**Blue Shield Inspire (HMO)**

**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 27198

This formulary was updated on 10/23/2026 . For more recent information or other questions, please contact Blue Shield Inspire Customer Service at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m. PT, seven days a week, or visit blueshieldca.com/medformulary2027.

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10/23/2026

**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 Inspire

This document includes Drug List (formulary) for our plan which is current as of 10/23/2026 . 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 Inspire 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 Inspire'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 Inspire'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 10/23/2026 . 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.

**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 126 . 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 tables 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 Inspire'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 Inspire 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 126 .

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

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

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield Inspire in Alameda, San Mateo, San Joaquin, Stanislaus, Merced, and Santa Clara Counties:

| TIER | SUPPLY | COST SHARE Alameda and San Mateo counties | COST SHARE San Joaquin, Stanislaus, Merced, and Santa Clara counties |
|---|---|---|---|
| **1: Preferred Generic Drugs** | Preferred retail cost-sharing (in-network) (30-day supply) | $0 Copay | $0 Copay |
| | Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply) | $0 Copay | $0 Copay |
| | Standard retail cost-sharing (in-network) (30-day supply) | $5 Copay | $5 Copay |
| | Standard retail cost-sharing (in-network) (up to 100-day supply) | $5 Copay | $5 Copay |
| **2: Generic Drugs** | Preferred retail cost-sharing (in-network) (30-day supply) | $5 Copay | $5 Copay |
| | Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply) | $7.50 Copay | $7.50 Copay |
| | Standard retail cost-sharing (in-network) (30-day supply) | $12 Copay | $12 Copay |
| | Standard retail cost-sharing (in-network) (up to 100-day supply) | $36 Copay | $36 Copay |

| TIER | SUPPLY | COST SHARE Alameda and San Mateo counties | COST SHARE San Joaquin, Stanislaus, Merced, and Santa Clara counties |
|---|---|---|---|
| **3: Preferred Brand Drugs** | Preferred retail cost-sharing (in-network) (30-day supply) | 20% coinsurance | 22% coinsurance |
| | Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply) | 20% coinsurance | 22% coinsurance |
| | Standard retail cost-sharing (in-network) (30-day supply) | 20% coinsurance | 22% coinsurance |
| | Standard retail cost-sharing (in-network) (up to 100-day supply) | 20% coinsurance | 22% coinsurance |
| **3: Covered Insulins** | Preferred retail cost-sharing (in-network) (30-day supply) | The lesser of $35 Copay or 20% coinsurance | The lesser of $35 Copay or 22% coinsurance |
| | Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply) | The lesser of $105 Copay or 20% coinsurance | The lesser of $105 Copay or 22% coinsurance |
| | Standard retail cost-sharing (in-network) (30-day supply) | The lesser of $35 Copay or 20% coinsurance | The lesser of $35 Copay or 22% coinsurance |
| | Standard retail cost-sharing (in-network) (up to 100-day supply) | The lesser of $105 Copay or 20% coinsurance | The lesser of $105 Copay or 22% coinsurance |
| **4: Non-Preferred Drugs** | Preferred retail cost-sharing (in-network) (30-day supply) | 25% coinsurance | 27% coinsurance |
| | Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply) | 25% coinsurance | 27% coinsurance |
| | Standard retail cost-sharing (in-network) (30-day supply) | 25% coinsurance | 27% coinsurance |
| | Standard retail cost-sharing (in-network) (up to 100-day supply) | 25% coinsurance | 27% coinsurance |

| TIER | SUPPLY | COST SHARE Alameda and San Mateo counties | COST SHARE San Joaquin, Stanislaus, Merced, and Santa Clara counties |
|---|---|---|---|
| **4: Covered Insulins** | Preferred retail cost-sharing (in-network) (30-day supply) | The lesser of $35 Copay or 25% coinsurance | The lesser of $35 Copay or 25% coinsurance |
| | Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply) | The lesser of $105 Copay or 25% coinsurance | The lesser of $105 Copay or 25% coinsurance |
| | Standard retail cost-sharing (in-network) (30-day supply) | The lesser of $35 Copay or 25% coinsurance | The lesser of $35 Copay or 25% coinsurance |
| | Standard retail cost-sharing (in-network) (up to 100-day supply) | The lesser of $105 Copay or 25% coinsurance | The lesser of $105 Copay or 25% coinsurance |
| **5: Specialty Tier Drugs** | Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (30-day supply) | 28% Coinsurance | 28% Coinsurance |
| | Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's home delivery cost-sharing (up to 100-day supply) | A long-term supply is not available for drugs in Tier 5 | A long-term supply is not available for drugs in Tier 5 |

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

LEGEND

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

| SYMBOL | NAME | DESCRIPTION |
|---|---|---|
| LA | Limited Access | This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service. |
| PA | Prior Authorization | Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination" |
| QL | Quantity Limit | This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible. |
| ST | Step Therapy | Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy). |
| NDS | Non-Extended Day Supply | Medication is NOT available for long-term supply. |
| INS | Covered Insulin | You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, 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** | | |
| *butalbital-aspirin-caffeine 50-325-40 mg cap* | TIER 4 | PA, QL (48 PER 30 DAYS ), NDS |
| *celecoxib (50 mg cap, 100 mg cap, 200 mg cap)* | TIER 2 | QL (60 PER 30 DAYS) |
| *celecoxib 400 mg cap* | TIER 2 | QL (30 PER 30 DAYS) |
| *diclofenac potassium 50 mg tab* | TIER 2 | |
| *diclofenac sodium (25 mg tab dr, 50 mg tab dr)* | TIER 2 | |
| *diclofenac sodium 1.5 % solution* | TIER 3 | |
| *diclofenac sodium 3 % gel* | TIER 4 | PA, QL (100 PER 30 DAYS) |
| *diclofenac sodium 75 mg tab dr* | TIER 1 | |
| *diclofenac sodium er 100 mg tab 24h* | TIER 2 | |
| *diflunisal 500 mg tab* | TIER 3 | |
| *ec-naproxen (375 mg tab dr, 500 mg tab dr)* | TIER 2 | |
| *etodolac (200 mg cap, 300 mg cap)* | TIER 3 | |
| *etodolac (400 mg tab, 500 mg tab)* | TIER 2 | |
| *etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)* | TIER 3 | |
| FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB) | TIER 2 | |
| *ibu (400 mg tab, 600 mg tab, 800 mg tab)* | TIER 1 | |
| *ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)* | TIER 2 | |
| *ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)* | TIER 1 | |
| *indomethacin (25 mg cap, 50 mg cap)* | TIER 2 | |
| *meloxicam (7.5 mg tab, 15 mg tab)* | TIER 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *nabumetone (500 mg tab, 750 mg tab)* | TIER 2 | |
| *naproxen (250 mg tab, 375 mg tab, 500 mg tab)* | TIER 1 | |
| *naproxen (375 mg tab dr, 500 mg tab dr)* | TIER 2 | |
| *naproxen dr 500 mg tab* | TIER 2 | |
| *naproxen sodium (275 mg tab, 550 mg tab)* | TIER 3 | |
| *oxaprozin 600 mg tab* | TIER 4 | |
| *piroxicam (10 mg cap, 20 mg cap)* | TIER 3 | |
| *sulindac (150 mg tab, 200 mg tab)* | TIER 2 | |
| **OPIOID ANALGESICS, LONG-ACTING** | | |
| *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)* | TIER 4 | PA, QL (4 PER 28 DAYS ), NDS |
| *fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)* | TIER 3 | PA, QL (10 PER 30 DAYS ), NDS |
| *methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)* | TIER 4 | PA, QL (450 PER 30 DAYS ), NDS |
| *methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)* | TIER 4 | PA, NDS |
| *methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)* | TIER 4 | PA, QL (900 PER 30 DAYS ), NDS |
| *methadone hcl 10 mg tab* | TIER 4 | PA, QL (90 PER 30 DAYS ), NDS |
| *methadone hcl 5 mg tab* | TIER 4 | PA, QL (180 PER 30 DAYS ), NDS |
| *morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)* | TIER 4 | QL (60 PER 30 DAYS ), NDS |
| *morphine sulfate er 15 mg tab* | TIER 4 | QL (180 PER 30 DAYS ), NDS |
| *morphine sulfate er 30 mg tab* | TIER 4 | QL (90 PER 30 DAYS ), NDS |
| *tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)* | TIER 4 | PA, QL (30 PER 30 DAYS), NDS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **OPIOID ANALGESICS, SHORT-ACTING** | | |
| *acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)* | TIER 2 | QL (360 PER 30 DAYS), NDS |
| *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)* | TIER 2 | QL (1800 PER 30 DAYS ), NDS |
| *acetaminophen-codeine 300-60 mg tab* | TIER 2 | QL (180 PER 30 DAYS), NDS |
| *butorphanol tartrate 10 mg/ml solution* | TIER 3 | QL (15 PER 28 DAYS ), NDS |
| *codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)* | TIER 4 | QL (168 PER 30 DAYS ), NDS |
| CODEINE SULFATE 15 MG TAB | TIER 4 | QL (336 PER 30 DAYS ), NDS |
| CODEINE SULFATE 60 MG TAB | TIER 4 | QL (84 PER 30 DAYS ), NDS |
| *endocet (2.5-325 mg tab, 5-325 mg tab)* | TIER 3 | QL (168 PER 30 DAYS ), NDS |
| *endocet 10-325 mg tab* | TIER 3 | QL (84 PER 30 DAYS ), NDS |
| *endocet 7.5-325 mg tab* | TIER 3 | QL (112 PER 30 DAYS ), NDS |
| *hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)* | TIER 4 | QL (2520 PER 30 DAYS ), NDS |
| *hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)* | TIER 2 | QL (180 PER 30 DAYS), NDS |
| *hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)* | TIER 2 | QL (240 PER 30 DAYS), NDS |
| *hydromorphone hcl 2 mg tab* | TIER 3 | QL (154 PER 30 DAYS ), NDS |
| *hydromorphone hcl 4 mg tab* | TIER 3 | QL (84 PER 30 DAYS ), NDS |
| *hydromorphone hcl 8 mg tab* | TIER 3 | QL (42 PER 30 DAYS ), NDS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)* | TIER 3 | QL (70 PER 30 DAYS ), NDS |
| *morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)* | TIER 3 | QL (630 PER 30 DAYS ), NDS |
| *morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)* | TIER 3 | QL (315 PER 30 DAYS ), NDS |
| *morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)* | TIER 3 | QL (120 PER 30 DAYS ), NDS |
| *oxycodone hcl (15 mg tab, 30 mg tab)* | TIER 3 | QL (56 PER 30 DAYS ), NDS |
| *oxycodone hcl 10 mg tab* | TIER 3 | QL (84 PER 30 DAYS ), NDS |
| *oxycodone hcl 100 mg/5ml conc* | TIER 4 | QL (120 PER 30 DAYS ), NDS |
| *oxycodone hcl 20 mg tab* | TIER 3 | QL (120 PER 30 DAYS ), NDS |
| *oxycodone hcl 5 mg tab* | TIER 3 | QL (168 PER 30 DAYS ), NDS |
| *oxycodone hcl 5 mg/5ml solution* | TIER 3 | QL (840 PER 30 DAYS ), NDS |
| *oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)* | TIER 3 | QL (168 PER 30 DAYS ), NDS |
| *oxycodone-acetaminophen 10-325 mg tab* | TIER 3 | QL (84 PER 30 DAYS ), NDS |
| *oxycodone-acetaminophen 7.5-325 mg tab* | TIER 3 | QL (112 PER 30 DAYS ), NDS |
| *tramadol hcl 50 mg tab* | TIER 2 | QL (240 PER 30 DAYS), NDS |
| *tramadol-acetaminophen 37.5-325 mg tab* | TIER 2 | QL (112 PER 30 DAYS ), NDS |

## ANESTHETICS

### LOCAL ANESTHETICS

| | | |
|---|---|---|
| *lidocaine 5 % ointment* | TIER 4 | QL (50 PER 30 DAYS) |
| *lidocaine 5 % patch* | TIER 3 | PA, QL (90 PER 30 DAYS) |
| *lidocaine hcl (lidocaine hcl 4 % solution, lidocaine hcl 4 % solution)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *lidocaine viscous hcl 2 % solution* | TIER 2 | |
| *lidocaine-prilocaine 2.5-2.5 % cream* | TIER 3 | QL (30 PER 30 DAYS) |
| *lidocan 5 % patch* | TIER 3 | PA, QL (90 PER 30 DAYS) |
| NAYZILAM 5 MG/0.1ML SOLUTION | TIER 4 | QL (10 PER 30 DAYS) |
| PREMIUM LIDOCAINE 5 % OINTMENT | TIER 4 | QL (50 PER 30 DAYS) |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |
| **ALCOHOL DETERRENTS/ANTI-CRAVING** | | |
| *acamprosate calcium 333 mg tab dr* | TIER 4 | |
| *disulfiram (250 mg tab, 500 mg tab)* | TIER 2 | |
| **OPIOID DEPENDENCE** | | |
| *buprenorphine hcl (2 mg tab, 8 mg tab)* | TIER 2 | |
| *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)* | TIER 2 | |
| **OPIOID REVERSAL AGENTS** | | |
| KLOXXADO 8 MG/0.1ML LIQUID | TIER 4 | QL (2 PER 30 DAYS ) |
| *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)* | TIER 2 | |
| *naltrexone hcl 50 mg tab* | TIER 2 | |
| **SMOKING CESSATION AGENTS** | | |
| *bupropion hcl er (smoking det) 150 mg tab 12h* | TIER 2 | QL (60 PER 30 DAYS) |
| NICOTROL NS 10 MG/ML SOLUTION | TIER 4 | |
| *varenicline tartrate (0.5 mg tab, 1 mg tab)* | TIER 4 | QL (60 PER 30 DAYS) |
| *varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk* | TIER 4 | QL (53 PER 30 DAYS ) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *varenicline tartrate(continue) 1 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| **ANTIBACTERIALS** | | |
| **AMINOGLYCOSIDES** | | |
| *amikacin sulfate 500 mg/2ml solution* | TIER 4 | |
| ARIKAYCE 590 MG/8.4ML SUSPENSION | TIER 5 | PA, LA, QL (235.2 PER 28 DAYS) |
| *gentamicin sulfate (0.1 % cream, 0.1 % ointment)* | TIER 2 | |
| *gentamicin sulfate 40 mg/ml solution* | TIER 4 | |
| *neomycin sulfate 500 mg tab* | TIER 2 | |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | TIER 4 | |
| *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)* | TIER 4 | |
| **ANTIBACTERIALS, OTHER** | | |
| *aztreonam (1 gm soln, 2 gm soln)* | TIER 4 | |
| CAYSTON 75 MG RECON SOLN | TIER 5 | PA, LA, QL (84 PER 28 DAYS) |
| *clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)* | TIER 2 | |
| *clindamycin palmitate hcl 75 mg/5ml recon soln* | TIER 4 | |
| *clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)* | TIER 4 | |
| *clindamycin phosphate 2 % cream* | TIER 2 | |
| *clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| 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 4 | |
| *colistimethate sodium (cba) 150 mg recon soln* | TIER 4 | |
| *daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)* | TIER 4 | |
| *fosfomycin tromethamine 3 gm packet* | TIER 4 | QL (4 PACKETS PER 28 DAYS ) |
| *lincomycin hcl 300 mg/ml solution* | TIER 4 | |
| *linezolid 100 mg/5ml recon susp* | TIER 5 | PA |
| *linezolid 600 mg tab* | TIER 4 | PA |
| *linezolid 600 mg/300ml solution* | TIER 4 | |
| LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION | TIER 5 | |
| *methenamine hippurate 1 gm tab* | TIER 4 | |
| *metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)* | TIER 2 | |
| *metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % lotion, metronidazole 1 % gel, metronidazole 500 mg/100ml solution)* | TIER 4 | |
| *metronidazole 0.75 % cream* | TIER 3 | |
| *nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)* | TIER 2 | |
| *nitrofurantoin monohyd macro 100 mg cap* | TIER 2 | |
| *tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)* | TIER 4 | |
| *tinidazole (250 mg tab, 500 mg tab)* | TIER 4 | |
| *trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *vancomycin hcl (vancomycin hcl 250 mg cap, vancomycin hcl 2 gm recon soln, vancomycin hcl 125 mg cap, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1.75 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 100 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln)* | TIER 4 | |
| *vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)* | TIER 4 | PA - PART B VS D DETERMINATION |
| XIFAXAN 200 MG TAB | TIER 3 | PA, QL (9 PER 30 DAYS ) |
| XIFAXAN 550 MG TAB | TIER 3 | PA, QL (90 PER 30 DAYS) |
| **BETA-LACTAM, CEPHALOSPORINS** | | |
| CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP) | TIER 2 | |
| *cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp)* | TIER 3 | |
| *cefadroxil 500 mg cap* | TIER 2 | |
| *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)* | TIER 4 | |
| *cefdinir (125 mg/5ml, 250 mg/5ml)* | TIER 3 | |
| *cefdinir 300 mg cap* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)* | TIER 4 | |
| *cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)* | TIER 4 | |
| *cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)* | TIER 4 | |
| CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP) | TIER 4 | |
| *cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)* | TIER 2 | |
| *ceftaroline fosamil (400 mg soln, 600 mg soln)* | TIER 5 | |
| CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN) | TIER 4 | |
| *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)* | TIER 4 | |
| *cefuroxime axetil (250 mg tab, 500 mg tab)* | TIER 2 | |
| *cefuroxime sodium (1.5 gm soln, 750 mg soln)* | TIER 4 | |
| *cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| TAZICEF (TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN) | TIER 4 | |
| **BETA-LACTAM, PENICILLINS** | | |
| *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)* | TIER 2 | |
| *amoxicillin trihydrate 250 mg/5ml recon susp* | TIER 2 | |
| *amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)* | TIER 2 | |
| AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB | TIER 3 | |
| *amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h* | TIER 4 | |
| *ampicillin 500 mg cap* | TIER 2 | |
| *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)* | TIER 4 | |
| *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)* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR) | TIER 4 | |
| *dicloxacillin sodium (250 mg cap, 500 mg cap)* | TIER 2 | |
| *nafcillin sodium (1 gm soln, 2 gm soln, 10 gm soln)* | TIER 4 | |
| *penicillin g potassium (5000000 soln, 20000000 soln)* | TIER 4 | |
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN | TIER 4 | |
| *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)* | TIER 2 | |
| *pfizerpen (5000000 soln, 20000000 soln)* | TIER 4 | |
| *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)* | TIER 4 | |
| **CARBAPENEMS** | | |
| *ertapenem sodium 1 gm recon soln* | TIER 3 | |
| *imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)* | TIER 4 | |
| *meropenem (1 gm soln, 500 mg soln)* | TIER 4 | |
| MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN) | TIER 4 | |
| **MACROLIDES** | | |
| *azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)* | TIER 2 | |
| *azithromycin 500 mg recon soln* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP) | TIER 4 | |
| *clarithromycin (250 mg tab, 500 mg tab)* | TIER 2 | |
| *clarithromycin er 500 mg tab 24h* | TIER 4 | |
| DIFICID 40 MG/ML RECON SUSP | TIER 5 | PA, QL (136 PER 10 DAYS ) |
| *e.e.s. 400 (e.e.s. 400 400 mg tab, e.e.s. 400 400 mg tab)* | TIER 4 | |
| *erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)* | TIER 4 | |
| *erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg cp dr part, erythromycin base 500 mg tab)* | TIER 4 | |
| *erythromycin ethylsuccinate 200 mg/5ml recon susp* | TIER 4 | |
| *erythromycin lactobionate 500 mg recon soln* | TIER 4 | |
| *fidaxomicin 200 mg tab* | TIER 5 | PA, QL (20 PER 10 DAYS ) |
| **QUINOLONES** | | |
| BESIVANCE 0.6 % SUSPENSION | TIER 3 | |
| CILOXAN 0.3 % OINTMENT | TIER 4 | |
| *ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)* | TIER 2 | |
| *ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)* | TIER 4 | |
| *levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)* | TIER 2 | |
| *levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 25 mg/ml solution)* | TIER 4 | |
| *levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *moxifloxacin hcl 400 mg tab* | TIER 3 | |
| MOXIFLOXACIN HCL 400 MG/250ML SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| **SULFONAMIDES** | | |
| *sulfadiazine 500 mg tab* | TIER 3 | |
| *sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)* | TIER 2 | |
| *sulfamethoxazole-trimethoprim 400-80 mg/5ml solution* | TIER 4 | |
| *sulfatrim pediatric 200-40 mg/5ml suspension* | TIER 2 | |
| **TETRACYCLINES** | | |
| *avidoxy 100 mg tab* | TIER 3 | |
| *doxy 100 mg recon soln* | TIER 4 | |
| *doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)* | TIER 2 | |
| *doxycycline hyclate 100 mg recon soln* | TIER 4 | |
| *doxycycline monohydrate (50 mg cap, 100 mg cap)* | TIER 2 | |
| *doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)* | TIER 3 | |
| *minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)* | TIER 2 | |
| *mondoxyne nl 100 mg cap* | TIER 2 | |
| *tetracycline hcl (250 mg cap, 500 mg cap)* | TIER 4 | |
| **ANTICONVULSANTS** | | |
| **ANTICONVULSANTS, OTHER** | | |
| *brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)* | TIER 5 | ST, QL (60 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *brivaracetam 10 mg/ml solution* | TIER 5 | ST, QL (600 PER 30 DAYS) |
| DIACOMIT (250 MG CAP, 250 MG PACKET) | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| DIACOMIT (500 MG CAP, 500 MG PACKET) | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)* | TIER 2 | |
| *divalproex sodium er (er 250 mg tab er, er 500 mg tab er)* | TIER 2 | |
| EPIDIOLEX 100 MG/ML SOLUTION | TIER 5 | LA, PA - FOR NEW STARTS ONLY |
| *felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)* | TIER 4 | |
| FINTEPLA 2.2 MG/ML SOLUTION | TIER 5 | LA, QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)* | TIER 1 | |
| *lamotrigine (5 mg chew tab, 25 mg chew tab)* | TIER 2 | |
| *levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)* | TIER 2 | |
| *levetiracetam er 500 mg tab 24h* | TIER 2 | QL (180 PER 30 DAYS) |
| *levetiracetam er 750 mg tab 24h* | TIER 2 | QL (120 PER 30 DAYS) |
| *perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)* | TIER 4 | QL (30 PER 30 DAYS) |
| *perampanel 0.5 mg/ml suspension* | TIER 4 | QL (720 PER 30 DAYS) |
| *perampanel 2 mg tab* | TIER 4 | QL (90 PER 30 DAYS) |
| *roweepra 500 mg tab* | TIER 2 | |
| SPRITAM (250 MG TAB, 500 MG TAB) | TIER 4 | QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SPRITAM 1000 MG TAB | TIER 4 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SPRITAM 750 MG TAB | TIER 4 | QL (120 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)* | TIER 2 | |
| SUBVENITE 10 MG/ML SUSPENSION | TIER 5 | QL (1500 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *topiramate (15 mg cap, 25 mg cap, 50 mg cap)* | TIER 2 | |
| *topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)* | TIER 1 | |
| *topiramate 25 mg/ml solution* | TIER 4 | QL (480 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *valproate sodium (100 mg/ml, 500 mg/5ml)* | TIER 4 | |
| *valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)* | TIER 2 | |
| XCOPRI (150 MG TAB, 200 MG TAB) | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB) | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **CALCIUM CHANNEL MODIFYING AGENTS** | | |
| *ethosuximide (250 mg cap, 250 mg/5ml solution)* | TIER 2 | |
| *methsuximide 300 mg cap* | TIER 4 | |
| **GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS** | | |
| *clobazam 10 mg tab* | TIER 4 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *clobazam 2.5 mg/ml suspension* | TIER 4 | QL (480 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *clobazam 20 mg tab* | TIER 4 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *diazepam 10 mg gel* | TIER 4 | QL (20 PER 30 DAYS) |
| *diazepam 2.5 mg gel* | TIER 4 | QL (5 PER 30 DAYS) |
| *diazepam 20 mg gel* | TIER 4 | QL (40 PER 30 DAYS) |
| *gabapentin (250 mg/5ml, 300 mg/6ml)* | TIER 3 | QL (2160 PER 30 DAYS) |
| *gabapentin (600 mg tab, 800 mg tab)* | TIER 2 | QL (120 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *gabapentin 100 mg cap* | TIER 2 | QL (360 PER 30 DAYS) |
| *gabapentin 300 mg cap* | TIER 2 | QL (240 PER 30 DAYS) |
| *gabapentin 400 mg cap* | TIER 2 | QL (180 PER 30 DAYS) |
| *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)* | TIER 2 | PA - FOR NEW STARTS ONLY |
| *primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)* | TIER 2 | |
| SYMPAZAN (10 MG FILM, 20 MG FILM) | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SYMPAZAN 5 MG FILM | TIER 4 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *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)* | TIER 4 | |
| VALTOCO 10 MG DOSE /0.1ML LIQUID | TIER 5 | QL (10 PER 30 DAYS) |
| VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK | TIER 5 | QL (10 PER 30 DAYS) |
| VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK | TIER 5 | QL (10 PER 30 DAYS) |
| VALTOCO 5 MG DOSE /0.1ML LIQUID | TIER 5 | QL (10 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *vigabatrin (500 mg packet, 500 mg tab)* | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *vigadrone 500 mg packet* | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *vigadrone 500 mg tab* | TIER 5 | QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VIGAFYDE 100 MG/ML SOLUTION | TIER 5 | LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *vigpoder 500 mg packet* | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ZTALMY 50 MG/ML SUSPENSION | TIER 5 | LA, QL (1080 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **SODIUM CHANNEL AGENTS** | | |
| *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)* | TIER 2 | |
| *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)* | TIER 3 | |
| DILANTIN (30 MG CAP, 100 MG CAP) | TIER 4 | |
| *epitol 200 mg tab* | TIER 2 | |
| *eslicarbazepine acetate (200 mg tab, 400 mg tab)* | TIER 4 | QL (30 PER 30 DAYS) |
| *eslicarbazepine acetate (600 mg tab, 800 mg tab)* | TIER 4 | QL (60 PER 30 DAYS) |
| *lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)* | TIER 4 | QL (1200 PER 30 DAYS) |
| *lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)* | TIER 4 | QL (60 PER 30 DAYS) |
| *lacosamide 200 mg/20ml solution* | TIER 4 | PA - PART B VS D DETERMINATION |
| *oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)* | TIER 2 | |
| *oxcarbazepine 300 mg/5ml suspension* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *phenytek (200 mg cap, 300 mg cap)* | TIER 2 | |
| *phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)* | TIER 2 | |
| *phenytoin infatabs infas 50 mg chew* | TIER 2 | |
| *phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)* | TIER 2 | |
| *rufinamide 200 mg tab* | TIER 4 | QL (480 PER 30 DAYS) |
| *rufinamide 40 mg/ml suspension* | TIER 5 | QL (2400 PER 30 DAYS) |
| *rufinamide 400 mg tab* | TIER 4 | QL (240 PER 30 DAYS) |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK | TIER 5 | 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 5 | QL (28 PER 28 DAYS ), PA - FOR NEW STARTS ONLY |
| XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK | TIER 4 | QL (28 PER 28 DAYS ), PA - FOR NEW STARTS ONLY |
| ZONISADE 100 MG/5ML SUSPENSION | TIER 4 | |
| *zonisamide (25 mg cap, 50 mg cap, 100 mg cap)* | TIER 2 | |

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

| | | |
|---|---|---|
| ERGOLOID MESYLATES 1 MG TAB | TIER 3 | |
| LEQEMBI IQLIK (500 MG DOSE) 2 X 250 /1.25ML SOLN A-INJ | TIER 5 | PA, LA, QL (10 ML PER 28 DAYS) |
| LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ | TIER 5 | PA, LA, QL (7.2 ML PER 28 DAYS) |

### CHOLINESTERASE INHIBITORS

| | | |
|---|---|---|
| *donepezil hcl (5 mg tab, 10 mg tab)* | TIER 1 | |
| *donepezil hcl 23 mg tab* | TIER 4 | ST |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *donepezil hydrochloride orally disintegrating tab 5 mg* | TIER 2 | |
| *galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)* | TIER 4 | |
| *galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)* | TIER 2 | QL (30 PER 30 DAYS) |
| *rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)* | TIER 4 | QL (30 PER 30 DAYS) |
| *rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)* | TIER 3 | |
| **N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST** | | |
| *memantine hcl (2 mg/ml, 10 mg/5ml)* | TIER 3 | |
| *memantine hcl (5 mg tab, 10 mg tab)* | TIER 2 | |
| *memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)* | TIER 4 | |
| **ANTIDEPRESSANTS** | | |
| **ANTIDEPRESSANTS, OTHER** | | |
| AUVELITY 45-105 MG TAB ER | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK | TIER 4 | QL (102 PER 365 DAYS ), PA - FOR NEW STARTS ONLY |
| *bupropion hcl 100 mg tab* | TIER 2 | QL (120 PER 30 DAYS) |
| *bupropion hcl 75 mg tab* | TIER 2 | QL (180 PER 30 DAYS) |
| *bupropion hcl er (sr) 100 mg tab 12h* | TIER 2 | QL (120 PER 30 DAYS) |
| *bupropion hcl er (sr) 150 mg tab 12h* | TIER 2 | QL (90 PER 30 DAYS) |
| *bupropion hcl er (sr) 200 mg tab 12h* | TIER 2 | QL (60 PER 30 DAYS) |
| *bupropion hcl er (xl) 150 mg tab 24h* | TIER 2 | QL (90 PER 30 DAYS) |
| *bupropion hcl er (xl) 300 mg tab 24h* | TIER 2 | 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 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| EXXUA TITRATION PACK 18.2 MG TAB ER 24H | TIER 5 | 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 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *mirtazapine (15 mg tab, 30 mg tab)* | TIER 1 | |
| *mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)* | TIER 2 | |
| PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) | TIER 4 | PA - FOR NEW STARTS ONLY |
| ZURZUVAE (20 MG CAP, 25 MG CAP) | TIER 5 | QL (28 PER 365 DAYS ), PA - FOR NEW STARTS ONLY |
| ZURZUVAE 30 MG CAP | TIER 5 | 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 5 | PA - FOR NEW STARTS ONLY |
| MARPLAN 10 MG TAB | TIER 4 | |
| PHENELZINE SULFATE 15 MG TAB | TIER 2 | |
| *tranylcypromine sulfate 10 mg tab* | TIER 4 | |
| **SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)** | | |
| *citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)* | TIER 3 | |
| *desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)* | TIER 3 | QL (30 PER 30 DAYS) |
| *desvenlafaxine succinate er 100 mg tab 24h* | TIER 3 | QL (120 PER 30 DAYS) |
| *escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)* | TIER 1 | |
| *escitalopram oxalate (5 mg/5ml, 10 mg/10ml)* | TIER 2 | |
| FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H) | TIER 4 | QL (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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| FETZIMA TITRATION 20 & 40 MG CP24 THPK | TIER 4 | QL (28 PER 30 DAYS ), PA - FOR NEW STARTS ONLY |
| *fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)* | TIER 1 | |
| *fluoxetine hcl 20 mg/5ml solution* | TIER 2 | |
| FLUOXETINE HCL 90 MG CAP DR | TIER 4 | QL (4 PER 28 DAYS) |
| *fluvoxamine maleate 100 mg tab* | TIER 2 | QL (90 PER 30 DAYS) |
| *fluvoxamine maleate 25 mg tab* | TIER 2 | QL (360 PER 30 DAYS) |
| *fluvoxamine maleate 50 mg tab* | TIER 2 | QL (180 PER 30 DAYS) |
| NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) | TIER 3 | |
| *paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)* | TIER 1 | |
| PAROXETINE HCL 10 MG/5ML SUSPENSION | TIER 4 | QL (900 PER 30 DAYS) |
| *paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)* | TIER 4 | |
| RALDESY 10 MG/ML SOLUTION | TIER 5 | QL (1200 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *sertraline hcl 20 mg/ml conc* | TIER 3 | |
| *trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)* | TIER 2 | |
| *trazodone hcl 300 mg tab* | TIER 3 | |
| TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB) | TIER 4 | ST, QL (30 PER 30 DAYS) |
| *venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)* | TIER 2 | |
| *venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)* | TIER 2 | QL (60 PER 30 DAYS) |
| *venlafaxine hcl er 75 mg cap 24h* | TIER 2 | QL (90 PER 30 DAYS) |
| *vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)* | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **TRICYCLICS** | | |
| *amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)* | TIER 2 | PA - FOR NEW STARTS ONLY |
| *amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)* | TIER 3 | |
| *clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)* | TIER 4 | PA - FOR NEW STARTS ONLY |
| *desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)* | TIER 4 | |
| *doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl 10 mg/ml conc)* | TIER 2 | PA - FOR NEW STARTS ONLY |
| *doxepin hcl (doxepin hcl 150 mg cap, doxepin hcl 10 mg cap, 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)* | TIER 3 | PA - FOR NEW STARTS ONLY |
| *imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)* | TIER 2 | PA - FOR NEW STARTS ONLY |
| *nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)* | TIER 2 | |
| *nortriptyline hcl 10 mg/5ml solution* | TIER 4 | |
| *protriptyline hcl (5 mg tab, 10 mg tab)* | TIER 4 | |
| *trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)* | TIER 4 | PA - FOR NEW STARTS ONLY |
| **ANTIEMETICS** | | |
| **ANTIEMETICS, OTHER** | | |
| *compro 25 mg suppos* | TIER 4 | |
| *meclizine hcl (12.5 mg tab, 25 mg tab)* | TIER 2 | |
| *metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)* | TIER 2 | |
| *metoclopramide hcl 5 mg/ml solution* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)* | TIER 2 | |
| *prochlorperazine 25 mg suppos* | TIER 4 | |
| *prochlorperazine maleate (5 mg tab, 10 mg tab)* | TIER 2 | |
| *promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)* | TIER 2 | PA |
| *scopolamine 1 mg/3days patch 72hr* | TIER 4 | |

## EMETOGENIC THERAPY ADJUNCTS

| | | |
|---|---|---|
| *aprepitant (80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *aprepitant 40 mg cap* | TIER 4 | PA, QL (1 PER 30 DAYS) |
| *dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)* | TIER 4 | PA, QL (180 PER 30 DAYS) |
| *granisetron hcl 1 mg tab* | TIER 4 | QL (60 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| *ondansetron 4 mg tab disp* | TIER 2 | QL (180 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| *ondansetron 8 mg tab disp* | TIER 2 | QL (90 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| ONDANSETRON HCL 24 MG TAB | TIER 2 | QL (15 PER 30 DAYS ), PA - PART B VS D DETERMINATION |
| *ondansetron hcl 4 mg tab* | TIER 2 | QL (180 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| *ondansetron hcl 4 mg/5ml solution* | TIER 4 | QL (900 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| *ondansetron hcl 8 mg tab* | TIER 2 | QL (90 PER 30 DAYS), PA - PART B VS D DETERMINATION |

## ANTIFUNGALS

| | | |
|---|---|---|
| ABELCET 5 MG/ML SUSPENSION | TIER 4 | PA - PART B VS D DETERMINATION |
| AMPHOTERICIN B 50 MG RECON SOLN | TIER 4 | PA - PART B VS D DETERMINATION |
| *amphotericin b liposome 50 mg recon susp* | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *clotrimazole (1 % cream, 1 % solution, 10 mg troche)* | TIER 2 | |
| CRESEMBA 186 MG CAP | TIER 5 | PA, QL (60 PER 30 DAYS) |
| CRESEMBA 74.5 MG CAP | TIER 5 | PA, QL (150 PER 30 DAYS) |
| *econazole nitrate 1 % cream* | TIER 4 | |
| *fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)* | TIER 2 | |
| *fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)* | TIER 4 | |
| *flucytosine (250 mg cap, 500 mg cap)* | TIER 5 | |
| *griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)* | TIER 4 | |
| *griseofulvin ultramicrosize (125 mg tab, 250 mg tab)* | TIER 4 | |
| *itraconazole 100 mg cap* | TIER 4 | |
| *ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)* | TIER 2 | |
| *klayesta 100000 unit/gm powder* | TIER 4 | |
| *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)* | TIER 4 | |
| MICONAZOLE 3 200 MG SUPPOS | TIER 3 | |
| *nyamyc 100000 unit/gm powder* | TIER 4 | |
| *nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)* | TIER 2 | |
| *nystatin 100000 unit/gm powder* | TIER 4 | |
| *nystop 100000 unit/gm powder* | TIER 4 | |
| *posaconazole 100 mg tab dr* | TIER 4 | PA, QL (90 PER 30 DAYS) |
| *terbinafine hcl 250 mg tab* | TIER 2 | QL (30 PER 30 DAYS) |
| *terconazole (0.4 %, 0.8 %)* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *terconazole 80 mg suppos* | TIER 4 | |
| *voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)* | TIER 4 | PA |
| *voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)* | TIER 4 | PA - PART B VS D DETERMINATION |
| **ANTIGOUT AGENTS** | | |
| *allopurinol (100 mg tab, 300 mg tab)* | TIER 1 | |
| *colchicine 0.6 mg tab* | TIER 3 | QL (120 PER 30 DAYS) |
| *colchicine-probenecid 0.5-500 mg tab* | TIER 2 | |
| *febuxostat (40 mg tab, 80 mg tab)* | TIER 4 | ST, QL (30 PER 30 DAYS) |
| *probenecid 500 mg tab* | TIER 2 | |
| **ANTIMIGRAINE AGENTS** | | |
| **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS** | | |
| AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ) | TIER 3 | PA, QL (1 PER 28 DAYS) |
| EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) | TIER 3 | PA, QL (2 PER 30 DAYS) |
| EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR | TIER 3 | PA, QL (3 PER 30 DAYS) |
| NURTEC 75 MG TAB DISP | TIER 5 | PA, QL (16 PER 30 DAYS ) |
| **ERGOT ALKALOIDS** | | |
| *dihydroergotamine mesylate 4 mg/ml solution* | TIER 4 | PA, QL (8 PER 30 DAYS) |
| ERGOTAMINE-CAFFEINE 1-100 MG TAB | TIER 3 | QL (40 PER 28 DAYS) |
| **SEROTONIN (5-HT) RECEPTOR AGONIST** | | |
| *naratriptan hcl (1 mg tab, 2.5 mg tab)* | TIER 3 | QL (18 PER 30 DAYS ) |
| *rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)* | TIER 2 | QL (24 PER 30 DAYS ) |
| *sumatriptan (5 mg/act, 20 mg/act)* | TIER 4 | QL (18 PER 30 DAYS ) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 2 | QL (18 PER 30 DAYS ) |
| *sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)* | TIER 4 | QL (8 PER 30 DAYS ) |
| SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART) | TIER 4 | QL (8 PER 30 DAYS ) |
| **ANTIMYASTHENIC AGENTS** | | |
| **PARASYMPATHOMIMETICS** | | |
| *pyridostigmine bromide 60 mg tab* | TIER 2 | |
| *pyridostigmine bromide er 180 mg tab* | TIER 4 | |
| **ANTIMYCOBACTERIALS** | | |
| **ANTIMYCOBACTERIALS, OTHER** | | |
| *dapsone (25 mg tab, 100 mg tab)* | TIER 3 | |
| *rifabutin 150 mg cap* | TIER 4 | |
| **ANTITUBERCULARS** | | |
| *ethambutol hcl (100 mg tab, 400 mg tab)* | TIER 2 | |
| *isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)* | TIER 2 | |
| PRETOMANID 200 MG TAB | TIER 4 | QL (30 PER 30 DAYS) |
| *pyrazinamide 500 mg tab* | TIER 2 | |
| *rifampin (150 mg cap, 300 mg cap)* | TIER 2 | |
| *rifampin 600 mg recon soln* | TIER 4 | |
| *rifapentine 150 mg tab* | TIER 4 | |
| SIRTURO (20 MG TAB, 100 MG TAB) | TIER 5 | PA |
| TRECATOR 250 MG TAB | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANTINEOPLASTICS** | | |
| **ALKYLATING AGENTS** | | |
| CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB) | TIER 3 | PA - PART B VS D DETERMINATION |
| LEUKERAN 2 MG TAB | TIER 4 | |
| *lomustine (10 mg cap, 40 mg cap)* | TIER 4 | |
| *lomustine 100 mg cap* | TIER 5 | |
| MATULANE 50 MG CAP | TIER 5 | LA |
| **ANTIANDROGENS** | | |
| *abiraterone acetate 250 mg tab* | TIER 4 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *abiraterone acetate 500 mg tab* | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *abirtega 250 mg tab* | TIER 2 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *bicalutamide 50 mg tab* | TIER 2 | |
| ERLEADA 240 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ERLEADA 60 MG TAB | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| EULEXIN 125 MG CAP | TIER 3 | |
| *nilutamide (nilutamide 150 mg tab, nilutamide 150 mg tab)* | TIER 5 | QL (30 PER 30 DAYS) |
| NUBEQA 300 MG TAB | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 345 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 86 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 40 MG CAP | TIER 5 | LA, QL (120 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| XTANDI 40 MG TAB | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 80 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **ANTIANGIOGENIC AGENTS** | | |
| *lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)* | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)* | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID 100 MG CAP | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID 50 MG CAP | TIER 5 | QL (150 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **ANTIESTROGENS/MODIFIERS** | | |
| *fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)* | TIER 5 | |
| INLURIYO 200 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SOLTAMOX 10 MG/5ML SOLUTION | TIER 5 | PA - FOR NEW STARTS ONLY |
| *tamoxifen citrate (10 mg tab, 20 mg tab)* | TIER 2 | |
| *toremifene citrate 60 mg tab* | TIER 4 | |
| VEPPANU (100 MG TAB, 200 MG TAB) | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **ANTIMETABOLITES** | | |
| *mercaptopurine 2000 mg/100ml suspension* | TIER 5 | PA - FOR NEW STARTS ONLY |
| *mercaptopurine 50 mg tab* | TIER 2 | |
| ONUREG (200 MG TAB, 300 MG TAB) | TIER 5 | QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| TABLOID LOID 40 MG | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANTINEOPLASTICS, OTHER** | | |
| AKEEGA (50-500 MG TAB, 100-500 MG TAB) | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 160 MG CAP | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 40 MG CAP | TIER 5 | QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BESREMI PEN 500 MCG/0.5ML SOLN | TIER 5 | LA, QL (1 ML PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 1 MG CAP | TIER 5 | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 5 MG CAP | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| *hydroxyurea 500 mg cap* | TIER 2 | |
| INQOVI 35-100 MG TAB | TIER 5 | LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| IWILFIN 192 MG TAB | TIER 5 | LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LEDERLE LEUCOVORIN 5 MG TAB | TIER 2 | |
| *leucovorin calcium (100 mg soln, 350 mg soln)* | TIER 4 | |
| *leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)* | TIER 2 | |
| LONSURF 15-6.14 MG TAB | TIER 5 | LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LONSURF 20-8.19 MG TAB | TIER 5 | LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYSODREN 500 MG TAB | TIER 5 | |
| MODEYSO 125 MG CAP | TIER 5 | LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| QINLOCK 50 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| WELIREG 40 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ZENBEXUS (0.75 MG CAP, 1 MG CAP) | TIER 5 | QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| ZOLINZA 100 MG CAP | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **AROMATASE INHIBITORS, 3RD GENERATION** | | |
| *anastrozole 1 mg tab* | TIER 1 | |
| *exemestane 25 mg tab* | TIER 4 | |
| *letrozole 2.5 mg tab* | TIER 2 | |
| **ENZYME INHIBITORS** | | |
| AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER | TIER 5 | LA, QL (66 PER 28 DAYS ), PA - FOR NEW STARTS ONLY |
| ENSACOVE 100 MG CAP | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ENSACOVE 25 MG CAP | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LAZCLUZE 240 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LAZCLUZE 80 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **MOLECULAR TARGET INHIBITORS** | | |
| ALECENSA 150 MG CAP | TIER 5 | LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG (90 MG TAB, 180 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 30 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 90 & 180 MG TAB THPK | TIER 5 | 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 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 3 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 4 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 5 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 100 MG CAP | TIER 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| BOSULIF 100 MG TAB | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 50 MG CAP | TIER 5 | QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 500 MG TAB | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *bosutinib (400 mg tab, 500 mg tab)* | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *bosutinib 100 mg tab* | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BRAFTOVI 75 MG CAP | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BRUKINSA 160 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| BRUKINSA 80 MG CAP | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| CALQUENCE 100 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 100 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 300 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| CAVHANZA (60 MG TAB DISP, 80 MG TAB DISP) | TIER 5 | LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (60 MG DAILY DOSE) 20 KIT | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| COPIKTRA (15 MG CAP, 25 MG CAP) | TIER 5 | LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| COTELLIC 20 MG TAB | TIER 5 | LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| *dasatinib (100 mg tab, 140 mg tab)* | TIER 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *dasatinib (20 mg tab, 50 mg tab)* | TIER 5 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *dasatinib (70 mg tab, 80 mg tab)* | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| DAURISMO 100 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| DAURISMO 25 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ERIVEDGE 150 MG CAP | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *erlotinib hcl (100 mg tab, 150 mg tab)* | TIER 3 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *erlotinib hcl 25 mg tab* | TIER 3 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *everolimus (2 mg tab, 3 mg tab, 5 mg tab)* | TIER 5 | PA - FOR NEW STARTS ONLY |
| *everolimus (2.5 mg tab, 5 mg tab)* | TIER 4 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *everolimus (7.5 mg tab, 10 mg tab)* | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| FOTIVDA (0.89 MG CAP, 1.34 MG CAP) | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GAVRETO 100 MG CAP | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *gefitinib 250 mg tab* | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 1 MG CAP | TIER 5 | LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 1 MG TAB SOL | TIER 5 | LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 2 MG CAP | TIER 5 | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| HERNEXEOS 60 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| HYRNUO 10 MG TAB | TIER 5 | QL (120 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB) | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| IBRANCE 100 MG CAP | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| IBTROZI 200 MG CAP | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| IDHIFA (50 MG TAB, 100 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *imatinib mesylate 100 mg tab* | TIER 3 | QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *imatinib mesylate 400 mg tab* | TIER 3 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA (140 MG CAP, 140 MG TAB) | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA 70 MG/ML SUSPENSION | TIER 5 | LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| IMKELDI 80 MG/ML SOLUTION | TIER 5 | LA, QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| INLYTA 1 MG TAB | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| INLYTA 5 MG TAB | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| INREBIC 100 MG CAP | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ITOVEBI 3 MG TAB | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ITOVEBI 9 MG TAB | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) | TIER 5 | LA, QL (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 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| JAYPIRCA 100 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| JAYPIRCA 50 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| JIDEYTRO 100 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| JIDEYTRO 25 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (200 MG DOSE) (TAB THPK | TIER 5 | QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (400 MG DOSE) 200 TAB THPK | TIER 5 | QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (600 MG DOSE) 200 TAB THPK | TIER 5 | QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KOMZIFTI 200 MG CAP | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 10 MG CAP | TIER 5 | LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 25 MG CAP | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 5 MG CAP SPRINK | TIER 5 | QL (600 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 7.5 MG CAP SPRINK | TIER 5 | QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| KRAZATI 200 MG TAB | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *lapatinib ditosylate 250 mg tab* | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (10 MG DAILY DOSE) CAP THPK | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (4 MG DAILY DOSE) (CAP THPK | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LIFYORLI (125 MG DOSE) (X & X 00 CAP THPK | TIER 5 | LA, QL (18 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LIFYORLI (150 MG DOSE) (50 2 X 25 & X 00 CAP THPK | TIER 5 | LA, QL (27 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LORBRENA 100 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LORBRENA 25 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LUMAKRAS 120 MG TAB | TIER 5 | QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LUMAKRAS 240 MG TAB | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LUMAKRAS 320 MG TAB | TIER 5 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LYNPARZA (100 MG TAB, 150 MG TAB) | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK | TIER 5 | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK | TIER 5 | LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK | TIER 5 | LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| MEKINIST 0.05 MG/ML RECON SOLN | TIER 5 | LA, QL (1200 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| MEKINIST 0.5 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| MEKINIST 2 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| MEKTOVI 15 MG TAB | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| NERLYNX 40 MG TAB | TIER 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)* | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) | TIER 5 | QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY |
| ODOMZO 200 MG CAP | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 100 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 150 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 50 MG TAB | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 100 MG TAB | TIER 5 | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 25 MG/ML RECON SUSP | TIER 5 | LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| *pazopanib hcl 200 mg tab* | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PAZOPANIB HCL 400 MG TAB | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (200 MG DAILY DOSE) (TAB THPK | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG TAB | TIER 5 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| REVUFORJ 110 MG TAB | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| REVUFORJ 160 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| REVUFORJ 25 MG TAB | TIER 5 | LA, QL (240 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| REZLIDHIA 150 MG CAP | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP) | TIER 5 | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| ROZLYTREK 100 MG CAP | TIER 5 | QL (150 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ROZLYTREK 200 MG CAP | TIER 5 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ROZLYTREK 50 MG PACKET | TIER 5 | QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB) | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| RYDAPT 25 MG CAP | TIER 5 | QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SCEMBLIX 100 MG TAB | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SCEMBLIX 20 MG TAB | TIER 5 | QL (600 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| SCEMBLIX 40 MG TAB | TIER 5 | QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *sorafenib tosylate 200 mg tab* | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| STIVARGA 40 MG TAB | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *sunitinib malate (37.5 mg cap, 50 mg cap)* | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *sunitinib malate 12.5 mg cap* | TIER 5 | QL (210 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *sunitinib malate 25 mg cap* | TIER 5 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TABRECTA (150 MG TAB, 200 MG TAB) | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR (50 MG CAP, 75 MG CAP) | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR 10 MG TAB SOL | TIER 5 | LA, QL (900 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TAGRISSO (40 MG TAB, 80 MG TAB) | TIER 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA 0.25 MG CAP | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TAZVERIK 200 MG TAB | TIER 5 | LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TEPMETKO 225 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TIBSOVO 250 MG TAB | TIER 5 | 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 5 | LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| TUKYSA (50 MG TAB, 150 MG TAB) | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| TURALIO 125 MG CAP | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VANFLYTA 17.7 MG TAB | TIER 5 | LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| VANFLYTA 26.5 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 10 MG TAB | TIER 3 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 100 MG TAB | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 50 MG TAB | TIER 4 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK | TIER 5 | 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 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 100 MG CAP | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 20 MG/ML SOLUTION | TIER 5 | LA, QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 25 MG CAP | TIER 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 10 MG TAB | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 40 MG TAB | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI (50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI 150 MG CAP SPRINK | TIER 5 | LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI 20 MG CAP SPRINK | TIER 5 | LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XOSPATA 40 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK | TIER 5 | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK | TIER 5 | LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) TAB THPK | TIER 5 | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) TAB THPK | TIER 5 | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG ONCE WEEKLY) TAB THPK | TIER 5 | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK | TIER 5 | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK | TIER 5 | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) TAB THPK | TIER 5 | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK | TIER 5 | LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ZELBORAF 240 MG TAB | TIER 5 | LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ZYDELIG (100 MG TAB, 150 MG TAB) | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| ZYKADIA 150 MG TAB | TIER 5 | LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **RETINOIDS** | | |
| *bexarotene 1 % gel* | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *bexarotene 75 mg cap* | TIER 3 | QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PANRETIN 0.1 % GEL | TIER 5 | PA - FOR NEW STARTS ONLY |
| *tretinoin 10 mg cap* | TIER 5 | |
| **TREATMENT ADJUNCTS** | | |
| *mesna 400 mg tab* | TIER 4 | |
| VONJO 100 MG CAP | TIER 5 | LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **ANTIPARASITICS** | | |
| **ANTHELMINTHICS** | | |
| *albendazole 200 mg tab* | TIER 4 | |
| *ivermectin 3 mg tab* | TIER 2 | |
| *praziquantel 600 mg tab* | TIER 3 | |
| **ANTIPROTOZOALS** | | |
| *atovaquone 750 mg/5ml suspension* | TIER 4 | PA |
| *atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)* | TIER 2 | |
| BENZNIDAZOLE 100 MG TAB | TIER 4 | QL (240 PER 365 DAYS ) |
| BENZNIDAZOLE 12.5 MG TAB | TIER 4 | QL (720 PER 365 DAYS ) |
| *chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)* | TIER 2 | QL (25 PER 30 DAYS) |
| COARTEM 20-120 MG TAB | TIER 4 | QL (24 PER 2 DAYS ) |
| *hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 100 mg tab)* | TIER 2 | QL (120 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *hydroxychloroquine sulfate (hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 300 mg tab)* | TIER 2 | QL (60 PER 30 DAYS) |
| *hydroxychloroquine sulfate (hydroxychloroquine sulfate 400 mg tab, hydroxychloroquine sulfate 400 mg tab)* | TIER 2 | QL (30 PER 30 DAYS) |
| *hydroxychloroquine sulfate 200 mg tab* | TIER 2 | QL (90 PER 30 DAYS) |
| IMPAVIDO 50 MG CAP | TIER 5 | PA, QL (84 PER 28 DAYS) |
| *mefloquine hcl 250 mg tab* | TIER 2 | |
| *nitazoxanide 500 mg tab* | TIER 5 | PA, QL (6 PER 3 DAYS ) |
| *pentamidine isethionate 300 mg recon soln* | TIER 3 | |
| *pentamidine isethionate 300 mg recon soln* | TIER 4 | PA - PART B VS D DETERMINATION |
| *primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)* | TIER 2 | |
| *pyrimethamine 25 mg tab* | TIER 5 | PA |
| *quinine sulfate 324 mg cap* | TIER 3 | PA, QL (180 PER 30 DAYS) |
| **ANTIPARKINSON AGENTS** | | |
| **ANTICHOLINERGICS** | | |
| *benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)* | TIER 2 | |
| *benztropine mesylate 1 mg/ml solution* | TIER 4 | |
| *trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)* | TIER 2 | |
| **ANTIPARKINSON AGENTS, OTHER** | | |
| *amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *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)* | TIER 4 | |
| *entacapone 200 mg tab* | TIER 4 | QL (240 PER 30 DAYS) |
| **DOPAMINE AGONISTS** | | |
| *bromocriptine mesylate (2.5 mg tab, 5 mg cap)* | TIER 4 | |
| *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)* | TIER 2 | |
| *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)* | TIER 2 | |
| *ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er)* | TIER 4 | QL (30 PER 30 DAYS) |
| *ropinirole hcl er 12 mg tab 24h* | TIER 4 | QL (60 PER 30 DAYS) |
| *ropinirole hcl er 8 mg tab 24h* | TIER 4 | QL (90 PER 30 DAYS) |
| **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS** | | |
| *carbidopa 25 mg tab* | TIER 4 | |
| *carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)* | TIER 4 | |
| *carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)* | TIER 2 | |
| *carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)* | TIER 2 | |
| **MONOAMINE OXIDASE B (MAO-B) INHIBITORS** | | |
| *rasagiline mesylate (0.5 mg tab, 1 mg tab)* | TIER 4 | QL (30 PER 30 DAYS) |
| *selegiline hcl (5 mg cap, 5 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANTIPSYCHOTICS** | | |
| **1ST GENERATION/TYPICAL** | | |
| *chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 50 mg/2ml solution, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)* | TIER 4 | |
| *fluphenazine decanoate 25 mg/ml solution* | TIER 4 | |
| *fluphenazine hcl (fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc)* | TIER 4 | |
| *haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)* | TIER 2 | |
| *haloperidol decanoate (50 mg/ml, 100 mg/ml)* | TIER 3 | |
| *haloperidol lactate 2 mg/ml conc* | TIER 3 | |
| *haloperidol lactate 5 mg/ml solution* | TIER 2 | |
| *loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)* | TIER 2 | |
| MOLINDONE HCL 10 MG TAB | TIER 4 | QL (240 PER 30 DAYS) |
| MOLINDONE HCL 25 MG TAB | TIER 4 | QL (270 PER 30 DAYS) |
| MOLINDONE HCL 5 MG TAB | TIER 4 | QL (360 PER 30 DAYS) |
| *pimozide (1 mg tab, 2 mg tab)* | TIER 3 | |
| *thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)* | TIER 3 | PA - FOR NEW STARTS ONLY |
| *thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)* | TIER 2 | |
| **2ND GENERATION/ATYPICAL** | | |
| ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER) | TIER 5 | PA - PART B VS D DETERMINATION |
| *aripiprazole (10 mg tab disp, 15 mg tab disp)* | TIER 4 | QL (60 PER 30 DAYS) |
| *aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)* | TIER 3 | QL (30 PER 30 DAYS) |
| *aripiprazole 1 mg/ml solution* | TIER 4 | QL (750 PER 30 DAYS) |
| *aripiprazole 2 mg tab* | TIER 3 | QL (120 PER 30 DAYS) |
| *aripiprazole 5 mg tab* | TIER 3 | QL (60 PER 30 DAYS) |
| *asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)* | TIER 4 | 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 5 | 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 5 | QL (16 PER 365 DAYS ), PA - FOR NEW STARTS ONLY |
| BYSANTI TITRATION PACK B YSANTI 1 & 2 & 6 & 8 MG TATHPK | TIER 5 | QL (24 PER 365 DAYS ), PA - FOR NEW STARTS ONLY |
| BYSANTI TITRATION PACK C PAK 1 & 2 & 6 MG TAB THPK | TIER 5 | QL (16 PER 365 DAYS ), PA - FOR NEW STARTS ONLY |
| CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP) | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| ERZOFRI 117 MG/0.75ML SUSP PRSYR | TIER 5 | QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| ERZOFRI 156 MG/ML SUSP PRSYR | TIER 5 | QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| ERZOFRI 234 MG/1.5ML SUSP PRSYR | TIER 5 | QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| ERZOFRI 351 MG/2.25ML SUSP PRSYR | TIER 5 | QL (4.5 ML PER 365 DAYS ), PA - PART B VS D DETERMINATION |
| ERZOFRI 39 MG/0.25ML SUSP PRSYR | TIER 4 | QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| ERZOFRI 78 MG/0.5ML SUSP PRSYR | TIER 5 | QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB) | TIER 4 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| FANAPT TITRATION PACK A FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB | TIER 4 | QL (8 PER 30 DAYS ), PA - FOR NEW STARTS ONLY |
| FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TA | TIER 4 | QL (12 PER 30 DAYS ), PA - FOR NEW STARTS ONLY |
| FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB | TIER 4 | QL (8 PER 30 DAYS ), PA - FOR NEW STARTS ONLY |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR | TIER 5 | QL (3.5 PER 180 DAYS ), PA - PART B VS D DETERMINATION |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR | TIER 5 | QL (5 PER 180 DAYS ), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | TIER 5 | QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | TIER 5 | QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | TIER 5 | QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | TIER 4 | QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | TIER 5 | QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | TIER 5 | QL (0.88 PER 84 DAYS ), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | TIER 5 | QL (1.32 PER 84 DAYS ), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | TIER 5 | QL (1.75 PER 84 DAYS ), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | TIER 5 | QL (2.63 PER 84 DAYS ), PA - PART B VS D DETERMINATION |
| *lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)* | TIER 4 | QL (30 PER 30 DAYS) |
| *lurasidone hcl 80 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| NUPLAZID (10 MG TAB, 34 MG CAP) | TIER 5 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)* | TIER 2 | |
| *olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)* | TIER 4 | |
| OPIPZA (5 MG FILM, 10 MG FILM) | TIER 5 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| OPIPZA 2 MG FILM | TIER 5 | QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)* | TIER 4 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *paliperidone er 6 mg tab 24h* | TIER 4 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PERSERIS (90 MG PRSYR, 120 MG PRSYR) | TIER 5 | QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION |
| *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)* | TIER 2 | |
| *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)* | TIER 4 | |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB) | TIER 5 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)* | TIER 4 | |
| *risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)* | TIER 2 | |
| *risperidone 1 mg/ml solution* | TIER 3 | |
| *risperidone microspheres er (er 12.5 mg, er 25 mg)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *risperidone microspheres er (er 37.5 mg, er 50 mg)* | TIER 5 | PA - PART B VS D DETERMINATION |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR) | TIER 5 | 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 3 | QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| WELTRUZA (318 MG, 425 MG, 531 MG) | TIER 5 | QL (1 VIAL PER 30 DAYS), PA - PART B VS D DETERMINATION |
| *ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)* | TIER 3 | |
| *ziprasidone mesylate 20 mg recon soln* | TIER 4 | |
| ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP) | TIER 4 | PA - PART B VS D DETERMINATION |
| **ANTIPSYCHOTICS, OTHER** | | |
| COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP) | TIER 5 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK | TIER 5 | QL (112 PER 365 DAYS ), PA - FOR NEW STARTS ONLY |
| **TREATMENT-RESISTANT** | | |
| *clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)* | TIER 4 | |
| *clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)* | TIER 2 | |
| VERSACLOZ 50 MG/ML SUSPENSION | TIER 5 | QL (540 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen (10 mg tab, 20 mg tab)* | TIER 2 | |
| *baclofen 15 mg tab* | TIER 2 | QL (180 PER 30 DAYS) |
| *baclofen 5 mg tab* | TIER 2 | QL (480 PER 30 DAYS) |
| *dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)* | TIER 4 | |
| *tizanidine hcl (2 mg tab, 4 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANTIVIRALS** | | |
| **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS** | | |
| LIVTENCITY 200 MG TAB | TIER 5 | PA, LA, QL (120 PER 30 DAYS) |
| PREVYMIS (20 MG PACKET, 120 MG PACKET) | TIER 5 | QL (120 PER 30 DAYS) |
| PREVYMIS (240 MG TAB, 480 MG TAB) | TIER 5 | QL (200 PER 365 DAYS ) |
| *valganciclovir hcl 450 mg tab* | TIER 3 | QL (60 PER 30 DAYS) |
| *valganciclovir hcl 50 mg/ml recon soln* | TIER 4 | QL (540 PER 30 DAYS) |
| **ANTI-HEPATITIS B (HBV) AGENTS** | | |
| *adefovir dipivoxil 10 mg tab* | TIER 4 | QL (30 PER 30 DAYS) |
| BARACLUDE 0.05 MG/ML SOLUTION | TIER 5 | QL (630 PER 30 DAYS) |
| *entecavir (0.5 mg tab, 1 mg tab)* | TIER 4 | QL (30 PER 30 DAYS) |
| *lamivudine 100 mg tab* | TIER 3 | |
| **ANTI-HEPATITIS C (HCV) AGENTS** | | |
| MAVYRET 100-40 MG TAB | TIER 5 | PA, QL (90 PER 30 DAYS) |
| MAVYRET 50-20 MG PACKET | TIER 5 | PA, QL (180 PER 30 DAYS) |
| RIBAVIRIN (200 MG CAP, 200 MG TAB) | TIER 2 | |
| *ribavirin (ribavirin 6 gm recon soln, ribavirin 6 gm recon soln)* | TIER 5 | PA - PART B VS D DETERMINATION |
| VOSEVI 400-100-100 MG TAB | TIER 5 | PA, QL (30 PER 30 DAYS) |
| **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)** | | |
| BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) | TIER 5 | QL (30 PER 30 DAYS) |
| BIXLENVO 75-50 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| DOVATO 50-300 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| GENVOYA 150-150-200-10 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| ISENTRESS 100 MG CHEW TAB | TIER 5 | QL (180 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| ISENTRESS 100 MG PACKET | TIER 5 | QL (60 PER 30 DAYS) |
| ISENTRESS 25 MG CHEW TAB | TIER 3 | QL (180 PER 30 DAYS) |
| ISENTRESS 400 MG TAB | TIER 5 | QL (120 PER 30 DAYS) |
| ISENTRESS HD 600 MG TAB | TIER 5 | QL (60 PER 30 DAYS) |
| JULUCA 50-25 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| *raltegravir potassium 400 mg tab* | TIER 5 | QL (120 PER 30 DAYS) |
| *raltegravir potassium 600 mg tab* | TIER 5 | QL (60 PER 30 DAYS) |
| STRIBILD 150-150-200-300 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| TIVICAY 50 MG TAB | TIER 5 | QL (60 PER 30 DAYS) |
| TIVICAY PD 5 MG TAB SOL | TIER 4 | QL (180 PER 30 DAYS) |
| **ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)** | | |
| DELSTRIGO 100-300-300 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| EDURANT PED 2.5 MG TAB SOL | TIER 5 | QL (180 PER 30 DAYS) |
| *efavirenz 600 mg tab* | TIER 4 | QL (30 PER 30 DAYS) |
| *efavirenz-emtricitab-tenofo df 600-200-300 mg* | TIER 4 | QL (30 PER 30 DAYS) |
| *efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)* | TIER 5 | QL (30 PER 30 DAYS) |
| *emtricitab-rilpivir-tenofov df 200-25-300 mg* | TIER 5 | QL (30 PER 30 DAYS) |
| *etravirine 100 mg tab* | TIER 4 | QL (120 PER 30 DAYS) |
| *etravirine 200 mg tab* | TIER 5 | QL (60 PER 30 DAYS) |
| INTELENCE 25 MG TAB | TIER 4 | QL (360 PER 30 DAYS) |
| *nevirapine 200 mg tab* | TIER 2 | QL (60 PER 30 DAYS) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | TIER 4 | QL (1200 PER 30 DAYS) |
| *nevirapine er 400 mg tab 24h* | TIER 4 | QL (30 PER 30 DAYS) |
| ODEFSEY 200-25-25 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| PIFELTRO 100 MG TAB | TIER 5 | QL (60 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *rilpivirine hcl 25 mg tab* | TIER 5 | QL (60 PER 30 DAYS) |
| **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)** | | |
| *abacavir sulfate 20 mg/ml solution* | TIER 4 | QL (900 PER 30 DAYS) |
| *abacavir sulfate 300 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| *abacavir sulfate-lamivudine 600-300 mg tab* | TIER 4 | QL (30 PER 30 DAYS) |
| CIMDUO 300-300 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| DESCOVY (120-15 MG TAB, 200-25 MG TAB) | TIER 5 | QL (30 PER 30 DAYS) |
| *emtricitabine 200 mg cap* | TIER 4 | QL (30 PER 30 DAYS) |
| *emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)* | TIER 4 | QL (30 PER 30 DAYS) |
| EMTRIVA 10 MG/ML SOLUTION | TIER 4 | QL (720 PER 30 DAYS) |
| *lamivudine (10 mg/ml, 300 mg/30ml)* | TIER 3 | QL (900 PER 30 DAYS) |
| *lamivudine 150 mg tab* | TIER 3 | QL (60 PER 30 DAYS) |
| *lamivudine 300 mg tab* | TIER 3 | QL (30 PER 30 DAYS) |
| *lamivudine-zidovudine 150-300 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| *tenofovir disoproxil fumarate 300 mg tab* | TIER 3 | QL (30 PER 30 DAYS) |
| TRIUMEQ 600-50-300 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| TRIUMEQ PD 60-5-30 MG TAB SOL | TIER 4 | QL (180 PER 30 DAYS) |
| VIREAD (200 MG TAB, 250 MG TAB) | TIER 5 | QL (30 PER 30 DAYS) |
| VIREAD 150 MG TAB | TIER 5 | QL (60 PER 30 DAYS) |
| VIREAD 40 MG/GM POWDER | TIER 4 | QL (240 PER 30 DAYS) |
| *zidovudine 100 mg cap* | TIER 2 | QL (180 PER 30 DAYS) |
| *zidovudine 300 mg tab* | TIER 2 | QL (60 PER 30 DAYS) |
| *zidovudine 50 mg/5ml syrup* | TIER 2 | QL (1800 PER 30 DAYS) |
| **ANTI-HIV AGENTS, OTHER** | | |
| BIXLENVO SUNLENCA STARTER PACK 75-50 & 4 300 MG TAB THPK | TIER 5 | QL (68 PER 365 DAYS ) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| CABENUVA 400 & 600 MG/2ML SUSP | TIER 5 | QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| CABENUVA 600 & 900 MG/3ML SUSP | TIER 5 | QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| IDVYNSO 100-0.25 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| *maraviroc 150 mg tab* | TIER 5 | QL (60 PER 30 DAYS) |
| *maraviroc 300 mg tab* | TIER 5 | QL (120 PER 30 DAYS) |
| RUKOBIA 600 MG TAB ER 12H | TIER 5 | QL (60 PER 30 DAYS) |
| SELZENTRY 20 MG/ML SOLUTION | TIER 5 | QL (1800 PER 30 DAYS) |
| SUNLENCA 300 MG TAB | TIER 5 | LA, QL (24 PER 168 DAYS ) |
| SUNLENCA 4 X 300 MG TAB THPK | TIER 5 | QL (4 PER 180 DAYS ) |
| SUNLENCA 463.5 MG/1.5ML SOLUTION | TIER 5 | QL (3 PER 180 DAYS ), PA - PART B VS D DETERMINATION |
| SUNLENCA 5 X 300 MG TAB THPK | TIER 5 | QL (5 PER 180 DAYS ) |
| TYBOST 150 MG TAB | TIER 3 | QL (30 PER 30 DAYS) |
| **ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)** | | |
| APTIVUS 250 MG CAP | TIER 5 | QL (120 PER 30 DAYS) |
| *atazanavir sulfate (150 mg cap, 200 mg cap)* | TIER 4 | QL (60 PER 30 DAYS) |
| *atazanavir sulfate 300 mg cap* | TIER 4 | QL (30 PER 30 DAYS) |
| *darunavir 600 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| *darunavir 800 mg tab* | TIER 4 | QL (30 PER 30 DAYS) |
| EVOTAZ 300-150 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| *fosamprenavir calcium 700 mg tab* | TIER 4 | QL (120 PER 30 DAYS) |
| KALETRA 400-100 MG/5ML SOLUTION | TIER 4 | QL (390 PER 30 DAYS) |
| *lopinavir-ritonavir 100-25 mg tab* | TIER 4 | QL (300 PER 30 DAYS) |
| *lopinavir-ritonavir 200-50 mg tab* | TIER 4 | QL (120 PER 30 DAYS) |
| NORVIR 100 MG PACKET | TIER 4 | QL (360 PER 30 DAYS) |
| PREZCOBIX (675-150 MG TAB, 800-150 MG TAB) | TIER 5 | QL (30 PER 30 DAYS) |
| PREZCOBIX PED 600-90 MG TAB SOL | TIER 5 | QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| PREZISTA 100 MG/ML SUSPENSION | TIER 5 | QL (360 PER 30 DAYS) |
| PREZISTA 150 MG TAB | TIER 3 | QL (240 PER 30 DAYS) |
| PREZISTA 75 MG TAB | TIER 3 | QL (300 PER 30 DAYS) |
| REYATAZ 50 MG PACKET | TIER 5 | QL (240 PER 30 DAYS) |
| *ritonavir 100 mg tab* | TIER 3 | QL (360 PER 30 DAYS) |
| SYMTUZA 800-150-200-10 MG TAB | TIER 5 | QL (30 PER 30 DAYS) |
| VIRACEPT 250 MG TAB | TIER 5 | QL (270 PER 30 DAYS) |
| VIRACEPT 625 MG TAB | TIER 5 | QL (120 PER 30 DAYS) |
| **ANTI-INFLUENZA AGENTS** | | |
| *oseltamivir phosphate 30 mg cap* | TIER 3 | QL (120 PER 180 DAYS ) |
| *oseltamivir phosphate 45 mg cap* | TIER 3 | QL (42 PER 180 DAYS ) |
| *oseltamivir phosphate 6 mg/ml recon susp* | TIER 3 | QL (1080 PER 365 DAYS ) |
| *oseltamivir phosphate 75 mg cap* | TIER 3 | QL (60 PER 180 DAYS ) |
| RELENZA DISKHALER 5 MG/ACT AER POW BA | TIER 3 | QL (60 PER 180 DAYS ) |
| RIMANTADINE HCL 100 MG TAB | TIER 4 | |
| XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK | TIER 4 | QL (2 PER 30 DAYS ) |
| XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK | TIER 4 | QL (1 PER 30 DAYS ) |
| **ANTIHERPETIC AGENTS** | | |
| *acyclovir (200 mg cap, 400 mg tab, 800 mg tab)* | TIER 2 | |
| *acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)* | TIER 4 | |
| *acyclovir sodium 50 mg/ml solution* | TIER 4 | PA - PART B VS D DETERMINATION |
| *famciclovir (125 mg tab, 250 mg tab, 500 mg tab)* | TIER 2 | |
| *valacyclovir hcl (1 gm tab, 500 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANTIVIRAL, CORONAVIRUS AGENTS** | | |
| LAGEVRIO 200 MG CAP | TIER 5 | QL (40 PER 30 DAYS ) |
| PAXLOVID (150/100) MG & 0MG TAB THPK | TIER 2 | QL (20 PER 30 DAYS ) |
| PAXLOVID (300/100 & 150/100) 6 10 MG 100MG TAB THPK | TIER 2 | QL (11 PER 30 DAYS ) |
| PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK | TIER 2 | QL (30 PER 30 DAYS ) |
| **ANXIOLYTICS** | | |
| **ANXIOLYTICS, OTHER** | | |
| *buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)* | TIER 2 | |
| **BENZODIAZEPINES** | | |
| *alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)* | TIER 2 | QL (120 PER 30 DAYS) |
| *alprazolam 2 mg tab* | TIER 2 | QL (150 PER 30 DAYS) |
| *clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)* | TIER 3 | QL (1200 PER 30 DAYS) |
| *clonazepam 0.5 mg tab* | TIER 2 | QL (1200 PER 30 DAYS) |
| *clonazepam 1 mg tab* | TIER 2 | QL (600 PER 30 DAYS) |
| *clonazepam 1 mg tab disp* | TIER 3 | QL (600 PER 30 DAYS) |
| *clonazepam 2 mg tab* | TIER 2 | QL (300 PER 30 DAYS) |
| *clonazepam 2 mg tab disp* | TIER 3 | QL (300 PER 30 DAYS) |
| *clorazepate dipotassium 15 mg tab* | TIER 4 | QL (180 PER 30 DAYS) |
| *clorazepate dipotassium 3.75 mg tab* | TIER 4 | QL (720 PER 30 DAYS) |
| *clorazepate dipotassium 7.5 mg tab* | TIER 4 | QL (360 PER 30 DAYS) |
| *diazepam (5 mg tab, 5 mg/ml conc)* | TIER 2 | QL (360 PER 30 DAYS) |
| *diazepam 10 mg tab* | TIER 2 | QL (180 PER 30 DAYS) |
| *diazepam 2 mg tab* | TIER 2 | QL (900 PER 30 DAYS) |
| *diazepam 5 mg/5ml solution* | TIER 2 | QL (1800 PER 30 DAYS) |
| *diazepam intensol 5 mg/ml conc* | TIER 2 | QL (360 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *lorazepam 0.5 mg tab* | TIER 2 | QL (600 PER 30 DAYS) |
| *lorazepam 1 mg tab* | TIER 2 | QL (300 PER 30 DAYS) |
| *lorazepam 2 mg tab* | TIER 2 | QL (150 PER 30 DAYS) |
| *lorazepam 2 mg/ml conc* | TIER 3 | QL (150 PER 30 DAYS) |
| *lorazepam intensol 2 mg/ml conc* | TIER 3 | QL (150 PER 30 DAYS) |
| **BIPOLAR AGENTS** | | |
| **MOOD STABILIZERS** | | |
| *lithium 8 meq/5ml solution* | TIER 2 | |
| *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)* | TIER 2 | |
| *lithium carbonate er (er 300 mg tab er, er 450 mg tab er)* | TIER 2 | |
| **BLOOD GLUCOSE REGULATORS** | | |
| **ANTIDIABETIC AGENTS** | | |
| *acarbose (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 2 | |
| *dapagliflozin base-metformin er (er 5-500 mg tab er, er 10-1000 mg tab er, er 10-500 mg tab er)* | TIER 2 | QL (30 PER 30 DAYS) |
| *dapagliflozin base-metformin er 5-1000 mg tab 24h* | TIER 2 | QL (60 PER 30 DAYS) |
| *glimepiride (1 mg tab, 2 mg tab, 4 mg tab)* | TIER 1 | |
| *glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)* | TIER 1 | |
| *glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)* | TIER 1 | |
| *glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)* | TIER 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)* | TIER 1 | |
| *glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)* | TIER 1 | |
| GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB) | TIER 1 | |
| *glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)* | TIER 1 | |
| GLYXAMBI (10-5 MG TAB, 25-5 MG TAB) | TIER 3 | QL (30 PER 30 DAYS) |
| JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB) | TIER 3 | QL (60 PER 30 DAYS) |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | TIER 3 | QL (60 PER 30 DAYS) |
| JENTADUETO XR 5-1000 MG TAB ER 24H | TIER 3 | QL (30 PER 30 DAYS) |
| KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB) | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)* | TIER 1 | |
| *metformin hcl er (er 500 mg tab er, er 750 mg tab er)* | TIER 1 | |
| MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ) | TIER 3 | PA, QL (2 PER 28 DAYS) |
| *nateglinide (60 mg tab, 120 mg tab)* | TIER 1 | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN | TIER 3 | PA, QL (3 PER 28 DAYS) |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN | TIER 3 | PA, QL (3 PER 28 DAYS) |
| OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB) | TIER 3 | PA, QL (30 PER 30 DAYS) |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | TIER 3 | PA, QL (3 PER 28 DAYS) |
| *pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)* | TIER 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)* | TIER 1 | QL (30 PER 30 DAYS) |
| *pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)* | TIER 1 | |
| *repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)* | TIER 1 | |
| RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB) | TIER 3 | PA, QL (30 PER 30 DAYS) |
| *sitaglip phos-metformin hcl er (er 50-500 mg tab er, er 100-1000 mg tab er)* | TIER 2 | QL (30 PER 30 DAYS) |
| *sitaglip phos-metformin hcl er 50-1000 mg tab 24h* | TIER 2 | QL (60 PER 30 DAYS) |
| *sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)* | TIER 2 | QL (60 PER 30 DAYS) |
| *sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 2 | 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 3 | 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 3 | QL (60 PER 30 DAYS) |
| SYNJARDY XR 25-1000 MG TAB ER 24H | TIER 3 | QL (30 PER 30 DAYS) |
| TRADJENTA 5 MG TAB | TIER 3 | 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 3 | PA, QL (2 PER 28 DAYS) |
| XIGDUO XR 2.5-1000 MG TAB ER 24H | TIER 3 | QL (60 PER 30 DAYS) |
| **GLYCEMIC AGENTS** | | |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER | TIER 3 | QL (2 PER 30 DAYS ) |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER | TIER 3 | QL (2 PER 30 DAYS ) |
| *diazoxide 50 mg/ml suspension* | TIER 5 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln, glucagon emergency 1 mg/ml recon soln)* | TIER 3 | QL (2 PER 2 DAYS ) |
| **INSULINS** | | |
| HUMALOG 100 UNIT/ML SOLN CART | TIER 3 | INS |
| HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN | TIER 3 | INS |
| HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN) | TIER 3 | INS |
| HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP | TIER 3 | INS |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION | TIER 3 | INS |
| HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP | TIER 3 | INS |
| HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION | TIER 3 | INS |
| HUMULIN 70/30 KWIKPEN KWIK(70-30) 100 UNIT/ML SUSP | TIER 3 | INS |
| HUMULIN N 100 UIT/ML SUSPESIO | TIER 3 | INS |
| HUMULIN N KWIKPEN KWIK100 UIT/ML SUSP | TIER 3 | INS |
| HUMULIN R 100 UNIT/ML SOLUTION | TIER 3 | INS |
| HUMULIN R U-500 (CONCENTRATED) (CONCENTATED) UNIT/ML SOLUTION | TIER 3 | PA - PART B VS D DETERMINATION, INS |
| HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN | TIER 3 | INS |
| INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN | TIER 3 | INS |
| INSULIN LISPRO 100 UNIT/ML SOLUTION | TIER 3 | INS |
| INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN | TIER 3 | INS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN | TIER 3 | INS |
| LANTUS 100 UNIT/ML SOLUTION | TIER 3 | QL (40 PER 30 DAYS), INS |
| LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN | TIER 3 | QL (45 PER 30 DAYS), INS |
| NOVOLIN R FLEXPEN FLEX100 UNIT/ML SOLN | TIER 3 | INS |
| NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN | TIER 3 | INS |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | TIER 3 | QL (18 PER 28 DAYS), INS |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN | TIER 3 | QL (18 PER 28 DAYS), INS |
| TRESIBA 100 UNIT/ML SOLUTION | TIER 3 | QL (30 PER 30 DAYS), INS |
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN | TIER 3 | QL (30 PER 30 DAYS), INS |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN | TIER 3 | QL (27 PER 30 DAYS), INS |
| **BLOOD PRODUCTS AND MODIFIERS** | | |
| **ANTICOAGULANTS** | | |
| *dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)* | TIER 4 | QL (60 PER 30 DAYS) |
| ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB) | TIER 3 | QL (60 PER 30 DAYS) |
| ELIQUIS (1.5 MG PACK) 3 X 0.5 TAB SOL | TIER 3 | QL (360 PER 30 DAYS) |
| ELIQUIS (2 MG PACK) 4 X 0.5 TAB SOL | TIER 3 | QL (480 PER 30 DAYS) |
| ELIQUIS 0.5 MG TAB SOL | TIER 3 | QL (120 PER 30 DAYS) |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK | TIER 3 | QL (74 PER 180 DAYS ) |
| *enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)* | TIER 4 | QL (60 PER 30 DAYS) |
| *enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)* | TIER 4 | QL (48 PER 30 DAYS) |

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

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

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

| 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 4 | 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 5 | PA |
| ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR | TIER 5 | PA |
| *eltrombopag olamine (12.5 mg packet, 12.5 mg tab)* | TIER 5 | PA, QL (30 PER 30 DAYS) |
| *eltrombopag olamine (25 mg tab, 50 mg tab)* | TIER 5 | PA, QL (90 PER 30 DAYS) |
| *eltrombopag olamine 25 mg packet* | TIER 5 | PA, QL (180 PER 30 DAYS) |
| *eltrombopag olamine 75 mg tab* | TIER 5 | PA, QL (60 PER 30 DAYS) |
| FULPHILA 6 MG/0.6ML SOLN PRSYR | TIER 5 | PA |
| LEUKINE 250 MCG RECON SOLN | TIER 5 | PA |
| NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) | TIER 5 | PA |
| RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION) | TIER 4 | PA |
| UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR) | TIER 5 | PA |
| ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | TIER 5 | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **HEMOSTASIS AGENTS** | | |
| *tranexamic acid 650 mg tab* | TIER 3 | QL (30 PER 30 DAYS) |
| **PLATELET MODIFYING AGENTS** | | |
| *aspirin-dipyridamole er 25-200 mg cap 12h* | TIER 4 | |
| *cilostazol (50 mg tab, 100 mg tab)* | TIER 2 | |
| *clopidogrel bisulfate 75 mg tab* | TIER 1 | QL (30 PER 30 DAYS) |
| *dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)* | TIER 3 | |
| *prasugrel hcl (5 mg tab, 10 mg tab)* | TIER 3 | QL (30 PER 30 DAYS) |
| *ticagrelor (60 mg tab, 90 mg tab)* | TIER 3 | QL (60 PER 30 DAYS) |
| **CARDIOVASCULAR AGENTS** | | |
| **ALPHA-ADRENERGIC AGONISTS** | | |
| *clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)* | TIER 3 | |
| *clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)* | TIER 1 | |
| *droxidopa 100 mg cap* | TIER 4 | PA, QL (540 PER 30 DAYS) |
| *droxidopa 200 mg cap* | TIER 4 | PA, QL (270 PER 30 DAYS) |
| *droxidopa 300 mg cap* | TIER 4 | PA, QL (84 PER 90 DAYS ) |
| *guanfacine hcl (1 mg tab, 2 mg tab)* | TIER 2 | |
| METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB) | TIER 2 | |
| *midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)* | TIER 3 | |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| *doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)* | TIER 2 | |
| *prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)* | TIER 2 | |
| *terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)* | TIER 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| *candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)* | TIER 1 | |
| *irbesartan (75 mg tab, 150 mg tab, 300 mg tab)* | TIER 1 | |
| *losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *telmisartan (20 mg tab, 40 mg tab, 80 mg tab)* | TIER 1 | |
| *valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)* | TIER 1 | |
| **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS** | | |
| *benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)* | TIER 1 | |
| *fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)* | TIER 1 | |
| *moexipril hcl (7.5 mg tab, 15 mg tab)* | TIER 1 | |
| PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB) | TIER 1 | |
| *quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)* | TIER 1 | |
| *trandolapril (1 mg tab, 2 mg tab, 4 mg tab)* | TIER 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ANTIARRHYTHMICS** | | |
| *amiodarone hcl (100 mg tab, 400 mg tab)* | TIER 4 | |
| *amiodarone hcl 200 mg tab* | TIER 2 | |
| *digox 125 mcg tab* | TIER 2 | QL (30 PER 30 DAYS) |
| *digoxin (125 mcg tab, 250 mcg tab)* | TIER 2 | QL (30 PER 30 DAYS) |
| *dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)* | TIER 4 | |
| *flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)* | TIER 2 | |
| *mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)* | TIER 2 | |
| MULTAQ 400 MG TAB | TIER 3 | QL (60 PER 30 DAYS) |
| *pacerone (100 mg tab, 400 mg tab)* | TIER 4 | |
| *pacerone 200 mg tab* | TIER 2 | |
| *propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)* | TIER 2 | |
| QUINIDINE SULFATE (200 MG TAB, 300 MG TAB) | TIER 2 | |
| *sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)* | TIER 2 | |
| *sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)* | TIER 2 | |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *acebutolol hcl (200 mg cap, 400 mg cap)* | TIER 2 | |
| *atenolol (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *betaxolol hcl (10 mg tab, 20 mg tab)* | TIER 2 | |
| *bisoprolol fumarate (5 mg tab, 10 mg tab)* | TIER 2 | |
| *carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)* | TIER 1 | |
| *labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)* | TIER 1 | |
| *metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *nadolol (20 mg tab, 40 mg tab, 80 mg tab)* | TIER 2 | |
| *nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)* | TIER 3 | |
| *pindolol (5 mg tab, 10 mg tab)* | TIER 2 | |
| *propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)* | TIER 2 | |
| PROPRANOLOL HCL (PROPRANOLOL HCL 40 MG/5ML SOLUTION, PROPRANOLOL HCL 20 MG/5ML SOLUTION) | TIER 3 | |
| *propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)* | TIER 2 | |
| *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)* | TIER 4 | |
| **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES** | | |
| *amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)* | TIER 1 | |
| *felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)* | TIER 2 | |
| *isradipine (2.5 mg cap, 5 mg cap)* | TIER 3 | |
| *nicardipine hcl (20 mg cap, 30 mg cap)* | TIER 2 | |
| *nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)* | TIER 2 | |
| *nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)* | TIER 2 | |
| *nimodipine 30 mg cap* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES** | | |
| *cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)* | TIER 2 | |
| *dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)* | TIER 2 | |
| *diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)* | TIER 2 | |
| *diltiazem hcl 120 mg extended release 24hr capsule* | TIER 2 | |
| *diltiazem hcl 180 mg extended release 24hr capsule* | TIER 2 | |
| *diltiazem hcl 240 mg extended release 24hr capsule* | TIER 2 | |
| *diltiazem hcl 300 mg extended release 24hr capsule* | TIER 2 | |
| *diltiazem hcl 360 mg extended release 24hr capsule* | TIER 2 | |
| *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)* | TIER 2 | |
| *diltiazem hcl er beads 420 mg cap 24h* | TIER 2 | |
| *matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)* | TIER 2 | |
| *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)* | TIER 2 | |
| *verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)* | TIER 1 | |
| VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H) | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)* | TIER 2 | |
| **CARDIOVASCULAR AGENTS, OTHER** | | |
| *acetazolamide (125 mg tab, 250 mg tab)* | TIER 2 | |
| *aliskiren fumarate (150 mg tab, 300 mg tab)* | TIER 4 | |
| *amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)* | TIER 2 | |
| *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)* | TIER 1 | |
| *amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)* | TIER 1 | |
| *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)* | TIER 3 | |
| *amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)* | TIER 1 | |
| *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)* | TIER 1 | |
| *atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)* | TIER 1 | |
| *benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)* | TIER 1 | |
| *bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)* | TIER 1 | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB) | TIER 1 | |
| CORLANOR 5 MG/5ML SOLUTION | TIER 4 | PA, QL (600 PER 30 DAYS) |
| *enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)* | TIER 1 | |
| *fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)* | TIER 1 | |
| *irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)* | TIER 1 | |
| *ivabradine hcl (5 mg tab, 7.5 mg tab)* | TIER 4 | PA, QL (60 PER 30 DAYS) |
| *lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)* | TIER 1 | |
| *losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)* | TIER 1 | |
| *metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)* | TIER 2 | |
| *metyrosine 250 mg cap* | TIER 5 | |
| *olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)* | TIER 1 | |
| *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)* | TIER 1 | |
| *pentoxifylline er 400 mg tab* | TIER 2 | |
| *quinapril-hydrochlorothiazide (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)* | TIER 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *ranolazine er (er 500 mg tab er, er 1000 mg tab er)* | TIER 4 | QL (60 PER 30 DAYS) |
| *sacubitril-valsartan (49-51 mg tab, 97-103 mg tab)* | TIER 3 | QL (60 PER 30 DAYS) |
| *sacubitril-valsartan 24-26 mg tab* | TIER 3 | QL (180 PER 30 DAYS) |
| *spironolactone-hctz 25-25 mg tab* | TIER 2 | |
| *telmisartan-amlodipine (telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab)* | TIER 1 | |
| *telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)* | 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 | |
| *triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)* | TIER 1 | |
| *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)* | TIER 1 | |
| VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | TIER 4 | 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 3 | PA, QL (2 PER 28 DAYS), NDS |
| WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB) | TIER 3 | PA, QL (30 PER 30 DAYS) |
| WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ) | TIER 3 | PA, QL (3 PER 28 DAYS), NDS |
| **DIURETICS, LOOP** | | |
| *bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *bumetanide 0.25 mg/ml solution* | TIER 4 | |
| *furosemide (furosemide 10 mg/ml solution, furosemide 10 mg/ml solution)* | TIER 4 | |
| 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 | |
| *torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)* | TIER 2 | |
| **DIURETICS, POTASSIUM-SPARING** | | |
| *amiloride hcl 5 mg tab* | TIER 2 | |
| *eplerenone (25 mg tab, 50 mg tab)* | TIER 3 | |
| *spironolactone (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| **DIURETICS, THIAZIDE** | | |
| *chlorthalidone (25 mg tab, 50 mg tab)* | TIER 2 | |
| *hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)* | TIER 1 | |
| *indapamide (1.25 mg tab, 2.5 mg tab)* | TIER 1 | |
| *metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)* | TIER 2 | |
| **DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES** | | |
| *fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)* | TIER 2 | |
| *fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)* | TIER 2 | |
| *fenofibric acid (45 mg cap dr, 135 mg cap dr)* | TIER 3 | |
| *gemfibrozil 600 mg tab* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS** | | |
| *atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)* | TIER 1 | |
| *fluvastatin sodium (20 mg cap, 40 mg cap)* | TIER 1 | |
| *fluvastatin sodium er 80 mg tab 24h* | TIER 2 | |
| *lovastatin (10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)* | TIER 1 | |
| *rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)* | TIER 1 | |
| **DYSLIPIDEMICS, OTHER** | | |
| *cholestyramine (4 gm packet, 4 gm/dose powder)* | TIER 3 | |
| *cholestyramine light (4 gm packet, 4 gm/dose powder)* | TIER 2 | |
| *colesevelam hcl (3.75 gm packet, 625 mg tab)* | TIER 4 | |
| *colestipol hcl (5 gm granules, 5 gm packet)* | TIER 3 | |
| *colestipol hcl 1 gm tab* | TIER 2 | |
| *ezetimibe 10 mg tab* | TIER 2 | |
| *ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)* | TIER 2 | |
| *icosapent ethyl (0.5 gm cap, 1 gm cap)* | TIER 4 | QL (120 PER 30 DAYS) |
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB | TIER 4 | |
| *niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)* | TIER 3 | QL (60 PER 30 DAYS) |
| *niacin er (antihyperlipidemic) 500 mg tab* | TIER 3 | QL (120 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| NIACOR 500 MG TAB | TIER 4 | |
| *omega-3-acid ethyl esters 1 gm cap* | TIER 2 | QL (120 PER 30 DAYS) |
| *prevalite (4 gm packet, 4 gm/dose powder)* | TIER 3 | |
| REPATHA 140 MG/ML SOLN PRSYR | TIER 3 | PA |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | TIER 3 | PA |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ | TIER 3 | PA |
| **SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)** | | |
| *dapagliflozin (5 mg tab, 10 mg tab)* | TIER 2 | QL (30 PER 30 DAYS) |
| FARXIGA (5 MG TAB, 10 MG TAB) | TIER 3 | ST, QL (30 PER 30 DAYS) |
| JARDIANCE (10 MG TAB, 25 MG TAB) | TIER 3 | QL (30 PER 30 DAYS) |
| **VASODILATORS, DIRECT-ACTING ARTERIAL** | | |
| *hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *minoxidil (2.5 mg tab, 10 mg tab)* | TIER 2 | |
| **VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS** | | |
| *isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)* | TIER 2 | |
| *isosorbide mononitrate (10 mg tab, 20 mg tab)* | TIER 2 | |
| *isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er)* | TIER 1 | |
| *isosorbide mononitrate er 120 mg tab 24h* | TIER 2 | |
| *nitro-bid 2 % ointment* | TIER 3 | |
| *nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)* | TIER 2 | |
| *nitroglycerin 0.4 % ointment* | TIER 4 | QL (30 PER 30 DAYS) |
| *nitroglycerin 2 % ointment* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES** | | |
| *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)* | TIER 4 | QL (60 PER 30 DAYS) |
| *amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)* | TIER 2 | QL (120 PER 30 DAYS) |
| *amphetamine-dextroamphetamine 12.5 mg tab* | TIER 2 | QL (150 PER 30 DAYS) |
| *amphetamine-dextroamphetamine 20 mg tab* | TIER 2 | QL (90 PER 30 DAYS) |
| *amphetamine-dextroamphetamine 30 mg tab* | TIER 2 | QL (60 PER 30 DAYS) |
| *dextroamphetamine sulfate (5 mg tab, 10 mg tab)* | TIER 4 | QL (180 PER 30 DAYS) |
| *dextroamphetamine sulfate 15 mg tab* | TIER 4 | QL (120 PER 30 DAYS) |
| *dextroamphetamine sulfate 20 mg tab* | TIER 4 | QL (90 PER 30 DAYS) |
| *dextroamphetamine sulfate 30 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES** | | |
| *atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)* | TIER 3 | QL (120 PER 30 DAYS) |
| *atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)* | TIER 3 | QL (30 PER 30 DAYS) |
| *atomoxetine hcl 40 mg cap* | TIER 3 | QL (60 PER 30 DAYS) |
| *dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)* | TIER 2 | QL (60 PER 30 DAYS) |
| *guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)* | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)* | TIER 4 | QL (90 PER 30 DAYS) |
| *methylphenidate hcl 10 mg chew tab* | TIER 4 | QL (180 PER 30 DAYS) |
| *methylphenidate hcl 10 mg tab* | TIER 2 | QL (180 PER 30 DAYS) |
| *methylphenidate hcl 20 mg tab* | TIER 2 | QL (90 PER 30 DAYS) |
| *methylphenidate hcl 5 mg tab* | TIER 2 | QL (360 PER 30 DAYS) |
| *methylphenidate hcl er 10 mg tab* | TIER 3 | QL (180 PER 30 DAYS) |
| *methylphenidate hcl er 20 mg tab* | TIER 3 | QL (90 PER 30 DAYS) |
| **CENTRAL NERVOUS SYSTEM, OTHER** | | |
| AUSTEDO (9 MG TAB, 12 MG TAB) | TIER 5 | PA, QL (120 PER 30 DAYS) |
| AUSTEDO 6 MG TAB | TIER 5 | 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 5 | PA, QL (30 PER 30 DAYS) |
| AUSTEDO XR 24 MG TAB ER 24H | TIER 5 | PA, QL (60 PER 30 DAYS) |
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | TIER 5 | PA, QL (28 PER 30 DAYS) |
| *bac (butalbital-acetamin-caff) 50-325-40 mg tab* | TIER 3 | PA, QL (48 PER 30 DAYS ), NDS |
| *butalbital-apap-caffeine 50-325-40 mg tab* | TIER 3 | PA, QL (48 PER 30 DAYS ), NDS |
| *riluzole 50 mg tab* | TIER 3 | |
| *tetrabenazine 12.5 mg tab* | TIER 4 | PA, LA, QL (240 PER 30 DAYS) |
| *tetrabenazine 25 mg tab* | TIER 5 | PA, LA, QL (120 PER 30 DAYS) |
| VEOZAH 45 MG TAB | TIER 4 | PA, QL (30 PER 30 DAYS) |
| **FIBROMYALGIA AGENTS** | | |
| DRIZALMA SPRINKLE 20 MG CAP | TIER 4 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| DRIZALMA SPRINKLE 30 MG CAP | TIER 4 | QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| DRIZALMA SPRINKLE 40 MG CAP | TIER 4 | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| DRIZALMA SPRINKLE 60 MG CAP | TIER 4 | QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| *duloxetine hcl 20 mg cp dr part* | TIER 2 | QL (120 PER 30 DAYS) |
| *duloxetine hcl 30 mg cp dr part* | TIER 2 | QL (90 PER 30 DAYS) |
| *duloxetine hcl 40 mg cp dr part* | TIER 4 | QL (60 PER 30 DAYS) |
| *duloxetine hcl 60 mg cp dr part* | TIER 2 | QL (60 PER 30 DAYS) |
| *pregabalin (200 mg cap, 225 mg cap, 300 mg cap)* | TIER 3 | QL (60 PER 30 DAYS) |
| *pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)* | TIER 3 | QL (90 PER 30 DAYS) |
| *pregabalin 20 mg/ml solution* | TIER 3 | QL (900 PER 30 DAYS) |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| BETASERON 0.3 MG KIT | TIER 5 | PA, QL (15 PER 30 DAYS) |
| *dalfampridine er 10 mg tab 12h* | TIER 3 | PA, QL (60 PER 30 DAYS) |
| *dimethyl fumarate (120 mg cap dr, 240 mg cap dr)* | TIER 4 | PA, QL (60 PER 30 DAYS) |
| *dimethyl fumarate starter pack 120 & 240 mg cpdr thpk* | TIER 4 | PA, QL (60 PER 30 DAYS) |
| *fingolimod hcl 0.5 mg cap* | TIER 5 | PA, QL (30 PER 30 DAYS) |
| *glatiramer acetate 20 mg/ml soln prsyr* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *glatiramer acetate 40 mg/ml soln prsyr* | TIER 4 | PA, QL (12 PER 28 DAYS) |
| *glatopa 20 mg/ml soln prsyr* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *glatopa 40 mg/ml soln prsyr* | TIER 4 | PA, QL (12 PER 28 DAYS) |
| *teriflunomide (7 mg tab, 14 mg tab)* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| **DENTAL AND ORAL AGENTS** | | |
| *cevimeline hcl 30 mg cap* | TIER 4 | |
| *chlorhexidine gluconate 0.12 % solution* | TIER 2 | |
| *kourzeq 0.1 % paste* | TIER 3 | |
| *oralone 0.1 % paste* | TIER 3 | |
| *periogard 0.12 % solution* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *pilocarpine hcl (5 mg tab, 7.5 mg tab)* | TIER 3 | |
| *triamcinolone acetonide 0.1 % paste* | TIER 3 | |

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

| | | |
|---|---|---|
| *accutane (10 mg cap, 20 mg cap, 40 mg cap)* | TIER 4 | |
| *acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)* | TIER 4 | |
| *amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)* | TIER 4 | |
| *benzoyl peroxide-erythromycin 5-3 % gel* | TIER 4 | |
| *claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)* | TIER 4 | |
| *clindamycin phos-benzoyl perox 1.2-5 % gel* | TIER 3 | |
| *isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)* | TIER 4 | |
| *sulfacetamide sodium (acne) 10 % lotion* | TIER 3 | |
| *tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)* | TIER 4 | |
| *tretinoin (0.01 % gel, 0.025 % gel, 0.05 % cream, 0.1 % cream)* | TIER 4 | PA |
| *tretinoin 0.025 % cream* | TIER 3 | PA |
| *zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)* | TIER 4 | |

### DERMATITIS AND PRURITUS AGENTS

| | | |
|---|---|---|
| *ala-cort 1 % cream* | TIER 2 | |
| *alclometasone dipropionate (alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *ammonium lactate (12 % cream, 12 % lotion)* | TIER 2 | |
| *betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)* | TIER 2 | |
| *betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)* | TIER 3 | |
| *betamethasone dipropionate aug 0.05 % cream* | TIER 2 | |
| *betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)* | TIER 2 | |
| *clobetasol prop emollient base 0.05 % cream* | TIER 4 | |
| *clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)* | TIER 4 | |
| *clobetasol propionate 0.05 % liquid* | TIER 4 | QL (250 PER 30 DAYS) |
| *desonide (0.05 % cream, 0.05 % ointment)* | TIER 4 | |
| *desoximetasone 0.25 % cream* | TIER 4 | |
| EUCRISA 2 % OINTMENT | TIER 4 | PA, QL (100 PER 30 DAYS) |
| *fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)* | TIER 3 | |
| *fluocinolone acetonide 0.01 % solution* | TIER 4 | |
| *fluocinolone acetonide body 0.01 % oil* | TIER 4 | |
| *fluocinolone acetonide scalp 0.01 % oil* | TIER 4 | |
| *fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *fluocinonide emulsified base 0.05 % cream* | TIER 3 | |
| *fluticasone propionate (0.005 % ointment, 0.05 % cream)* | TIER 2 | |
| *halobetasol propionate (0.05 % cream, 0.05 % ointment)* | TIER 4 | QL (200 PER 28 DAYS) |
| *hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)* | TIER 2 | |
| *hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)* | TIER 2 | |
| *hydrocortisone butyrate (hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % ointment)* | TIER 4 | |
| *mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)* | TIER 2 | |
| *procto-med hc 2.5 % cream* | TIER 2 | |
| *proctosol hc 2.5 % cream* | TIER 2 | |
| *proctozone-hc 2.5 % cream* | TIER 2 | |
| *selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)* | TIER 2 | |
| *tacrolimus (0.03 %, 0.1 %)* | TIER 4 | QL (100 PER 30 DAYS) |
| *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)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *triderm 0.5 % cream* | TIER 2 | |
| **DERMATOLOGICAL AGENTS, OTHER** | | |
| *alcohol wipes 70 % misc* | TIER 2 | |
| *calcipotriene (0.005 % cream, 0.005 % ointment)* | TIER 4 | |
| *calcipotriene (calcipotriene 0.005 % solution, calcipotriene 0.005 % solution)* | TIER 3 | |
| *calcitrene 0.005 % ointment* | TIER 3 | |
| *clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % lotion)* | TIER 4 | |
| *clotrimazole-betamethasone 1-0.05 % cream* | TIER 2 | |
| *cvs isopropyl alcohol wipes 70 % misc* | TIER 2 | |
| *fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)* | TIER 2 | |
| *fluorouracil 5 % cream* | TIER 3 | |
| *imiquimod 5 % cream* | TIER 2 | QL (24 PER 30 DAYS) |
| *isopropyl alcohol 70 % misc* | TIER 2 | |
| *isopropyl alcohol wipes 70 % misc* | TIER 2 | |
| *medpura alcohol pads 70 % misc* | TIER 2 | |
| METHOXSALEN RAPID 10 MG CAP | TIER 5 | |
| *nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)* | TIER 4 | |
| OTEZLA (20 MG TAB, 30 MG TAB) | TIER 5 | PA, QL (60 PER 30 DAYS) |
| OTEZLA XR 75 MG TAB ER 24H | TIER 5 | PA, QL (30 PER 30 DAYS) |
| *podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)* | TIER 2 | |
| *qc alcohol 70 % misc* | TIER 2 | |
| *ra isopropyl alcohol wipes 70 % misc* | TIER 2 | |
| SANTYL 250 UNIT/GM OINTMENT | TIER 4 | QL (180 PER 30 DAYS) |
| *silver sulfadiazine 1 % cream* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *ssd 1 % cream* | TIER 2 | |
| TOLAK 4 % CREAM | TIER 3 | |
| VALCHLOR 0.016 % GEL | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| **PEDICULICIDES/SCABICIDES** | | |
| *malathion 0.5 % lotion* | TIER 4 | |
| *permethrin 5 % cream* | TIER 2 | |
| **TOPICAL ANTI-INFECTIVES** | | |
| *acyclovir 5 % ointment* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *ciclodan 8 % solution* | TIER 2 | |
| *ciclopirox (0.77 % gel, 1 % shampoo)* | TIER 4 | |
| *ciclopirox 8 % solution* | TIER 2 | |
| *ciclopirox olamine (0.77 % cream, 0.77 % suspension)* | TIER 2 | |
| *clindamycin phos (once-daily) 1 % gel* | TIER 2 | |
| *clindamycin phos (twice-daily) 1 % gel* | TIER 2 | |
| *clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)* | TIER 2 | |
| ERY 2 % PAD | TIER 3 | |
| *erythromycin (erythromycin 2 % gel, erythromycin 2 % gel)* | TIER 4 | |
| *erythromycin 2 % solution* | TIER 2 | |
| *mupirocin 2 % ointment* | TIER 2 | |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | |
| **ELECTROLYTE/MINERAL REPLACEMENT** | | |
| *dextrose (dextrose 10 % solution, dextrose 10 % solution)* | TIER 4 | |
| *dextrose (dextrose 5 % solution, dextrose 5 % solution)* | TIER 3 | |
| *dextrose in lactated ringers in 5 % solution* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| DEXTROSE-NACL 5-0.9 % SOLUTION | TIER 3 | |
| *dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 2.5-0.45 % solution)* | TIER 4 | |
| *dextrose-sodium chloride (dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)* | TIER 3 | |
| *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)* | TIER 4 | |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION | TIER 4 | |
| *klor-con (klor-con 8 meq tab er, klor-con 8 meq tab er)* | TIER 2 | |
| *klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)* | TIER 2 | |
| *klor-con m10 meq tab er* | TIER 2 | |
| *klor-con m15 meq tab er* | TIER 2 | |
| *klor-con m20 meq tab er* | TIER 2 | |
| *lactated ringers (lactated ringers solution, lactated ringers solution)* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)* | TIER 4 | |
| PNV 27-CA/FE/FA 60-1 MG TAB | TIER 3 | |
| *potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 % solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)* | TIER 4 | |
| *potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)* | TIER 2 | |
| *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)* | TIER 2 | |
| *potassium chloride in dextrose 20-5 meq/l-% solution* | TIER 4 | |
| *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)* | TIER 4 | |
| *potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)* | TIER 3 | |
| POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION | TIER 4 | |
| PREMASOL 10 % SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| *prenatal vitamins* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *ringers solution* | TIER 4 | |
| *sodium chloride (pf) 0.9 % solution* | TIER 4 | |
| *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)* | TIER 4 | |
| SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB) | TIER 2 | |
| TPN ELECTROLYTES CONC | TIER 4 | PA - PART B VS D DETERMINATION |
| **ELECTROLYTE/MINERAL/METAL MODIFIERS** | | |
| *deferasirox (250 mg tab, 500 mg tab)* | TIER 5 | |
| *deferasirox 125 mg tab sol* | TIER 3 | |
| *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)* | TIER 5 | PA, LA, QL (60 PER 30 DAYS) |
| *tolvaptan 15 mg tab* | TIER 5 | PA, LA, QL (240 PER 30 DAYS) |
| *tolvaptan 30 mg tab* | TIER 5 | PA, LA, QL (120 PER 30 DAYS) |
| *trientine hcl 250 mg cap* | TIER 5 | PA, QL (240 PER 30 DAYS) |
| TRIENTINE HCL 500 MG CAP | TIER 5 | PA, QL (120 PER 30 DAYS) |
| **PHOSPHATE BINDERS** | | |
| *calcium acetate (phos binder) 667 mg cap* | TIER 2 | PA - PART B VS D DETERMINATION |
| *sevelamer carbonate 800 mg tab* | TIER 3 | PA - PART B VS D DETERMINATION |
| **POTASSIUM BINDERS** | | |
| *kionex 15 gm/60ml suspension* | TIER 2 | |
| LOKELMA (5 GM PACKET, 10 GM PACKET) | TIER 3 | |
| *sodium polystyrene sulfonate (15 gm/60ml suspension, powder)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION) | TIER 2 | |
| **GASTROINTESTINAL AGENTS** | | |
| **ANTI-CONSTIPATION AGENTS** | | |
| *constulose 10 gm/15ml solution* | TIER 2 | |
| *enulose 10 gm/15ml solution* | TIER 2 | |
| *gavilyte-n with flavor pack 420 gm recon soln* | TIER 2 | |
| *generlac 10 gm/15ml solution* | TIER 2 | |
| *lactulose (10 gm/15ml, 20 gm/30ml)* | TIER 2 | |
| *lactulose encephalopathy 10 gm/15ml solution* | TIER 2 | |
| LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) | TIER 3 | QL (30 PER 30 DAYS) |
| *lubiprostone (8 mcg cap, 24 mcg cap)* | TIER 2 | QL (60 PER 30 DAYS) |
| MOVANTIK (12.5 MG TAB, 25 MG TAB) | TIER 3 | QL (30 PER 30 DAYS) |
| *na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution* | TIER 3 | |
| *peg 3350-kcl-na bicarb-nacl 420 gm recon soln* | TIER 2 | |
| **ANTI-DIARRHEAL AGENTS** | | |
| *alosetron hcl (0.5 mg tab, 1 mg tab)* | TIER 4 | PA |
| *diphenoxylate-atropine 2.5-0.025 mg tab* | TIER 2 | |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID | TIER 4 | |
| *loperamide hcl 2 mg cap* | TIER 2 | |
| XERMELO 250 MG TAB | TIER 5 | PA, LA, QL (90 PER 30 DAYS) |
| **ANTISPASMODICS, GASTROINTESTINAL** | | |
| *dicyclomine hcl (10 mg cap, 20 mg tab)* | TIER 2 | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *dicyclomine hcl 10 mg/5ml solution* | TIER 4 | PA |
| *glycopyrrolate (1 mg tab, 2 mg tab)* | TIER 2 | |
| *methscopolamine bromide (2.5 mg tab, 5 mg tab)* | TIER 4 | |
| **GASTROINTESTINAL AGENTS, OTHER** | | |
| *bis subcit-metronid-tetracyc 140-125-125 mg cap* | TIER 4 | QL (240 PER 365 DAYS ) |
| *bismuth/metronidaz/tetracyclin 140-125-125 mg cap* | TIER 4 | QL (240 PER 365 DAYS ) |
| *cromolyn sodium 100 mg/5ml conc* | TIER 4 | |
| GAVILYTE-C 240 GM RECON SOLN | TIER 2 | |
| *gavilyte-g 236 gm recon soln* | TIER 2 | |
| OMNITROPE 10 MG/1.5ML SOLN CART | TIER 5 | PA |
| *peg-3350/electrolytes 236 gm recon soln* | TIER 2 | |
| *ursodiol (250 mg tab, 500 mg tab)* | TIER 3 | |
| *ursodiol 300 mg cap* | TIER 4 | |
| VOQUEZNA DUAL PAK 500-20 MG THER PACK | TIER 4 | PA, QL (112 PER 14 DAYS) |
| VOQUEZNA TRIPLE PAK 500-500-20 MG THER PACK | TIER 4 | PA, QL (112 PER 14 DAYS) |
| **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS** | | |
| *cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)* | TIER 2 | |
| *famotidine (20 mg tab, 40 mg tab)* | TIER 1 | |
| NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP) | TIER 2 | |
| **PROTECTANTS** | | |
| *misoprostol (100 mcg tab, 200 mcg tab)* | TIER 2 | |
| *sucralfate 1 gm tab* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **PROTON PUMP INHIBITORS** | | |
| *esomeprazole magnesium 20 mg cap dr* | TIER 4 | |
| *esomeprazole magnesium 40 mg cap dr* | TIER 4 | QL (60 PER 30 DAYS) |
| *lansoprazole 15 mg cap dr* | TIER 2 | |
| *lansoprazole 30 mg cap dr* | TIER 2 | QL (60 PER 30 DAYS) |
| *omeprazole 10 mg cap dr* | TIER 2 | |
| *omeprazole 20 mg cap dr* | TIER 1 | |
| *omeprazole 40 mg cap dr* | TIER 1 | QL (60 PER 30 DAYS) |
| *pantoprazole sodium (pantoprazole sodium 40 mg recon soln, pantoprazole sodium 40 mg recon soln)* | TIER 4 | |
| *pantoprazole sodium 20 mg tab dr* | TIER 1 | |
| *pantoprazole sodium 40 mg tab dr* | TIER 1 | QL (60 PER 30 DAYS) |
| *rabeprazole sodium 20 mg tab dr* | TIER 3 | |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| ALDURAZYME 2.9 MG/5ML SOLUTION | TIER 5 | LA, PA - PART B VS D DETERMINATION |
| ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN) | TIER 5 | LA, PA - PART B VS D DETERMINATION |
| *betaine powder* | TIER 5 | |
| *carglumic acid 200 mg tab sol* | TIER 5 | PA, LA |
| CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) | TIER 3 | |
| DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) | TIER 3 | |
| ELAPRASE 6 MG/3ML SOLUTION | TIER 5 | LA, PA - PART B VS D DETERMINATION |
| *l-glutamine 5 gm packet* | TIER 5 | PA, QL (180 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *levocarnitine 330 mg tab* | TIER 2 | |
| NAGLAZYME 1 MG/ML SOLUTION | TIER 5 | LA, PA - PART B VS D DETERMINATION |
| *nitisinone (2 mg cap, 5 mg cap, 10 mg cap)* | TIER 5 | PA |
| REVCOVI 2.4 MG/1.5ML SOLUTION | TIER 5 | PA, LA |
| *sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)* | TIER 5 | PA |
| *sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)* | TIER 5 | PA |
| ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART) | TIER 3 | |

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

| | | |
|---|---|---|
| GEMTESA 75 MG TAB | TIER 3 | QL (30 PER 30 DAYS) |
| MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H) | TIER 3 | |
| MYRBETRIQ 8 MG/ML SRER | TIER 3 | QL (300 PER 30 DAYS) |
| *oxybutynin chloride 5 mg tab* | TIER 2 | |
| *oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)* | TIER 2 | |
| *solifenacin succinate (5 mg tab, 10 mg tab)* | TIER 2 | QL (30 PER 30 DAYS) |
| *tolterodine tartrate (1 mg tab, 2 mg tab)* | TIER 4 | ST |
| *tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)* | TIER 4 | ST |
| *trospium chloride 20 mg tab* | TIER 2 | |

### BENIGN PROSTATIC HYPERTROPHY AGENTS

| | | |
|---|---|---|
| *alfuzosin hcl er 10 mg tab 24h* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *dutasteride 0.5 mg cap* | TIER 2 | QL (30 PER 30 DAYS) |
| *dutasteride-tamsulosin hcl 0.5-0.4 mg cap* | TIER 4 | QL (30 PER 30 DAYS) |
| *finasteride 5 mg tab* | TIER 1 | |
| *silodosin (4 mg cap, 8 mg cap)* | TIER 3 | QL (30 PER 30 DAYS) |
| *tadalafil 2.5 mg tab* | TIER 4 | PA, QL (60 PER 30 DAYS) |
| *tadalafil 5 mg tab* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *tamsulosin hcl 0.4 mg cap* | TIER 1 | |
| **GENITOURINARY AGENTS, OTHER** | | |
| *bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)* | TIER 2 | |
| FILSPARI 200 MG TAB | TIER 5 | PA, LA, QL (30 PER 30 DAYS) |
| FILSPARI 400 MG TAB | TIER 5 | PA, LA, QL (60 PER 30 DAYS) |
| *penicillamine 250 mg tab* | TIER 5 | PA |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| CORTISONE ACETATE 25 MG TAB | TIER 4 | |
| *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)* | TIER 2 | |
| DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR | TIER 4 | |
| *dexamethasone sod phosphate pf 10 mg/ml solution* | TIER 4 | PA - PART B VS D DETERMINATION |
| DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR | TIER 4 | |
| *fludrocortisone acetate 0.1 mg tab* | TIER 2 | |
| *methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *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)* | TIER 4 | |
| *methylprednisolone sodium succ 125 mg recon soln* | TIER 4 | PA - PART B VS D DETERMINATION |
| *methylprednisolone sodium succ 40 mg recon soln* | TIER 4 | |
| *prednisolone 15 mg/5ml solution* | TIER 2 | |
| *prednisolone sodium phosphate (5 mg/5ml, 6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml)* | TIER 2 | |
| *prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)* | TIER 2 | |
| PREDNISONE 5 MG/5ML SOLUTION | TIER 3 | |
| PREDNISONE INTENSOL 5 MG/ML CONC | TIER 4 | |
| TARPEYO 4 MG CAP DR | TIER 5 | PA, LA, QL (120 PER 30 DAYS) |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| INCRELEX 40 MG/4ML SOLUTION | TIER 5 | PA, LA |
| OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN) | TIER 5 | PA |

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

### ANDROGENS

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

### ESTROGENS

| | | |
|---|---|---|
| *afirmelle 0.1-20 mg-mcg tab* | TIER 3 | |
| *altavera 0.15-30 mg-mcg tab* | TIER 3 | |
| *alyacen 1/35 1-35 mg-mcg tab* | TIER 3 | |
| *alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab* | TIER 3 | |
| *apri 0.15-30 mg-mcg tab* | TIER 3 | |
| ARANELLE 0.5/1/0.5-35 MG-MCG TAB | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *ashlyna 0.15-0.03 &0.01 mg tab* | TIER 4 | |
| *aubra 0.1-20 mg-mcg tab* | TIER 3 | |
| *aubra eq 0.1-20 mg-mcg tab* | TIER 3 | |
| *aurovela 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *aurovela 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *aurovela fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *aurovela fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *aviane 0.1-20 mg-mcg tab* | TIER 3 | |
| *ayuna 0.15-30 mg-mcg tab* | TIER 3 | |
| *azurette 0.15-0.02/0.01 mg (21/5) tab* | TIER 3 | |
| *balziva 0.4-35 mg-mcg tab* | TIER 3 | |
| *blisovi fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *blisovi fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *briellyn 0.4-35 mg-mcg tab* | TIER 3 | |
| *camrese 0.15-0.03 &0.01 mg tab* | TIER 4 | |
| *camrese lo 0.1-0.02 & 0.01 mg tab* | TIER 3 | |
| *chateal eq 0.15-30 mg-mcg tab* | TIER 3 | |
| *cryselle 0.3-30 mg-mcg tab* | TIER 3 | |
| *cryselle-28 0.3-30 mg-mcg tab* | TIER 3 | |
| *cyred 0.15-30 mg-mcg tab* | TIER 3 | |
| *cyred eq 0.15-30 mg-mcg tab* | TIER 3 | |
| *dasetta 1/35 1-35 mg-mcg tab* | TIER 3 | |
| *dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab* | TIER 3 | |
| *daysee 0.15-0.03 &0.01 mg tab* | TIER 4 | |
| *delyla 0.1-20 mg-mcg tab* | TIER 3 | |
| *desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)* | TIER 3 | |
| *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)* | TIER 3 | QL (16 PER 28 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)* | TIER 3 | |
| *elinest 0.3-30 mg-mcg tab* | TIER 3 | |
| *eluryng 0.12-0.015 mg/24hr ring* | TIER 3 | |
| *enilloring 0.12-0.015 mg/24hr* | TIER 3 | |
| *enpresse-28 50-30/75-40/ 125-30 mcg tab* | TIER 3 | |
| *enskyce 0.15-30 mg-mcg tab* | TIER 3 | |
| *estarylla 0.25-35 mg-mcg tab* | TIER 3 | |
| *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)* | TIER 3 | QL (16 PER 28 DAYS) |
| *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)* | TIER 3 | QL (8 PER 28 DAYS) |
| *estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)* | TIER 1 | |
| *estradiol 0.01 % cream* | TIER 2 | |
| *estradiol 10 mcg tab* | TIER 3 | |
| *estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)* | TIER 4 | |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING) | TIER 3 | QL (1 PER 84 DAYS ) |
| *estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)* | TIER 4 | |
| *ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)* | TIER 3 | |
| *etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring* | TIER 3 | |
| *falmina 0.1-20 mg-mcg tab* | TIER 3 | |
| *feirza 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *feirza 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *fyavolv (0.5-2.5 tab, 1-5 tab)* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *hailey 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *hailey fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *hailey fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *haloette 0.12-0.015 mg/24hr ring* | TIER 3 | |
| *iclevia 0.15-0.03 mg tab* | TIER 3 | |
| *introvale 0.15-0.03 mg tab* | TIER 3 | |
| *isibloom 0.15-30 mg-mcg tab* | TIER 3 | |
| *jaimiess 0.15-0.03 &0.01 mg tab* | TIER 4 | |
| *jasmiel 3-0.02 mg tab* | TIER 3 | |
| *jinteli 1-5 mg-mcg tab* | TIER 4 | |
| *jolessa 0.15-0.03 mg tab* | TIER 3 | |
| *joyeaux 0.1-20 mg-mcg(21) tab* | TIER 3 | |
| *juleber 0.15-30 mg-mcg tab* | TIER 3 | |
| *junel 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *junel 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *junel fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *junel fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *kalliga 0.15-30 mg-mcg tab* | TIER 3 | |
| *kariva 0.15-0.02/0.01 mg (21/5) tab* | TIER 3 | |
| *kelnor 1/35 1-35 mg-mcg tab* | TIER 3 | |
| *kelnor 1/50 1-50 mg-mcg tab* | TIER 3 | |
| *kurvelo 0.15-30 mg-mcg tab* | TIER 3 | |
| *larin 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *larin 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *larin fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *larin fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *leena 0.5/1/0.5-35 mg-mcg tab* | TIER 3 | |
| *lessina 0.1-20 mg-mcg tab* | TIER 3 | |
| *levonest 50-30/75-40/ 125-30 mcg tab* | TIER 3 | |
| *levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)* | TIER 3 | |
| *levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab* | TIER 4 | |
| *levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab* | TIER 3 | |
| *levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)* | TIER 3 | |
| *levora 0.15/30 (28) 0.15-30 mg-mcg tab* | TIER 3 | |
| *lo-zumandimine 3-0.02 mg tab* | TIER 3 | |
| *loestrin 1.5/30 (21) 1.5-30 mg-mcg tab* | TIER 3 | |
| *loestrin 1/20 (21) 1-20 mg-mcg tab* | TIER 3 | |
| *loestrin fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *loestrin fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *lojaimiess 0.1-0.02 & 0.01 mg tab* | TIER 3 | |
| *loryna 3-0.02 mg tab* | TIER 3 | |
| *low-ogestrel 0.3-30 mg-mcg tab* | TIER 3 | |
| *luizza 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *luizza 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *lutera 0.1-20 mg-mcg tab* | TIER 3 | |
| *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)* | TIER 3 | QL (16 PER 28 DAYS) |
| *marlissa 0.15-30 mg-mcg tab* | TIER 3 | |
| MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB) | TIER 4 | |
| *microgestin 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *microgestin 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *microgestin fe 1.5/30 1.5-30 mg-mcg tab* | TIER 3 | |
| *microgestin fe 1/20 1-20 mg-mcg tab* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *mili 0.25-35 mg-mcg tab* | TIER 3 | |
| *minzoya 0.1-20 mg-mcg(21) tab* | TIER 3 | |
| *mono-linyah 0.25-35 mg-mcg tab* | TIER 3 | |
| *necon 0.5/35 (28) 0.5-35 mg-mcg tab* | TIER 3 | |
| *nikki 3-0.02 mg tab* | TIER 3 | |
| *norelgestromin-eth estradiol 150-35 mcg/24hr patch wk* | TIER 3 | |
| *norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)* | TIER 3 | |
| *norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab* | TIER 3 | |
| *norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)* | TIER 3 | |
| *norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)* | TIER 4 | |
| *norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab* | TIER 3 | |
| *norgestimate-eth estradiol 0.25-35 mg-mcg tab* | TIER 3 | |
| *nortrel 0.5/35 (28) 0.5-35 mg-mcg tab* | TIER 3 | |
| *nortrel 1/35 (21) 1-35 mg-mcg tab* | TIER 3 | |
| *nortrel 1/35 (28) 1-35 mg-mcg tab* | TIER 3 | |
| *nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab* | TIER 3 | |
| *nylia 1/35 1-35 mg-mcg tab* | TIER 3 | |
| *nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab* | TIER 3 | |
| *ocella 3-0.03 mg tab* | TIER 3 | |
| *philith 0.4-35 mg-mcg tab* | TIER 3 | |
| *pimtrea 0.15-0.02/0.01 mg (21/5) tab* | TIER 3 | |
| *portia-28 0.15-30 mg-mcg tab* | TIER 3 | |
| PREMARIN 0.625 MG/GM CREAM | TIER 3 | |
| *reclipsen 0.15-30 mg-mcg tab* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *setlakin 0.15-0.03 mg tab* | TIER 3 | |
| *simliya 0.15-0.02/0.01 mg (21/5) tab* | TIER 3 | |
| *simpesse 0.15-0.03 &0.01 mg tab* | TIER 4 | |
| *sprintec 28 0.25-35 mg-mcg tab* | TIER 3 | |
| *sronyx 0.1-20 mg-mcg tab* | TIER 3 | |
| *syeda 3-0.03 mg tab* | TIER 3 | |
| *tarina fe 1/20 1-20 mg-mcg tab* | TIER 3 | |
| *tarina fe 1/20 eq 1-20 mg-mcg tab* | TIER 3 | |
| *tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab* | TIER 3 | |
| *tri-linyah 0.18/0.215/0.25 mg-35 mcg tab* | TIER 3 | |
| *tri-mili 0.18/0.215/0.25 mg-35 mcg tab* | TIER 3 | |
| *tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab* | TIER 3 | |
| *tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab* | TIER 3 | |
| *trivora (28) 50-30/75-40/ 125-30 mcg tab* | TIER 3 | |
| *turqoz 0.3-30 mg-mcg tab* | TIER 3 | |
| *valtya 1/35 1-35 mg-mcg tab* | TIER 3 | |
| VALTYA 1/50 1-50 MG-MCG TAB | TIER 3 | |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB | TIER 3 | |
| *vestura 3-0.02 mg tab* | TIER 3 | |
| *vienva 0.1-20 mg-mcg tab* | TIER 3 | |
| *viorele 0.15-0.02/0.01 mg (21/5) tab* | TIER 3 | |
| *volnea 0.15-0.02/0.01 mg (21/5) tab* | TIER 3 | |
| *vyfemla 0.4-35 mg-mcg tab* | TIER 3 | |
| *vylibra 0.25-35 mg-mcg tab* | TIER 3 | |
| *wera 0.5-35 mg-mcg tab* | TIER 3 | |
| *wymzya fe 0.4-35 mg-mcg chew tab* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *xelria fe 0.4-35 mg-mcg chew tab* | TIER 3 | |
| *xulane 150-35 mcg/24hr patch wk* | TIER 3 | |
| *yuvafem 10 mcg tab* | TIER 3 | |
| *zafemy 150-35 mcg/24hr patch wk* | TIER 3 | |
| *zovia 1/35 (28) 1-35 mg-mcg tab* | TIER 3 | |
| *zumandimine 3-0.03 mg tab* | TIER 3 | |
| **PROGESTINS** | | |
| *camila 0.35 mg tab* | TIER 3 | |
| *deblitane 0.35 mg tab* | TIER 3 | |
| DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR | TIER 3 | |
| *emzahh 0.35 mg tab* | TIER 3 | |
| *errin 0.35 mg tab* | TIER 3 | |
| *gallifrey 5 mg tab* | TIER 2 | |
| *heather 0.35 mg tab* | TIER 3 | |
| *incassia 0.35 mg tab* | TIER 3 | |
| *jencycla 0.35 mg tab* | TIER 3 | |
| LILETTA (52 MG) 20.1 MCG/DAY IUD | TIER 3 | |
| *lyleq 0.35 mg tab* | TIER 3 | |
| *lyza 0.35 mg tab* | TIER 3 | |
| *medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)* | TIER 3 | |
| *medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)* | TIER 2 | |
| *megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)* | TIER 2 | PA - FOR NEW STARTS ONLY |
| *meleya 0.35 mg tab* | TIER 3 | |
| NEXPLANON 68 MG IMPLANT | TIER 3 | |
| *nora-be 0.35 mg tab* | TIER 3 | |
| *norethindrone 0.35 mg tab* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *norethindrone acetate 5 mg tab* | TIER 2 | |
| *norlyroc 0.35 mg tab* | TIER 3 | |
| *orquidea 0.35 mg tab* | TIER 3 | |
| *progesterone (100 mg cap, 200 mg cap)* | TIER 2 | |
| *sharobel 0.35 mg tab* | TIER 3 | |
| **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS** | | |
| OSPHENA 60 MG TAB | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *raloxifene hcl 60 mg tab* | TIER 3 | QL (30 PER 30 DAYS) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)** | | |
| *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)* | TIER 1 | |
| *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)* | TIER 3 | |
| *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)* | TIER 1 | |
| *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)* | TIER 3 | |
| *liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)* | TIER 2 | |
| REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB) | TIER 5 | PA, QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) | TIER 3 | |
| *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)* | TIER 3 | |
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)** | | |
| *cabergoline 0.5 mg tab* | TIER 3 | |
| *leuprolide acetate 1 mg/0.2ml kit* | TIER 4 | |
| LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT) | TIER 5 | |
| LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT) | TIER 5 | |
| LUPRON DEPOT (4-MONTH) 30 MG KIT | TIER 5 | |
| LUPRON DEPOT (6-MONTH) 45 MG KIT | TIER 5 | |
| *mifepristone 300 mg tab* | TIER 5 | PA, LA, QL (120 PER 30 DAYS) |
| *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)* | TIER 4 | PA |
| OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR | TIER 5 | PA |
| ORGOVYX 120 MG TAB | TIER 5 | 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 5 | PA, LA, QL (60 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) | TIER 5 | PA, QL (30 PER 30 DAYS) |
| SYNAREL 2 MG/ML SOLUTION | TIER 5 | |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |
| **ANTITHYROID AGENTS** | | |
| *methimazole (5 mg tab, 10 mg tab)* | TIER 2 | |
| *propylthiouracil 50 mg tab* | TIER 2 | |
| **IMMUNOLOGICAL AGENTS** | | |
| **ANGIOEDEMA AGENTS** | | |
| HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) | TIER 5 | PA, LA |
| *icatibant acetate 30 mg/3ml soln prsyr* | TIER 5 | PA, QL (36 PER 60 DAYS ) |
| *sajazir 30 mg/3ml soln prsyr* | TIER 5 | 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 5 | PA |
| HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION) | TIER 5 | PA, LA |
| **IMMUNOLOGICAL AGENTS, OTHER** | | |
| ARCALYST 220 MG RECON SOLN | TIER 5 | PA, LA |
| AURANOFIN 3 MG CAP | TIER 3 | |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) | TIER 5 | PA, LA, QL (4 PER 28 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| COSENTYX (300 MG DOSE) 150 /ML SOLN PRSYR | TIER 5 | PA, LA |
| COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | TIER 5 | PA, LA |
| COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ | TIER 5 | PA, LA |
| COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ | TIER 5 | PA, LA |
| COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ | TIER 5 | PA, LA |
| DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | TIER 5 | PA |
| ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ | TIER 5 | PA, QL (1.36 ML PER 28 DAYS) |
| KINERET 100 MG/0.67ML SOLN PRSYR | TIER 5 | PA, QL (18.76 ML PER 28 DAYS) |
| OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK) | TIER 5 | PA, QL (55 PER 28 DAYS ) |
| OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB TH | TIER 5 | PA, QL (41 PER 28 DAYS) |
| RIDAURA 3 MG CAP | TIER 3 | |
| RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H) | TIER 5 | PA, QL (30 PER 30 DAYS) |
| RINVOQ 45 MG TAB ER 24H | TIER 5 | PA, QL (168 PER 365 DAYS ) |
| RINVOQ LQ 1 MG/ML SOLUTION | TIER 5 | PA, QL (360 PER 30 DAYS) |
| SKYRIZI 150 MG/ML SOLN PRSYR | TIER 5 | PA, QL (6 PER 365 DAYS ) |
| SKYRIZI 180 MG/1.2ML SOLN CART | TIER 5 | PA, QL (1.2 PER 56 DAYS ) |
| SKYRIZI 360 MG/2.4ML SOLN CART | TIER 5 | PA, QL (2.4 PER 56 DAYS ) |
| SKYRIZI 55 MG/0.37ML SOLN PRSYR | TIER 5 | PA, QL (2.22 ML PER 365 DAYS ) |
| SKYRIZI 600 MG/10ML SOLUTION | TIER 5 | PA, QL (30 PER 365 DAYS ) |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ | TIER 5 | PA, QL (6 PER 365 DAYS ) |
| TREMFYA 100 MG/ML SOLN PRSYR | TIER 5 | PA, QL (1 SYRINGE PER 56 DAYS) |
| TREMFYA 200 MG/20ML SOLUTION | TIER 5 | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| TREMFYA 200 MG/2ML SOLN PRSYR | TIER 5 | PA, QL (2 ML PER 28 DAYS) |
| TREMFYA ONE-PRESS 100 MG/ML SOLN PEN | TIER 5 | PA, QL (1 PEN PER 56 DAYS) |
| TREMFYA PEN 100 MG/ML SOLN A-INJ | TIER 5 | PA, QL (1 PEN PER 56 DAYS) |
| TREMFYA PEN 200 MG/2ML SOLN A-INJ | TIER 5 | PA, QL (2 ML PER 28 DAYS) |
| TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ | TIER 5 | PA, QL (24 ML PER 365 DAYS ) |
| TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR) | TIER 5 | PA, QL (3.6 PER 28 DAYS) |
| VELSIPITY 2 MG TAB | TIER 5 | 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 5 | PA, QL (8 PER 28 DAYS) |
| XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | TIER 5 | PA, LA, QL (8 PER 28 DAYS) |
| XOLAIR 75 MG/0.5ML SOLN A-INJ | TIER 4 | PA, QL (8 PER 28 DAYS) |
| YESINTEK 130 MG/26ML SOLUTION | TIER 5 | PA, QL (104 ML PER 365 DAYS ) |
| YESINTEK 45 MG/0.5ML SOLN PRSYR | TIER 3 | PA, QL (0.5 ML PER 28 DAYS) |
| YESINTEK 45 MG/0.5ML SOLUTION | TIER 4 | PA, QL (0.5 ML PER 28 DAYS) |
| YESINTEK 90 MG/ML SOLN PRSYR | TIER 5 | PA, QL (1 ML PER 28 DAYS) |
| **IMMUNOSTIMULANTS** | | |
| ACTIMMUNE 100 MCG/0.5ML SOLUTION | TIER 5 | LA, PA - FOR NEW STARTS ONLY |
| BESREMI 500 MCG/ML SOLN PRSYR | TIER 5 | LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR | TIER 5 | PA, QL (2 PER 30 DAYS) |
| PEGASYS 180 MCG/ML SOLUTION | TIER 5 | PA, QL (4 PER 30 DAYS) |
| **IMMUNOSUPPRESSANTS** | | |
| *azathioprine 50 mg tab* | TIER 2 | PA - PART B VS D DETERMINATION |
| AZATHIOPRINE SODIUM 100 MG RECON SOLN | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *cyclosporine (25 mg cap, 100 mg cap)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)* | TIER 3 | PA - PART B VS D DETERMINATION |
| ENBREL 25 MG/0.5ML SOLN PRSYR | TIER 5 | PA, QL (4.08 PER 28 DAYS) |
| ENBREL 25 MG/0.5ML SOLUTION | TIER 5 | PA, QL (4 PER 28 DAYS) |
| ENBREL 50 MG/ML SOLN PRSYR | TIER 5 | PA, QL (8 PER 28 DAYS) |
| ENBREL MINI 50 MG/ML SOLN CART | TIER 5 | PA, QL (8 PER 28 DAYS) |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | TIER 5 | PA, QL (8 PER 28 DAYS) |
| ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H) | TIER 4 | PA - FOR NEW STARTS ONLY |
| ENVARSUS XR 4 MG TAB ER 24H | TIER 5 | PA - FOR NEW STARTS ONLY |
| *everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *everolimus 1 mg tab* | TIER 5 | PA - PART B VS D DETERMINATION |
| *gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)* | TIER 3 | PA - PART B VS D DETERMINATION |
| HADLIMA 40 MG/0.4ML SOLN PRSYR | TIER 4 | PA, QL (2.4 ML PER 28 DAYS) |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | TIER 3 | PA, QL (4.8 ML PER 28 DAYS) |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | TIER 4 | PA, QL (2.4 ML PER 28 DAYS) |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | TIER 4 | PA, QL (4.8 ML PER 28 DAYS) |
| *leflunomide (10 mg tab, 20 mg tab)* | TIER 2 | |
| METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION) | TIER 2 | PA - PART B VS D DETERMINATION |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)* | TIER 3 | PA - PART B VS D DETERMINATION |
| *methotrexate sodium (pf) 50 mg/2ml solution* | TIER 2 | PA - PART B VS D DETERMINATION |
| *methotrexate sodium 2.5 mg tab* | TIER 2 | |
| *mycophenolate mofetil (200 mg/ml susp, 500 mg soln)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *mycophenolate mofetil (250 mg cap, 500 mg tab)* | TIER 2 | PA - PART B VS D DETERMINATION |
| *mycophenolate mofetil hcl 500 mg recon soln* | TIER 4 | PA - PART B VS D DETERMINATION |
| *mycophenolate sodium (180 mg tab dr, 360 mg tab dr)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *mycophenolic acid (180 mg tab dr, 360 mg tab dr)* | TIER 4 | PA - PART B VS D DETERMINATION |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET) | TIER 4 | PA - FOR NEW STARTS ONLY |
| SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT | TIER 4 | PA, QL (4 EA PER 28 DAYS) |
| SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT | TIER 4 | PA, QL (3 PER 28 DAYS) |
| SIMLANDI (1 SYRINGE) RINGE) 80 MG/0.8ML PREF KT | TIER 4 | PA, QL (3 PER 28 DAYS) |
| SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT | TIER 4 | PA, QL (4 EA PER 28 DAYS) |
| SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT | TIER 4 | PA, QL (2 PER 28 DAYS) |
| SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT | TIER 4 | PA, QL (4 PER 28 DAYS) |
| *sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)* | TIER 3 | PA - PART B VS D DETERMINATION |
| XATMEP 2.5 MG/ML SOLUTION | TIER 4 | PA - FOR NEW STARTS ONLY |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT | TIER 5 | PA, QL (2 PER 28 DAYS) |
| ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT | TIER 5 | PA, QL (2 PER 28 DAYS) |
| ZYMFENTRA (2 SYRINGE) RINGE) 120 MG/ML PREF KT | TIER 5 | PA, QL (1 PER 28 DAYS) |
| **VACCINES** | | |
| ABRYSVO 120 MCG/0.5ML RECON SOLN | TIER 3 | VAC |
| ACTHIB RECONSOLN | TIER 3 | |
| ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION) | TIER 3 | VAC |
| AREXVY 120 MCG/0.5ML RECON SUSP | TIER 3 | VAC |
| BCG VACCINE 50 MG RECON SOLN | TIER 3 | VAC |
| BEXSERO SUSPPRSYR | TIER 3 | VAC |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR | TIER 3 | VAC |
| DAPTACEL 23-15-5SUSPENSION | TIER 3 | |
| DENGVAXIA RECONSUSP | TIER 4 | |
| ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | TIER 3 | PA - PART B VS D DETERMINATION, VAC |
| GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR) | TIER 3 | VAC |
| HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION) | TIER 3 | |
| HAVRIX 1440 EL U/ML SUSP PRSYR | TIER 3 | VAC |
| HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR | TIER 3 | PA - PART B VS D DETERMINATION, VAC |
| HIBERIX 10 MCG RECON SOLN | TIER 3 | |
| IMOVAX RABIES 2.5 UNIT/ML RECON SUSP | TIER 3 | VAC |
| INFANRIX 25-58-10SUSPENSION | TIER 3 | |
| IPOL SUSPENSION | TIER 3 | VAC |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| IXIARO SUSPENSION | TIER 4 | VAC |
| JYNNEOS 0.5 ML SUSPENSION | TIER 3 | VAC |
| KINRIX 0.5 ML SUSP PRSYR | TIER 3 | |
| M-M-R II RECONSOLN | TIER 3 | VAC |
| MENQUADFI (0.5 ML SOLUTION, SOLUTION) | TIER 3 | VAC |
| MENVEO (RECON SOLN, SOLUTION) | TIER 3 | VAC |
| MRESVIA 50 MCG/0.5ML SUSP PRSYR | TIER 3 | VAC |
| PEDIARIX SUSPPRSYR | TIER 3 | |
| PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION | TIER 3 | |
| PENMENVY RECONSUSP | TIER 3 | |
| PENTACEL RECONSUSP | TIER 3 | |
| PRIORIX RECONSUSP | TIER 3 | VAC |
| PROQUAD RECONSUSP | TIER 3 | |
| QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION) | TIER 3 | |
| RABAVERT RECONSUSP | TIER 3 | VAC |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | TIER 3 | PA - PART B VS D DETERMINATION, VAC |
| ROTARIX SUSPENSION | TIER 3 | |
| ROTATEQ SOLUTION | TIER 3 | |
| SHINGRIX 50 MCG/0.5ML RECON SUSP | TIER 3 | QL (2 PER 365 DAYS ), VAC |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR | TIER 3 | QL (1 ML PER 365 DAYS), VAC |
| TDVAX 2-2 LF/0.5ML SUSPENSION | TIER 3 | VAC |
| TENIVAC 5-2 LF/0.5ML SUSPENSION | TIER 3 | VAC |
| TICOVAC 1.2 MCG/0.25ML SUSP PRSYR | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| TICOVAC 2.4 MCG/0.5ML SUSP PRSYR | TIER 3 | VAC |
| TRUMENBA SUSPPRSYR | TIER 3 | VAC |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR | TIER 3 | VAC |
| TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION) | TIER 4 | VAC |
| VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION) | TIER 3 | |
| VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION) | TIER 3 | VAC |
| VARIVAX 1350 PFU/0.5ML RECON SUSP | TIER 3 | VAC |
| VAXCHORA RECONSUSP | TIER 4 | VAC |
| VIMKUNYA 40 MCG/0.8ML SUSP PRSYR | TIER 4 | |
| VIVOTIF CAPDR | TIER 4 | |
| YF-VAX RECONSUSP | TIER 4 | VAC |

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

| | | |
|---|---|---|
| *balsalazide disodium 750 mg cap* | TIER 3 | |
| *mesalamine (4 gm enema, 1000 mg suppos)* | TIER 4 | |
| *mesalamine 1.2 gm tab dr* | TIER 4 | QL (120 PER 30 DAYS) |
| *mesalamine er 0.375 gm cap 24h* | TIER 3 | QL (120 PER 30 DAYS) |
| *sulfasalazine (500 mg tab, 500 mg tab dr)* | TIER 2 | |

### GLUCOCORTICOIDS

| | | |
|---|---|---|
| *budesonide 3 mg cp dr part* | TIER 4 | QL (90 PER 30 DAYS) |
| *budesonide er 9 mg tab 24h* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| CORTIFOAM 10 % | TIER 4 | |
| *hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *hydrocortisone 100 mg/60ml enema* | TIER 3 | |
| **METABOLIC BONE DISEASE AGENTS** | | |
| *alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)* | TIER 1 | |
| *alendronate sodium 70 mg/75ml solution* | TIER 4 | |
| BILDYOS 60 MG/ML SOLN PRSYR | TIER 4 | PA |
| BILPREVDA 120 MG/1.7ML SOLUTION | TIER 5 | PA, QL (1.7 ML PER 28 DAYS) |
| *calcitonin (salmon) 200 unit/act solution* | TIER 2 | QL (3.7 PER 30 DAYS) |
| *calcitriol (0.25 mcg cap, 0.5 mcg cap)* | TIER 2 | |
| CALCITRIOL 1 MCG/ML SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| *cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *doxercalciferol 4 mcg/2ml solution* | TIER 4 | PA - PART B VS D DETERMINATION |
| ENOBY 60 MG/ML SOLN PRSYR | TIER 4 | PA |
| *ibandronate sodium 150 mg tab* | TIER 1 | |
| *ibandronate sodium 3 mg/3ml solution* | TIER 4 | PA - PART B VS D DETERMINATION |
| JUBBONTI 60 MG/ML SOLN PRSYR | TIER 4 | PA |
| *paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)* | TIER 4 | PA - PART B VS D DETERMINATION |
| *risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)* | TIER 4 | |
| *teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)* | TIER 5 | PA |
| TYMLOS 3120 MCG/1.56ML SOLN PEN | TIER 5 | PA, QL (1.56 PER 28 DAYS) |
| WYOST 120 MG/1.7ML SOLUTION | TIER 5 | PA, QL (1.7 PER 28 DAYS) |
| XTRENBO 120 MG/1.7ML SOLUTION | TIER 4 | PA, QL (1.7 ML PER 28 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)* | TIER 4 | PA - PART B VS D DETERMINATION |

## MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|---|---|---|
| ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC | TIER 3 | |
| ALCOHOL 70% PADS | TIER 2 | |
| ALCOHOL PADS S 70 % | TIER 2 | |
| ALCOHOL PREP PAD | TIER 2 | |
| ALCOHOL PREP PADS S 70 % | TIER 2 | |
| ALCOHOL SWABS 70 % PAD | TIER 2 | |
| ALCOHOL SWABSTICK PAD | TIER 2 | |
| AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC) | TIER 3 | |
| ARGYLE STERILE WATER SOLUTION | TIER 2 | |
| ASSURE ID DUO PRO PEN NEEDLES 31GX5MMMISC | TIER 3 | |
| ASSURE ID PRO PEN NEEDLES 30GX5MMMISC | TIER 3 | |
| AUM ALCOHOL PREP PADS S 70 % | TIER 2 | |
| AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC) | TIER 3 | |
| AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC) | TIER 3 | |
| AUTOKEEPER SAFETY PEN NEEDLE (PEN 5 MISC, PEN 8 MISC) | TIER 3 | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC | TIER 3 | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | TIER 3 | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | TIER 3 | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | TIER 3 | |
| CARETOUCH ALCOHOL PREP 70 % PAD | TIER 2 | |
| CLEVER CHOICE COMFORT EZ PLUS 32GX4MMMISC | TIER 3 | |
| COMFORT EZ INSULIN SYRINGE (27G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC) | TIER 3 | |
| COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC) | TIER 3 | |
| CVS ALCOHOL PREP PADS S 70 % | TIER 2 | |
| CVS ANTIBACTERIAL GAUZE 2"X2"PAD | TIER 2 | |
| DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| DROPLET MICRON 34GX3.5MMMISC | TIER 3 | |
| DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12.7MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC) | TIER 3 | |
| DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC) | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC) | TIER 3 | |
| EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC) | TIER 3 | |
| EASY TOUCH INSULIN BARRELS U-100 1 ML MISC | TIER 3 | |
| EMBECTA AUTOSHIELD DUO 30GX5MMMISC | TIER 3 | |
| EMBECTA INS SYR U/F 1/2 UNIT (5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC) | TIER 3 | |
| EMBECTA INSULIN SYR ULTRAFINE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 31G 15/64" 0.5 ML MISC) | TIER 3 | |
| EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC) | TIER 3 | |
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" ML MISC | TIER 3 | |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC | TIER 3 | |
| EMBECTA INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| EMBECTA PEN NEEDLE NANO 2 GEN 3GX4MMMISC | TIER 3 | |
| EMBECTA PEN NEEDLE NANO 32GX4MMMISC | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| EMBECTA PEN NEEDLE U/F 29GX12.7MMMISC | TIER 3 | |
| EMBECTA PEN NEEDLE ULTRAFINE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 6 MM MISC) | TIER 3 | |
| EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC) | TIER 3 | |
| *gauze pads 2* | TIER 2 | |
| GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC) | TIER 3 | |
| GOODSENSE ALCOHOL SWABS 70 % PAD | TIER 2 | |
| INSULIN PEN NEEDLES | TIER 3 | |
| INSULIN PEN NEEDLES | TIER 3 | |
| INSULIN PEN NEEDLES | TIER 3 | |
| INSULIN SYRINGE 0.3 ML | TIER 3 | |
| INSULIN SYRINGE 0.5 ML | TIER 3 | |
| INSULIN SYRINGE 1 ML | TIER 3 | |
| INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| INSUPEN32G EXTR3ME 6MMMISC | TIER 3 | |
| INTRALIPID (20 % EMULSION, 30 % EMULSION) | TIER 4 | PA - PART B VS D DETERMINATION |
| *lactated ringers solution* | TIER 2 | |
| *methergine 0.2 mg tab* | TIER 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *methylergonovine maleate 0.2 mg tab* | TIER 4 | |
| NOVOFINE 32G X 6 MM MISC | TIER 3 | |
| NUTRILIPID 20 % EMULSION | TIER 4 | PA - PART B VS D DETERMINATION |
| OPVEE 2.7 MG/0.1ML SOLUTION | TIER 4 | QL (2 PER 30 DAYS) |
| PEN NEEDLE/5-BEVEL TIP (PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| PENBRAYA RECONSUSP | TIER 3 | VAC |
| PRO COMFORT ALCOHOL 70 % PAD | TIER 2 | |
| PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | TIER 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC) | TIER 3 | |
| *ringers irrigation (ringers irrigation solution, ringers irrigation solution)* | TIER 2 | |
| SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC) | TIER 3 | |
| SECURESAFE SAFETY PEN NEEDLES 31GX5MMMISC | TIER 3 | |
| SILIGENTLE FOAM DRESSING 2"X2"PAD | TIER 2 | |
| SMOFLIPID 20 % EMULSION | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)* | TIER 2 | |
| SUPER TOUCH INSULIN SYRINGE (27G 1/2" 0.5 ML MISC, 27G 5/8" 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" 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" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| SUPER TOUCH PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| TECHLITE PLUS PEN NEEDLES 32GX4MMMISC | TIER 3 | |
| TOPFINE INSULIN PEN NEEDLE 32GX4MMMISC | TIER 3 | |
| TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC) | TIER 3 | |
| TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | TIER 3 | |
| TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | TIER 3 | |
| ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC) | TIER 3 | |
| ULTRA COMFORT PEN NEEDLES 32GX4MMMISC | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC) | TIER 3 | |
| UNIFINE PENTIPS 32GX4MMMISC | TIER 3 | |
| UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC) | TIER 3 | |
| 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 3 | |
| VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC) | TIER 3 | |
| VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML MISC | TIER 3 | |
| VOWST CAP | TIER 5 | PA, LA, QL (12 PER 30 DAYS ) |
| WEBCOL ALCOHOL PREP LARGE 70 % PAD | TIER 2 | |

## OPHTHALMIC AGENTS

## OPHTHALMIC AGENTS, OTHER

| | | |
|---|---|---|
| *atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)* | TIER 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)* | TIER 2 | |
| BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT | TIER 2 | |
| *brimonidine tartrate-timolol 0.2-0.5 % solution* | TIER 3 | |
| *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)* | TIER 2 | |
| *dorzolamide hcl-timolol mal pf 2-0.5 % solution* | TIER 3 | |
| *loteprednol-tobramycin 0.5-0.3 % suspension* | TIER 3 | |
| *neo-polycin 3.5-400-10000ointment* | TIER 2 | |
| *neo-polycin hc 1 % ointment* | TIER 2 | |
| *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)* | TIER 2 | |
| *neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)* | TIER 2 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION | TIER 2 | |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION | TIER 4 | |
| *polycin 500-10000 unit/gm ointment* | TIER 2 | |
| RESTASIS 0.05 % EMULSION | TIER 3 | QL (60 PER 30 DAYS) |
| ROCKLATAN 0.02-0.005 % SOLUTION | TIER 3 | QL (2.5 PER 25 DAYS) |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *tobramycin-dexamethasone 0.3-0.1 % suspension* | TIER 2 | |
| XDEMVY 0.25 % SOLUTION | TIER 5 | PA, QL (10 PER 30 DAYS) |
| XIIDRA 5 % SOLUTION | TIER 3 | |
| **OPHTHALMIC ANTI-ALLERGY AGENTS** | | |
| *azelastine hcl 0.05 % solution* | TIER 2 | |
| *cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)* | TIER 2 | |
| **OPHTHALMIC ANTI-INFECTIVES** | | |
| BACITRACIN 500 UNIT/GM OINTMENT | TIER 4 | |
| *erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)* | TIER 2 | |
| *gentamicin sulfate 0.3 % solution* | TIER 2 | |
| LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION) | TIER 3 | |
| MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION | TIER 2 | |
| *moxifloxacin hcl 0.5 % solution* | TIER 3 | |
| NATACYN 5 % SUSPENSION | TIER 3 | |
| *ofloxacin 0.3 % solution* | TIER 2 | |
| *polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution* | TIER 2 | |
| *sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)* | TIER 2 | |
| SULFACETAMIDE SODIUM 10 % OINTMENT | TIER 3 | |
| *tobramycin 0.3 % solution* | TIER 2 | |
| TRIFLURIDINE 1 % SOLUTION | TIER 3 | |
| ZIRGAN 0.15 % GEL | TIER 4 | QL (5 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **OPHTHALMIC ANTI-INFLAMMATORIES** | | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | TIER 2 | |
| *diclofenac sodium 0.1 % solution* | TIER 2 | |
| *difluprednate 0.05 % emulsion* | TIER 4 | |
| *fluorometholone 0.1 % suspension* | TIER 2 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | TIER 2 | |
| FML FORTE 0.25 % SUSPENSION | TIER 4 | |
| ILEVRO 0.3 % SUSPENSION | TIER 3 | QL (3 PER 30 DAYS) |
| *ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)* | TIER 2 | |
| *prednisolone acetate 1 % suspension* | TIER 2 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | TIER 3 | |
| **OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)* | TIER 2 | |
| CARTEOLOL HCL 1 % SOLUTION | TIER 2 | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | TIER 2 | |
| *timolol maleate (0.25 % gel soln, 0.5 % gel soln)* | TIER 3 | |
| *timolol maleate (0.25 %, 0.5 %)* | TIER 1 | |
| **OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER** | | |
| *acetazolamide er 500 mg cap 12h* | TIER 2 | |
| *apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)* | TIER 3 | |
| *brimonidine tartrate 0.1 % solution* | TIER 3 | |
| *brimonidine tartrate 0.15 % solution* | TIER 4 | |
| *brimonidine tartrate 0.2 % solution* | TIER 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *brinzolamide 1 % suspension* | TIER 3 | |
| *dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)* | TIER 2 | |
| *methazolamide (25 mg tab, 50 mg tab)* | TIER 4 | |
| *pilocarpine hcl (1 %, 2 %, 4 %)* | TIER 2 | |
| RHOPRESSA 0.02 % SOLUTION | TIER 3 | QL (2.5 PER 25 DAYS) |
| SIMBRINZA 1-0.2 % SUSPENSION | TIER 3 | |
| **OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS** | | |
| *bimatoprost 0.03 % solution* | TIER 3 | QL (5 PER 30 DAYS) |
| *latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)* | TIER 1 | |
| *travoprost (bak free) 0.004 % solution* | TIER 2 | QL (5 PER 30 DAYS) |
| VYZULTA 0.024 % SOLUTION | TIER 4 | |
| **OTIC AGENTS** | | |
| *acetic acid 2 % solution* | TIER 2 | |
| *ciprofloxacin-dexamethasone 0.3-0.1 % suspension* | TIER 4 | |
| CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION | TIER 3 | |
| DERMOTIC 0.01 % OIL | TIER 3 | |
| *hydrocortisone-acetic acid 1-2 % solution* | TIER 3 | |
| *neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)* | TIER 2 | |
| *ofloxacin 0.3 % solution* | TIER 2 | |
| **RESPIRATORY TRACT/PULMONARY AGENTS** | | |
| **ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS** | | |
| ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA) | TIER 3 | QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA | TIER 3 | QL (1 PER 30 DAYS) |
| ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA | TIER 3 | QL (1 PER 30 DAYS) |
| ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA) | TIER 3 | QL (1 PER 30 DAYS) |
| ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA | TIER 3 | QL (1 PER 30 DAYS) |
| ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL) | TIER 3 | QL (13 PER 30 DAYS) |
| *budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)* | TIER 4 | PA - PART B VS D DETERMINATION |
| QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA) | TIER 3 | QL (21.2 PER 30 DAYS) |
| **ANTIHISTAMINES** | | |
| *azelastine hcl (0.1 %, 137 mcg/spray)* | TIER 2 | QL (30 PER 25 DAYS) |
| *cetirizine hcl (1 mg/ml, 5 mg/5ml)* | TIER 2 | |
| *cyproheptadine hcl 4 mg tab* | TIER 3 | PA |
| *hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)* | TIER 2 | PA |
| *hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)* | TIER 4 | PA |
| *levocetirizine dihydrochloride 5 mg tab* | TIER 1 | |
| *promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)* | TIER 2 | PA |
| **ANTILEUKOTRIENES** | | |
| *montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)* | TIER 2 | QL (30 PER 30 DAYS) |
| *montelukast sodium 10 mg tab* | TIER 1 | QL (30 PER 30 DAYS) |
| *zafirlukast (10 mg tab, 20 mg tab)* | TIER 4 | QL (60 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **BRONCHODILATORS, ANTICHOLINERGIC** | | |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA | TIER 3 | QL (30 PER 30 DAYS) |
| *ipratropium bromide 0.02 % solution* | TIER 2 | PA - PART B VS D DETERMINATION |
| *ipratropium bromide 0.03 % solution* | TIER 2 | QL (30 PER 30 DAYS) |
| *ipratropium bromide 0.06 % solution* | TIER 2 | QL (45 PER 30 DAYS) |
| *ipratropium bromide hfa 17 mcg/act aero soln* | TIER 4 | QL (25.8 PER 30 DAYS) |
| SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) | TIER 3 | QL (4 PER 30 DAYS) |
| *tiotropium bromide 18 mcg cap* | TIER 3 | QL (30 PER 30 DAYS) |
| **BRONCHODILATORS, SYMPATHOMIMETIC** | | |
| *albuterol 90mcg hfa inhaler (generic proair)* | TIER 2 | QL (17 PER 30 DAYS) |
| *albuterol 90mg hfa inhaler (generic proair)* | TIER 2 | QL (17 PER 30 DAYS) |
| *albuterol 90mg hfa inhaler (generic proventil)* | TIER 2 | QL (13.4 PER 30 DAYS) |
| *albuterol 90mg hfa inhaler (generic ventolin)* | TIER 2 | QL (36 PER 30 DAYS) |
| *albuterol sulfate (2 mg tab, 4 mg tab)* | TIER 4 | |
| *albuterol sulfate (2 mg/5ml, 8 mg/20ml)* | TIER 2 | |
| *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)* | TIER 2 | PA - PART B VS D DETERMINATION |
| *albuterol sulfate hfa 108 (90 base) mcg/act aero soln* | TIER 2 | QL (36 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *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)* | TIER 3 | QL (24 PER 365 DAYS ) |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK) | TIER 3 | QL (24 PER 365 DAYS ) |
| *levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)* | TIER 4 | PA |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL | TIER 3 | QL (30 PER 30 DAYS) |
| SEREVENT DISKUS 50 MCG/ACT AER POW BA | TIER 3 | QL (60 PER 30 DAYS) |
| **CYSTIC FIBROSIS AGENTS** | | |
| KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB) | TIER 5 | PA, LA, QL (60 PER 30 DAYS) |
| PULMOZYME 2.5 MG/2.5ML SOLUTION | TIER 5 | QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| TOBI PODHALER 28 MG CAP | TIER 5 | PA, LA, QL (224 PER 56 DAYS ) |
| *tobramycin 300 mg/4ml nebu soln* | TIER 4 | PA, QL (224 PER 28 DAYS) |
| *tobramycin 300 mg/5ml nebu soln* | TIER 4 | PA, QL (280 PER 56 DAYS ) |
| TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK) | TIER 5 | PA, LA, QL (90 PER 30 DAYS) |
| **MAST CELL STABILIZERS** | | |
| *cromolyn sodium 20 mg/2ml nebu soln* | TIER 3 | PA - PART B VS D DETERMINATION |
| **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE** | | |
| *roflumilast 250 mcg tab* | TIER 4 | QL (28 PER 180 DAYS ) |
| *roflumilast 500 mcg tab* | 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 xiv.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| *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)* | TIER 3 | |
| **PULMONARY ANTIHYPERTENSIVES** | | |
| ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) | TIER 5 | PA, LA, QL (90 PER 30 DAYS) |
| *alyq 20 mg tab* | TIER 4 | PA, QL (60 PER 30 DAYS) |
| *ambrisentan (5 mg tab, 10 mg tab)* | TIER 4 | PA, LA, QL (30 PER 30 DAYS) |
| *bosentan (62.5 mg tab, 125 mg tab)* | TIER 5 | PA, LA, QL (60 PER 30 DAYS) |
| *bosentan 32 mg tab sol* | TIER 5 | PA, LA, QL (120 PER 30 DAYS) |
| *macitentan 10 mg tab* | TIER 5 | PA, QL (30 PER 30 DAYS) |
| *riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)* | TIER 5 | PA, QL (90 PER 30 DAYS) |
| *sildenafil citrate 20 mg tab* | TIER 3 | PA, QL (360 PER 30 DAYS) |
| *tadalafil (pah) 20 mg tab* | TIER 4 | 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 5 | PA, LA, QL (60 PER 30 DAYS) |
| UPTRAVI 100 MCG TAB | TIER 5 | PA, LA, QL (420 PER 30 DAYS) |
| UPTRAVI 150 MCG TAB | TIER 5 | PA, LA, QL (560 PER 28 DAYS) |
| UPTRAVI 200 & 800 MCG TAB THPK | TIER 5 | 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 5 | PA, QL (1 PER 21 DAYS ) |
| **PULMONARY FIBROSIS AGENTS** | | |
| *nintedanib esylate (100 mg cap, 150 mg cap)* | TIER 5 | PA, QL (60 PER 30 DAYS) |
| OFEV (100 MG CAP, 150 MG CAP) | TIER 5 | PA, LA, QL (60 PER 30 DAYS) |
| *pirfenidone (267 mg cap, 267 mg tab)* | TIER 3 | PA, QL (270 PER 30 DAYS) |
| PIRFENIDONE 534 MG TAB | TIER 5 | PA, QL (150 PER 30 DAYS) |
| *pirfenidone 801 mg tab* | TIER 3 | PA, QL (90 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **RESPIRATORY TRACT AGENTS, OTHER** | | |
| *acetylcysteine (10 %, 20 %)* | TIER 2 | PA - PART B VS D DETERMINATION |
| ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL) | TIER 3 | QL (12 PER 30 DAYS) |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA | TIER 3 | QL (60 PER 30 DAYS) |
| BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | TIER 3 | QL (60 PER 30 DAYS) |
| *breyna (80-4.5 mcg/act, 160-4.5 mcg/act)* | TIER 3 | QL (10.3 PER 30 DAYS) |
| BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL | TIER 3 | QL (10.7 GM PER 30 DAYS) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL | TIER 3 | QL (10.7 PER 30 DAYS) |
| *budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)* | TIER 3 | QL (10.2 PER 30 DAYS) |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN | TIER 4 | QL (4 PER 30 DAYS) |
| *flunisolide 25 mcg/act (0.025%) solution* | TIER 2 | QL (50 PER 30 DAYS) |
| FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | TIER 3 | QL (60 PER 30 DAYS) |
| *fluticasone propionate 50 mcg/act suspension* | TIER 2 | QL (16 PER 30 DAYS) |
| *fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)* | TIER 2 | QL (60 PER 30 DAYS) |
| FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA) | TIER 2 | QL (1 PER 30 DAYS) |
| *ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution* | TIER 2 | PA - PART B VS D DETERMINATION |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | TIER 5 | PA, LA, QL (3 PER 28 DAYS) |
| NUCALA 40 MG/0.4ML SOLN PRSYR | TIER 5 | PA, LA, QL (0.4 PER 28 DAYS) |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN | TIER 3 | |
| TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA) | TIER 3 | QL (60 PER 30 DAYS) |
| *wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)* | TIER 2 | QL (60 PER 30 DAYS) |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *carisoprodol 350 mg tab* | TIER 2 | PA, QL (120 PER 30 DAYS) |
| *cyclobenzaprine hcl (5 mg tab, 10 mg tab)* | TIER 2 | PA |
| *methocarbamol (500 mg tab, 750 mg tab)* | TIER 3 | PA |
| **SLEEP DISORDER AGENTS** | | |
| **SLEEP PROMOTING AGENTS** | | |
| *eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)* | TIER 3 | QL (30 PER 30 DAYS) |
| *ramelteon 8 mg tab* | TIER 2 | QL (30 PER 30 DAYS) |
| *tasimelteon 20 mg cap* | TIER 5 | PA, QL (30 PER 30 DAYS) |
| *temazepam 15 mg cap* | TIER 2 | QL (60 PER 30 DAYS) |
| *temazepam 30 mg cap* | TIER 2 | QL (30 PER 30 DAYS) |
| *triazolam 0.125 mg tab* | TIER 4 | QL (120 PER 30 DAYS) |
| *triazolam 0.25 mg tab* | TIER 4 | QL (60 PER 30 DAYS) |
| *zaleplon 10 mg cap* | TIER 2 | QL (60 PER 30 DAYS) |
| *zaleplon 5 mg cap* | TIER 2 | QL (120 PER 30 DAYS) |
| *zolpidem tartrate 10 mg tab* | TIER 2 | QL (30 PER 30 DAYS) |
| *zolpidem tartrate 5 mg tab* | TIER 2 | QL (60 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **WAKEFULNESS PROMOTING AGENTS** | | |
| *armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)* | TIER 4 | PA, QL (30 PER 30 DAYS) |
| *modafinil 100 mg tab* | TIER 3 | PA, QL (90 PER 30 DAYS) |
| *modafinil 200 mg tab* | TIER 3 | PA, QL (60 PER 30 DAYS) |
| *sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)* | TIER 5 | PA, LA, QL (540 PER 30 DAYS) |

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

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## 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**.

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

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ភាសាខ្មែរ
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជំសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-776-4466 (TTY: 711)
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

فارسي
توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-776-4466(تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده
خود صحبت کنید.

ਪੰਜਾਬੀ
ਧਿਆਨ ਦਿਉ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ 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 serbisyong 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 10/23/2026 . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m. 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 in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at (800) 776-4466 [TTY: 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