1	QL (720 PER 30 DAYS)
<i>perampanel 2 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
<i>roweepra 500 mg tab</i>	TIER 1	
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 3	QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	TIER 3	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	TIER 3	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
SUBVENITE 10 MG/ML SUSPENSION	TIER 4	QL (1500 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite starter kit-blue 35 x 25 mg</i>	TIER 1	
<i>subvenite starter kit-green 84 x 25 mg & 14x100 mg</i>	TIER 1	
<i>subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg</i>	TIER 1	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 1	
<i>topiramate 25 mg/ml solution</i>	TIER 1	QL (480 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate er (er 25 mg, er 50 mg, er 100 mg, er 150 mg, er 200 mg)</i>	TIER 1	PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml, 500 mg/5ml)</i>	TIER 3	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 1	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methsuximide 300 mg cap</i>	TIER 1	
GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam 10 mg tab</i>	TIER 1	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 1	QL (480 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 1	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 1	QL (20 PER 30 DAYS)
<i>diazepam 2.5 mg gel</i>	TIER 1	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 1	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml, 300 mg/6ml)</i>	TIER 1	QL (2160 PER 30 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 1	QL (120 PER 30 DAYS)
<i>gabapentin 100 mg cap</i>	TIER 1	QL (360 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 1	QL (240 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 1	QL (180 PER 30 DAYS)
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	TIER 1	PA - FOR NEW STARTS ONLY
<i>primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPAZAN (10 MG FILM, 20 MG FILM)	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SYMPAZAN 5 MG FILM	TIER 3	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (tiagabine hcl 12 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 16 mg tab, tiagabine hcl 2 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	TIER 1	
VALTOCO 10 MG DOSE /0.1ML LIQUID	TIER 4	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK	TIER 4	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK	TIER 4	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE /0.1ML LIQUID	TIER 4	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	TIER 4	QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	TIER 4	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	TIER 4	LA, QL (1080 PER 30 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

<i>carbamazepine (carbamazepine 200 mg/10ml suspension, carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i>	TIER 1	
<i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	TIER 2	
DILANTIN INFATABS 50 MG CHEW	TIER 2	
DILANTIN-125 MG/5ML SUSPENSION	TIER 2	
<i>epitol 200 mg tab</i>	TIER 1	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	TIER 1	QL (1200 PER 30 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	TIER 1	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 1	
<i>phenytoin infatabs infas 50 mg chew</i>	TIER 1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 1	
<i>rufinamide 200 mg tab</i>	TIER 1	ST, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 1	ST, QL (2400 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 1	ST, QL (240 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	TIER 4	QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	TIER 3	QL (28 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZONISADE 100 MG/5ML SUSPENSION	TIER 3	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 1	
LEQEMBI IQLIK (500 MG DOSE) 2 X 250 /1.25ML SOLN A-INJ	TIER 4	PA, LA, QL (10 ML PER 28 DAYS)
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	TIER 4	PA, LA, QL (7.2 ML PER 28 DAYS)
<i>memantine hcl-donepezil hcl (14-10 mg cap er, 21-10 mg cap er, 28-10 mg cap er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>memantine hcl-donepezil hcl er (er 14-10 mg cap er, er 28-10 mg cap er)</i>	TIER 1	QL (30 PER 30 DAYS)

CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>donepezil hcl 23 mg tab</i>	TIER 1	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 1	
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)</i>	TIER 1	
<i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (memantine hcl 28 x 5 mg & 21 x 10 mg tab, memantine hcl 2 mg/ml solution, memantine hcl 5 mg tab, memantine hcl 10 mg tab, memantine hcl 10 mg/5ml solution)</i>	TIER 1	
<i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</i>	TIER 1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK	TIER 3	QL (102 PER 365 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)
<i>bupropion hcl er (sr) 100 mg tab 12h</i>	TIER 1	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr) 150 mg tab 12h</i>	TIER 1	QL (90 PER 30 DAYS)
<i>bupropion hcl er (sr) 200 mg tab 12h</i>	TIER 1	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab 24h</i>	TIER 1	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab 24h</i>	TIER 1	QL (30 PER 30 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	TIER 4	QL (64 PER 365 DAYS), PA - FOR NEW STARTS ONLY
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	TIER 1	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	TIER 1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	TIER 1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 4	QL (28 PER 365 DAYS), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 4	QL (14 PER 365 DAYS), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	TIER 3	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	TIER 3	
PHENELZINE SULFATE 15 MG TAB	TIER 1	
<i>tranylcypromine sulfate 10 mg tab</i>	TIER 1	

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

<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	TIER 1	
<i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>desvenlafaxine succinate er 100 mg tab 24h</i>	TIER 1	QL (120 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	TIER 1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	TIER 3	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	TIER 3	QL (28 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i>	TIER 1	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	TIER 1	
FLUOXETINE HCL 90 MG CAP DR	TIER 1	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	TIER 1	QL (360 PER 30 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)</i>	TIER 1	ST, QL (60 PER 30 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 1	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	TIER 1	QL (900 PER 30 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)</i>	TIER 1	
<i>paroxetine mesylate 7.5 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
RALDESY 10 MG/ML SOLUTION	TIER 4	QL (1200 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	TIER 3	ST, QL (30 PER 30 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 1	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er (er 75 mg cap er, er 75 mg tab er)</i>	TIER 1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg tab 24h</i>	TIER 1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg tab 24h</i>	TIER 1	QL (180 PER 30 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	QL (30 PER 30 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 1	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 1	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 1	
<i>doxepin hcl (doxepin hcl 150 mg cap, doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap, doxepin hcl 10 mg/ml conc)</i>	TIER 1	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 1	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro 25 mg suppos</i>	TIER 1	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	TIER 1	QL (120 PER 30 DAYS)
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	TIER 1	
<i>metoclopramide hcl 5 mg/ml solution</i>	TIER 3	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	TIER 1	
<i>prochlorperazine 25 mg suppos</i>	TIER 1	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	TIER 1	PA
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	TIER 1	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	TIER 1	
<i>trimethobenzamide hcl 300 mg cap</i>	TIER 1	

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	TIER 1	PA, QL (1 PER 30 DAYS)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	PA, QL (180 PER 30 DAYS)
<i>granisetron hcl 1 mg tab</i>	TIER 1	QL (60 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	TIER 1	QL (180 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	TIER 1	QL (90 PER 30 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	TIER 1	QL (15 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	TIER 1	QL (180 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 1	QL (900 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	TIER 1	QL (90 PER 30 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	TIER 3	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 3	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRESEMBA 186 MG CAP	TIER 4	PA, QL (60 PER 30 DAYS)
CRESEMBA 74.5 MG CAP	TIER 4	PA, QL (150 PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	TIER 1	
<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 1	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	TIER 3	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 1	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 1	
GYNAZOLE-1 2 % CREAM	TIER 1	
<i>itraconazole 10 mg/ml solution</i>	TIER 1	PA
<i>itraconazole 100 mg cap</i>	TIER 1	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 1	
<i>klayesta 100000 unit/gm powder</i>	TIER 1	
<i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln)</i>	TIER 3	
MICONAZOLE 3 200 MG SUPPOS	TIER 1	
<i>nyamyc 100000 unit/gm powder</i>	TIER 1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 1	
<i>nystop 100000 unit/gm powder</i>	TIER 1	
<i>posaconazole 100 mg tab dr</i>	TIER 1	PA, QL (90 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	TIER 1	PA
<i>terbinafine hcl 250 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)

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

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

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine (0.6 mg cap, 0.6 mg tab)</i>	TIER 1	QL (120 PER 30 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	TIER 1	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	TIER 1	ST, QL (30 PER 30 DAYS)
<i>probenecid 500 mg tab</i>	TIER 1	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	TIER 2	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	TIER 2	PA, QL (2 PER 30 DAYS)
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	TIER 2	PA, QL (3 PER 30 DAYS)
NURTEC 75 MG TAB DISP	TIER 4	PA, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 1	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	TIER 1	QL (40 PER 28 DAYS)
MIGERGOT 2-100 MG SUPPOS	TIER 3	QL (20 PER 30 DAYS)

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 1	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 1	QL (24 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	TIER 1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	TIER 1	QL (8 PER 30 DAYS)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	TIER 1	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 1	QL (18 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i>	TIER 1	
<i>pyridostigmine bromide er 180 mg tab</i>	TIER 1	

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 1	
<i>rifabutin 150 mg cap</i>	TIER 1	

ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	TIER 1	
PRETOMANID 200 MG TAB	TIER 3	QL (30 PER 30 DAYS)
PRIFTIN 150 MG TAB	TIER 2	
<i>pyrazinamide 500 mg tab</i>	TIER 1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifampin 600 mg recon soln</i>	TIER 3	
<i>rifapentine 150 mg tab</i>	TIER 1	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 4	PA
TRECTOR 250 MG TAB	TIER 3	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	TIER 2	PA - PART B VS D DETERMINATION
LEUKERAN 2 MG TAB	TIER 2	
<i>lomustine (10 mg cap, 40 mg cap, 100 mg cap)</i>	TIER 2	
MATULANE 50 MG CAP	TIER 2	LA
MELPHALAN 2 MG TAB	TIER 1	PA - PART B VS D DETERMINATION

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	TIER 3	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	TIER 1	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	TIER 1	
ERLEADA 240 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	TIER 1	
FLUTAMIDE 125 MG CAP	TIER 1	
<i>nilutamide (nilutamide 150 mg tab, nilutamide 150 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUBEQA 300 MG TAB	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 4	LA, QL (60 PER 30 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 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	TIER 4	QL (150 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i>	TIER 4	
INLURIYO 200 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	TIER 3	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>toremifene citrate 60 mg tab</i>	TIER 1	
VEPPANU (100 MG TAB, 200 MG TAB)	TIER 4	QL (30 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMETABOLITES		
<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 1	
ONUREG (200 MG TAB, 300 MG TAB)	TIER 4	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID LOID 40 MG	TIER 2	
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 4	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 4	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	TIER 4	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	TIER 1	
INQOVI 35-100 MG TAB	TIER 4	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	TIER 1	
<i>leucovorin calcium (100 mg soln, 350 mg soln)</i>	TIER 3	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 1	
LONSURF 15-6.14 MG TAB	TIER 4	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 4	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 2	
MODEYSO 125 MG CAP	TIER 4	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 4	LA, QL (30 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK 50 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER	TIER 4	LA, QL (66 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

MOLECULAR TARGET INHIBITORS

ALECENSA 150 MG CAP	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 4	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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA 5 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	TIER 4	QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	TIER 4	QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 500 MG TAB	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bosutinib (400 mg tab, 500 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bosutinib 100 mg tab</i>	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAVHANZA 60 MG TAB DISP	TIER 4	QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
CAVHANZA 80 MG TAB DISP	TIER 4	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 KIT	TIER 4	LA, QL (90 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 4	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 4	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	TIER 4	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 1	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab, 3 mg tab, 5 mg tab)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 3	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	TIER 4	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	TIER 4	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	TIER 4	LA, QL (168 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GOMEKLI 2 MG CAP	TIER 4	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
HYRNUO 10 MG TAB	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	TIER 4	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	TIER 4	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 1	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 1	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	TIER 4	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	TIER 4	LA, QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	TIER 4	QL (30 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) (TAB THPK	TIER 4	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 TAB THPK	TIER 4	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 TAB THPK	TIER 4	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	TIER 4	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	TIER 4	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	TIER 4	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOMZIFTI 200 MG CAP	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 5 MG CAP SPRINK	TIER 4	QL (600 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	TIER 4	QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) CAP THPK	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	TIER 4	LA, QL (90 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) (CAP THPK	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (125 MG DOSE) (X & X 00 CAP THPK	TIER 4	LA, QL (18 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (150 MG DOSE) (50 2 X 25 & X 00 CAP THPK	TIER 4	LA, QL (27 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	TIER 4	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	TIER 4	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	TIER 4	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	TIER 4	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	TIER 4	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	TIER 4	LA, QL (1200 PER 30 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	TIER 4	LA, QL (90 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKINIST 2 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 4	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	TIER 4	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	TIER 4	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) (TAB THPK	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	TIER 4	QL (180 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETEVMO 40 MG TAB	TIER 4	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 25 MG TAB	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	TIER 4	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 4	QL (150 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 4	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 4	QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 4	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 4	QL (600 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 4	QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 4	QL (210 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sunitinib malate 25 mg cap</i>	TIER 4	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	TIER 4	LA, QL (900 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	TIER 4	LA, QL (30 PER 30 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 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	TIER 4	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	TIER 4	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	TIER 2	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	TIER 4	LA, QL (180 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA 50 MG TAB	TIER 3	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	TIER 4	LA, QL (84 PER 365 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	TIER 4	LA, QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	TIER 4	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 20 MG CAP SPRINK	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	TIER 4	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	TIER 4	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	TIER 4	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	TIER 4	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	TIER 4	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	TIER 4	LA, QL (24 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	TIER 4	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) TAB THPK	TIER 4	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	TIER 4	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	TIER 4	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	TIER 4	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
<i>bexarotene 1 % gel</i>	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 1	QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 3	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	TIER 1	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	TIER 1	
VONJO 100 MG CAP	TIER 4	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	TIER 3	
<i>ivermectin 3 mg tab</i>	TIER 1	
<i>praziquantel 600 mg tab</i>	TIER 1	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	TIER 1	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZNIDAZOLE 100 MG TAB	TIER 3	QL (240 PER 365 DAYS)
BENZNIDAZOLE 12.5 MG TAB	TIER 3	QL (720 PER 365 DAYS)
<i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i>	TIER 1	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 2	QL (24 PER 2 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 100 mg tab)</i>	TIER 1	QL (120 PER 30 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 300 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 400 mg tab, hydroxychloroquine sulfate 400 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
IMPAVIDO 50 MG CAP	TIER 4	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	TIER 1	
<i>nitazoxanide 500 mg tab</i>	TIER 1	PA, QL (6 PER 3 DAYS)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 1	
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)</i>	TIER 1	
<i>pyrimethamine 25 mg tab</i>	TIER 4	PA
<i>quinine sulfate 324 mg cap</i>	TIER 1	QL (180 PER 30 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
--	--------	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benztropine mesylate 1 mg/ml solution</i>	TIER 3	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	TIER 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	TIER 1	
<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 1	
<i>entacapone 200 mg tab</i>	TIER 1	QL (240 PER 30 DAYS)
DOPAMINE AGONISTS		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	TIER 4	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 1	
<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 1	
<i>pramipexole dihydrochloride er (er 0.375 mg tab er, er 0.75 mg tab er, er 1.5 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<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 1	
<i>ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>ropinirole hcl er 12 mg tab 24h</i>	TIER 1	QL (60 PER 30 DAYS)
<i>ropinirole hcl er 8 mg tab 24h</i>	TIER 1	QL (90 PER 30 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	TIER 1	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 1	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 1	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (25 mg/ml, 50 mg/2ml)</i>	TIER 3	
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	TIER 1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 3	
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc)</i>	TIER 1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	TIER 3	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol lactate 2 mg/ml conc</i>	TIER 1	
<i>haloperidol lactate 5 mg/ml solution</i>	TIER 2	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 1	
MOLINDONE HCL 10 MG TAB	TIER 1	QL (240 PER 30 DAYS)
MOLINDONE HCL 25 MG TAB	TIER 1	QL (270 PER 30 DAYS)
MOLINDONE HCL 5 MG TAB	TIER 1	QL (360 PER 30 DAYS)
<i>pimozide (1 mg tab, 2 mg tab)</i>	TIER 1	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 4	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 1	QL (750 PER 30 DAYS)
<i>aripiprazole 2 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK A BYSNTI TITRTION PCK 1 & 2 & 4 & 6 MG TB THPK	TIER 4	QL (16 PER 365 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK B YSANTI 1 & 2 & 6 & 8 MG TATHPK	TIER 4	QL (24 PER 365 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK C PAK 1 & 2 & 6 MG TAB THPK	TIER 4	QL (16 PER 365 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	TIER 4	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	TIER 4	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	TIER 4	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	TIER 4	QL (4.5 ML PER 365 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	TIER 3	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	TIER 4	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 3	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB	TIER 3	QL (8 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TA	TIER 3	QL (12 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB	TIER 3	QL (8 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 4	QL (3.5 PER 180 DAYS), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 4	QL (5 PER 180 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 4	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 4	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 4	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 3	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 4	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 4	QL (0.88 PER 84 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 4	QL (1.32 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 4	QL (1.75 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 4	QL (2.63 PER 84 DAYS), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	TIER 1	
<i>olanzapine 10 mg recon soln</i>	TIER 3	
OPIPZA (5 MG FILM, 10 MG FILM)	TIER 4	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab 24h</i>	TIER 1	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 4	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	TIER 1	
<i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>	TIER 1	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	TIER 4	QL (30 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab disp, risperidone 0.25 mg tab disp, risperidone 4 mg tab)</i>	TIER 1	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 4	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 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 2	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 3	QL (7 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 1	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 3	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 3	PA - PART B VS D DETERMINATION
ANTIPSYCHOTICS, OTHER		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	TIER 4	QL (112 PER 365 DAYS), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	TIER 1	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 4	QL (540 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTISPASTICITY AGENTS		
<i>baclofen (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>baclofen 15 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)
<i>baclofen 5 mg tab</i>	TIER 1	QL (480 PER 30 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	TIER 1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	TIER 4	PA, LA, QL (120 PER 30 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	TIER 4	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	TIER 4	QL (200 PER 365 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 1	QL (540 PER 30 DAYS)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 2	QL (630 PER 30 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 2	
<i>lamivudine 100 mg tab</i>	TIER 1	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	TIER 4	PA, QL (90 PER 30 DAYS)
MAVYRET 50-20 MG PACKET	TIER 4	PA, QL (180 PER 30 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 1	
<i>ribavirin (ribavirin 6 gm recon soln, ribavirin 6 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI 400-100-100 MG TAB	TIER 4	PA, QL (30 PER 30 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TAB	TIER 3	QL (30 PER 30 DAYS)
GENVOYA 150-150-200-10 MG TAB	TIER 3	QL (30 PER 30 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	TIER 2	QL (180 PER 30 DAYS)
ISENTRESS 100 MG PACKET	TIER 2	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TAB	TIER 2	QL (120 PER 30 DAYS)
ISENTRESS HD 600 MG TAB	TIER 2	QL (60 PER 30 DAYS)
JULUCA 50-25 MG TAB	TIER 3	QL (30 PER 30 DAYS)
STRIBILD 150-150-200-300 MG TAB	TIER 2	QL (30 PER 30 DAYS)
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	TIER 2	QL (60 PER 30 DAYS)
TIVICAY PD 5 MG TAB SOL	TIER 2	QL (180 PER 30 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	TIER 3	QL (30 PER 30 DAYS)
EDURANT PED 2.5 MG TAB SOL	TIER 2	QL (180 PER 30 DAYS)
EFAVIRENZ 200 MG CAP	TIER 1	QL (90 PER 30 DAYS)
EFAVIRENZ 50 MG CAP	TIER 1	QL (180 PER 30 DAYS)
<i>efavirenz 600 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>	TIER 1	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>	TIER 1	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>etravirine 200 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTELENCE 25 MG TAB	TIER 2	QL (360 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 1	QL (1200 PER 30 DAYS)
NEVIRAPINE ER 100 MG TAB 24H	TIER 1	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tab 24h</i>	TIER 1	QL (30 PER 30 DAYS)
ODEFSEY 200-25-25 MG TAB	TIER 2	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TAB	TIER 3	QL (60 PER 30 DAYS)
<i>rilpivirine hcl 25 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)

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

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 1	QL (900 PER 30 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TAB	TIER 2	QL (30 PER 30 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
<i>emtricitabine 200 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 2	QL (720 PER 30 DAYS)
<i>lamivudine (10 mg/ml, 300 mg/30ml)</i>	TIER 1	QL (900 PER 30 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	TIER 1	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TAB	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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIUMEQ PD 60-5-30 MG TAB SOL	TIER 3	QL (180 PER 30 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 2	QL (60 PER 30 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
VIREAD 150 MG TAB	TIER 2	QL (60 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	TIER 2	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	TIER 1	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 1	QL (1800 PER 30 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	TIER 4	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 4	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
IDVYNOS 100-0.25 MG TAB	TIER 3	QL (30 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 3	QL (60 PER 30 DAYS)
SELZENTRY (25 MG TAB, 75 MG TAB)	TIER 2	QL (240 PER 30 DAYS)
SELZENTRY 20 MG/ML SOLUTION	TIER 2	QL (1800 PER 30 DAYS)
SUNLENCA 300 MG TAB	TIER 4	LA, QL (24 PER 168 DAYS)
SUNLENCA 4 X 300 MG TAB THPK	TIER 4	QL (4 PER 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	TIER 4	QL (3 PER 180 DAYS), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	TIER 4	QL (5 PER 180 DAYS)
TYBOST 150 MG TAB	TIER 2	QL (30 PER 30 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 250 MG CAP	TIER 2	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
<i>darunavir 600 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVOTAZ 300-150 MG TAB	TIER 3	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	TIER 3	QL (390 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 2	QL (1680 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 1	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 1	QL (390 PER 30 DAYS)
NORVIR 100 MG CAP	TIER 2	
NORVIR 100 MG PACKET	TIER 2	QL (360 PER 30 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 2	QL (450 PER 30 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	TIER 2	QL (360 PER 30 DAYS)
PREZISTA 150 MG TAB	TIER 2	QL (240 PER 30 DAYS)
PREZISTA 75 MG TAB	TIER 2	QL (300 PER 30 DAYS)
REYATAZ 50 MG PACKET	TIER 2	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tab</i>	TIER 1	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	TIER 3	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	TIER 2	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	TIER 2	QL (120 PER 30 DAYS)

ANTI-INFLUENZA AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	TIER 3	QL (1 PER 30 DAYS)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	TIER 1	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 1	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	TIER 4	QL (40 PER 30 DAYS)
PAXLOVID (150/100) MG & 0MG TAB THPK	TIER 1	QL (20 PER 30 DAYS)
PAXLOVID (300/100 & 150/100) 6 10 MG 100MG TAB THPK	TIER 1	QL (11 PER 30 DAYS)
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	TIER 1	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 1	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	TIER 1	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	TIER 1	QL (120 PER 30 DAYS)
<i>alprazolam (2 mg tab, 2 mg tab disp)</i>	TIER 1	QL (150 PER 30 DAYS)
<i>alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 3 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tab 24h</i>	TIER 1	QL (150 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALPRAZOLAM INTENSOL 1 MG/ML CONC	TIER 1	QL (300 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tab er, 1 mg tab er, 3 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tab er 24h</i>	TIER 1	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i>	TIER 1	QL (1200 PER 30 DAYS)
<i>clonazepam (1 mg tab, 1 mg tab disp)</i>	TIER 1	QL (600 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	TIER 1	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 1	QL (720 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 1	QL (360 PER 30 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	TIER 1	QL (360 PER 30 DAYS)
<i>diazepam 10 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)
<i>diazepam 2 mg tab</i>	TIER 1	QL (900 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	TIER 1	QL (1800 PER 30 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 1	QL (360 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	TIER 1	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	TIER 1	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	TIER 1	QL (300 PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	TIER 1	QL (150 PER 30 DAYS)
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	TIER 1	QL (120 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	TIER 2	
<i>lithium 8 meq/5ml solution</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	TIER 1	
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	TIER 1	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>dapaglifloz base-metformin er (er 5-500 mg tab er, er 10-1000 mg tab er, er 10-500 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>dapaglifloz base-metformin er 5-1000 mg tab 24h</i>	TIER 1	QL (60 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
<i>glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)</i>	TIER 1	
<i>glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 1	
<i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</i>	TIER 1	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	TIER 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	TIER 1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	TIER 2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUMET XR 50-1000 MG TAB ER 24H	TIER 2	QL (60 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	TIER 2	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 2	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 2	QL (30 PER 30 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	TIER 3	PA, QL (30 PER 30 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>	TIER 1	
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 25 mg tab, miglitol 100 mg tab, miglitol 100 mg tab, miglitol 50 mg tab)</i>	TIER 1	QL (90 PER 30 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 2	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/1.5ML SOLN PEN)	TIER 2	PA, QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	TIER 2	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 2	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	TIER 2	PA, QL (30 PER 30 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 2	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	TIER 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 2	PA, QL (30 PER 30 DAYS)
<i>sitagliip phos-metformin hcl er (er 50-500 mg tab er, er 100-1000 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>sitagliip phos-metformin hcl er 50-1000 mg tab 24h</i>	TIER 1	QL (60 PER 30 DAYS)
<i>sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 2	QL (60 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	TIER 2	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 2	QL (30 PER 30 DAYS)
TRADJENTA 5 MG TAB	TIER 2	QL (30 PER 30 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 2	PA, QL (2 PER 28 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H	TIER 2	QL (60 PER 30 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	TIER 2	QL (2 PER 30 DAYS)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	TIER 2	QL (2 PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	TIER 1	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 2	QL (2 PER 2 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln, glucagon emergency 1 mg/ml recon soln)</i>	TIER 2	QL (2 PER 2 DAYS)
INSULINS		
HUMALOG 100 UNIT/ML SOLN CART	TIER 2	INS
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 2	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 2	INS
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	TIER 2	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 2	INS
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	TIER 2	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 2	INS
HUMULIN 70/30 KWIKPEN KWIK(70-30) 100 UNIT/ML SUSP	TIER 2	INS
HUMULIN N 100 UIT/ML SUSPESIO	TIER 2	INS
HUMULIN N KWIKPEN KWIK100 UIT/ML SUSP	TIER 2	INS
HUMULIN R 100 UNIT/ML SOLUTION	TIER 2	INS
HUMULIN R U-500 (CONCENTRATED) (CONCENTATED) UNIT/ML SOLUTION	TIER 2	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	TIER 2	INS
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 2	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 2	INS
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 2	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 2	INS
LANTUS 100 UNIT/ML SOLUTION	TIER 2	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 2	QL (45 PER 30 DAYS), INS
NOVOLIN R FLEXPEN FLEX100 UNIT/ML SOLN	TIER 2	INS
NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN	TIER 2	INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 2	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 2	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	TIER 2	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 2	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 2	QL (27 PER 30 DAYS), INS

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	TIER 1	QL (60 PER 30 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	TIER 2	QL (60 PER 30 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 TAB SOL	TIER 2	QL (360 PER 30 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 TAB SOL	TIER 2	QL (480 PER 30 DAYS)
ELIQUIS 0.5 MG TAB SOL	TIER 2	QL (120 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	TIER 2	QL (74 PER 180 DAYS)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	TIER 3	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i>	TIER 3	QL (48 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	TIER 3	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	TIER 3	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	TIER 3	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 4	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 3	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 4	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 3	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>rivaroxaban 1 mg/ml recon susp</i>	TIER 2	QL (600 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	TIER 2	QL (60 PER 30 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 2	QL (51 PER 180 DAYS)
ZONTIVITY 2.08 MG TAB	TIER 3	QL (30 PER 30 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR)	TIER 3	PA
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION)	TIER 4	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	TIER 4	PA
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	TIER 4	PA, QL (90 PER 30 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	TIER 4	PA, QL (180 PER 30 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	TIER 4	PA, QL (60 PER 30 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	TIER 4	PA
LEUKINE 250 MCG RECON SOLN	TIER 4	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	TIER 4	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	TIER 3	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	TIER 4	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMOSTASIS AGENTS		
MEPHYTON 5 MG TAB	TIER 2	QL (5 PER 7 DAYS), C (SWRAP), EDC
<i>phytonadione 5 mg tab</i>	TIER 1	QL (5 PER 7 DAYS), C (SWRAP), EDC
<i>tranexamic acid 650 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap 12h</i>	TIER 1	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 1	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 1	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	TIER 1	QL (60 PER 30 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 1	
<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 3	PA, QL (540 PER 30 DAYS)
<i>droxidopa 200 mg cap</i>	TIER 3	PA, QL (270 PER 30 DAYS)
<i>droxidopa 300 mg cap</i>	TIER 3	PA, QL (84 PER 90 DAYS)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 1	
METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB, METHYLDOPA 250 MG TAB)	TIER 1	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	TIER 1	
<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	
<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>enalapril maleate 1 mg/ml solution</i>	TIER 1	QL (1200 PER 30 DAYS)
<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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	TIER 1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	TIER 1	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>digox 125 mcg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>digoxin 62.5 mcg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	TIER 1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 1	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 1	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 1	
MULTAQ 400 MG TAB	TIER 2	QL (60 PER 30 DAYS)
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	TIER 1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 1	
<i>propafenone hcl er (er 225 mg cap er, er 325 mg cap er, er 425 mg cap er)</i>	TIER 1	
<i>quinidine gluconate er 324 mg tab</i>	TIER 1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 1	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 1	
<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 1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>carvedilol phosphate er (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er)</i>	TIER 1	ST
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 1	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>propranolol hcl (propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>	TIER 1	
<i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i>	TIER 1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
<i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 1	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	TIER 1	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	TIER 1	
<i>nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 1	
<i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 1	
<i>nimodipine 30 mg cap</i>	TIER 1	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i>	TIER 1	
<i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 1	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 1	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 1	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 1	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 1	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	TIER 1	
<i>diltiazem hcl er beads 420 mg cap 24h</i>	TIER 1	
<i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>	TIER 1	
<i>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er, 360 mg cap er)</i>	TIER 1	
<i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>	TIER 1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 120 MG CAP ER 24H, VERAPAMIL HCL ER 120 MG TAB ER, VERAPAMIL HCL ER 180 MG TAB ER, VERAPAMIL HCL ER 240 MG TAB ER, VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 180 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H, VERAPAMIL HCL ER 360 MG CAP ER 24H, VERAPAMIL HCL ER 240 MG CAP ER 24H)	TIER 1	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 1	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)</i>	TIER 1	
<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 1	
<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 3	PA, QL (600 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
<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 xi.

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 1	QL (180 PER 30 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 1	
<i>metirosine 250 mg cap</i>	TIER 4	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 1	
<i>pentoxifylline er 400 mg tab</i>	TIER 1	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan (49-51 mg tab, 97-103 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan 24-26 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan-amlodipine</i> (<i>telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab</i>)	TIER 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	TIER 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VECAMEYL 2.5 MG TAB	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 3	PA, QL (30 PER 30 DAYS)
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	TIER 2	PA, QL (2 PER 28 DAYS), NDS
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	TIER 2	PA, QL (30 PER 30 DAYS)
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	TIER 2	PA, QL (3 PER 28 DAYS), NDS
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>bumetanide 0.25 mg/ml solution</i>	TIER 3	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 10 mg/ml solution)</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FUROSEMIDE (FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION, FUROSEMIDE 40 MG TAB, FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 20 MG TAB, FUROSEMIDE 80 MG TAB)	TIER 1	
<i>furosemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	TIER 1	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>triamterene (50 mg cap, 100 mg cap)</i>	TIER 1	ST
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 1	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate 120 mg tab, fenofibrate 50 mg cap, fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 150 mg cap, fenofibrate 40 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	TIER 1	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 1	
<i>gemfibrozil 600 mg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 24h</i>	TIER 1	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 1	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	TIER 1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	TIER 1	
<i>ezetimibe 10 mg tab</i>	TIER 1	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 1	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	TIER 1	QL (120 PER 30 DAYS)
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	TIER 1	
<i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
NIACOR 500 MG TAB	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 1	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 1	
REPATHA 140 MG/ML SOLN PRSYR	TIER 2	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 2	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 2	PA

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	TIER 2	ST, QL (30 PER 30 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 2	ST, QL (30 PER 30 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 1	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)</i>	TIER 1	
<i>nitro-bid 2 % ointment</i>	TIER 1	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	TIER 2	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	TIER 1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 2 % ointment)</i>	TIER 1	
<i>nitroglycerin 0.4 % ointment</i>	TIER 1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate 10 mg tab</i>	TIER 1	ST, QL (180 PER 30 DAYS)
<i>amphetamine sulfate 5 mg tab</i>	TIER 1	ST, QL (240 PER 30 DAYS)
<i>amphetamine-dextroamphet er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	TIER 1	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	TIER 1	QL (150 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	TIER 1	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	TIER 1	QL (1800 PER 30 DAYS)
<i>dextroamphetamine sulfate er 10 mg cap 24h</i>	TIER 1	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er 15 mg cap 24h</i>	TIER 1	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap 24h</i>	TIER 1	QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisdexamfetamine 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 1	QL (30 PER 30 DAYS)
<i>procentra 5 mg/5ml solution</i>	TIER 1	QL (1800 PER 30 DAYS)
<i>zenzedi (5 mg tab, 10 mg tab)</i>	TIER 1	QL (180 PER 30 DAYS)
<i>zenzedi 15 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>zenzedi 20 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
<i>zenzedi 30 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	TIER 1	QL (120 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	TIER 1	QL (60 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tab 12h</i>	TIER 1	
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>dexmethylphenidate hcl er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (10 mg chew tab, 10 mg tab)</i>	TIER 1	QL (180 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 20 mg tab)</i>	TIER 1	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	TIER 1	QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	TIER 1	QL (360 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	TIER 1	QL (1800 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd) 30 mg cap</i>	TIER 1	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (la) (er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (la) 10 mg cap 24h</i>	TIER 1	QL (180 PER 30 DAYS)
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 36 MG TAB ER 24H, METHYLPHENIDATE HCL ER 36 MG TAB ER)	TIER 1	QL (60 PER 30 DAYS)
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 54 MG TAB ER, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H, METHYLPHENIDATE HCL ER 18 MG TAB ER, METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, METHYLPHENIDATE HCL ER 27 MG TAB ER, METHYLPHENIDATE HCL ER 27 MG TAB ER 24H)	TIER 1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 54 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (osm) 36 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er 10 mg tab</i>	TIER 1	QL (180 PER 30 DAYS)
<i>methylphenidate hcl er 20 mg tab</i>	TIER 1	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er(diffus) (methylphenidate hcl er(diffus) 27 mg tab er, methylphenidate hcl er(diffus) 27 mg tab er, methylphenidate hcl er(diffus) 54 mg tab er, methylphenidate hcl er(diffus) 54 mg tab er)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er(diffus) (methylphenidate hcl er(diffus) 36 mg tab er, methylphenidate hcl er(diffus) 36 mg tab er)</i>	TIER 1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	TIER 4	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	TIER 4	PA, QL (240 PER 30 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	TIER 4	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	TIER 4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	TIER 4	PA, QL (28 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	TIER 4	PA, QL (42 PER 30 DAYS)
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>dextromethorphan-quinidine 20-10 mg cap</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>esgic 50-325-40 mg cap</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
NUEDEXTA 20-10 MG CAP	TIER 2	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tab</i>	TIER 1	
TENCON 50-325 MG TAB	TIER 1	PA, QL (48 PER 30 DAYS), NDS
<i>tetrabenazine 12.5 mg tab</i>	TIER 3	PA, LA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	TIER 4	PA, LA, QL (120 PER 30 DAYS)
VEOZAH 45 MG TAB	TIER 3	PA, QL (30 PER 30 DAYS)
<i>zebutal 50-325-40 mg cap</i>	TIER 1	PA, QL (48 PER 30 DAYS), NDS
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE 20 MG CAP	TIER 3	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP	TIER 3	QL (90 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DRIZALMA SPRINKLE 40 MG CAP	TIER 3	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP	TIER 3	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (40 mg dr, 60 mg dr)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>duloxetine hcl 20 mg cp dr part</i>	TIER 1	QL (120 PER 30 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 1	QL (90 PER 30 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 1	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 1	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 1	QL (900 PER 30 DAYS)

MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	TIER 4	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab 12h</i>	TIER 2	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 3	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 3	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 3	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 3	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 3	PA, QL (30 PER 30 DAYS)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	TIER 1	
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 1	
<i>kourzeq 0.1 % paste</i>	TIER 1	
<i>oralone 0.1 % paste</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>periogard 0.12 % solution</i>	TIER 1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 1	
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 1	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 1	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	TIER 1	PA
<i>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>azelaic acid 15 % gel</i>	TIER 1	QL (50 PER 30 DAYS)
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	TIER 1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	TIER 1	
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	TIER 1	
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 1	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 1	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	TIER 1	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort 1 % cream</i>	TIER 1	
<i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>	TIER 1	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	TIER 1	
ANUCORT-HC 25 MG SUPPOS	TIER 1	C (SWRAP), EDC
ANUSOL-HC 25 MG SUPPOS	TIER 1	C (SWRAP), EDC
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 1	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	TIER 1	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i>	TIER 1	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	TIER 1	
<i>clobetasol propionate 0.05 % liquid</i>	TIER 1	QL (250 PER 30 DAYS)
<i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>	TIER 1	
<i>clodan 0.05 % shampoo</i>	TIER 1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i>	TIER 1	
DIFLORASONE DIACETATE 0.05 % CREAM	TIER 1	
EUCRISA 2 % OINTMENT	TIER 3	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	TIER 1	
<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	TIER 1	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 1	QL (200 PER 28 DAYS)
HEMMOREX-HC 25 MG SUPPOS	TIER 1	C (SWRAP), EDC
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	TIER 1	
<i>hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)</i>	TIER 1	
<i>hydrocortisone acetate (hydrocortisone acetate 25 mg suppos, hydrocortisone acetate 25 mg suppos)</i>	TIER 1	C (SWRAP), EDC
HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, HYDROCORTISONE BUTYRATE 0.1 % SOLUTION, HYDROCORTISONE BUTYRATE 0.1 % OINTMENT)	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	TIER 1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 1	
<i>pimecrolimus 1 % cream</i>	TIER 1	QL (100 PER 30 DAYS)
<i>procto-med hc 2.5 % cream</i>	TIER 1	
<i>proctosol hc 2.5 % cream</i>	TIER 1	
<i>proctozone-hc 2.5 % cream</i>	TIER 1	
<i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)</i>	TIER 1	
<i>tacrolimus (0.03 %, 0.1 %)</i>	TIER 1	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)</i>	TIER 1	
<i>triderm 0.5 % cream</i>	TIER 1	
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	TIER 1	
ANALPRAM HC 2.5-1 % LOTION	TIER 2	
ANALPRAM-HC 2.5-1 % LOTION	TIER 2	
AVAR-E EMOLLIENT 10-5 % CREAM	TIER 1	C (SWRAP), EDC
<i>avar-e green 10-5 % cream</i>	TIER 1	C (SWRAP), EDC
<i>calcipotriene (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	TIER 1	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	TIER 1	PA, QL (400 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcitrene 0.005 % ointment</i>	TIER 1	
CALCITRIOL 3 MCG/GM OINTMENT	TIER 1	QL (800 PER 28 DAYS)
<i>clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)</i>	TIER 1	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 1	
EPIFOAM 1	TIER 2	
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	TIER 1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	TIER 1	
<i>imiquimod 5 % cream</i>	TIER 1	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	TIER 1	
<i>isopropyl alcohol wipes 70 % misc</i>	TIER 1	
<i>medpura alcohol pads 70 % misc</i>	TIER 1	
METHOXSALEN RAPID 10 MG CAP	TIER 1	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	TIER 1	
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 4	PA, QL (60 PER 30 DAYS)
OTEZLA XR 75 MG TAB ER 24H	TIER 4	PA, QL (30 PER 30 DAYS)
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	TIER 1	
PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)	TIER 2	
PROCTOFOAM HC PROCTOI	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 1	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 1	
REGRANEX 0.01 % GEL	TIER 2	PA, QL (15 PER 2 DAYS)
SANTYL 250 UNIT/GM OINTMENT	TIER 2	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ssd 1 % cream</i>	TIER 1	
SSS 10-5 (10-5 10-5 % CREAM, 10-5 10-5 % FOAM)	TIER 1	C (SWRAP), EDC
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION)	TIER 1	C (SWRAP), EDC
TOLAK 4 % CREAM	TIER 2	
VALCHLOR 0.016 % GEL	TIER 4	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

PEDICULICIDES/SCABICIDES

<i>malathion 0.5 % lotion</i>	TIER 1	
<i>permethrin (permethrin 5 % cream, permethrin 5 % cream)</i>	TIER 1	
SPINOSAD 0.9 % SUSPENSION	TIER 1	QL (240 PER 30 DAYS)

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % cream</i>	TIER 1	PA, QL (5 PER 30 DAYS)
<i>acyclovir 5 % ointment</i>	TIER 1	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	TIER 1	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	TIER 1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 1	
<i>clindacin 1 % foam</i>	TIER 1	
<i>clindacin etz 1 % swab</i>	TIER 1	
<i>clindacin-p 1 % swab</i>	TIER 1	
<i>clindamycin phos (once-daily) 1 % gel</i>	TIER 1	
<i>clindamycin phos (twice-daily) 1 % gel</i>	TIER 1	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dapsone (5 % gel, 7.5 % gel)</i>	TIER 1	PA, QL (90 PER 30 DAYS)
ERY 2 % PAD	TIER 1	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % gel, erythromycin 2 % solution)</i>	TIER 1	
<i>mafenide acetate (mafenide acetate 5 % packet, mafenide acetate 5 % packet)</i>	TIER 1	
<i>mupirocin 2 % ointment</i>	TIER 1	
<i>penciclovir 1 % cream</i>	TIER 1	PA, QL (5 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	TIER 3	
<i>dextrose in lactated ringers in 5 % solution</i>	TIER 3	
DEXTROSE-NACL 5-0.9 % SOLUTION	TIER 3	
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	TIER 3	
EFFER-K 25 MEQ TAB	TIER 1	C (SWRAP), EDC
<i>k-prime 25 meq effer tab</i>	TIER 1	C (SWRAP), EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	TIER 3	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 3	
<i>klor-con (klor-con 8 meq tab er, klor-con 20 meq packet, klor-con 8 meq tab er)</i>	TIER 1	
<i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i>	TIER 1	
<i>klor-con m10 meq tab er</i>	TIER 1	
<i>klor-con m15 meq tab er</i>	TIER 1	
<i>klor-con m20 meq tab er</i>	TIER 1	
<i>klor-con/ef 25 meq effer tab</i>	TIER 1	C (SWRAP), EDC
<i>lactated ringers (lactated ringers solution, lactated ringers solution)</i>	TIER 3	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	TIER 3	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	TIER 1	C (SWRAP), EDC
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	TIER 1	C (SWRAP), EDC
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	TIER 1	C (SWRAP), EDC
MULTIVITAMIN/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	TIER 1	C (SWRAP), EDC
<i>nafrinse 2.2 (1 f) mg chew tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 2	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	TIER 1	C (SWRAP), EDC
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	TIER 1	
<i>potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 meq/100ml solution)</i>	TIER 3	
<i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>	TIER 1	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	TIER 1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	TIER 3	
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	TIER 3	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	TIER 1	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	TIER 3	
PREMASOL 10 % SOLUTION	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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prenatal vitamins</i>	TIER 2	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	TIER 1	C (SWRAP), EDC
<i>ringers solution</i>	TIER 3	
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 3	
<i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 2.5 meq/ml solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution)</i>	TIER 3	
<i>sodium fluoride (sodium fluoride 1.1 (0.5 f) mg/ml solution, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab)</i>	TIER 1	
TPN ELECTROLYTES CONC	TIER 3	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	TIER 2	
<i>deferasirox (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>deferasirox 125 mg tab sol</i>	TIER 2	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	TIER 4	PA, LA, QL (60 PER 30 DAYS)
<i>tolvaptan 15 mg tab</i>	TIER 4	PA, LA, QL (240 PER 30 DAYS)
<i>tolvaptan 30 mg tab</i>	TIER 4	PA, LA, QL (120 PER 30 DAYS)
<i>trientine hcl 250 mg cap</i>	TIER 4	PA, QL (240 PER 30 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 4	PA, QL (120 PER 30 DAYS)

PHOSPHATE BINDERS

<i>calcium acetate (phos binder) 667 mg cap</i>	TIER 1	PA - PART B VS D DETERMINATION
---	--------	--------------------------------

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sevelamer carbonate 800 mg tab</i>	TIER 1	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	TIER 1	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 2	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	TIER 1	
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	TIER 1	
VITAMINS		
<i>cyanocobalamin 1000 mcg/ml solution</i>	TIER 1	C (SWRAP), EDC
<i>dodex 1000 mcg/ml solution</i>	TIER 1	C (SWRAP), EDC
<i>folic acid 1 mg tab</i>	TIER 1	C (SWRAP), EDC
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	TIER 1	C (SWRAP), EDC
TRI-VITE/FLUORIDE (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	TIER 1	C (SWRAP), EDC
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	TIER 1	
<i>enulose 10 gm/15ml solution</i>	TIER 1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 1	
<i>generlac 10 gm/15ml solution</i>	TIER 1	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	TIER 1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 1	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 2	QL (30 PER 30 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 1	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 1	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	TIER 1	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	TIER 1	
PEG-PREP 5-210 MG-GM KIT	TIER 1	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 3	PA
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	TIER 1	
<i>loperamide hcl 2 mg cap</i>	TIER 1	
XERMELO 250 MG TAB	TIER 4	PA, LA, QL (90 PER 30 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide-clidinium (chlordiazepoxide-clidinium 5-2.5 mg cap, chlordiazepoxide-clidinium 5-2.5 mg cap)</i>	TIER 1	QL (240 PER 30 DAYS)
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	TIER 1	PA
<i>ed-spaz 0.125 mg tab disp</i>	TIER 1	C (SWRAP), EDC
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 1	
<i>glycopyrrolate 1 mg/5ml solution</i>	TIER 1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hyoscyamine sulfate (hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg/ml solution, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg/ml solution)</i>	TIER 1	C (SWRAP), EDC
<i>hyoscyamine sulfate er (hyoscyamine sulfate er 0.375 mg tab er 12h, hyoscyamine sulfate er 0.375 mg tab er 12h)</i>	TIER 1	C (SWRAP), EDC
HYOSCYAMINE SULFATE SL 0.125 MG TAB	TIER 1	C (SWRAP), EDC
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	TIER 1	C (SWRAP), EDC
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	TIER 1	
NULEV 0.125 MG TAB DISP	TIER 1	C (SWRAP), EDC
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	TIER 1	C (SWRAP), EDC
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG TAB	TIER 1	C (SWRAP), EDC
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG/5ML ELIXIR	TIER 1	QL (1200 PER 30 DAYS), C (SWRAP), EDC
<i>phenobarbital-belladonna alk 16.2 mg tab</i>	TIER 1	C (SWRAP), EDC
<i>phenobarbital-belladonna alk 16.2 mg/5ml elixir</i>	TIER 1	QL (1200 PER 30 DAYS), C (SWRAP), EDC
PHENOHYTRO 16.2 MG TAB	TIER 1	C (SWRAP), EDC
PHENOHYTRO 16.2 MG/5ML ELIXIR	TIER 1	QL (1200 PER 30 DAYS), C (SWRAP), EDC
GASTROINTESTINAL AGENTS, OTHER		
<i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>	TIER 1	QL (240 PER 365 DAYS)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	TIER 1	QL (240 PER 365 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 1	
GAVILYTE-C 240 GM RECON SOLN	TIER 1	
<i>gavilyte-g 236 gm recon soln</i>	TIER 1	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 4	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 1	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	TIER 1	
VOQUEZNA DUAL PAK 500-20 MG THER PACK	TIER 3	PA, QL (112 PER 14 DAYS)
VOQUEZNA TRIPLE PAK 500-500-20 MG THER PACK	TIER 3	PA, QL (112 PER 14 DAYS)

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	TIER 1	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 15 MG/ML SOLUTION, NIZATIDINE 300 MG CAP)	TIER 1	

PROTECTANTS

<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	TIER 1	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium 20 mg cap dr</i>	TIER 1	
<i>esomeprazole magnesium 40 mg cap dr</i>	TIER 1	QL (60 PER 30 DAYS)
<i>lansoprazole 15 mg cap dr</i>	TIER 1	
<i>lansoprazole 30 mg cap dr</i>	TIER 1	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>omeprazole 40 mg cap dr</i>	TIER 1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (pantoprazole sodium 40 mg recon soln, pantoprazole sodium 40 mg recon soln)</i>	TIER 3	
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 1	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 1	QL (60 PER 30 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 1	

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

ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 4	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	TIER 4	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 4	
<i>carglumic acid 200 mg tab sol</i>	TIER 4	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 2	
CYSTAGON (50 MG CAP, 150 MG CAP)	TIER 3	PA, LA
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 2	
ELAPRASE 6 MG/3ML SOLUTION	TIER 4	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	TIER 4	PA, QL (180 PER 30 DAYS)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	TIER 1	
<i>levocarnitine sf 1 gm/10ml solution</i>	TIER 1	
NAGLAZYME 1 MG/ML SOLUTION	TIER 4	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 4	PA
REVCovi 2.4 MG/1.5ML SOLUTION	TIER 4	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 4	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	TIER 4	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	TIER 2	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er 15 mg tab 24h</i>	TIER 1	ST, QL (30 PER 30 DAYS)
<i>darifenacin hydrobromide er 7.5 mg tab 24h</i>	TIER 1	ST, QL (60 PER 30 DAYS)
<i>fesoterodine fumarate er (er 4 mg tab er, er 8 mg tab er)</i>	TIER 1	
<i>flavoxate hcl 100 mg tab</i>	TIER 1	
GEMTESA 75 MG TAB	TIER 2	QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 2	
MYRBETRIQ 8 MG/ML SRER	TIER 2	QL (300 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	TIER 1	
<i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>	TIER 1	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 1	ST
<i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>	TIER 1	ST
<i>trospium chloride 20 mg tab</i>	TIER 1	
<i>trospium chloride er 60 mg cap 24h</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab 24h</i>	TIER 1	
<i>dutasteride 0.5 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	TIER 1	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	TIER 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>tadalafil (10 mg tab, 20 mg tab)</i>	TIER 1	QL (8 PER 30 DAYS), C (SWRAP), EDC
<i>tadalafil 2.5 mg tab</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>tadalafil 5 mg tab</i>	TIER 1	PA, QL (30 PER 30 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 1	
CYTRA K CRYSTALS 3300-1002 MG PACET	TIER 1	C (SWRAP), EDC
ELMIRON 100 MG CAP	TIER 2	
FILSPARI 200 MG TAB	TIER 4	PA, LA, QL (30 PER 30 DAYS)
FILSPARI 400 MG TAB	TIER 4	PA, LA, QL (60 PER 30 DAYS)
<i>penicillamine 250 mg tab</i>	TIER 4	PA
<i>phenazo 200 mg tab</i>	TIER 1	C (SWRAP), EDC
<i>phenazopyridine hcl (phenazopyridine hcl 200 mg tab, phenazopyridine hcl 100 mg tab, phenazopyridine hcl 200 mg tab, phenazopyridine hcl 100 mg tab)</i>	TIER 1	C (SWRAP), EDC
PHOSPHO-TRIN K500 KMG TAB	TIER 1	C (SWRAP), EDC
<i>pot & sod cit-cit ac (pot sod cit-cit ac 550-500-334 mg/5ml solution, pot sod cit-cit ac 550-500-334 mg/5ml solution)</i>	TIER 1	C (SWRAP), EDC
<i>potassium citrate-citric acid (potassium citrate-citric acid 1100-334 mg/5ml solution, potassium citrate-citric acid 1100-334 mg/5ml solution)</i>	TIER 1	C (SWRAP), EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	QL (8 PER 30 DAYS), C (SWRAP), EDC
SOD CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION)	TIER 1	
<i>sod citrate-citric acid (sod citrate-citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 3-2 gm/30ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 3-2 gm/30ml solution)</i>	TIER 1	C (SWRAP), EDC
SODIUM CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION)	TIER 1	C (SWRAP)
TRICITRATES 550-500-334 MG/5ML SOLUTION	TIER 1	C (SWRAP), EDC
<i>varденаfil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	TIER 1	PA, QL (8 PER 30 DAYS), C (SWRAP), EDC

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

CORTISONE ACETATE 25 MG TAB	TIER 1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 4 mg tab)</i>	TIER 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	TIER 1	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 3	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 1	
MEDROL 2 MG TAB	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	
<i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension, methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i>	TIER 3	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 3	
<i>prednisolone 15 mg/5ml solution</i>	TIER 1	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	TIER 1	
<i>prednisone (prednisone 5 mg/5ml solution, prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i>	TIER 1	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 1	
TARPEYO 4 MG CAP DR	TIER 4	PA, LA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 1	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 3	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 3	
<i>desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, desmopressin acetate spray 0.01 % solution)</i>	TIER 1	
INCRELEX 40 MG/4ML SOLUTION	TIER 4	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 4	PA

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

ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 1	
<i>depo-testosterone (100 mg/ml, 200 mg/ml)</i>	TIER 1	
<i>methyltestosterone 10 mg cap</i>	TIER 1	PA
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	TIER 1	PA, QL (150 PER 30 DAYS)
<i>testosterone (testosterone 10 mg/act (2%) gel, testosterone 10 mg/act (2%) gel)</i>	TIER 1	PA, QL (120 PER 30 DAYS)
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	TIER 1	PA, QL (300 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)</i>	TIER 1	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	TIER 1	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	TIER 1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	QL (5 PER 30 DAYS)

ESTROGENS

<i>abigale 1-0.5 mg tab</i>	TIER 1	
<i>abigale lo 0.5-0.1 mg tab</i>	TIER 1	
<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 1	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 1	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	TIER 1	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>amethyst 90-20 mcg tab</i>	TIER 1	
<i>apri 0.15-30 mg-mcg tab</i>	TIER 1	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	TIER 1	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 1	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 1	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>aurovela 24 fe 1-20 mg-mcg() tab</i>	TIER 1	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 1	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 1	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 1	
<i>blisovi 24 fe 1-20 mg-mcg() tab</i>	TIER 1	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 1	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	TIER 1	
<i>charlotte 24 fe 1-20 mg-mcg() chew tab</i>	TIER 1	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 1	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 1	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	TIER 2	QL (4 PER 28 DAYS)
COVARYX 1.25-2.5 MG TAB	TIER 1	C (SWRAP), EDC
COVARYX HS 0.625-1.25 MG TAB	TIER 1	C (SWRAP), EDC
<i>cryselle 0.3-30 mg-mcg tab</i>	TIER 1	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 1	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 1	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 1	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 1	
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 3	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 1	
<i>dolishale 90-20 mcg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 1	QL (16 PER 28 DAYS)
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	TIER 1	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 1	
EEMT 1.25-2.5 MG TAB	TIER 1	C (SWRAP), EDC
EEMT HS 0.625-1.25 MG TAB	TIER 1	C (SWRAP), EDC
<i>elinest 0.3-30 mg-mcg tab</i>	TIER 1	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 1	
<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 1	
<i>enilloring 0.12-0.015 mg/24hr</i>	TIER 1	
<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	TIER 1	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 1	
<i>est estrogens-methyltest (est estrogens-methyltest 1.25-2.5 mg tab, est estrogens-methyltest 1.25-2.5 mg tab)</i>	TIER 1	C (SWRAP), EDC
<i>est estrogens-methyltest ds (est estrogens-methyltest ds 1.25-2.5 mg tab, est estrogens-methyltest ds 1.25-2.5 mg tab)</i>	TIER 1	C (SWRAP), EDC
<i>est estrogens-methyltest hs (est estrogens-methyltest hs 0.625-1.25 mg tab, est estrogens-methyltest hs 0.625-1.25 mg tab)</i>	TIER 1	C (SWRAP), EDC
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 1	
<i>estradiol (0.01 % cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i>	TIER 1	
<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 1	QL (16 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 1	QL (8 PER 28 DAYS)
<i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>	TIER 1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	TIER 1	
<i>estratest f.s. 1.25-2.5 mg tab</i>	TIER 1	C (SWRAP), EDC
ESTRATEST H.S. 0.625-1.25 MG TAB	TIER 1	C (SWRAP), EDC
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 2	QL (1 PER 84 DAYS)
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	TIER 1	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	TIER 1	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	TIER 1	
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 1	
<i>fayosim 42-21-21-7 days tab</i>	TIER 1	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>feirza 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>femynor 0.25-35 mg-mcg tab</i>	TIER 1	
<i>finzala 1-20 mg-mcg(24) chew tab</i>	TIER 1	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 1	
<i>galbriela 0.8-25 mg-mcg chew tab</i>	TIER 1	
<i>gemmily 1-20 mg-mcg(24) cap</i>	TIER 1	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>hailey 24 fe 1-20 mg-mcg() tab</i>	TIER 1	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 1	
<i>iclevia 0.15-0.03 mg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>introvale 0.15-0.03 mg tab</i>	TIER 1	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 1	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>jasmiel 3-0.02 mg tab</i>	TIER 1	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 1	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 1	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 1	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 1	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>junel fe 24 1-20 mg-mcg() tab</i>	TIER 1	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	TIER 1	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 1	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 1	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 1	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>larin 24 fe 1-20 mg-mcg() tab</i>	TIER 1	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>larissia 0.1-20 mg-mcg tab</i>	TIER 1	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	TIER 1	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 1	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 1	
<i>levonest 50-30/75-40/125-30 mcg tab</i>	TIER 1	
<i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	TIER 1	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	TIER 1	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	TIER 1	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	TIER 1	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 1	
<i>lillow 0.15-30 mg-mcg tab</i>	TIER 1	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 1	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 1	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 1	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	TIER 1	
<i>loryna 3-0.02 mg tab</i>	TIER 1	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 1	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>luizza 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>lutra 0.1-20 mg-mcg tab</i>	TIER 1	
<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 1	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 1	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 3	
<i>merzee 1-20 mg-mcg(24) cap</i>	TIER 1	
<i>mibelas 24 fe 1-20 mg-mcg() chew tab</i>	TIER 1	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	TIER 1	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 1	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>mili 0.25-35 mg-mcg tab</i>	TIER 1	
<i>mimvey 1-0.5 mg tab</i>	TIER 1	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	TIER 1	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	TIER 1	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 1	
<i>nikki 3-0.02 mg tab</i>	TIER 1	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	TIER 1	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	TIER 1	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	TIER 1	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	TIER 1	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 1	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	TIER 1	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 1	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>nymyo 0.25-35 mg-mcg tab</i>	TIER 1	
<i>ocella 3-0.03 mg tab</i>	TIER 1	
<i>philith 0.4-35 mg-mcg tab</i>	TIER 1	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	TIER 1	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 1	
<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 1	
PREMARIN 0.625 MG/GM CREAM	TIER 2	
PREMPHASE 0.625-5 MG TAB	TIER 2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	TIER 2	
<i>reclipsen 0.15-30 mg-mcg tab</i>	TIER 1	
<i>rivelsa 42-21-21-7 days tab</i>	TIER 1	
<i>rosyrah 42-21-21-7 days tab</i>	TIER 1	
<i>setlakin 0.15-0.03 mg tab</i>	TIER 1	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	TIER 1	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 1	
<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 1	
<i>syeda 3-0.03 mg tab</i>	TIER 1	
<i>tarina 24 fe 1-20 mg-mcg() tab</i>	TIER 1	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 1	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 1	
<i>taysofy 1-20 mg-mcg(24) cap</i>	TIER 1	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 1	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	TIER 1	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	TIER 1	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 1	
<i>tydemy 3-0.03-0.451 mg tab</i>	TIER 1	
<i>valtya 1/35 1-35 mg-mcg tab</i>	TIER 1	
VALTYA 1/50 1-50 MG-MCG TAB	TIER 1	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 1	
<i>vestura 3-0.02 mg tab</i>	TIER 1	
<i>vienva 0.1-20 mg-mcg tab</i>	TIER 1	
<i>vioarele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 1	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 1	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 1	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 1	
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	TIER 1	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	TIER 1	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 1	
<i>yuvaferm 10 mcg tab</i>	TIER 1	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 1	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 1	
<i>zumandimine 3-0.03 mg tab</i>	TIER 1	
PROGESTINS		
<i>camila 0.35 mg tab</i>	TIER 1	
<i>deblitane 0.35 mg tab</i>	TIER 1	
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	TIER 2	
<i>emzahh 0.35 mg tab</i>	TIER 1	
<i>errin 0.35 mg tab</i>	TIER 1	
<i>gallifrey 5 mg tab</i>	TIER 1	
<i>heather 0.35 mg tab</i>	TIER 1	
<i>incassia 0.35 mg tab</i>	TIER 1	
<i>jencycla 0.35 mg tab</i>	TIER 1	
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 2	
<i>lyleq 0.35 mg tab</i>	TIER 1	
<i>lyza 0.35 mg tab</i>	TIER 1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsy, 150 mg/ml suspension)</i>	TIER 1	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>megestrol acetate (megestrol acetate 625 mg/5ml suspension, megestrol acetate 625 mg/5ml suspension)</i>	TIER 1	PA
<i>meleya 0.35 mg tab</i>	TIER 1	
NEXPLANON 68 MG IMPLANT	TIER 2	
<i>nora-be 0.35 mg tab</i>	TIER 1	
<i>norethindrone 0.35 mg tab</i>	TIER 1	
<i>norethindrone acetate 5 mg tab</i>	TIER 1	
<i>norlyda 0.35 mg tab</i>	TIER 1	
<i>norlyroc 0.35 mg tab</i>	TIER 1	
<i>orquidea 0.35 mg tab</i>	TIER 1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	TIER 1	
<i>sharobel 0.35 mg tab</i>	TIER 1	
<i>tulana 0.35 mg tab</i>	TIER 1	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA 60 MG TAB	TIER 3	PA, QL (30 PER 30 DAYS)
<i>raloxifene hcl 60 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	TIER 2	C (SWRAP), EDC
AMERITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	TIER 2	C (SWRAP)
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	TIER 2	C (SWRAP), EDC
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	TIER 2	C (SWRAP)
<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 2	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 1	
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	TIER 2	C (SWRAP), EDC
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	TIER 2	C (SWRAP), EDC
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	TIER 2	C (SWRAP), EDC
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	TIER 4	PA, QL (30 PER 30 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 2	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	TIER 2	C (SWRAP), EDC
<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 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	TIER 1	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 3	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	TIER 4	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	TIER 4	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 4	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 4	
<i>mifepristone 300 mg tab</i>	TIER 4	PA, LA, QL (120 PER 30 DAYS)
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsyr, octreotide acetate 100 mcg/ml soln prsyr)</i>	TIER 3	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	TIER 4	PA
ORGOVYX 120 MG TAB	TIER 4	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	TIER 4	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 4	PA, QL (30 PER 30 DAYS)
SYNAREL 2 MG/ML SOLUTION	TIER 4	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propylthiouracil 50 mg tab</i>	TIER 1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 4	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	TIER 4	PA, QL (36 PER 60 DAYS)
<i>sajazir 30 mg/3ml soln prsyr</i>	TIER 4	PA, QL (36 PER 60 DAYS)
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 4	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 4	PA, LA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	TIER 4	PA, LA
AURANOFIN 3 MG CAP	TIER 2	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 4	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 /ML SOLN PRSYR	TIER 4	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 4	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	TIER 4	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	TIER 4	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	TIER 4	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 4	PA
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	TIER 4	PA, QL (1.36 ML PER 28 DAYS)
KINERET 100 MG/0.67ML SOLN PRSYR	TIER 4	PA, QL (18.76 ML PER 28 DAYS)
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	TIER 4	PA, QL (55 PER 28 DAYS)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB TH	TIER 4	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	TIER 2	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 4	PA, QL (30 PER 30 DAYS)
RINVOQ 45 MG TAB ER 24H	TIER 4	PA, QL (168 PER 365 DAYS)
RINVOQ LQ 1 MG/ML SOLUTION	TIER 4	PA, QL (360 PER 30 DAYS)
SKYRIZI (150 MG DOSE) 75 /0.83ML PREF SY KT	TIER 4	PA, QL (6 PER 365 DAYS)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 4	PA, QL (6 PER 365 DAYS)
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 4	PA, QL (1.2 PER 56 DAYS)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 4	PA, QL (2.4 PER 56 DAYS)
SKYRIZI 55 MG/0.37ML SOLN PRSYR	TIER 4	PA, QL (2.22 ML PER 365 DAYS)
SKYRIZI 600 MG/10ML SOLUTION	TIER 4	PA, QL (30 PER 365 DAYS)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 4	PA, QL (6 PER 365 DAYS)
TREMFYA 100 MG/ML SOLN PRSYR	TIER 4	PA, QL (1 SYRINGE PER 56 DAYS)
TREMFYA 200 MG/20ML SOLUTION	TIER 4	PA
TREMFYA 200 MG/2ML SOLN PRSYR	TIER 4	PA, QL (2 ML PER 28 DAYS)
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	TIER 4	PA, QL (1 PEN PER 56 DAYS)
TREMFYA PEN 100 MG/ML SOLN A-INJ	TIER 4	PA, QL (1 PEN PER 56 DAYS)
TREMFYA PEN 200 MG/2ML SOLN A-INJ	TIER 4	PA, QL (2 ML PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	TIER 4	PA, QL (24 ML PER 365 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	TIER 4	PA, QL (3.6 PER 28 DAYS)
VELSIPITY 2 MG TAB	TIER 4	PA, QL (30 PER 30 DAYS)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 4	PA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 4	PA, LA, QL (8 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN A-INJ	TIER 3	PA, QL (8 PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	TIER 4	PA, QL (104 ML PER 365 DAYS)
YESINTEK 45 MG/0.5ML SOLN PRSYR	TIER 2	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 45 MG/0.5ML SOLUTION	TIER 3	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 90 MG/ML SOLN PRSYR	TIER 4	PA, QL (1 ML PER 28 DAYS)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	TIER 4	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	TIER 4	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
BESREMI PEN 500 MCG/0.5ML SOLN	TIER 4	LA, QL (1 ML PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 4	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	TIER 4	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azasan (75 mg tab, 100 mg tab)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 1	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 3	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>cyclosporine 50 mg/ml 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 1	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 4	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 4	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	TIER 4	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	TIER 4	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 4	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H)	TIER 3	PA - FOR NEW STARTS ONLY
ENVARUSUS XR 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 1	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 1	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 3	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 2	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	TIER 3	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	TIER 3	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 1	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 1	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 500 mg recon soln</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 1	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 3	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	TIER 2	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 3	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	TIER 3	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) RINGE) 80 MG/0.8ML PREF KT	TIER 3	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 3	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	TIER 3	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	TIER 3	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 1	PA - PART B VS D DETERMINATION
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	TIER 3	
XATMEP 2.5 MG/ML SOLUTION	TIER 3	PA - FOR NEW STARTS ONLY
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT	TIER 4	PA, QL (2 PER 28 DAYS)
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT	TIER 4	PA, QL (2 PER 28 DAYS)
ZYMFENTRA (2 SYRINGE) RINGE) 120 MG/ML PREF KT	TIER 4	PA, QL (1 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	TIER 2	VAC
ACTHIB RECONSOLN	TIER 2	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	TIER 2	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 2	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 2	VAC
BEXSERO SUSPPRSYR	TIER 2	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 2	VAC
DAPTACEL 23-15-5SUSPENSION	TIER 2	
DENGVAXIA RECONSUSP	TIER 3	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 2	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 2	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)	TIER 2	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	TIER 2	
HAVRIX 1440 EL U/ML SUSP PRSYR	TIER 2	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 2	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	TIER 2	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 2	VAC
INFANRIX 25-58-10SUSPENSION	TIER 2	
IPOL SUSPENSION	TIER 2	VAC
IXIARO SUSPENSION	TIER 3	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 2	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINRIX 0.5 ML SUSP PRSYR	TIER 2	
M-M-R II RECONSOLN	TIER 2	VAC
MENACTRA SOLUTION	TIER 2	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	TIER 2	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 2	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	TIER 2	VAC
PEDIARIX SUSPPRSYR	TIER 2	
PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION	TIER 2	
PENMENVY RECONSUSP	TIER 2	
PENTACEL RECONSUSP	TIER 2	
PRIORIX RECONSUSP	TIER 2	VAC
PROQUAD RECONSUSP	TIER 2	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 2	
RABAVERT RECONSUSP	TIER 2	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 2	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	TIER 2	
ROTATEQ SOLUTION	TIER 2	
SHINGRIX 50 MCG/0.5ML RECON SUSP	TIER 2	QL (2 PER 365 DAYS), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	TIER 2	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 2	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	TIER 2	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	TIER 2	VAC
TRUMENBA SUSPPRSYR	TIER 2	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 2	VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 3	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	TIER 2	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	TIER 2	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	TIER 2	VAC
VAXCHORA RECONSUSP	TIER 3	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	TIER 3	
VIVOTIF CAPDR	TIER 3	
YF-VAX RECONSUSP	TIER 3	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	TIER 1	
DIPENTUM 250 MG CAP	TIER 3	PA
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	TIER 1	
<i>mesalamine (mesalamine 400 mg cap dr, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr)</i>	TIER 1	ST, QL (180 PER 30 DAYS)
<i>mesalamine 1.2 gm tab dr</i>	TIER 1	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gm cap 24h</i>	TIER 1	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg cap</i>	TIER 1	ST, QL (240 PER 30 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	TIER 1	QL (90 PER 30 DAYS)
<i>budesonide er 9 mg tab 24h</i>	TIER 1	PA, QL (30 PER 30 DAYS)
CORTIFOAM 10 %	TIER 2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	TIER 1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution, alendronate sodium 5 mg tab)</i>	TIER 1	
BILDYOS 60 MG/ML SOLN PRSYR	TIER 3	PA
BILPREVDA 120 MG/1.7ML SOLUTION	TIER 4	PA, QL (1.7 ML PER 28 DAYS)
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 1	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	TIER 1	
CALCITRIOL 1 MCG/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
ENOBY 60 MG/ML SOLN PRSYR	TIER 3	PA
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	TIER 1	C (SWRAP), EDC
<i>ibandronate sodium 150 mg tab</i>	TIER 1	
<i>ibandronate sodium 3 mg/3ml 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 xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JUBBONTI 60 MG/ML SOLN PRSYR	TIER 3	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>paricalcitol (2 mcg/ml, 5 mcg/ml)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	TIER 1	
<i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>	TIER 4	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 4	PA, QL (1.56 PER 28 DAYS)
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	TIER 1	C (SWRAP), EDC
WYOST 120 MG/1.7ML SOLUTION	TIER 4	PA, QL (1.7 PER 28 DAYS)
XTRENBO 120 MG/1.7ML SOLUTION	TIER 3	PA, QL (1.7 ML PER 28 DAYS)
<i>zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC	TIER 2	
AEROCHAMBER HOLDING CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
AEROCHAMBER MINI CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
AEROCHAMBER MV MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	TIER 2	C (SWRAP), EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AEROCHAMBER PLUS FLO-VU MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER PLUS FLOW VU MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER W/FLOWSIGNAL MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER Z-STAT PLUS MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	TIER 2	C (SWRAP), EDC
AEROCHAMBER2GO ANTI-STATIC DEVICE	TIER 2	C (SWRAP), EDC
AEROVENT PLUS DEVICE	TIER 2	C (SWRAP), EDC
ALCOHOL 70% PADS	TIER 1	
ALCOHOL PREP PAD	TIER 1	
ALCOHOL PREP PADS S 70 %	TIER 1	
ALCOHOL SWABS 70 % PAD	TIER 1	
ALCOHOL SWABSTICK PAD	TIER 1	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 2	
ARGYLE STERILE WATER SOLUTION	TIER 1	
ASSURE ID DUO PRO PEN NEEDLES 31GX5MM MISC	TIER 2	
ASSURE ID PRO PEN NEEDLES 30GX5MM MISC	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUM ALCOHOL PREP PADS 5 70 %	TIER 1	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 2	
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 2	
AUTOKEEPER SAFETY PEN NEEDLE (PEN 5 MISC, PEN 8 MISC)	TIER 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2	
BIOGUARD GAUZE SPONGES 2"X2"PAD	TIER 1	
BREATHE COMFORT CHAMBER/ADULT DEVICE	TIER 2	C (SWRAP), EDC
BREATHE COMFORT CHAMBER/CHILD DEVICE	TIER 2	C (SWRAP), EDC
BREATHE EASE LARGE DEVICE	TIER 2	C (SWRAP), EDC
BREATHE EASE MEDIUM DEVICE	TIER 2	C (SWRAP), EDC
BREATHE EASE SMALL DEVICE	TIER 2	C (SWRAP), EDC
BREATHERITE VALVED MDI CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 1	
CLEVER CHOICE HOLDING CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
COMFORT EZ INSULIN SYRINGE (27G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 2	
COMPACT SPACE CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
COMPACT SPACE CHAMBER/LG MASK DEVICE	TIER 2	C (SWRAP), EDC
COMPACT SPACE CHAMBER/MED MASK DEVICE	TIER 2	C (SWRAP), EDC
COMPACT SPACE CHAMBER/SM MASK DEVICE	TIER 2	C (SWRAP), EDC
CVS ALCOHOL PREP PADS S 70 %	TIER 1	
CVS ANTIBACTERIAL GAUZE 2"X2"PAD	TIER 1	
DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	
DROPLET MICRON 34GX3.5MMMISC	TIER 2	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	TIER 2	
DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC)	TIER 2	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EASIVENT MASK LARGE MISC	TIER 2	C (SWRAP), EDC
EASIVENT MASK MEDIUM MISC	TIER 2	C (SWRAP), EDC
EASIVENT MASK SMALL MISC	TIER 2	C (SWRAP), EDC
EASIVENT MISC	TIER 2	C (SWRAP), EDC
EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC)	TIER 2	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	TIER 2	
EASY TOUCH INSULIN BARRELS U- 100 1 ML MISC	TIER 2	
EMBECTA AUTOSHIELD DUO 30GX5MMMISC	TIER 2	
EMBECTA INS SYR U/F 1/2 UNIT (5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC)	TIER 2	
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC	TIER 2	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" ML MISC	TIER 2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	TIER 2	
EMBECTA INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	
EMBECTA PEN NEEDLE NANO 2 GEN 3GX4MMMISC	TIER 2	
EMBECTA PEN NEEDLE NANO 32GX4MMMISC	TIER 2	
EMBECTA PEN NEEDLE U/F 29GX12.7MMMISC	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBECTA PEN NEEDLE ULTRAFINE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 6 MM MISC)	TIER 2	
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 2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	TIER 2	C (SWRAP), EDC
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	TIER 2	C (SWRAP), EDC
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	TIER 2	C (SWRAP), EDC
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	TIER 2	C (SWRAP), EDC
FLEXICHAMBER DEVICE	TIER 2	C (SWRAP), EDC
<i>gauze pads 2</i>	TIER 1	
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	TIER 2	
GOODSENSE ALCOHOL SWABS 70 % PAD	TIER 1	
INSPIREASE MISC	TIER 2	C (SWRAP), EDC
INSULIN PEN NEEDLES	TIER 2	
INSULIN PEN NEEDLES	TIER 2	
INSULIN SYRINGE 0.3 ML	TIER 2	
INSULIN SYRINGE 0.5 ML	TIER 2	
INSULIN SYRINGE 1 ML	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 (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 2	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSUPEN32G EXTR3ME 6MMMISC	TIER 2	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 3	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	TIER 1	
<i>methergine 0.2 mg tab</i>	TIER 1	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 1	
MICROCHAMBER (DEVICE, MISC)	TIER 2	C (SWRAP), EDC
MICROSPACER MISC	TIER 2	C (SWRAP), EDC
NOVOFINE 32G X 6 MM MISC	TIER 2	
NUTRILIPID 20 % EMULSION	TIER 3	PA - PART B VS D DETERMINATION
OPTICHAMBER DIAMOND (DEVICE, MISC)	TIER 2	C (SWRAP), EDC
OPTICHAMBER DIAMOND-LG MASK DEVICE	TIER 2	C (SWRAP), EDC
OPTICHAMBER DIAMOND-MD MASK MISC	TIER 2	C (SWRAP), EDC
OPTICHAMBER DIAMOND-SM MASK MISC	TIER 2	C (SWRAP), EDC
OPVEE 2.7 MG/0.1ML SOLUTION	TIER 3	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
PENBRAYA RECONSUSP	TIER 2	VAC
POCKET CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
POCKET SPACER DEVICE	TIER 2	C (SWRAP), EDC
PRO COMFORT ALCOHOL 70 % PAD	TIER 1	
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 2	
PRO COMFORT SPACER ADULT MISC	TIER 2	C (SWRAP), EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRO COMFORT SPACER CHILD MISC	TIER 2	C (SWRAP), EDC
PRO COMFORT SPACER INFANT DEVICE	TIER 2	C (SWRAP), EDC
PROCARE SPACER/ADULT MASK DEVICE	TIER 2	C (SWRAP), EDC
PROCARE SPACER/CHILD MASK DEVICE	TIER 2	C (SWRAP), EDC
PROCHAMBER VHC DEVICE	TIER 2	C (SWRAP), EDC
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 2	
PURE COMFORT SPACER CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	TIER 2	
<i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i>	TIER 1	
RITEFLO DEVICE	TIER 2	C (SWRAP), EDC
SALINE BACTERIOSTATIC 0.9 % SOLUTION	TIER 3	C (SWRAP), EDC
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 2	
SECURESAFE SAFETY PEN NEEDLES 31GX5MMMISC	TIER 2	
SILIGENTLE FOAM DRESSING 2"X2"PAD	TIER 1	
SMOFLIPID 20 % EMULSION	TIER 3	PA - PART B VS D DETERMINATION
SODIUM CHLORIDE BACTERIOSTATIC 0.9 % SOLUTION	TIER 3	C (SWRAP), EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)</i>	TIER 1	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
TECHLITE PLUS PEN NEEDLES 32GX4MMMISC	TIER 2	
<i>tis-u-sol solution</i>	TIER 1	
TOPFINE INSULIN PEN NEEDLE 32GX4MMMISC	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 2	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 2	
TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 2	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	TIER 2	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 2	
UNIFINE PENTIPS 32GX4MMMISC	TIER 2	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	TIER 2	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNIFINE ULTRA PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 34G 3.5 MM MISC)	TIER 2	
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 2	
VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	TIER 2	C (SWRAP), EDC
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	TIER 2	C (SWRAP), EDC
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	TIER 2	C (SWRAP), EDC
VORTEX VALVED HOLDING CHAMBER DEVICE	TIER 2	C (SWRAP), EDC
VOWST CAP	TIER 4	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	TIER 1	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 1	
<i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)</i>	TIER 1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	TIER 1	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 1	
<i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)</i>	TIER 1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	TIER 1	
HOMATROPAIRE 5 % SOLUTION	TIER 1	C (SWRAP), EDC
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	TIER 1	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 1	
<i>neo-polycin hc 1 % ointment</i>	TIER 1	
<i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i>	TIER 1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION	TIER 1	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 1	
<i>proparacaine hcl 0.5 % solution</i>	TIER 1	
RESTASIS 0.05 % EMULSION	TIER 2	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 2	QL (2.5 PER 25 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 1	
TOBRADEX 0.3-0.1 % OINTMENT	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 1	
XDEMVIY 0.25 % SOLUTION	TIER 4	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	TIER 1	
<i>bepotastine besilate 1.5 % solution</i>	TIER 1	
<i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>	TIER 1	
<i>epinastine hcl 0.05 % solution</i>	TIER 1	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 1	
<i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>	TIER 1	
<i>gatifloxacin 0.5 % solution</i>	TIER 1	QL (2.5 PER 30 DAYS)
GENTAK 0.3 % OINTMENT	TIER 1	
<i>gentamicin sulfate 0.3 % solution</i>	TIER 1	
LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION)	TIER 1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 1	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 1	
NATACYN 5 % SUSPENSION	TIER 2	
<i>ofloxacin 0.3 % solution</i>	TIER 1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfacetamide sodium</i> (<i>sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution</i>)	TIER 1	
<i>tobramycin 0.3 % solution</i>	TIER 1	
TOBREX 0.3 % OINTMENT	TIER 2	
TRIFLURIDINE 1 % SOLUTION	TIER 1	
ZIRGAN 0.15 % GEL	TIER 3	QL (5 PER 30 DAYS)

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily) 0.09 % solution</i>	TIER 1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 1	
<i>diclofenac sodium 0.1 % solution</i>	TIER 1	
<i>difluprednate 0.05 % emulsion</i>	TIER 1	
<i>fluorometholone 0.1 % suspension</i>	TIER 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 1	
FML 0.1 % OINTMENT	TIER 3	
FML FORTE 0.25 % SUSPENSION	TIER 3	
ILEVRO 0.3 % SUSPENSION	TIER 2	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	TIER 1	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	TIER 1	
MAXIDEX 0.1 % SUSPENSION	TIER 3	
<i>prednisolone acetate 1 % suspension</i>	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 1	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i>	TIER 1	
---	--------	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETOPTIC-S 0.25 % SUSPENSION	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 1	
<i>timolol hemihydrate 0.5 % solution</i>	TIER 1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	TIER 1	
<i>timolol maleate (once-daily) 0.5 % solution</i>	TIER 1	
<i>timolol maleate ocudose 0.5 % solution</i>	TIER 1	
<i>timolol maleate pf (0.25 %, 0.5 %)</i>	TIER 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap 12h</i>	TIER 1	
<i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i>	TIER 1	
<i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>	TIER 1	
<i>brinzolamide 1 % suspension</i>	TIER 1	
<i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i>	TIER 1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 1	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	TIER 1	
RHOPRESSA 0.02 % SOLUTION	TIER 2	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	TIER 1	QL (5 PER 30 DAYS)
<i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i>	TIER 1	
<i>tafluprost (pf) 0.0015 % solution</i>	TIER 1	ST, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>travoprost (bak free) 0.004 % solution</i>	TIER 1	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 3	

OTIC AGENTS

<i>acetic acid 2 % solution</i>	TIER 1	
<i>ciprofloxacin hcl 0.2 % solution</i>	TIER 1	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 1	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	TIER 1	QL (60 PER 30 DAYS)
<i>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>	TIER 3	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 2	
DERMOTIC 0.01 % OIL	TIER 2	
<i>flac 0.01 % oil</i>	TIER 1	
<i>fluocinolone acetonide 0.01 % oil</i>	TIER 1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 1	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 1	
<i>ofloxacin 0.3 % solution</i>	TIER 1	

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 2	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 2	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 2	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 2	QL (1 PER 30 DAYS)
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	TIER 2	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 1	PA - PART B VS D DETERMINATION
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	TIER 2	QL (21.2 PER 30 DAYS)
ANTI-HISTAMINES		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	TIER 1	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	TIER 1	
<i>cyproheptadine hcl 4 mg tab</i>	TIER 1	PA
DESLO RATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	TIER 1	ST
<i>desloratadine 5 mg tab</i>	TIER 1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)</i>	TIER 1	PA
<i>hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i>	TIER 1	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 1	
<i>olopatadine hcl 0.6 % solution</i>	TIER 1	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)</i>	TIER 1	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 1	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	TIER 2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ipratropium bromide 0.02 % solution</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	TIER 1	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 1	QL (45 PER 30 DAYS)
<i>ipratropium bromide hfa 17 mcg/act aero soln</i>	TIER 1	QL (25.8 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	TIER 2	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap</i>	TIER 2	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 1	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 1	QL (13.4 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic ventolin)</i>	TIER 1	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	TIER 1	
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 1	QL (36 PER 30 DAYS)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	TIER 1	QL (24 PER 365 DAYS)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick)	TIER 1	QL (24 PER 365 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	TIER 1	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 1	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 2	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	TIER 1	
<i>terbutaline sulfate 1 mg/ml solution</i>	TIER 3	
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 4	PA, LA, QL (60 PER 30 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	TIER 4	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
TOBI PODHALER 28 MG CAP	TIER 4	PA, LA, QL (224 PER 56 DAYS)
<i>tobramycin 300 mg/4ml nebu soln</i>	TIER 3	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	TIER 3	PA, QL (280 PER 56 DAYS)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	TIER 4	PA, LA, QL (90 PER 30 DAYS)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 1	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate 60 mg/3ml solution</i>	TIER 1	
<i>elixophyllin 80 mg/15ml elixir</i>	TIER 1	
<i>roflumilast 250 mcg tab</i>	TIER 1	QL (28 PER 180 DAYS)
<i>roflumilast 500 mcg tab</i>	TIER 1	QL (30 PER 30 DAYS)
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	TIER 1	
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	TIER 1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	TIER 4	PA, LA, QL (90 PER 30 DAYS)
<i>alyq 20 mg tab</i>	TIER 3	PA, QL (60 PER 30 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 3	PA, LA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	TIER 4	PA, LA, QL (60 PER 30 DAYS)
<i>bosentan 32 mg tab sol</i>	TIER 4	PA, LA, QL (120 PER 30 DAYS)
<i>macitentan 10 mg tab</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	TIER 1	PA, QL (360 PER 30 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	TIER 3	PA, QL (60 PER 30 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	TIER 4	PA, LA, QL (60 PER 30 DAYS)
UPTRAVI 100 MCG TAB	TIER 4	PA, LA, QL (420 PER 30 DAYS)
UPTRAVI 150 MCG TAB	TIER 4	PA, LA, QL (560 PER 28 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	TIER 4	PA, LA, QL (200 PER 180 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	TIER 4	PA, QL (1 PER 21 DAYS)
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	TIER 4	PA, QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	TIER 4	PA, LA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 1	PA, QL (270 PER 30 DAYS)
PIRFENIDONE 534 MG TAB	TIER 4	PA, QL (150 PER 30 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 1	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 %, 20 %)</i>	TIER 1	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 2	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 2	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	TIER 1	QL (23 PER 30 DAYS)
<i>benzonatate (benzonatate 100 mg cap, benzonatate 150 mg cap, benzonatate 150 mg cap, benzonatate 200 mg cap)</i>	TIER 1	C (SWRAP), EDC
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 2	QL (60 PER 30 DAYS)
<i>breynd (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 2	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	TIER 2	QL (10.7 GM PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 2	QL (10.7 PER 30 DAYS)
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	TIER 1	C (SWRAP), EDC
<i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 2	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 2	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 1	QL (50 PER 30 DAYS)
FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 2	QL (60 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 1	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 1	QL (1 PER 30 DAYS)
<i>g tussin ac 100-10 m/5ml solution</i>	TIER 1	QL (420 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>guaiaitussin ac 100-10 mg/5ml syrup</i>	TIER 1	QL (420 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	TIER 1	QL (420 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>guaifenesin-codeine (100-10 mg/5ml, 200-20 mg/10ml)</i>	TIER 1	QL (420 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>hydrocod poli-chlorphe poli er (hydrocod poli-chlorphe poli er 10-8 mg/5ml susp, hydrocod poli-chlorphe poli er 10-8 mg/5ml susp)</i>	TIER 1	QL (70 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	TIER 1	QL (42 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	TIER 1	QL (210 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>hydromet 5-1.5 mg/5ml solution</i>	TIER 1	QL (210 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	TIER 1	PA - PART B VS D DETERMINATION
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	TIER 1	QL (420 PER 30 DAYS), C (SWRAP), NDS, EDC
<i>mometasone furoate 50 mcg/act suspension</i>	TIER 1	QL (34 PER 30 DAYS)
NEBUSAL 3 % SOLN	TIER 1	C (SWRAP), EDC
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	TIER 4	PA, LA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4ML SOLN PRSYR	TIER 4	PA, LA, QL (0.4 PER 28 DAYS)
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	TIER 1	PA
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	TIER 1	PA, QL (240 PER 30 DAYS), C (swrap), NDS, EDC
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	TIER 1	PA, QL (240 PER 30 DAYS), C (SWRAP), NDS, EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	TIER 1	PA, C (SWRAP), EDC
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	TIER 1	PA, QL (240 PER 30 DAYS), C (swrap), NDS, EDC
<i>promethazine-phenylephrine (promethazine-phenylephrine 6.25-5 mg/5ml syrup, promethazine-phenylephrine 6.25-5 mg/5ml syrup)</i>	TIER 1	PA
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	TIER 1	C (SWRAP), EDC
PULMOSAL 7 % NEBU SOLN	TIER 1	C (SWRAP), EDC
SODIUM CHLORIDE (3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	TIER 1	C (SWRAP), EDC
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	TIER 2	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	TIER 2	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 1	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	TIER 1	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 1	PA
<i>metaxalone (400 mg tab, 800 mg tab)</i>	TIER 1	PA, QL (120 PER 30 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 1	PA
<i>vanadom 350 mg tab</i>	TIER 1	PA, QL (120 PER 30 DAYS)

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>estazolam (1 mg tab, 2 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	TIER 1	QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>temazepam (22.5 mg cap, 30 mg cap)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>temazepam 15 mg cap</i>	TIER 1	QL (60 PER 30 DAYS)
<i>temazepam 7.5 mg cap</i>	TIER 1	QL (120 PER 30 DAYS)
<i>triazolam 0.125 mg tab</i>	TIER 1	QL (120 PER 30 DAYS)
<i>triazolam 0.25 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 1	QL (120 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)
<i>zolpidem tartrate er 12.5 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er 6.25 mg tab</i>	TIER 1	QL (60 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 1	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	TIER 1	PA, QL (90 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	TIER 1	PA, QL (60 PER 30 DAYS)
<i>sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)</i>	TIER 4	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 xi.

INDEX OF DRUGS

A

abacavir sulfate.....	54
abacavir sulfate-lamivudine.....	54
ABELCET.....	27
abigale.....	103
abigale lo.....	103
ABILIFY MAINTENA.....	48
abiraterone acetate.....	31
abirtega.....	31
ABRYSVO.....	121
acamprosate calcium.....	6
acarbose.....	59
accutane.....	83
acebutolol hcl.....	69
acetaminophen-codeine.....	3
acetazolamide.....	71
acetazolamide er.....	138
acetic acid.....	139
acetylcysteine.....	144
acitretin.....	83
ACTHIB.....	121
ACTIMMUNE.....	118
acyclovir.....	57,88
acyclovir sodium.....	57
ADACEL.....	121
adapalene.....	83
adefovir dipivoxil.....	52
ADEMPAS.....	143
ADTHYZA.....	113
ADVAIR HFA.....	144
ADVOCATE INSULIN PEN NEEDLE.....	125
AEROCHAMBER HOLDING CHAMBER.....	125
AEROCHAMBER MINI CHAMBER.....	125
AEROCHAMBER MV.....	125
AEROCHAMBER PLS FLOVU MTHPIECE.....	125
AEROCHAMBER PLUS FLO-VU.....	126
AEROCHAMBER PLUS FLO-VU INTERM.....	125
AEROCHAMBER PLUS FLO-VU LARGE.....	125
AEROCHAMBER PLUS FLO-VU MEDIUM.....	125

AEROCHAMBER PLUS FLO-VU SMALL.....	126
AEROCHAMBER PLUS FLO-VU W/MASK.....	126
AEROCHAMBER PLUS FLOW VU.....	126
AEROCHAMBER W/FLOWSIGNAL.....	126
AEROCHAMBER Z-STAT PLUS.....	126
AEROCHAMBER Z-STAT PLUS CHAMBR.....	126
AEROCHAMBER Z-STAT PLUS/LARGE.....	126
AEROCHAMBER Z-STAT PLUS/MEDIUM.....	126
AEROCHAMBER Z-STAT PLUS/SMALL.....	126
AEROCHAMBER2GO ANTI-STATIC.....	126
AEROVENT PLUS.....	126
afirmelle.....	103
AIMOVIG.....	29
ak-poly-bac.....	134
AKEEGA.....	33
ala-cort.....	84
albendazole.....	44
Albuterol 90mg HFA inhaler (Generic Proair).....	141
Albuterol 90mg HFA inhaler (Generic Proventil).....	141
Albuterol 90mg HFA inhaler (Generic Ventolin).....	141
albuterol sulfate.....	141
albuterol sulfate hfa.....	141
alclometasone dipropionate.....	84
ALCOHOL 70% PADS.....	126
ALCOHOL PREP.....	126
ALCOHOL PREP PADS.....	126
ALCOHOL SWABS.....	126
ALCOHOL SWABSTICK.....	126
alcohol wipes.....	86
ALDURAZYME.....	97
ALECENSA.....	34
alendronate sodium.....	124
alfuzosin hcl er.....	99
aliskiren fumarate.....	71
allopurinol.....	29
alosetron hcl.....	94
alprazolam.....	57

alprazolam er.....	57	ANALPRAM HC.....	86
ALPRAZOLAM INTENSOL.....	58	ANALPRAM-HC.....	86
alprazolam xr.....	58	anastrozole.....	34
altavera.....	103	ANORO ELLIPTA.....	144
ALUNBRIG.....	34	ANUCORT-HC.....	84
alyacen 1/35.....	103	ANUSOL-HC.....	84
alyacen 7/7/7.....	103	apomorphine hcl.....	46
alyq.....	143	apraclonidine hcl.....	138
amabelz.....	103	aprepitant.....	27
amantadine hcl.....	46	apri.....	103
ambrisentan.....	143	APTIVUS.....	55
AMERITHROID.....	113	AQ INSULIN SYRINGE.....	126
amethia.....	103	AQINJECT PEN NEEDLE.....	126
amethyst.....	103	ARALAST NP.....	97
amikacin sulfate.....	7	ARANELLE.....	103
amiloride hcl.....	75	ARANESP (ALBUMIN FREE).....	65
amiloride-hydrochlorothiazide.....	72	ARCALYST.....	116
amiodarone hcl.....	68	AREXVY.....	121
amitriptyline hcl.....	25	arformoterol tartrate.....	141
amlodipine besy-benazepril hcl.....	72	ARGYLE STERILE WATER.....	126
amlodipine besylate.....	70	ARIKAYCE.....	7
amlodipine besylate-valsartan.....	72	aripiprazole.....	48
amlodipine-atorvastatin.....	72	armodafinil.....	147
amlodipine-olmesartan.....	72	ARMOUR THYROID.....	113
amlodipine-valsartan-hctz.....	72	ARNUITY ELLIPTA.....	139
ammonium lactate.....	84	ascomp-codeine.....	3
amnesteem.....	83	asenapine maleate.....	48
amoxapine.....	25	ashlyna.....	103
amoxicillin.....	11	ASMANEX (120 METERED DOSES).....	139
amoxicillin trihydrate.....	11	ASMANEX (14 METERED DOSES).....	139
amoxicillin-pot clavulanate.....	12	ASMANEX (30 METERED DOSES).....	139
amoxicillin-pot clavulanate er.....	12	ASMANEX (60 METERED DOSES).....	140
amphetamine sulfate.....	78	ASMANEX HFA.....	140
amphetamine-dextroamphet er.....	78	aspirin-dipyridamole er.....	66
amphetamine-dextroamphetamine.....	78	ASSURE ID DUO PRO PEN NEEDLES.....	126
AMPHOTERICIN B.....	27	ASSURE ID PRO PEN NEEDLES.....	126
amphotericin b liposome.....	27	atazanavir sulfate.....	55
ampicillin.....	12	atenolol.....	69
ampicillin sodium.....	12	atenolol-chlorthalidone.....	72
ampicillin-sulbactam sodium.....	12	atomoxetine hcl.....	79
anagrelide hcl.....	64	atorvastatin calcium.....	76

atovaquone.....	44	bacitra-neomycin-polymyxin-hc.....	135
atovaquone-proguanil hcl.....	44	BACITRACIN.....	136
atropine sulfate.....	134	BACITRACIN-POLYMYXIN B.....	135
aubra.....	103	baclofen.....	52
aubra eq.....	103	balsalazide disodium.....	123
AUGMENTIN.....	12	BALVERSA.....	34,35
AUGTYRO.....	33	balziva.....	104
AUM ALCOHOL PREP PADS.....	127	BAQSIMI ONE PACK.....	61
AUM INSULIN SAFETY PEN NEEDLE.....	127	BAQSIMI TWO PACK.....	61
AUM PEN NEEDLE.....	127	BARACLUDE.....	52
AURANOFIN.....	116	BCG VACCINE.....	121
aurovela 1.5/30.....	103	BD INSULIN SYRINGE.....	127
aurovela 1/20.....	103	BD Pen Needle Mini U/F 31G X 5 MM	
aurovela 24 fe.....	103	MISC.....	127
aurovela fe 1.5/30.....	103	BD Pen Needle Nano U/F 32G X 4 MM	
aurovela fe 1/20.....	103	MISC.....	127
AUSTEDO.....	81	BD Pen Needle Original U/F 29G X 12.7MM	
AUSTEDO XR.....	81	MISC.....	127
AUSTEDO XR PATIENT TITRATION.....	81	BD Pen Needle Short U/F 31G X 8 MM	
AUTOKEEPER SAFETY PEN NEEDLE.....	127	MISC.....	127
AUVELITY.....	23	benazepril hcl.....	67
AUVELITY TITRATION PACK.....	23	benazepril-hydrochlorothiazide.....	72
AVAR-E EMOLLIENT.....	86	BENLYSTA.....	116
avar-e green.....	86	BENZNIDAZOLE.....	45
aviane.....	104	benzonatate.....	144
avidoxy.....	16	benzoyl peroxide-erythromycin.....	83
AVMAPKI FAKZYNJA CO-PACK.....	34	benztropine mesylate.....	45,46
ayuna.....	104	bepotastine besilate.....	136
AYVAKIT.....	34	BESIVANCE.....	15
azasan.....	118	BESREMI.....	118
azathioprine.....	118	BESREMI PEN.....	118
AZATHIOPRINE SODIUM.....	118	betaine.....	97
azelaic acid.....	83	betamethasone dipropionate.....	84
azelastine hcl.....	136,140	betamethasone dipropionate aug.....	84
azelastine-fluticasone.....	144	betamethasone valerate.....	84
azithromycin.....	14	BETASERON.....	82
aztreonam.....	7	betaxolol hcl.....	69,137
azurette.....	104	bethanechol chloride.....	99
B		BETOPTIC-S.....	138
bac (butalbital-acetamin-caff).....	81	bexarotene.....	44
		BEXSERO.....	121

bicalutamide.....	31
BICILLIN C-R.....	12
BICILLIN C-R 900/300.....	12
BICILLIN L-A.....	12
BIKTARVY.....	53
BILDYOS.....	124
BILPREVDA.....	124
bimatoprost.....	138
BIOGUARD GAUZE SPONGES.....	127
bis subcit-metronid-tetracyc.....	95
bismuth/metronidaz/tetracyclin.....	95
bisoprolol fumarate.....	69
bisoprolol-hydrochlorothiazide.....	72
blisovi 24 fe.....	104
blisovi fe 1.5/30.....	104
blisovi fe 1/20.....	104
BOOSTRIX.....	121
bosentan.....	143
BOSULIF.....	35
bosutinib.....	35
BRAFTOVI.....	35
BREATHE COMFORT CHAMBER/ADULT.....	127
BREATHE COMFORT CHAMBER/CHILD.....	127
BREATHE EASE LARGE.....	127
BREATHE EASE MEDIUM.....	127
BREATHE EASE SMALL.....	127
BREATHERITE VALVED MDI CHAMBER.....	127
BREO ELLIPTA.....	144
brey-na.....	144
BREZTRI AEROSPHERE.....	144
briellyn.....	104
brimonidine tartrate.....	138
brimonidine tartrate-timolol.....	135
brinzolamide.....	138
brivaracetam.....	16
bromfed dm.....	144
bromfenac sodium (once-daily).....	137
bromocriptine mesylate.....	46
BRUKINSA.....	35
budesonide.....	124,140
budesonide er.....	124

budesonide-formoterol fumarate.....	144
bumetanide.....	74
buprenorphine.....	2
buprenorphine hcl.....	6
buprenorphine hcl-naloxone hcl.....	6
bupropion hcl.....	23
bupropion hcl er (smoking det).....	7
bupropion hcl er (sr).....	23
bupropion hcl er (xl).....	23
buspirone hcl.....	57
butalbital-acetaminophen.....	81
butalbital-apap-caff-cod.....	3
butalbital-apap-caffeine.....	81
butalbital-asa-caff-codeine.....	3
butalbital-aspirin-caffeine.....	1
butorphanol tartrate.....	3
BYSANTI.....	48
BYSANTI TITRATION PACK A.....	48
BYSANTI TITRATION PACK B.....	48
BYSANTI TITRATION PACK C.....	48

C

CABENUVA.....	55
cabergoline.....	115
CABOMETYX.....	35
caffeine citrate.....	142
calcipotriene.....	86
calcipotriene-betameth diprop.....	86
calcitonin (salmon).....	124
calcitrene.....	87
CALCITRIOL.....	87,124
calcitriol.....	124
calcium acetate (phos binder).....	92
CALQUENCE.....	35
camila.....	112
camrese.....	104
camrese lo.....	104
candesartan cilexetil.....	67
candesartan cilexetil-hctz.....	72
CAPLYTA.....	49
CAPRELSA.....	35

captopril.....	67	CHEMET.....	92
CAPTOPRIL-HYDROCHLOROTHIAZIDE..	72	chlordiazepoxide-clidinium.....	94
carbamazepine.....	20	chlorhexidine gluconate.....	82
carbamazepine er.....	20	chloroquine phosphate.....	45
carbidopa.....	46	chlorpromazine hcl.....	47
carbidopa-levodopa.....	47	chlorthalidone.....	75
carbidopa-levodopa er.....	47	cholestyramine.....	76
carbidopa-levodopa-entacapone.....	46	cholestyramine light.....	76
CARETOUCH ALCOHOL PREP.....	127	ciclodan.....	88
carglumic acid.....	97	ciclopirox.....	88
carisoprodol.....	146	ciclopirox olamine.....	88
CARTEOLOL HCL.....	138	cilostazol.....	66
cartia xt.....	70	CIOXAN.....	15
carvedilol.....	69	CIMDUO.....	54
carvedilol phosphate er.....	69	cimetidine.....	96
cataflam.....	1	cinacalcet hcl.....	124
CAVHANZA.....	35	ciprofloxacin.....	15
CAYSTON.....	7	ciprofloxacin hcl.....	15,139
CEFACLOR.....	10	ciprofloxacin in d5w.....	15
CEFACLOR ER.....	10	ciprofloxacin-dexamethasone.....	139
cefadroxil.....	10	CIPROFLOXACIN-FLUOCINOLONE PF..	139
cefazolin sodium.....	10	ciprofloxacin-hydrocortisone.....	139
cefdinir.....	10	cialopram hydrobromide.....	24
cefepime hcl.....	10	claravis.....	83
cefixime.....	10	clarithromycin.....	14
cefotetan disodium.....	10	clarithromycin er.....	14
cefoxitin sodium.....	10	CLEOCIN.....	8
CEFPODOXIME PROXETIL.....	10	CLEVER CHOICE HOLDING CHAMBER..	127
cefprozil.....	11	CLIMARA PRO.....	104
ceftaroline fosamil.....	11	clindacin.....	88
CEFTAZIDIME.....	11	clindacin etz.....	88
ceftriaxone sodium.....	11	clindacin-p.....	88
cefuroxime axetil.....	11	clindamycin hcl.....	8
cefuroxime sodium.....	11	clindamycin palmitate hcl.....	8
celecoxib.....	1	clindamycin phos (once-daily).....	88
cephalexin.....	11	clindamycin phos (twice-daily).....	88
cetirizine hcl.....	140	clindamycin phos-benzoyl perox.....	83
cevimeline hcl.....	82	clindamycin phosphate.....	8,88
charlotte 24 fe.....	104	clindamycin phosphate in d5w.....	8
chateal.....	104	CLINDAMYCIN PHOSPHATE IN NAACL.....	8
chateal eq.....	104	CLINDESSE.....	8

clobazam.....	19	CORTISONE ACETATE.....	100
clobetasol prop emollient base.....	84	CORTISPORIN-TC.....	139
clobetasol propionate.....	84	COSENTYX.....	116
clobetasol propionate e.....	84	COSENTYX (300 MG DOSE).....	116
clodan.....	84	COSENTYX SENSOREADY (300 MG).....	116
clomipramine hcl.....	26	COSENTYX SENSOREADY PEN.....	116
clonazepam.....	58	COSENTYX UNOREADY.....	116
clonidine.....	66	COTELLIC.....	36
clonidine hcl.....	66	COVARYX.....	104
clonidine hcl er.....	79	COVARYX HS.....	104
clopidogrel bisulfate.....	66	CREON.....	97
clorazepate dipotassium.....	58	CRESEMBA.....	28
clotrimazole.....	27	cromolyn sodium.....	96,136,142
clotrimazole-betamethasone.....	87	cryselle.....	104
clozapine.....	51	cryselle-28.....	104
COARTEM.....	45	CVS ALCOHOL PREP PADS.....	128
COBENFY.....	51	CVS ANTIBACTERIAL GAUZE.....	128
COBENFY STARTER PACK.....	51	cvs isopropyl alcohol wipes.....	87
codeine sulfate.....	4	cyanocobalamin.....	93
CODEINE SULFATE.....	4	cyclobenzaprine hcl.....	146
colchicine.....	29	CYCLOPHOSPHAMIDE.....	31
colchicine-probenecid.....	29	cyclosporine.....	118
colesevelam hcl.....	76	cyclosporine modified.....	119
colestipol hcl.....	76	cyproheptadine hcl.....	140
colistimethate sodium (cba).....	8	cyred.....	104
COMBIVENT RESPIMAT.....	144	cyred eq.....	104
COMETRIQ (100 MG DAILY DOSE).....	35	CYSTAGON.....	97
COMETRIQ (140 MG DAILY DOSE).....	35	CYTRA K CRYSTALS.....	99
COMETRIQ (60 MG DAILY DOSE).....	35		
COMFORT EZ INSULIN SYRINGE.....	127	D	
COMFORT EZ PRO PEN NEEDLES.....	128	dabigatran etexilate mesylate.....	63
COMPACT SPACE CHAMBER.....	128	dalfampridine er.....	82
COMPACT SPACE CHAMBER/LG MASK.....	128	danazol.....	102
COMPACT SPACE CHAMBER/MED		dantrolene sodium.....	52
MASK.....	128	dapaglifloz base-metformin er.....	59
COMPACT SPACE CHAMBER/SM MASK.....	128	dapagliflozin.....	77
compro.....	26	dapsone.....	30,89
constulose.....	93	DAPTACEL.....	121
COPIKTRA.....	36	daptomycin.....	8
CORLANOR.....	72	darifenacin hydrobromide er.....	98
CORTIFOAM.....	124	darunavir.....	55

dasatinib.....	36	dextrose-sodium chloride.....	89
dasetta 1/35.....	104	DIACOMIT.....	16
dasetta 7/7/7.....	104	diazepam.....	19,58
DAURISMO.....	36	diazepam intensol.....	58
daysee.....	104	diazoxide.....	61
deblitane.....	112	diclofenac potassium.....	1
deferasirox.....	92	diclofenac sodium.....	1,137
DELSTRIGO.....	53	diclofenac sodium er.....	1
delyla.....	104	diclofenac-misoprostol.....	1
demeclocycline hcl.....	16	dicloxacillin sodium.....	13
DENGVAIXA.....	121	dicyclomine hcl.....	94
DEPO-ESTRADIOL.....	104	DIFICID.....	14
DEPO-SUBQ PROVERA 104.....	112	DIFLORASONE DIACETATE.....	85
depo-testosterone.....	102	diflunisal.....	1
DERMOTIC.....	139	difluprednate.....	137
DESCOVY.....	54	digitek.....	68
desipramine hcl.....	26	digox.....	68
DESLORATADINE.....	140	digoxin.....	68
desloratadine.....	140	dihydroergotamine mesylate.....	29
desmopressin ace spray refrig.....	102	DILANTIN.....	21
desmopressin acetate.....	102	DILANTIN INFATABS.....	21
desmopressin acetate pf.....	102	DILANTIN-125.....	21
desmopressin acetate spray.....	102	dilt-xr.....	70
desogestrel-ethinyl estradiol.....	104	diltiazem hcl.....	70
desonide.....	84	DILTIAZEM HCL 120 MG EXTENDED RELEASE 24HR CAPSULE.....	70
desoximetasone.....	85	DILTIAZEM HCL 180 MG EXTENDED RELEASE 24HR CAPSULE.....	70
desvenlafaxine succinate er.....	24	DILTIAZEM HCL 240 MG EXTENDED RELEASE 24HR CAPSULE.....	70
dexamethasone.....	100	DILTIAZEM HCL 300 MG EXTENDED RELEASE 24HR CAPSULE.....	70
DEXAMETHASONE INTENSOL.....	100	DILTIAZEM HCL 360 MG EXTENDED RELEASE 24HR CAPSULE.....	71
DEXAMETHASONE SOD PHOS +RFID...100		diltiazem hcl er.....	71
dexamethasone sod phosphate pf.....100		diltiazem hcl er beads.....	71
DEXAMETHASONE SODIUM PHOSPHATE.....	100,137	dimethyl fumarate.....	82
dexmethylphenidate hcl.....	79	dimethyl fumarate starter pack.....	82
dexmethylphenidate hcl er.....	79	DIPENTUM.....	123
dextroamphetamine sulfate.....	78	diphenoxylate-atropine.....	94
dextroamphetamine sulfate er.....	78	DIPHThERIA-TETANUS TOXOIDS DT.....	121
dextromethorphan-quinidine.....	81		
dextrose.....	89		
dextrose in lactated ringers.....	89		
DEXTROSE-NACL.....	89		

dipyridamole.....	66
DISKETS.....	2
disopyramide phosphate.....	68
disulfiram.....	6
divalproex sodium.....	17
divalproex sodium er.....	17
dodex.....	93
dofetilide.....	68
dolishale.....	104
donepezil hcl.....	22
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG.....	22
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG.....	22
dorzolamide hcl.....	138
dorzolamide hcl-timolol mal.....	135
dorzolamide hcl-timolol mal pf.....	135
dotti.....	105
DOVATO.....	53
doxazosin mesylate.....	67
doxepin hcl.....	26
doxercalciferol.....	124
doxy 100.....	16
doxycycline.....	16
doxycycline hyclate.....	16
doxycycline monohydrate.....	16
doxylamine-pyridoxine.....	26
DRIZALMA SPRINKLE.....	81,82
dronabinol.....	27
DROPLET INSULIN SYRINGE.....	128
DROPLET MICRON.....	128
DROPLET PEN NEEDLES.....	128
DROPSAFE AUTOPROTECT DUO.....	128
DROPSAFE SAFETY SYRINGE/NEEDLE.....	128
drospiren-eth estrad-levomefol.....	105
drospirenone-ethinyl estradiol.....	105
DROXIA.....	97
droxidopa.....	66
duloxetine hcl.....	82
DUPIXENT.....	117
dutasteride.....	99

dutasteride-tamsulosin hcl.....	99
---------------------------------	----

E

e.e.s. 400.....	14
EASIVENT.....	129
EASIVENT MASK LARGE.....	129
EASIVENT MASK MEDIUM.....	129
EASIVENT MASK SMALL.....	129
EASY COMFORT INSULIN SYRINGE.....	129
EASY COMFORT PEN NEEDLES.....	129
EASY TOUCH INSULIN BARRELS.....	129
ec-naproxen.....	1
econazole nitrate.....	28
ed-spaz.....	94
EDURANT PED.....	53
EEMT.....	105
EEMT HS.....	105
EFAVIRENZ.....	53
efavirenz.....	53
efavirenz-emtricitab-tenofo df.....	53
efavirenz-lamivudine-tenofovir.....	53
EFFER-K.....	89
ELAPRASE.....	97
elinest.....	105
ELIQUIS.....	63
ELIQUIS (1.5 MG PACK).....	63
ELIQUIS (2 MG PACK).....	63
ELIQUIS DVT/PE STARTER PACK.....	63
elixophyllin.....	142
ELMIRON.....	99
eltrombopag olamine.....	65
eluryng.....	105
EMBECTA AUTOSHIELD DUO.....	129
EMBECTA INS SYR U/F 1/2 UNIT.....	129
EMBECTA INSULIN SYR ULTRAFINE.....	129
EMBECTA INSULIN SYRINGE.....	129
EMBECTA INSULIN SYRINGE U-100.....	129
EMBECTA INSULIN SYRINGE U-500.....	129
EMBECTA INSULIN SYRINGE U/F.....	129
EMBECTA PEN NEEDLE NANO.....	129
EMBECTA PEN NEEDLE NANO 2 GEN.....	129

EMBECTA PEN NEEDLE U/F.....	129	EQ SPACE CHAMBER ANTI-STATIC M... 130	
EMBECTA PEN NEEDLE ULTRAFINE....	130	EQ SPACE CHAMBER ANTI-STATIC S....	130
EMBRACE PEN NEEDLES.....	130	EQUETRO.....	58
EMGALITY.....	29	ergocalciferol.....	124
EMGALITY (300 MG DOSE).....	29	ERGOLOID MESYLATES.....	22
emoquette.....	105	ERGOTAMINE-CAFFEINE.....	29
EMSAM.....	24	ERIVEDGE.....	36
emtricitab-rilpivir-tenofov df.....	53	ERLEADA.....	31
emtricitabine.....	54	erlotinib hcl.....	36
emtricitabine-tenofovir df.....	54	errin.....	112
EMTRIVA.....	54	ertapenem sodium.....	13
emzahh.....	112	ERY.....	89
enalapril maleate.....	67	ery-tab.....	14
enalapril-hydrochlorothiazide.....	72	erythrocin lactobionate.....	14
ENBREL.....	119	ERYTHROCIN STEARATE.....	14
ENBREL MINI.....	119	erythromycin.....	14,89,136
ENBREL SURECLICK.....	119	erythromycin base.....	14
endocet.....	4	erythromycin ethylsuccinate.....	14
ENGERIX-B.....	121	erythromycin lactobionate.....	14
enilloring.....	105	ERZOFRI.....	49
ENOBY.....	124	escitalopram oxalate.....	24
enoxaparin sodium.....	63,64	esgic.....	81
enpresse-28.....	105	eslicarbazepine acetate.....	21
ENSACOVE.....	34	esomeprazole magnesium.....	96
enskyce.....	105	est estrogens-methyltest.....	105
entacapone.....	46	est estrogens-methyltest ds.....	105
entecavir.....	52	est estrogens-methyltest hs.....	105
ENTYVIO PEN.....	117	estarylla.....	105
enulose.....	93	estazolam.....	146
ENVARUSUS XR.....	119	estradiol.....	105,106
EPIDIOLEX.....	17	estradiol valerate.....	106
EPIFOAM.....	87	estradiol-norethindrone acet.....	106
epinastine hcl.....	136	estratest f.s.....	106
epinephrine.....	141	ESTRATEST H.S.....	106
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick).....	141	ESTRING.....	106
epitol.....	21	estrogens conjugated.....	106
EPIVIR HBV.....	52	eszopiclone.....	146
eplerenone.....	75	ethambutol hcl.....	30
EQ SPACE CHAMBER ANTI-STATIC.....	130	ethosuximide.....	18
EQ SPACE CHAMBER ANTI-STATIC L....	130	ethynodiol diac-eth estradiol.....	106
		etodolac.....	1

etodolac er	1
etonogestrel-ethinyl estradiol	106
etravirine	53
EUCRISA	85
EULEXIN	31
euthyrox	113
everolimus	36,119
EVEXITHROID	114
EVOTAZ	56
exemestane	34
EXXUA	23
EXXUA TITRATION PACK	23
ezetimibe	76
ezetimibe-simvastatin	76

F

falmina	106	fingolimod hcl	82
famciclovir	57	FINTEPLA	17
famotidine	96	finzala	106
FANAPT	49	flac	139
FANAPT TITRATION PACK A	49	flavoxate hcl	98
FANAPT TITRATION PACK B	49	flecainide acetate	68
FANAPT TITRATION PACK C	49	FLEXICHAMBER	130
FARXIGA	77	fluconazole	28
fayosim	106	fluconazole in sodium chloride	28
febuxostat	29	flucytosine	28
feirza 1.5/30	106	fludrocortisone acetate	101
feirza 1/20	106	flunisolide	144
felbamate	17	fluocinolone acetonide	85,139
felodipine er	70	fluocinolone acetonide body	85
femynor	106	fluocinolone acetonide scalp	85
fenofibrate	75	fluocinonide	85
fenofibrate micronized	75	fluocinonide emulsified base	85
fenofibric acid	75	fluorometholone	137
fentanyl	2	fluorouracil	87
fesoterodine fumarate er	98	fluoxetine hcl	24
FETZIMA	24	FLUOXETINE HCL	24
FETZIMA TITRATION	24	FLUOXETINE HCL (PMDD)	24
fidaxomicin	14	fluphenazine decanoate	47
FILSPARI	99	fluphenazine hcl	47
finasteride	99	FLUPHENAZINE HCL	47
		FLURAZEPAM HCL	147
		FLURBIPROFEN	1
		FLURBIPROFEN SODIUM	137
		FLUTAMIDE	31
		FLUTICASONE FUROATE-VILANTEROL	144
		fluticasone propionate	85,144
		fluticasone-salmeterol	144
		FLUTICASONE-SALMETEROL	145
		fluvastatin sodium	76
		fluvastatin sodium er	76
		fluvoxamine maleate	24
		fluvoxamine maleate er	25
		FML	137
		FML FORTE	137
		folic acid	93
		fondaparinux sodium	64

formoterol fumarate.....	142
fosamprenavir calcium.....	56
fosfomycin tromethamine.....	8
fosinopril sodium.....	67
fosinopril sodium-hctz.....	72
FOTIVDA.....	36
FRUZAQLA.....	33
FULPHILA.....	65
fulvestrant.....	32
furosemide.....	74
FUROSEMIDE.....	75
fyavolv.....	106

G

g tussin ac.....	145
gabapentin.....	19
galantamine hydrobromide.....	22
galantamine hydrobromide er.....	22
galbriela.....	106
gallifrey.....	112
GAMUNEX-C.....	116
GARDASIL 9.....	121
gatifloxacin.....	136
GAUZE PADS 2.....	130
GAVILYTE-C.....	96
gavilyte-g.....	96
gavilyte-n with flavor pack.....	93
GAVRETO.....	36
gefitinib.....	36
gemfibrozil.....	75
gemmily.....	106
GEMTESA.....	98
generlac.....	93
gengraf.....	119
GENTAK.....	136
gentamicin sulfate.....	7,136
GENVOYA.....	53
GILOTRIF.....	36
glatiramer acetate.....	82
glatopa.....	82
glimepiride.....	59

glipizide.....	59
glipizide er.....	59
glipizide xl.....	59
glipizide-metformin hcl.....	59
GLUCAGEN HYPOKIT.....	61
glucagon emergency.....	62
glyburide.....	59
GLYBURIDE MICRONIZED.....	59
glyburide-metformin.....	59
glycopyrrolate.....	94
GLYXAMBI.....	59
GNP PEN NEEDLES.....	130
GOMEKLI.....	36,37
GOODSENSE ALCOHOL SWABS.....	130
granisetron hcl.....	27
griseofulvin microsize.....	28
griseofulvin ultramicrosize.....	28
guaiaatussin ac.....	145
guaifenesin ac.....	145
guaifenesin-codeine.....	145
guanfacine hcl.....	66
guanfacine hcl er.....	79
GYNAZOLE-1.....	28

H

HADLIMA.....	119
HADLIMA PUSHTOUCH.....	119
HAEGARDA.....	116
hailey 1.5/30.....	106
hailey 24 fe.....	106
hailey fe 1.5/30.....	106
hailey fe 1/20.....	106
halobetasol propionate.....	85
haloette.....	106
haloperidol.....	47
haloperidol decanoate.....	47
haloperidol lactate.....	48
HAVRIX.....	121
heather.....	112
HEMMOREX-HC.....	85
heparin sodium (porcine).....	64

heparin sodium (porcine) pf.....	64	hyoscyamine sulfate er.....	95
HEPLISAV-B.....	121	HYOSCYAMINE SULFATE SL.....	95
HERNEXEOS.....	37	HYOSYNE.....	95
HIBERIX.....	121	HYRNUO.....	37
HIZENTRA.....	116		
HOMATROPAIRE.....	135		
HUMALOG.....	62	ibandronate sodium.....	124
HUMALOG JUNIOR KWIKPEN.....	62	IBRANCE.....	37
HUMALOG KWIKPEN.....	62	IBTROZI.....	37
HUMALOG MIX 50/50 KWIKPEN.....	62	ibu.....	1
HUMALOG MIX 75/25.....	62	ibuprofen.....	1
HUMALOG MIX 75/25 KWIKPEN.....	62	icatibant acetate.....	116
HUMULIN 70/30.....	62	iclevia.....	106
HUMULIN 70/30 KWIKPEN.....	62	ICLUSIG.....	37
HUMULIN N.....	62	icosapent ethyl.....	76
HUMULIN N KWIKPEN.....	62	IDHIFA.....	37
HUMULIN R.....	62	IDVYNZO.....	55
HUMULIN R U-500 (CONCENTRATED).....	62	ILEVRO.....	137
HUMULIN R U-500 KWIKPEN.....	62	imatinib mesylate.....	37
hydralazine hcl.....	77	IMBRUVICA.....	37
hydrochlorothiazide.....	75	imipenem-cilastatin.....	13
hydrocod poli-chlorphe poli er.....	145	imipramine hcl.....	26
hydrocodone bit-homatrop mbr.....	145	imiquimod.....	87
hydrocodone-acetaminophen.....	4	IMKELDI.....	37
hydrocodone-ibuprofen.....	4	IMOVAX RABIES.....	121
hydrocortisone.....	85,124	IMPAVIDO.....	45
hydrocortisone (perianal).....	85	incassia.....	112
HYDROCORTISONE ACE-PRAMOXINE.....	87	INCRELEX.....	102
hydrocortisone acetate.....	85	INCRUSE ELLIPTA.....	140
HYDROCORTISONE BUTYRATE.....	85	indapamide.....	75
hydrocortisone valerate.....	86	indomethacin.....	1
hydrocortisone-acetic acid.....	139	indomethacin er.....	1
hydromet.....	145	INFANRIX.....	121
hydromorphone hcl.....	4	INLURIYO.....	32
HYDROMORPHONE HCL.....	4	INLYTA.....	37
hydromorphone hcl er.....	2	INQOVI.....	33
hydroxychloroquine sulfate.....	45	INREBIC.....	37
hydroxyurea.....	33	INSPIREASE.....	130
hydroxyzine hcl.....	140	INSULIN LISPRO.....	62
hydroxyzine pamoate.....	140	INSULIN LISPRO (1 UNIT DIAL).....	62
hyoscyamine sulfate.....	95	INSULIN LISPRO JUNIOR KWIKPEN.....	62

INSULIN LISPRO PROT & LISPRO	63
INSULIN PEN NEEDLES	130
INSULIN SYRINGE 0.3 ML	130
INSULIN SYRINGE 0.5 ML	130
INSULIN SYRINGE 1 ML	130
INSULIN SYRINGE-NEEDLE U-100	130
INSUPEN PEN NEEDLES	130
INSUPEN32G EXTR3ME	131
INTELENCE	54
INTRALIPID	131
introvale	107
INVEGA HAFYERA	49
INVEGA SUSTENNA	49
INVEGA TRINZA	49,50
IPOL	121
ipratropium bromide	141
ipratropium bromide hfa	141
ipratropium-albuterol	145
irbesartan	67
irbesartan-hydrochlorothiazide	73
ISENTRESS	53
ISENTRESS HD	53
isibloom	107
isoniazid	30
isopropyl alcohol	87
isopropyl alcohol wipes	87
isosorb dinitrate-hydralazine	73
isosorbide dinitrate	77
isosorbide mononitrate	77
isosorbide mononitrate er	77
isotretinoin	83
isradipine	70
ITOVEBI	37
itraconazole	28
ivabradine hcl	73
ivermectin	44
IWILFIN	33
IXIARO	121

J

jaimiess	107
----------	-----

JAKAFI	38
JAKAFI XR	38
jantoven	64
JANUMET XR	59,60
JARDIANCE	77
jasmiel	107
JAYPIRCA	38
jencycla	112
JENTADUETO	60
JENTADUETO XR	60
jinteli	107
jolessa	107
joyeaux	107
JUBBONTI	125
juleber	107
JULUCA	53
junel 1.5/30	107
junel 1/20	107
junel fe 1.5/30	107
junel fe 1/20	107
junel fe 24	107
JYNNEOS	121

K

k-prime	89
kaitlib fe	107
KALETRA	56
kalliga	107
KALYDECO	142
kariva	107
kcl in dextrose-nacl	90
KCL-LACTATED RINGERS-D5W	90
kelnor 1/35	107
kelnor 1/50	107
KERENDIA	60
ketoconazole	28
ketorolac tromethamine	137
KINERET	117
KINRIX	122
kionex	93
KISQALI (200 MG DOSE)	38

KISQALI (400 MG DOSE).....	38
KISQALI (600 MG DOSE).....	38
KISQALI FEMARA (200 MG DOSE).....	38
KISQALI FEMARA (400 MG DOSE).....	38
KISQALI FEMARA (600 MG DOSE).....	38
klayesta.....	28
klor-con.....	90
klor-con 10.....	90
klor-con m10.....	90
klor-con m15.....	90
klor-con m20.....	90
klor-con/ef.....	90
KLOXXADO.....	6
KOMZIFTI.....	38
KOSELUGO.....	38
kourzeq.....	82
KRAZATI.....	38
kurvelo.....	107

L

l-glutamine.....	97	larin 24 fe.....	107
labetalol hcl.....	69	larin fe 1.5/30.....	107
lacosamide.....	21	larin fe 1/20.....	107
lactated ringers.....	90,131	larissia.....	107
lactulose.....	93	latanoprost.....	138
lactulose encephalopathy.....	93	layolis fe.....	107
LAGEVRIO.....	57	LAZCLUZE.....	34
lamivudine.....	52,54	LEDERLE LEUCOVORIN.....	33
lamivudine-zidovudine.....	54	leena.....	107
lamotrigine.....	17	leflunomide.....	119
lamotrigine er.....	17	lenalidomide.....	32
lamotrigine odt.....	17	LENVIMA (10 MG DAILY DOSE).....	38
lamotrigine starter kit-blue.....	17	LENVIMA (12 MG DAILY DOSE).....	38
lamotrigine starter kit-green.....	17	LENVIMA (14 MG DAILY DOSE).....	39
lamotrigine starter kit-orange.....	17	LENVIMA (18 MG DAILY DOSE).....	39
lansoprazole.....	96	LENVIMA (20 MG DAILY DOSE).....	39
LANTUS.....	63	LENVIMA (24 MG DAILY DOSE).....	39
LANTUS SOLOSTAR.....	63	LENVIMA (4 MG DAILY DOSE).....	39
lapatinib ditosylate.....	38	LENVIMA (8 MG DAILY DOSE).....	39
larin 1.5/30.....	107	LEQEMBI IQLIK.....	22
larin 1/20.....	107	LEQEMBI IQLIK (500 MG DOSE).....	22
		lessina.....	107
		letrozole.....	34
		leucovorin calcium.....	33
		LEUKERAN.....	31
		LEUKINE.....	65
		leuprolide acetate.....	115
		levalbuterol hcl.....	142
		LEVALBUTEROL TARTRATE.....	142
		levetiracetam.....	17
		levetiracetam er.....	17
		levo-t.....	114
		LEVOBUNOLOL HCL.....	138
		levocarnitine.....	97
		levocarnitine sf.....	97
		levocetirizine dihydrochloride.....	140
		levofloxacin.....	15
		LEVOFLOXACIN.....	136
		levofloxacin in d5w.....	15
		levonest.....	107
		levonorg-eth estrad triphasic.....	107

levonorgest-eth est & eth est.....	108	lorazepam.....	58
levonorgest-eth estrad 91-day.....	108	lorazepam intensol.....	58
levonorgest-eth estradiol-iron.....	108	LORBRENA.....	39
levonorgestrel-ethinyl estrad.....	108	loryna.....	108
levora 0.15/30 (28).....	108	losartan potassium.....	67
levothyroxine sodium.....	114	losartan potassium-hctz.....	73
levoxyl.....	114	loteprednol etabonate.....	137
LEXIVA.....	56	loteprednol-tobramycin.....	135
lidocaine.....	6	lovastatin.....	76
lidocaine hcl.....	6	low-ogestrel.....	108
LIDOCAINE HCL.....	6	loxapine succinate.....	48
lidocaine viscous hcl.....	6	lubiprostone.....	94
lidocaine-prilocaine.....	6	luizza 1.5/30.....	108
lidocan.....	6	luizza 1/20.....	108
LIFYORLI (125 MG DOSE).....	39	LUMAKRAS.....	39
LIFYORLI (150 MG DOSE).....	39	LUPRON DEPOT (1-MONTH).....	115
LILETTA (52 MG).....	112	LUPRON DEPOT (3-MONTH).....	115
lillow.....	108	LUPRON DEPOT (4-MONTH).....	115
lincomycin hcl.....	8	LUPRON DEPOT (6-MONTH).....	115
linezolid.....	8	lurasidone hcl.....	50
LINEZOLID IN SODIUM CHLORIDE.....	8	lutra.....	108
LINZESS.....	93	LYBALVI.....	23
liothyronine sodium.....	114	lyleq.....	112
lisdexamfetamine dimesylate.....	79	lyllana.....	108
lisinopril.....	67	LYNPARZA.....	39
lisinopril-hydrochlorothiazide.....	73	LYSODREN.....	33
lithium.....	58	LYTGOBI (12 MG DAILY DOSE).....	39
lithium carbonate.....	59	LYTGOBI (16 MG DAILY DOSE).....	39
lithium carbonate er.....	59	LYTGOBI (20 MG DAILY DOSE).....	39
LIVTENCITY.....	52	lyza.....	112
lo-zumandimine.....	108		
loestrin 1.5/30 (21).....	108	M	
loestrin 1/20 (21).....	108	M-M-R II.....	122
loestrin fe 1.5/30.....	108	macitentan.....	143
loestrin fe 1/20.....	108	mafenide acetate.....	89
lojaimiess.....	108	magnesium sulfate.....	90
LOKELMA.....	93	malathion.....	88
lomustine.....	31	maraviroc.....	55
LONSURF.....	33	marlissa.....	108
loperamide hcl.....	94	MARPLAN.....	24
lopinavir-ritonavir.....	56	MATULANE.....	31

matzim la.....	71	methimazole.....	115
MAVYRET.....	52	methocarbamol.....	146
maxi-tuss ac.....	145	METHOTREXATE SODIUM.....	119
MAXIDEX.....	137	methotrexate sodium.....	119
meclizine hcl.....	26	methotrexate sodium (pf).....	119
medpura alcohol pads.....	87	METHOXSALEN RAPID.....	87
MEDROL.....	101	methscopolamine bromide.....	95
medroxyprogesterone acetate.....	112	methsuximide.....	19
mefloquine hcl.....	45	METHYLDOPA.....	66
megestrol acetate.....	112,113	methylergonovine maleate.....	131
MEKINIST.....	39,40	methylphenidate hcl.....	79
MEKTOVI.....	40	METHYLPHENIDATE HCL ER.....	80
meleya.....	113	methylphenidate hcl er.....	80
meloxicam.....	2	methylphenidate hcl er (cd).....	80
MELPHALAN.....	31	methylphenidate hcl er (la).....	80
memantine hcl.....	23	methylphenidate hcl er (osm).....	80
memantine hcl er.....	23	methylphenidate hcl er(diffus).....	80
memantine hcl-donepezil hcl.....	22	methylprednisolone.....	101
memantine hcl-donepezil hcl er.....	22	methylprednisolone acetate.....	101
MENACTRA.....	122	methylprednisolone sodium succ.....	101
MENEST.....	108	methyltestosterone.....	102
MENQUADFI.....	122	metoclopramide hcl.....	26
MENVEO.....	122	metolazone.....	75
MEPHYTON.....	66	metoprolol succinate er.....	69
meprobamate.....	57	metoprolol tartrate.....	69
mercaptapurine.....	33	metoprolol-hydrochlorothiazide.....	73
MEROPENEM-SODIUM CHLORIDE.....	13	metronidazole.....	8
merzee.....	108	metyrosine.....	73
mesalamine.....	123	mexiletine hcl.....	68
mesalamine er.....	123	mibelas 24 fe.....	108
mesna.....	44	micafungin sodium.....	28
metaxalone.....	146	MICONAZOLE 3.....	28
metformin hcl.....	60	MICROCHAMBER.....	131
metformin hcl er.....	60	microgestin 1.5/30.....	108
methadone hcl.....	2,3	microgestin 1/20.....	109
methadone hcl intensol.....	3	microgestin 24 fe.....	109
methadose.....	3	microgestin fe 1.5/30.....	109
methazolamide.....	138	microgestin fe 1/20.....	109
methenamine hippurate.....	8	MICROSPACER.....	131
methergine.....	131	midodrine hcl.....	66
		mifepristone.....	115

MIGERGOT.....	29
miglitol.....	60
mili.....	109
mimvey.....	109
minocycline hcl.....	16
minoxidil.....	77
minzoya.....	109
mirtazapine.....	23
misoprostol.....	96
modafinil.....	147
MODEYSO.....	33
moexipril hcl.....	67
MOLINDONE HCL.....	48
mometasone furoate.....	86,145
mondoxyne nl.....	16
mono-lynyah.....	109
montelukast sodium.....	140
MORPHINE SULFATE.....	4
morphine sulfate.....	5
morphine sulfate (concentrate).....	4
morphine sulfate er.....	3
MOUNJARO.....	60
MOVANTIK.....	94
moxifloxacin hcl.....	15,136
MOXIFLOXACIN HCL.....	15
MOXIFLOXACIN HCL (2X DAY).....	136
MOXIFLOXACIN HCL IN NACL.....	15
MRESVIA.....	122
MULTAQ.....	68
MULTI-VIT-FLOR.....	90
MULTI-VITAMIN/FLUORIDE.....	93
MULTI-VITAMIN/FLUORIDE/IRON.....	90
MULTIVITAMIN W/FLUORIDE.....	90
MULTIVITAMIN/FLUORIDE.....	90
mupirocin.....	89
mycophenolate mofetil.....	120
mycophenolate mofetil hcl.....	120
mycophenolate sodium.....	120
mycophenolic acid.....	120
myorisan.....	83
MYRBETRIQ.....	98

N

na sulfate-k sulfate-mg sulf.....	94
nabumetone.....	2
nadolol.....	69
nafcillin sodium.....	13
nafrinse.....	90
NAGLAZYME.....	97
naloxone hcl.....	6
naltrexone hcl.....	6
naproxen.....	2
naproxen dr.....	2
naproxen sodium.....	2
naratriptan hcl.....	29
NATACYN.....	136
nateglinide.....	60
NAYZILAM.....	6
nebivolol hcl.....	69
NEBUSAL.....	145
necon 0.5/35 (28).....	109
NEFAZODONE HCL.....	25
neo-polycin.....	135
neo-polycin hc.....	135
neomycin sulfate.....	7
neomycin-bacitracin zn-polymyx.....	135
neomycin-polymyxin-dexameth.....	135
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	135
NEOMYCIN-POLYMYXIN-HC.....	135
neomycin-polymyxin-hc.....	139
NERLYNX.....	40
nevirapine.....	54
NEVIRAPINE.....	54
NEVIRAPINE ER.....	54
nevirapine er.....	54
NEXPLANON.....	113
NIACIN (ANTIHYPERLIPIDEMIC).....	76
niacin er (antihyperlipidemic).....	76
NIACOR.....	76
nicardipine hcl.....	70
NICOTROL.....	7
NICOTROL NS.....	7

nifedipine.....	70	NOVOLIN R FLEXPEN.....	63
nifedipine er.....	70	NOVOLIN R FLEXPEN RELION.....	63
nifedipine er osmotic release.....	70	NP THYROID.....	114
nikki.....	109	NUBEQA.....	32
nilotinib hcl.....	40	NUCALA.....	145
nilutamide.....	31	NUEDEXTA.....	81
nimodipine.....	70	NULEV.....	95
NINLARO.....	40	NUPLAZID.....	50
nintedanib esylate.....	143	NURTEC.....	29
nitazoxanide.....	45	NUTRILIPID.....	131
nitisinone.....	97	nyamyc.....	28
nitro-bid.....	77	nylia 1/35.....	110
NITRO-DUR.....	77	nylia 7/7/7.....	110
NITRO-TIME.....	77	nymyo.....	110
nitrofurantoin.....	9	nystatin.....	28
nitrofurantoin macrocrystal.....	9	nystatin-triamcinolone.....	87
nitrofurantoin monohyd macro.....	9	nystop.....	28
nitroglycerin.....	77		
NIVA THYROID.....	114	O	
NIVESTYM.....	65	ocella.....	110
NIZATIDINE.....	96	octreotide acetate.....	115
nora-be.....	113	OCTREOTIDE ACETATE.....	115
norelgestromin-eth estradiol.....	109	ODEFSEY.....	54
norethin ace-eth estrad-fe.....	109	ODOMZO.....	40
norethin-eth estradiol-fe.....	109	OFEV.....	143
norethindron-ethinyl estrad-fe.....	109	ofloxacin.....	15,136,139
norethindrone.....	113	OGSIVEO.....	40
norethindrone acet-ethinyl est.....	109	OJEMDA.....	40
norethindrone acetate.....	113	OJJAARA.....	33
norethindrone-eth estradiol.....	109	olanzapine.....	50
norgestim-eth estrad triphasic.....	109	olanzapine-fluoxetine hcl.....	23
norgestimate-eth estradiol.....	109	olmesartan medoxomil.....	67
norlyda.....	113	olmesartan medoxomil-hctz.....	73
norlyroc.....	113	olmesartan-amlodipine-hctz.....	73
nortrel 0.5/35 (28).....	109	olopatadine hcl.....	140
nortrel 1/35 (21).....	109	omega-3-acid ethyl esters.....	77
nortrel 1/35 (28).....	109	omeprazole.....	96,97
nortrel 7/7/7.....	109	OMNITROPE.....	96,102
nortriptyline hcl.....	26	ondansetron.....	27
NORVIR.....	56	ONDANSETRON HCL.....	27
NovoFine 32G X 6 MM MISC.....	131	ondansetron hcl.....	27

ONUREG.....	33
OPIPZA.....	50
OPTICHAMBER DIAMOND.....	131
OPTICHAMBER DIAMOND-LG MASK.....	131
OPTICHAMBER DIAMOND-MD MASK.....	131
OPTICHAMBER DIAMOND-SM MASK.....	131
OPVEE.....	131
oralone.....	82
ORGOVYX.....	115
orquidea.....	113
ORSERDU.....	32
OSCIMIN.....	95
oseltamivir phosphate.....	56
OSPHENA.....	113
OTEZLA.....	87,117
OTEZLA XR.....	87
OTEZLA/OTEZLA XR INITIATION PK.....	117
oxaprozin.....	2
oxazepam.....	58
oxcarbazepine.....	21
oxybutynin chloride.....	98
oxybutynin chloride er.....	98
oxycodone hcl.....	5
oxycodone-acetaminophen.....	5
OXYCODONE-ACETAMINOPHEN.....	5
oxymorphone hcl.....	5
OXYMORPHONE HCL ER.....	3
OZEMPIC.....	60
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	60
OZEMPIC (1 MG/DOSE).....	60
OZEMPIC (2 MG/DOSE).....	60

P

pacerone.....	68
paliperidone er.....	50
PANRETIN.....	44
pantoprazole sodium.....	97
paricalcitol.....	125
paroxetine hcl.....	25
PAROXETINE HCL.....	25
paroxetine hcl er.....	25

paroxetine mesylate.....	25
PAXLOVID (150/100).....	57
PAXLOVID (300/100 & 150/100).....	57
PAXLOVID (300/100).....	57
pazopanib hcl.....	40
PAZOPANIB HCL.....	40
PB-HYOSCY-ATROPINE-SCOPOLAMINE.....	95
PEDIARIX.....	122
PEDVAXHIB.....	122
peg 3350-kcl-na bicarb-nacl.....	94
peg-3350/electrolytes.....	96
peg-3350/electrolytes/ascorbat.....	94
peg-kcl-nacl-nasulf-na asc-c.....	94
PEG-PREP.....	94
PEGASYS.....	118
PEMAZYRE.....	40
PEN NEEDLE/5-BEVEL TIP.....	131
PEN NEEDLES.....	131
PENBRAYA.....	131
penciclovir.....	89
penicillamine.....	99
penicillin g potassium.....	13
PENICILLIN G SODIUM.....	13
penicillin v potassium.....	13
PENMENVY.....	122
PENTACEL.....	122
pentamidine isethionate.....	45
pentazocine-naloxone hcl.....	5
pentoxifylline er.....	73
perampanel.....	17,18
PERINDOPRIL ERBUMINE.....	68
periogard.....	83
permethrin.....	88
perphenazine.....	26
PERPHENAZINE-AMITRIPTYLINE.....	23
PERSERIS.....	50
pfizerpen.....	13
phenazo.....	99
phenazopyridine hcl.....	99
PHENELZINE SULFATE.....	24
phenobarbital.....	19

phenobarbital-belladonna alk.....	95	potassium chloride crys er.....	91
PHENOHYTRO.....	95	potassium chloride er.....	91
phenytek.....	21	potassium chloride in dextrose.....	91
phenytoin.....	21	potassium chloride in nacl.....	91
phenytoin infatabs.....	21	potassium citrate er.....	91
phenytoin sodium extended.....	21	potassium citrate-citric acid.....	99
philith.....	110	POTASSIUM CL IN DEXTROSE 5%.....	91
PHOSPHO-TRIN K500.....	99	pramipexole dihydrochloride.....	46
phytonadione.....	66	pramipexole dihydrochloride er.....	46
PIFELTRO.....	54	PRAMOSONE.....	87
pilocarpine hcl.....	83,138	prasugrel hcl.....	66
pimecrolimus.....	86	pravastatin sodium.....	76
pimozide.....	48	praziquantel.....	44
pimtrea.....	110	prazosin hcl.....	67
pindolol.....	69	prednisolone.....	101
pioglitazone hcl.....	60	prednisolone acetate.....	137
pioglitazone hcl-glimepiride.....	60	prednisolone sodium phosphate.....	101
pioglitazone hcl-metformin hcl.....	61	PREDNISOLONE SODIUM PHOSPHATE.....	137
piperacillin sod-tazobactam so.....	13	prednisone.....	101
PIQRAY (200 MG DAILY DOSE).....	40	PREDNISONE INTENSOL.....	101
PIQRAY (250 MG DAILY DOSE).....	40	pregabalin.....	82
PIQRAY (300 MG DAILY DOSE).....	40	PREMARIN.....	110
pirfenidone.....	143	PREMASOL.....	91
PIRFENIDONE.....	143	PREMIUM LIDOCAINE.....	6
pirmella 1/35.....	110	PREMPHASE.....	110
pirmella 7/7/7.....	110	PREMPRO.....	110
piroxicam.....	2	Prenatal vitamins.....	92
PNV 27-CA/FE/FA.....	91	PRETOMANID.....	30
POCKET CHAMBER.....	131	prevalite.....	77
POCKET SPACER.....	131	PREVYMIS.....	52
podofilox.....	87	PREZCOBIX.....	56
POLY-VI-FLOR.....	91	PREZISTA.....	56
polycin.....	135	PRIFTIN.....	30
polymyxin b sulfate.....	9	primaquine phosphate.....	45
polymyxin b-trimethoprim.....	136	primidone.....	19
pomalidomide.....	32	PRIORIX.....	122
POMALYST.....	32	PRO COMFORT ALCOHOL.....	131
portia-28.....	110	PRO COMFORT INSULIN SYRINGE.....	131
posaconazole.....	28	PRO COMFORT SPACER ADULT.....	131
pot & sod cit-cit ac.....	99	PRO COMFORT SPACER CHILD.....	132
potassium chloride.....	91	PRO COMFORT SPACER INFANT.....	132

probenecid.....	29
PROCARE SPACER/ADULT MASK.....	132
PROCARE SPACER/CHILD MASK.....	132
procentra.....	79
PROCHAMBER VHC.....	132
prochlorperazine.....	26
prochlorperazine maleate.....	26
procto-med hc.....	86
PROCTOFOAM HC.....	87
proctosol hc.....	86
proctozone-hc.....	86
progesterone.....	113
PROGRAF.....	120
promethazine hcl.....	27,140
PROMETHAZINE VC.....	145
PROMETHAZINE VC/CODEINE.....	145
promethazine-codeine.....	145
promethazine-dm.....	146
promethazine-phenyleph-codeine.....	146
promethazine-phenylephrine.....	146
promethegan.....	27
propafenone hcl.....	68
propafenone hcl er.....	68
proparacaine hcl.....	135
propranolol hcl.....	69
propranolol hcl er.....	70
propylthiouracil.....	116
PROQUAD.....	122
protriptyline hcl.....	26
pseudoeph-bromphen-dm.....	146
PULMOSAL.....	146
PULMOZYME.....	142
PURE COMFORT SAFETY PEN NEEDLE.....	132
PURE COMFORT SPACER CHAMBER.....	132
pyrazinamide.....	30
pyridostigmine bromide.....	30
pyridostigmine bromide er.....	30
pyrimethamine.....	45

Q

qc alcohol.....	87
-----------------	----

QINLOCK.....	34
QUADRACEL.....	122
quetiapine fumarate.....	50
quetiapine fumarate er.....	50
QUFLORA PEDIATRIC.....	92
QUICK TOUCH INSULIN PEN NEEDLE.....	132
quinapril hcl.....	68
quinapril-hydrochlorothiazide.....	73
quinidine gluconate er.....	68
QUINIDINE SULFATE.....	68
quinine sulfate.....	45
QVAR REDHALER.....	140

R

ra isopropyl alcohol wipes.....	87
RABAVERT.....	122
rabeprazole sodium.....	97
RALDESY.....	25
raloxifene hcl.....	113
ramelteon.....	147
ramipril.....	68
ranolazine er.....	73
rasagiline mesylate.....	47
reclipsen.....	110
RECOMBIVAX HB.....	122
REGRANEX.....	87
relafen.....	2
RELENZA DISKHALER.....	56
RENTHYROID.....	114
repaglinide.....	61
REPATHA.....	77
REPATHA PUSHTRONEX SYSTEM.....	77
REPATHA SURECLICK.....	77
RESTASIS.....	135
RETACRIT.....	65
RETEVMO.....	40,41
REVCovi.....	97
REVUFORJ.....	41
REXULTI.....	50
REYATAZ.....	56
REZDIFFRA.....	114

REZLIDHIA.....	41
RHOPRESSA.....	138
RIBAVIRIN.....	52
ribavirin.....	52
RIDAURA.....	117
rifabutin.....	30
rifampin.....	30,31
rifapentine.....	31
rilpivirine hcl.....	54
riluzole.....	81
RIMANTADINE HCL.....	56
ringers.....	92
ringers irrigation.....	132
RINVOQ.....	117
RINVOQ LQ.....	117
risedronate sodium.....	125
risperidone.....	51
risperidone microspheres er.....	51
RITEFLO.....	132
ritonavir.....	56
rivaroxaban.....	64
rivastigmine.....	22
rivastigmine tartrate.....	22
rivelsa.....	110
rizatriptan benzoate.....	29
ROCKLATAN.....	135
roflumilast.....	142
ROMVIMZA.....	41
ropinirole hcl.....	46
ropinirole hcl er.....	46
rosadan.....	9
rosuvastatin calcium.....	76
rosyrah.....	110
ROTARIX.....	122
ROTATEQ.....	122
roweepra.....	18
ROZLYTREK.....	41
RUBRACA.....	41
rufinamide.....	21
RUKOBIA.....	55
RYBELSUS.....	61

RYDAPT.....	41
-------------	----

S

sacubitril-valsartan.....	73
sajazir.....	116
SALINE BACTERIOSTATIC.....	132
salsalate.....	2
SANDIMMUNE.....	120
SANTYL.....	87
sapropterin dihydrochloride.....	98
SCSEMBLIX.....	41
scopolamine.....	27
SECUADO.....	51
SECURESAFE INSULIN SYRINGE.....	132
SECURESAFE SAFETY PEN NEEDLES.....	132
selegiline hcl.....	47
selenium sulfide.....	86
SELZENTRY.....	55
SEREVENT DISKUS.....	142
sertraline hcl.....	25
setlakin.....	110
sevelamer carbonate.....	93
sharobel.....	113
SHINGRIX.....	122
SIGNIFOR.....	115
sildenafil citrate.....	100,143
SILIGENTLE FOAM DRESSING.....	132
silodosin.....	99
silver sulfadiazine.....	87
SIMBRINZA.....	138
SIMLANDI (1 PEN).....	120
SIMLANDI (1 SYRINGE).....	120
SIMLANDI (2 PEN).....	120
SIMLANDI (2 SYRINGE).....	120
simliya.....	110
simpesse.....	110
simvastatin.....	76
sirolimus.....	120
SIRTURO.....	31
sitagliptin phos-metformin hcl er.....	61
sitagliptin phos-metformin hcl.....	61

sitagliptin phosphate.....	61	subvenite starter kit-blue.....	18
SKYRIZI.....	117	subvenite starter kit-green.....	18
SKYRIZI (150 MG DOSE).....	117	subvenite starter kit-orange.....	18
SKYRIZI PEN.....	117	sucralfate.....	96
SMOFLIPID.....	132	sulfacetamide sodium.....	137
SOD CITRATE-CITRIC ACID.....	100	sulfacetamide sodium (acne).....	83
sod citrate-citric acid.....	100	SULFACETAMIDE SODIUM-SULFUR.....	88
sodium chloride.....	92	SULFACETAMIDE-PREDNISOLONE.....	136
SODIUM CHLORIDE.....	146	sulfadiazine.....	15
sodium chloride (pf).....	92	sulfamethoxazole-trimethoprim.....	15
SODIUM CHLORIDE BACTERIOSTATIC..	132	sulfasalazine.....	123
SODIUM CITRATE-CITRIC ACID.....	100	sulfatrim pediatric.....	15
sodium fluoride.....	92	sulindac.....	2
sodium oxybate.....	147	sumatriptan.....	30
sodium phenylbutyrate.....	98	sumatriptan succinate.....	30
sodium polystyrene sulfonate.....	93	SUMATRIPTAN SUCCINATE REFILL.....	30
solifenacin succinate.....	98	sunitinib malate.....	41,42
SOLTAMOX.....	32	SUNLENCA.....	55
SOMAVERT.....	115	SURE COMFORT PEN NEEDLES.....	133
sorafenib tosylate.....	41	syeda.....	110
sorine.....	69	SYMPAZAN.....	20
sotalol hcl.....	69	SYMTUZA.....	56
sotalol hcl (af).....	69	SYNAREL.....	115
SPINOSAD.....	88	SYNJARDY.....	61
SPIRIVA RESPIMAT.....	141	SYNJARDY XR.....	61
spironolactone.....	75	SYNRIBO.....	42
spironolactone-hctz.....	73	SYNTHROID.....	114
sprintec 28.....	110		
SPRITAM.....	18	T	
SPS (SODIUM POLYSTYRENE SULF).....	93	TABLOID.....	33
sronyx.....	110	TABRECTA.....	42
ssd.....	88	tacrolimus.....	86,120
SSS 10-5.....	88	tadalafil.....	99
STAVUDINE.....	54	tadalafil (pah).....	143
sterile water for irrigation.....	133	TAFINLAR.....	42
STIOLTO RESPIMAT.....	146	tafluprost (pf).....	138
STIVARGA.....	41	TAGRISSO.....	42
STREPTOMYCIN SULFATE.....	7	TALZENNA.....	42
STRIBILD.....	53	tamoxifen citrate.....	32
subvenite.....	18	tamsulosin hcl.....	99
SUBVENITE.....	18	tarina 24 fe.....	110

tarina fe 1/20	110	TICOVAC	122,123
tarina fe 1/20 eq	110	tigecycline	9
TARPEYO	101	tilia fe	110
tasimelteon	147	timolol hemihydrate	138
taysofy	110	timolol maleate	70,138
tazarotene	83	timolol maleate (once-daily)	138
TAZICEF	11	timolol maleate ocudose	138
taztia xt	71	timolol maleate pf	138
TAZVERIK	42	tinidazole	9
TDVAX	122	tiotropium bromide	141
TECHLITE PLUS PEN NEEDLES	133	tis-u-sol	133
telmisartan	67	TIVICAY	53
telmisartan-amlodipine	74	TIVICAY PD	53
telmisartan-hctz	74	tizanidine hcl	52
temazepam	147	TOBI PODHALER	142
TENCON	81	TOBRADEX	136
TENIVAC	122	tobramycin	137,142
tenofovir disoproxil fumarate	54	tobramycin sulfate	7
TEPMETKO	42	tobramycin-dexamethasone	136
terazosin hcl	67	TOBREX	137
terbinafine hcl	28	TOLAK	88
terbutaline sulfate	142	tolterodine tartrate	98
terconazole	29	tolterodine tartrate er	98
teriflunomide	82	tolvaptan	92
teriparatide	125	TOPFINE INSULIN PEN NEEDLE	133
testosterone	102,103	topiramate	18
testosterone cypionate	103	topiramate er	18
TESTOSTERONE ENANTHATE	103	toremifene citrate	32
tetrabenazine	81	torsemide	75
tetracycline hcl	16	TOUJEO MAX SOLOSTAR	63
THALOMID	32	TOUJEO SOLOSTAR	63
THEO-24	142	TPN ELECTROLYTES	92
theophylline	143	TRADJENTA	61
theophylline er	143	tramadol hcl	5
thioridazine hcl	48	tramadol hcl er	3
thiothixene	48	tramadol-acetaminophen	5
THYROID	114	trandolapril	68
tiadylt er	71	TRANDOLAPRIL-VERAPAMIL HCL ER	74
tiagabine hcl	20	tranexamic acid	66
TIBSOVO	42	tranylcypromine sulfate	24
ticagrelor	66	travoprost (bak free)	139

trazodone hcl.....	25	TRIUMEQ.....	54
TRECATOR.....	31	TRIUMEQ PD.....	55
TRELEGY ELLIPTA.....	146	trivora (28).....	111
TREMFYA.....	117	TRIZIVIR.....	55
TREMFYA ONE-PRESS.....	117	trospium chloride.....	98
TREMFYA PEN.....	117	trospium chloride er.....	98
TREMFYA-CD/UC INDUCTION.....	118	TRUE COMFORT INSULIN SYRINGE.....	133
TRESIBA.....	63	TRUE COMFORT PEN NEEDLES.....	133
TRESIBA FLEXTOUCH.....	63	TRUE COMFORT PRO PEN NEEDLES.....	133
tretinoin.....	44,83	TRUE COMFORT SAFETY PEN NEEDLE.....	133
TREXALL.....	120	TRULICITY.....	61
tri femynor.....	110	TRUMENBA.....	123
tri-estarylla.....	111	TRUQAP.....	42
tri-legest fe.....	111	TUKYSA.....	42
tri-linyah.....	111	tulana.....	113
tri-lo-estarylla.....	111	TURALIO.....	42
tri-lo-marzia.....	111	turqoz.....	111
tri-lo-mili.....	111	TWINRIX.....	123
tri-lo-sprintec.....	111	TYBOST.....	55
tri-mili.....	111	tydemy.....	111
tri-nymyo.....	111	TYENNE.....	118
tri-sprintec.....	111	TYMLOS.....	125
TRI-VITE/FLUORIDE.....	93	TYPHIM VI.....	123
tri-vylibra.....	111		
tri-vylibra lo.....	111	U	
triamcinolone acetoneide.....	83,86	UDENYCA.....	65
triamterene.....	75	ULTIGUARD SAFEPAK PEN NEEDLE.....	133
triamterene-hctz.....	74	UNIFINE OTC PEN NEEDLES.....	133
triazolam.....	147	UNIFINE PENTIPS.....	133
TRICITRATES.....	100	UNIFINE PROTECT PEN NEEDLE.....	133
triderm.....	86	UNIFINE SAFECONTROL PEN NEEDLE.....	133
trientine hcl.....	92	UNIFINE ULTRA PEN NEEDLE.....	134
TRIENTINE HCL.....	92	unithroid.....	114
trifluoperazine hcl.....	48	UPTRAVI.....	143
TRIFLURIDINE.....	137	ursodiol.....	96
trihexyphenidyl hcl.....	46		
TRIKAFTA.....	142	V	
trimethobenzamide hcl.....	27	valacyclovir hcl.....	57
trimethoprim.....	9	VALCHLOR.....	88
trimipramine maleate.....	26	valganciclovir hcl.....	52
TRINTELLIX.....	25	valproate sodium.....	18

valproic acid.....	18	VIGAFYDE.....	20
valsartan.....	67	vigpoder.....	20
valsartan-hydrochlorothiazide.....	74	vilazodone hcl.....	25
VALTOCO 10 MG DOSE.....	20	VIMKUNYA.....	123
VALTOCO 15 MG DOSE.....	20	viorele.....	111
VALTOCO 20 MG DOSE.....	20	VIRACEPT.....	56
VALTOCO 5 MG DOSE.....	20	VIREAD.....	55
valtya 1/35.....	111	vitamin d (ergocalciferol).....	125
VALTYA 1/50.....	111	VITRAKVI.....	43
vanadom.....	146	VIVOTIF.....	123
vancomycin hcl.....	9	VIZIMPRO.....	43
VANDAZOLE.....	9	volnea.....	111
VANFLYTA.....	42	VONJO.....	44
VAQTA.....	123	VOQUEZNA DUAL PAK.....	96
vardenafil hcl.....	100	VOQUEZNA TRIPLE PAK.....	96
varenicline tartrate.....	7	VORANIGO.....	43
varenicline tartrate (starter).....	7	voriconazole.....	29
varenicline tartrate(continue).....	7	VORTEX HOLD CHMBR/MASK/CHILD...134	
VARIVAX.....	123	VORTEX HOLD	
VAXCHORA.....	123	CHMBR/MASK/TODDLER.....	134
VECAMYL.....	74	VORTEX VALVE CHAMBER-PEDI MASK...134	
VELIVET.....	111	VORTEX VALVED HOLDING CHAMBER...134	
VELSIPITY.....	118	VOSEVI.....	53
VENCLEXTA.....	42,43	VOWST.....	134
VENCLEXTA STARTING PACK.....	43	VRAYLAR.....	51
venlafaxine hcl.....	25	vyfemla.....	112
venlafaxine hcl er.....	25	vylibra.....	112
VEOZAH.....	81	VYZULTA.....	139
VEPPANU.....	32		
verapamil hcl.....	71	W	
VERAPAMIL HCL ER.....	71	warfarin sodium.....	64
VERIFINE INSULIN PEN NEEDLE.....	134	WEBCOL ALCOHOL PREP LARGE.....	134
VERIFINE INSULIN SYRINGE.....	134	WEGOVY.....	74
VERIFINE PLUS PEN NEEDLE.....	134	WELIREG.....	34
VERQUVO.....	74	wera.....	112
VERSACLOZ.....	51	WINREVAIR.....	143
VERZENIO.....	43	wixela inhub.....	146
vestura.....	111	wymzya fe.....	112
vienva.....	111	WYOST.....	125
vigabatrin.....	20		
vigadrone.....	20		

W

warfarin sodium.....	64
WEBCOL ALCOHOL PREP LARGE.....	134
WEGOVY.....	74
WELIREG.....	34
wera.....	112
WINREVAIR.....	143
wixela inhub.....	146
wymzya fe.....	112
WYOST.....	125

X

XALKORI.....	43
xarah fe.....	112
XARELTO.....	64
XARELTO STARTER PACK.....	64
XATMEP.....	120
XCOPRI.....	18,21
XCOPRI (250 MG DAILY DOSE).....	21
XCOPRI (350 MG DAILY DOSE).....	21
XDEMVY.....	136
xelria fe.....	112
XERMELO.....	94
XIFAXAN.....	9,10
XIGDUO XR.....	61
XIIDRA.....	136
XOFLUZA (40 MG DOSE).....	56
XOFLUZA (80 MG DOSE).....	57
XOLAIR.....	118
XOSPATA.....	43
XPOVIO (100 MG ONCE WEEKLY).....	43
XPOVIO (40 MG ONCE WEEKLY).....	43
XPOVIO (40 MG TWICE WEEKLY).....	43
XPOVIO (60 MG ONCE WEEKLY).....	43
XPOVIO (60 MG TWICE WEEKLY).....	43
XPOVIO (80 MG ONCE WEEKLY).....	44
XPOVIO (80 MG TWICE WEEKLY).....	44
XTANDI.....	32
XTRENBO.....	125
xulane.....	112

Y

YESINTEK.....	118
YF-VAX.....	123
yuvaferm.....	112

Z

zafemy.....	112
zafirlukast.....	140
zaleplon.....	147
ZARXIO.....	65

zebutal.....	81
ZEJULA.....	44
ZELBORAF.....	44
zenatane.....	83
ZENPEP.....	98
zenzedi.....	79
zidovudine.....	55
ziprasidone hcl.....	51
ziprasidone mesylate.....	51
ZIRGAN.....	137
zoledronic acid.....	125
ZOLINZA.....	34
zolmitriptan.....	30
zolpidem tartrate.....	147
zolpidem tartrate er.....	147
ZONISADE.....	22
zonisamide.....	22
ZONTIVITY.....	64
zovia 1/35 (28).....	112
ZTALMY.....	20
zumandimine.....	112
ZURZUVAE.....	24
ZYDELIG.....	44
ZYKADIA.....	44
ZYMFENTRA (1 PEN).....	120
ZYMFENTRA (2 PEN).....	120
ZYMFENTRA (2 SYRINGE).....	120
ZYPREXA RELPREVV.....	51



NONDISCRIMINATION NOTICE

Discrimination is against the law. Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate 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. Blue Shield of California does not exclude people or treat them differently because 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.

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, Medicare Appeals & Grievance
P.O. Box 927, Woodland Hills, CA 91367 Phone: (800) 776-4466 (TTY: 711)
Fax: (916) 350-6510
Email: Appeal&GrievanceResol@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>.

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

A20275MAD_0726

Y0118_26_193D_COM_C 07262026

09/01/2026



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak [insert language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-776-4466 (TTY: 711) or speak to your provider.

العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-776-4466 (TTY: 711) أو تحدث إلى مقدم الخدمة.

ՀԱՅԵՐԵՆ

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-776-4466 հեռախոսահամարով (TTY` 711) կամ խոսեք Ձեր մատակարարի հետ:

中文

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-776-4466 (文本电话: 711) 或咨询您的服务提供商。

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-800-776-4466 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Lus Hmoob

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-776-4466 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-776-4466 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-776-4466 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ລາວ

ເລື່ອງ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-776-4466 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

ភាសាខ្មែរ

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរសេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-776-4466 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

فارسی

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-776-4466 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਉ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-776-4466 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-776-4466 (TTY: 711) или обратитесь к своему поставщику услуг.

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-776-4466 (TTY: 711) o hable con su proveedor.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-776-4466 (TTY: 711) o makipag-usap sa iyong provider.

ไทย

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-776-4466 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

українська мова

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-776-4466 (TTY: 711) або зверніться до свого постачальника».

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-776-4466 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

This formulary was updated on 09/01/2026 . For more recent information or other questions, please contact Blue Shield of California Customer Service at (800) 776-4466 (TTY users should call 711), 8 a.m. to 8 p.m. PT, seven days a week, or visit blueshieldca.com/medformulary2027

Blue Shield of California's pharmacy network includes limited lower-cost pharmacies with preferred cost sharing. 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 users should call 711), 8 a.m. to 8 p.m. PT, seven days a week, or consult the online pharmacy directory at blueshieldca.com/medformulary2027.

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

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