Blue Shield Advantage (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 Advantage 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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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 Advantage

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 Advantage 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 Advantage'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 Advantage'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 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 Advantage'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 Advantage 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 Advantage in Los Angeles, Orange, and San Diego Counties:

TIER	SUPPLY	COST SHARE Los Angeles and Orange counties	COST SHARE San Diego County
1: Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	$0 Copay	$0 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	$0 Copay	$0 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$5 Copay	$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)	$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)	$10 Copay	$10 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	$30 Copay	$30 Copay

TIER	SUPPLY	COST SHARE Los Angeles and Orange counties	COST SHARE San Diego County
3: Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	25% coinsurance	21% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	25% coinsurance	21% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	25% coinsurance	21% coinsurance
	Standard retail cost-sharing (in-network) (up to 100-day supply)	25% coinsurance	21% coinsurance
3: 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 21% 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 21% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	The lesser of $35 Copay or 25% coinsurance	The lesser of $35 Copay or 21% 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 21% coinsurance
4: Non-Preferred Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	30% coinsurance	26% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	30% coinsurance	26% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	30% coinsurance	26% coinsurance
	Standard retail cost-sharing (in-network) (up to 100-day supply)	30% coinsurance	26% coinsurance

TIER	SUPPLY	COST SHARE Los Angeles and Orange counties	COST SHARE San Diego County
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)	30% Coinsurance	30% 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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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.

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