



Blue Shield Medicare + Medi-Cal Plan (HMO-DSNP)

2027 List of Covered Drugs (Drug List or Formulary)

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

Formulary ID 27198, Version 10

This *Drug List* was updated on 09/01/2026

For more recent information or other questions, contact us at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week or visit blueshieldca.com/medformulary2027.

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



09/01/2026

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by Blue Shield Medicare + Medi-Cal Plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Blue Shield Medicare + Medi-Cal Plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



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A. Disclaimers

This is a list of drugs that members can get in Blue Shield Medicare + Medi-Cal Plan.

- ❖ You can always check Blue Shield Medicare + Medi-Cal Plan's up-to-date *List of Covered Drugs* online at blueshieldca.com/medformulary2027 or by calling (800) 452-4413 (TTY: 711). This call is free.
- ❖ Blue Shield of California is an independent member of the Blue Shield Association.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call the number in the footer of this document. The call is free.
- ❖ Blue Shield of California is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.
- ❖ The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。
- ❖ *This document is available for free in English, Spanish, Arabic, Armenian, Simplified Chinese, Traditional Chinese, Farsi, Khmer (Cambodian), Korean, Russian, Tagalog, and Vietnamese.*

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



ATTENTION: If you need help in your language, call (800) 452-4413 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (800) 452-4413 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-452-4413 (TTY:711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-452-4413 (TTY:711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-452-4413 (TTY:711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-452-4413 (TTY:711): Այդ ծառայություններն անվճար են:

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-452-4413 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-452-4413 (TTY: 711)。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-452-4413 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-452-4413 (TTY: 711) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-452-4413 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-452-4413 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-452-4413 (TTY: 711)へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ເທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-452-4413

(TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-452-4413 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-452-4413 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-452-4413 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY:711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-452-4413 (TTY:711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



مطلب به زبان فارسی (Persian (Farsi))

1-800-452-4413 توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، (TTY: 711) 1-800-مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 452-4413 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-452-4413 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-452-4413 (линия TTY: 711). Такие услуги предоставляются бесплатно.

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-452-4413 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-452-4413 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-452-4413 (TTY: 711). Libre ang mga serbisyong ito.

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข

1-800-452-4413 (TTY: 711) นอกจากนี้

ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ

สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่

กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711)

ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-452-4413 (TTY: 711).

Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-452-4413 (TTY: 711). Ці послуги безкоштовні.

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If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-452-4413 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-452-4413 (TTY: 711). Các dịch vụ này đều miễn phí.

- ❖ You can make a standing request to get this document and future required communications in a language other than English or in an alternate format (large print, braille, audio, etc.). You can contact Blue Shield Medicare + Medi-Cal Plan Customer Service at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week to make this request. Customer Service will keep your preferred language and format on file until such time you wish to make updates.
- ❖ To make a change to a standing request to receive required communications in a preferred language or in an alternate format, please contact Blue Shield Medicare + Medi-Cal Plan Customer Service at (800) 452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m. PT, seven days a week.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by Blue Shield Medicare + Medi-Cal Plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- Blue Shield Medicare + Medi-Cal Plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Blue Shield Medicare + Medi-Cal Plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Blue Shield Medicare + Medi-Cal Plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at blueshieldca.com/medformulary2027 or call Customer Service at the numbers in the footer of this document.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



B2. Does the *Drug List* ever change?

Yes, and Blue Shield Medicare + Medi-Cal Plan must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Blue Shield Medicare + Medi-Cal Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, or
- we learn that a drug isn't safe, or
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Blue Shield Medicare + Medi-Cal Plan's up-to-date *Drug List* online at blueshieldca.com/medformulary2027. Updates to the *Drug List* are posted on the website monthly.
- You can also call Customer Service at the numbers in the footer of this document to check the current *Drug List*.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Your prescriber will also know about this change and can work with you to find another drug for your condition.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* or
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Blue Shield Medicare + Medi-Cal Plan based on specific criteria before you fill your prescription. Prior authorization is different from a referral. Blue Shield Medicare + Medi-Cal Plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Blue Shield Medicare + Medi-Cal Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Blue Shield Medicare + Medi-Cal Plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at blueshieldca.com/medformulary2027. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled “List of Drugs by Medical Condition” has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Blue Shield Medicare + Medi-Cal Plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index that begins on page 130 . The index provides an alphabetical list of all 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.

To search **by medical condition**, find the section labeled “ List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Customer Service at the numbers in the footer of this document and ask about it. If you learn that Blue Shield Medicare + Medi-Cal Plan won't cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask Blue Shield Medicare + Medi-Cal Plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new Blue Shield Medicare + Medi-Cal Plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of Blue Shield Medicare + Medi-Cal Plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Blue Shield Medicare + Medi-Cal Plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that Blue Shield Medicare + Medi-Cal Plan doesn't consider to be a Part D drug, and the drug isn't on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Blue Shield Medicare + Medi-Cal Plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of Blue Shield Medicare + Medi-Cal Plan.

Transition Policy

In circumstances where a beneficiary is changing from one treatment setting to another, Blue Shield Medicare + Medi-Cal Plan will ensure a fast process for approving non-formulary Part D drugs. This process shall also apply to formulary Part D drugs that require prior authorization or step-therapy. Examples of level of care changes are beneficiaries who are discharged from a hospital to a home; beneficiaries who end their skilled nursing facility Medicare Part A stay and who need to revert to their Part D plan formulary; beneficiaries who end a long-term care facility stay and return to the community; and, beneficiaries who are discharged from psychiatric hospitals with medication regimens that are highly individualized.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Blue Shield Medicare + Medi-Cal Plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Blue Shield Medicare + Medi-Cal Plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



B11. How can I ask for an exception?

To ask for an exception, call Customer Service. A Customer Service representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G2** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your prescriber can send this statement electronically (online or fax) or by mail. They can also call Blue Shield Pharmacy Department at (800) 535-9481 and give us the statement verbally and then send us a written statement, if needed.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Blue Shield Medicare + Medi-Cal Plan covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



B15. Does Blue Shield Medicare + Medi-Cal Plan cover long-term supplies of prescriptions?

For certain kinds of drugs, you can use the plan's network home delivery provider. Generally, the drugs provided through home delivery are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs that are not available through the plan's home delivery provider are marked with the symbol NDS in our Drug List.

- **Home Delivery Services.** We offer a home delivery service that allows you to get **up to a 100-day supply for Tier 1: Preferred Generic Drugs, Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs.** A 100-day supply for Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs has the same copay as a one-month supply for Tiers 1 and 2. A 100-day supply for Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs has the same copay as a one-month supply for Tiers 3 and 4.
- **Retail Pharmacy Programs.** Some retail pharmacies may also offer **up to a 100-day supply for Tier 1: Preferred Generic Drugs, Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs.** A 100-day supply for Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs has the same copay as a one-month supply for Tiers 1 and 2. A 100-day supply for Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs has the same copay as a one-month supply for Tiers 3 and 4.

B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What's my copay?

Blue Shield Medicare + Medi-Cal Plan members have copays for prescription if the member follows the plan's rules.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are Preferred Generic Drugs
- Tier 2 drugs are Generic Drugs
- Tier 3 drugs are Preferred Brand Drugs
- Tier 4 drugs are Non-Preferred Drugs
- Tier 5 drugs are Specialty Tier Drugs

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



Tier	Description	Copayment	
		30-day supply	100-day supply
Tier 1	Preferred Generic Drugs	\$0	\$0
Tier 2	Generic Drugs	\$0	\$0
Tier 3	Preferred Brand Drugs	If you receive Extra Help you pay: For covered generic drugs (including brand drugs treated as generic), either: \$0.00, \$1.65, \$5.80 For all other covered drugs, either: \$0, \$5.00, \$14.40 If you receive Extra Help, you pay \$0.00 - \$14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than the lesser of \$35.00 per month supply, \$70 per 2-month supply, or \$105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	If you receive Extra Help you pay: For covered generic drugs (including brand drugs treated as generic), either: \$0.00, \$1.65, \$5.80 For all other covered drugs, either: \$0, \$5.00, \$14.40 If you receive Extra Help, you pay \$0.00 - \$14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than the lesser of \$35.00 per month supply, \$70 per 2-month supply, or \$105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



Tier	Description	Copayment	
		30-day supply	100-day supply
Tier 4	Non-Preferred Drugs	If you receive Extra Help you pay: For covered generic drugs (including brand drugs treated as generic), either: \$0.00, \$1.65, \$5.80 For all other covered drugs, either: \$0, \$5.00, \$14.40 If you receive Extra Help, you pay \$0.00 - \$14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than the lesser of \$35.00 per month supply, \$70 per 2-month supply, or \$105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	If you receive Extra Help you pay: For covered generic drugs (including brand drugs treated as generic), either: \$0.00, \$1.65, \$5.80 For all other covered drugs, either: \$0, \$5.00, \$14.40 If you receive Extra Help, you pay \$0.00 - \$14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than the lesser of \$35.00 per month supply, \$70 per 2-month supply, or \$105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



Tier	Description	Copayment	
		30-day supply	100-day supply
Tier 5	Specialty Tier Drugs	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: \$0.00, \$1.65, \$5.80 For all other covered drugs, either: \$0.00, \$5.00, \$14.40 If you do not qualify for Extra Help, you won't pay more than 25% coinsurance for each covered product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	Not available

If you have questions, call Customer Service at the numbers in the footer of this document.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Blue Shield Medicare + Medi-Cal Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by Blue Shield Medicare + Medi-Cal Plan.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medi-Cal.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Customer Service at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that aren't a Part D drug have different rules for appeals.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

LEGEND

TIER	NAME	
1	Preferred Generic Drugs	
2	Generic Drugs	
3	Preferred Brand Drugs	
4	Non-Preferred Drugs	
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.
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.
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.

This section is continued on the next page

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*), brand name drugs are capitalized (for example, ELIQUIS). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Blue Shield Medicare + Medi-Cal Plan has any rules for covering your drug.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



List of Drugs by Medical Condition

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ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	14
ANTIDEMENTIA AGENTS.....	19
ANTIDEPRESSANTS.....	20
ANTIEMETICS.....	23
ANTIFUNGALS.....	24
ANTIGOUT AGENTS.....	26
ANTIMIGRAINE AGENTS.....	26
ANTIMYASTHENIC AGENTS.....	27
ANTIMYCOBACTERIALS.....	27
ANTINEOPLASTICS.....	28
ANTIPARASITICS.....	42
ANTIPARKINSON AGENTS.....	43
ANTIPSYCHOTICS.....	45
ANTISPASTICITY AGENTS.....	50
ANTIVIRALS.....	50
ANXIOLYTICS.....	55
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	90
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OTIC AGENTS..... 123

RESPIRATORY TRACT/PULMONARY AGENTS..... 123

SKELETAL MUSCLE RELAXANTS..... 129

SLEEP DISORDER AGENTS..... 129

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (30 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 1.5 % solution</i>	TIER 3	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	TIER 1	
<i>diclofenac sodium er 100 mg tab 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	TIER 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	TIER 2	
<i>etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)</i>	TIER 3	
FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	TIER 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	TIER 1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>naproxen dr 500 mg tab</i>	TIER 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	TIER 3	
<i>oxaprozin 600 mg tab</i>	TIER 4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 3	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	TIER 4	PA, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	TIER 3	PA, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)</i>	TIER 4	PA, QL (450 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)</i>	TIER 4	PA, NDS (Non-Extended Day Supply)
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)</i>	TIER 4	PA, QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl 10 mg tab</i>	TIER 4	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl 5 mg tab</i>	TIER 4	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 4	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate er 15 mg tab</i>	TIER 4	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate er 30 mg tab</i>	TIER 4	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>	TIER 4	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 2	QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i>	TIER 2	QL (1800 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 2	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 3	QL (15 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i>	TIER 4	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 DAYS), NDS (Non-Extended Day Supply)
CODEINE SULFATE 60 MG TAB	TIER 4	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>endocet 10-325 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>endocet 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	TIER 4	QL (2520 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	TIER 2	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)</i>	TIER 2	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydromorphone hcl 2 mg tab</i>	TIER 3	QL (154 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 4 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 8 mg tab</i>	TIER 3	QL (42 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	TIER 3	QL (70 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>	TIER 3	QL (630 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i>	TIER 3	QL (315 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i>	TIER 3	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 3	QL (56 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 10 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 100 mg/5ml conc</i>	TIER 4	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 20 mg tab</i>	TIER 3	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 5 mg tab</i>	TIER 3	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 3	QL (840 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tramadol hcl 50 mg tab</i>	TIER 2	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 2	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	TIER 3	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (lidocaine hcl 4 % solution, lidocaine hcl 4 % solution)</i>	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 3	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	TIER 3	PA, QL (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

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

OPIOID DEPENDENCE

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

OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	TIER 4	QL (2 PER 30 DAYS)
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You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	TIER 2	
<i>naltrexone hcl 50 mg tab</i>	TIER 2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	TIER 2	QL (60 PER 30 DAYS)
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	TIER 4	QL (53 PER 30 DAYS)
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 4	QL (60 PER 30 DAYS)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	TIER 4	
<i>neomycin sulfate 500 mg tab</i>	TIER 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 4	
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 2 gm/50ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm soln, 2 gm soln)</i>	TIER 4	
CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 4	
<i>clindamycin phosphate (300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	TIER 4	
<i>clindamycin phosphate 2 % cream</i>	TIER 2	
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	TIER 4	
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	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>	TIER 4	
<i>fosfomycin tromethamine 3 gm packet</i>	TIER 4	QL (4 PACKETS PER 28 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 4	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % lotion, metronidazole 1 % gel, metronidazole 500 mg/100ml solution)</i>	TIER 4	
<i>metronidazole 0.75 % cream</i>	TIER 3	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>	TIER 4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	TIER 2	
<i>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)</i>	TIER 4	
<i>vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp)</i>	TIER 3	
<i>cefadroxil 500 mg cap</i>	TIER 2	
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 3 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	TIER 4	
<i>cefdinir (125 mg/5ml, 250 mg/5ml)</i>	TIER 3	
<i>cefdinir 300 mg cap</i>	TIER 2	
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	TIER 4	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	TIER 4	
<i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	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	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 2	
<i>ceftaroline fosamil (400 mg soln, 600 mg soln)</i>	TIER 5	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 500 mg recon soln)</i>	TIER 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>	TIER 4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	TIER 2	
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		
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	TIER 2	
<i>amoxicillin trihydrate 250 mg/5ml recon susp</i>	TIER 2	
<i>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)</i>	TIER 2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	TIER 3	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h</i>	TIER 4	
<i>ampicillin 500 mg cap</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	TIER 4	
<i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i>	TIER 4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 2	
<i>nafcillin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	TIER 4	
<i>penicillin g potassium (5000000 soln, 20000000 soln)</i>	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	TIER 2	
<i>pfizerpen (5000000 soln, 20000000 soln)</i>	TIER 4	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>	TIER 4	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	TIER 3	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>meropenem (1 gm soln, 500 mg soln)</i>	TIER 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
<i>azithromycin 500 mg recon soln</i>	TIER 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>clarithromycin er 500 mg tab 24h</i>	TIER 4	
DIFICID 40 MG/ML RECON SUSP	TIER 5	PA, QL (136 PER 10 DAYS)
<i>e.e.s. 400 (e.e.s. 400 400 mg tab, e.e.s. 400 400 mg tab)</i>	TIER 4	
<i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i>	TIER 4	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg cp dr part, erythromycin base 500 mg tab)</i>	TIER 4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	TIER 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	
<i>fidaxomicin 200 mg tab</i>	TIER 5	PA, QL (20 PER 10 DAYS)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	TIER 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 25 mg/ml solution)</i>	TIER 4	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	TIER 4	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	TIER 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	TIER 2	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	TIER 3	
<i>doxy 100 mg recon soln</i>	TIER 4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 4	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 2	
<i>monodoxyne nl 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 5	ST, QL (60 PER 30 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	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
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i>	TIER 2	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab 24h</i>	TIER 2	QL (180 PER 30 DAYS)
<i>levetiracetam er 750 mg tab 24h</i>	TIER 2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>perampanel 0.5 mg/ml suspension</i>	TIER 4	QL (720 PER 30 DAYS)
<i>perampanel 2 mg tab</i>	TIER 4	QL (90 PER 30 DAYS)
<i>roweepra 500 mg tab</i>	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
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
SUBVENITE 10 MG/ML SUSPENSION	TIER 5	QL (1500 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate (15 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 2	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 1	
<i>topiramate 25 mg/ml solution</i>	TIER 4	QL (480 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml, 500 mg/5ml)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (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		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2	
<i>methsuximide 300 mg cap</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam 10 mg tab</i>	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (480 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 DAYS)
<i>diazepam 2.5 mg gel</i>	TIER 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml, 300 mg/6ml)</i>	TIER 3	QL (2160 PER 30 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (120 PER 30 DAYS)
<i>gabapentin 100 mg cap</i>	TIER 2	QL (360 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 2	QL (240 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 2	QL (180 PER 30 DAYS)
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tiagabine hcl (tiagabine hcl 12 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 16 mg tab, tiagabine hcl 2 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	TIER 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)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 5	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	TIER 5	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	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
<i>vigpoder 500 mg packet</i>	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		
<i>carbamazepine (carbamazepine 200 mg/10ml suspension, carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i>	TIER 2	
<i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>	TIER 3	
DILANTIN (30 MG CAP, 100 MG CAP)	TIER 4	
<i>epitol 200 mg tab</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	TIER 4	QL (1200 PER 30 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2	
<i>phenytoin infatabs infas 50 mg chew</i>	TIER 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2	
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (2400 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 4	ST, 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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	TIER 2	
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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	
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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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
<i>bupropion hcl 100 mg tab</i>	TIER 2	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 2	QL (180 PER 30 DAYS)
<i>bupropion hcl er (sr) 100 mg tab 12h</i>	TIER 2	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr) 150 mg tab 12h</i>	TIER 2	QL (90 PER 30 DAYS)
<i>bupropion hcl er (sr) 200 mg tab 12h</i>	TIER 2	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab 24h</i>	TIER 2	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab 24h</i>	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
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
<i>mirtazapine (15 mg tab, 30 mg tab)</i>	TIER 1	
<i>mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	TIER 2	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 5	QL (28 PER 365 DAYS), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 5	QL (14 PER 365 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
<i>tranylcypromine sulfate 10 mg tab</i>	TIER 4	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	TIER 3	
<i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i>	TIER 3	QL (30 PER 30 DAYS)
<i>desvenlafaxine succinate er 100 mg tab 24h</i>	TIER 3	QL (120 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i>	TIER 2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	TIER 4	QL (28 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	TIER 2	
FLUOXETINE HCL 90 MG CAP DR	TIER 4	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	TIER 2	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	TIER 2	QL (360 PER 30 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	TIER 2	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	TIER 4	QL (900 PER 30 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)</i>	TIER 4	
RALDESY 10 MG/ML SOLUTION	TIER 5	QL (1200 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>sertraline hcl 20 mg/ml conc</i>	TIER 3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>trazodone hcl 300 mg tab</i>	TIER 3	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	TIER 4	ST, QL (30 PER 30 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 2	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)</i>	TIER 2	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap 24h</i>	TIER 2	QL (90 PER 30 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 2	QL (30 PER 30 DAYS)
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 3	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 4	
<i>doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl 10 mg/ml conc)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>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)</i>	TIER 3	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 2	
<i>nortriptyline hcl 10 mg/5ml solution</i>	TIER 4	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	TIER 4	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	TIER 4	PA, QL (1 PER 30 DAYS)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 4	PA, QL (180 PER 30 DAYS)
<i>granisetron hcl 1 mg tab</i>	TIER 4	QL (60 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	TIER 2	QL (180 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	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
<i>ondansetron hcl 4 mg tab</i>	TIER 2	QL (180 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 4	QL (900 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	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
<i>amphotericin b liposome 50 mg recon susp</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	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)
<i>econazole nitrate 1 % cream</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>klayesta 100000 unit/gm powder</i>	TIER 4	
<i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln)</i>	TIER 4	
MICONAZOLE 3 200 MG SUPPOS	TIER 3	
<i>nyamyc 100000 unit/gm powder</i>	TIER 4	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>nystatin 100000 unit/gm powder</i>	TIER 4	
<i>nystop 100000 unit/gm powder</i>	TIER 4	
<i>posaconazole 100 mg tab dr</i>	TIER 4	PA, QL (90 PER 30 DAYS)
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (30 PER 30 DAYS)
<i>terconazole (0.4 %, 0.8 %)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine 0.6 mg tab</i>	TIER 3	QL (120 PER 30 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	TIER 2	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	TIER 4	ST, QL (30 PER 30 DAYS)
<i>probenecid 500 mg tab</i>	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

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	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

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 DAYS)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	TIER 4	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	TIER 4	QL (8 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	TIER 4	QL (8 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	TIER 2	
<i>pyridostigmine bromide er 180 mg tab</i>	TIER 4	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 3	
<i>rifabutin 150 mg cap</i>	TIER 4	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	TIER 2	
PRETOMANID 200 MG TAB	TIER 4	QL (30 PER 30 DAYS)
<i>pyrazinamide 500 mg tab</i>	TIER 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 2	
<i>rifampin 600 mg recon soln</i>	TIER 4	
<i>rifapentine 150 mg tab</i>	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECTOR 250 MG TAB	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
<i>lomustine (10 mg cap, 40 mg cap)</i>	TIER 4	
<i>lomustine 100 mg cap</i>	TIER 5	
MATULANE 50 MG CAP	TIER 5	LA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	TIER 4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	TIER 2	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	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	
<i>nilutamide (nilutamide 150 mg tab, nilutamide 150 mg tab)</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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		
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	TIER 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		
<i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i>	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
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	
VEPPANU (100 MG TAB, 200 MG TAB)	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIMETABOLITES		
<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	TIER 5	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	TIER 2	
<i>leucovorin calcium (100 mg soln, 350 mg soln)</i>	TIER 4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 2	
LONSURF 15-6.14 MG TAB	TIER 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 5	
MODEYSO 125 MG CAP	TIER 5	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
ZOLINZA 100 MG CAP	TIER 5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	TIER 1	
<i>exemestane 25 mg tab</i>	TIER 4	
<i>letrozole 2.5 mg tab</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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
<i>bosutinib (400 mg tab, 500 mg tab)</i>	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bosutinib 100 mg tab</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	TIER 5	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	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
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 3	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 3	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab, 3 mg tab, 5 mg tab)</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>gefitinib 250 mg tab</i>	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
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
<i>imatinib mesylate 100 mg tab</i>	TIER 3	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>lapatinib ditosylate 250 mg tab</i>	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
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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>pazopanib hcl 200 mg tab</i>	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
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
SCSEMBLIX 100 MG TAB	TIER 5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX 20 MG TAB	TIER 5	QL (600 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX 40 MG TAB	TIER 5	QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	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
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (210 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAGRISSO (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
ZYKADIA 150 MG TAB	TIER 5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
<i>bexarotene 1 % gel</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 3	QL (300 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	TIER 5	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	TIER 4	
VONJO 100 MG CAP	TIER 5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	TIER 4	
<i>ivermectin 3 mg tab</i>	TIER 2	
<i>praziquantel 600 mg tab</i>	TIER 3	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	TIER 4	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BENZNIDAZOLE 100 MG TAB	TIER 4	QL (240 PER 365 DAYS)
BENZNIDAZOLE 12.5 MG TAB	TIER 4	QL (720 PER 365 DAYS)
<i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i>	TIER 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 100 mg tab)</i>	TIER 2	QL (120 PER 30 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 300 mg tab)</i>	TIER 2	QL (60 PER 30 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 400 mg tab, hydroxychloroquine sulfate 400 mg tab)</i>	TIER 2	QL (30 PER 30 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 2	QL (90 PER 30 DAYS)
IMPAVIDO 50 MG CAP	TIER 5	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 DAYS)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 3	
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)</i>	TIER 2	
<i>pyrimethamine 25 mg tab</i>	TIER 5	PA
<i>quinine sulfate 324 mg cap</i>	TIER 3	PA, QL (180 PER 30 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
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You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>benztropine mesylate 1 mg/ml solution</i>	TIER 4	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	TIER 2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	TIER 2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	TIER 4	
<i>entacapone 200 mg tab</i>	TIER 4	QL (240 PER 30 DAYS)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	TIER 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	TIER 2	
<i>ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>ropinirole hcl er 12 mg tab 24h</i>	TIER 4	QL (60 PER 30 DAYS)
<i>ropinirole hcl er 8 mg tab 24h</i>	TIER 4	QL (90 PER 30 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 2	

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>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)</i>	TIER 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 4	
<i>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)</i>	TIER 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	TIER 3	
<i>haloperidol lactate 2 mg/ml conc</i>	TIER 3	
<i>haloperidol lactate 5 mg/ml solution</i>	TIER 2	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 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)
<i>pimozide (1 mg tab, 2 mg tab)</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 3	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 3	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 3	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 4	QL (750 PER 30 DAYS)
<i>aripiprazole 2 mg tab</i>	TIER 3	QL (120 PER 30 DAYS)
<i>aripiprazole 5 mg tab</i>	TIER 3	QL (60 PER 30 DAYS)
<i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	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
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
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
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	TIER 4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab 24h</i>	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
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone (risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	TIER 4	
<i>risperidone 1 mg/ml solution</i>	TIER 3	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (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
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION
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		
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (540 PER 30 DAYS), PA - FOR NEW STARTS ONLY

ANTISPASTICITY AGENTS

<i>baclofen (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>baclofen 15 mg tab</i>	TIER 2	QL (180 PER 30 DAYS)
<i>baclofen 5 mg tab</i>	TIER 2	QL (480 PER 30 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 2	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (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)
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (60 PER 30 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 4	QL (540 PER 30 DAYS)

ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil 10 mg tab</i>	TIER 4	QL (30 PER 30 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (630 PER 30 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	TIER 3	

ANTI-HEPATITIS C (HCV) AGENTS

MAVYRET 100-40 MG TAB	TIER 5	PA, QL (90 PER 30 DAYS)
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You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MAVYRET 50-20 MG PACKET	TIER 5	PA, QL (180 PER 30 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 2	
<i>ribavirin (ribavirin 6 gm recon soln, ribavirin 6 gm recon soln)</i>	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)
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)
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)
<i>efavirenz 600 mg tab</i>	TIER 4	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>	TIER 4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i>	TIER 5	QL (30 PER 30 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>	TIER 5	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tab</i>	TIER 4	QL (120 PER 30 DAYS)
<i>etravirine 200 mg tab</i>	TIER 5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (360 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	TIER 2	QL (60 PER 30 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tab 24h</i>	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)
<i>rilpivirine hcl 25 mg tab</i>	TIER 5	QL (60 PER 30 DAYS)

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

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 4	QL (900 PER 30 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 4	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	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)
<i>emtricitabine 200 mg cap</i>	TIER 4	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	TIER 4	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (720 PER 30 DAYS)
<i>lamivudine (10 mg/ml, 300 mg/30ml)</i>	TIER 3	QL (900 PER 30 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamivudine 300 mg tab</i>	TIER 3	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 4	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	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)
<i>zidovudine 100 mg cap</i>	TIER 2	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 2	QL (1800 PER 30 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
IDVYNZO 100-0.25 MG TAB	TIER 5	QL (30 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	TIER 5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tab</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	TIER 5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (30 PER 30 DAYS)
<i>darunavir 600 mg tab</i>	TIER 4	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tab</i>	TIER 4	QL (30 PER 30 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (120 PER 30 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	TIER 4	QL (390 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	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)
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)
<i>ritonavir 100 mg tab</i>	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		
<i>oseltamivir phosphate 30 mg cap</i>	TIER 3	QL (120 PER 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 3	QL (42 PER 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 3	QL (1080 PER 365 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	TIER 3	QL (60 PER 180 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 2	
ANTIVIRAL, CORONAVIRUS AGENTS		
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		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	TIER 2	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 2	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	TIER 3	QL (1200 PER 30 DAYS)
<i>clonazepam 0.5 mg tab</i>	TIER 2	QL (1200 PER 30 DAYS)
<i>clonazepam 1 mg tab</i>	TIER 2	QL (600 PER 30 DAYS)
<i>clonazepam 1 mg tab disp</i>	TIER 3	QL (600 PER 30 DAYS)
<i>clonazepam 2 mg tab</i>	TIER 2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tab disp</i>	TIER 3	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 4	QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 4	QL (720 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 4	QL (360 PER 30 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	TIER 2	QL (360 PER 30 DAYS)
<i>diazepam 10 mg tab</i>	TIER 2	QL (180 PER 30 DAYS)
<i>diazepam 2 mg tab</i>	TIER 2	QL (900 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	TIER 2	QL (1800 PER 30 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 2	QL (360 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	TIER 2	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	TIER 2	QL (300 PER 30 DAYS)
<i>lorazepam 2 mg tab</i>	TIER 2	QL (150 PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	TIER 3	QL (150 PER 30 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lithium 8 meq/5ml solution</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	TIER 2	
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	TIER 2	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>	TIER 1	
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (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)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	TIER 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (30 PER 30 DAYS)
<i>sitagliptin phos-metformin hcl er (er 50-500 mg tab er, er 100-1000 mg tab er)</i>	TIER 2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sitagliip phos-metformin hcl er 50-1000 mg tab 24h</i>	TIER 2	QL (60 PER 30 DAYS)
<i>sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)</i>	TIER 2	QL (60 PER 30 DAYS)
<i>sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)</i>	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)
<i>diazoxide 50 mg/ml suspension</i>	TIER 5	
<i>glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln, glucagon emergency 1 mg/ml recon soln)</i>	TIER 3	QL (2 PER 2 DAYS)
INSULINS		
HUMALOG 100 UNIT/ML SOLN CART	TIER 3	
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	TIER 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	TIER 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	
HUMULIN 70/30 KWIKPEN KWIK(70-30) 100 UNIT/ML SUSP	TIER 3	
HUMULIN N 100 UIT/ML SUSPESIO	TIER 3	
HUMULIN N KWIKPEN KWIK100 UIT/ML SUSP	TIER 3	
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	
HUMULIN R U-500 (CONCENTRATED) (CONCENTATED) UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	TIER 3	
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 DAYS)
NOVOLIN R FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN	TIER 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS)
TRESIBA 100 UNIT/ML SOLUTION	TIER 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 DAYS)

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	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)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i>	TIER 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	TIER 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	TIER 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	TIER 4	QL (36 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 5	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 4	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>rivaroxaban 1 mg/ml recon susp</i>	TIER 3	QL (600 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	TIER 3	QL (60 PER 30 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 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		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 3	
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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	TIER 5	PA
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	TIER 5	PA, QL (90 PER 30 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	TIER 5	PA, QL (180 PER 30 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	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
HEMOSTASIS AGENTS		
<i>tranexamic acid 650 mg tab</i>	TIER 3	QL (30 PER 30 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap 12h</i>	TIER 4	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 2	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 3	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	TIER 3	QL (60 PER 30 DAYS)

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>droxidopa 100 mg cap</i>	TIER 4	PA, QL (540 PER 30 DAYS)
<i>droxidopa 200 mg cap</i>	TIER 4	PA, QL (270 PER 30 DAYS)
<i>droxidopa 300 mg cap</i>	TIER 4	PA, QL (84 PER 90 DAYS)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 2	
METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB)	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	TIER 1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	TIER 1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>amiodarone hcl 200 mg tab</i>	TIER 2	
<i>digox 125 mcg tab</i>	TIER 2	QL (30 PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (30 PER 30 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 2	
MULTAQ 400 MG TAB	TIER 3	QL (60 PER 30 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>pacerone 200 mg tab</i>	TIER 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	TIER 2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 2	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 3	
<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	TIER 2	
PROPRANOLOL HCL (PROPRANOLOL HCL 40 MG/5ML SOLUTION, PROPRANOLOL HCL 20 MG/5ML SOLUTION)	TIER 3	
<i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>	TIER 2	
<i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i>	TIER 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
<i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	TIER 2	
<i>nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 2	
<i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 2	
<i>nimodipine 30 mg cap</i>	TIER 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i>	TIER 2	
<i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	TIER 2	
<i>diltiazem hcl er beads 420 mg cap 24h</i>	TIER 2	
<i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>	TIER 2	
<i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>	TIER 2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
<i>verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)</i>	TIER 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 4	
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	TIER 1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 1	
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 3	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 1	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 1	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 2	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 1	
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (600 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 4	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metirosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 1	
<i>pentoxifylline er 400 mg tab</i>	TIER 2	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan (49-51 mg tab, 97-103 mg tab)</i>	TIER 3	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan 24-26 mg tab</i>	TIER 3	QL (180 PER 30 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>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)</i>	TIER 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (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 (Non-Extended Day Supply)
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 (Non-Extended Day Supply)
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 10 mg/ml solution)</i>	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	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	TIER 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	TIER 2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 3	
<i>gemfibrozil 600 mg tab</i>	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluvastatin sodium er 80 mg tab 24h</i>	TIER 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	TIER 4	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	TIER 3	
<i>colestipol hcl 1 gm tab</i>	TIER 2	
<i>ezetimibe 10 mg tab</i>	TIER 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 2	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	TIER 4	QL (120 PER 30 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 4	
<i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>	TIER 3	QL (60 PER 30 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab</i>	TIER 3	QL (120 PER 30 DAYS)
NIACOR 500 MG TAB	TIER 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 2	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	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)		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	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	ST, QL (30 PER 30 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er)</i>	TIER 1	
<i>isosorbide mononitrate er 120 mg tab 24h</i>	TIER 2	
<i>nitro-bid 2 % ointment</i>	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	TIER 2	
<i>nitroglycerin 0.4 % ointment</i>	TIER 4	QL (30 PER 30 DAYS)
<i>nitroglycerin 2 % ointment</i>	TIER 3	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	TIER 2	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	TIER 2	QL (150 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	TIER 2	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	TIER 2	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	TIER 4	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	TIER 4	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	TIER 4	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	TIER 4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	TIER 3	QL (120 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	TIER 3	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	TIER 3	QL (60 PER 30 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	QL (60 PER 30 DAYS)
<i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>	TIER 3	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i>	TIER 4	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg chew tab</i>	TIER 4	QL (180 PER 30 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	TIER 2	QL (180 PER 30 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	TIER 2	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	TIER 2	QL (360 PER 30 DAYS)
<i>methylphenidate hcl er 10 mg tab</i>	TIER 3	QL (180 PER 30 DAYS)
<i>methylphenidate hcl er 20 mg tab</i>	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)
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>butalbital-apap-cafeine 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>riluzole 50 mg tab</i>	TIER 3	
<i>tetrabenazine 12.5 mg tab</i>	TIER 4	PA, LA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	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
DRIZALMA SPRINKLE 60 MG CAP	TIER 4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl 20 mg cp dr part</i>	TIER 2	QL (120 PER 30 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 2	QL (90 PER 30 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	TIER 4	QL (60 PER 30 DAYS)
<i>duloxetine hcl 60 mg cp dr part</i>	TIER 2	QL (60 PER 30 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 3	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 3	QL (900 PER 30 DAYS)

MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab 12h</i>	TIER 3	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	TIER 4	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	TIER 4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fingolimod hcl 0.5 mg cap</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 4	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 4	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 4	PA, QL (30 PER 30 DAYS)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	TIER 4
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 2
<i>kourzeq 0.1 % paste</i>	TIER 3
<i>oralone 0.1 % paste</i>	TIER 3
<i>periogard 0.12 % solution</i>	TIER 2
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 3
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 3

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 4
<i>amnestem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	TIER 4
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	TIER 3
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 3

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 4	
<i>tretinoin (0.01 % gel, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	TIER 4	PA
<i>tretinoin 0.025 % cream</i>	TIER 3	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort 1 % cream</i>	TIER 2	
<i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>	TIER 3	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	TIER 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 2	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	TIER 3	
<i>betamethasone dipropionate aug 0.05 % cream</i>	TIER 2	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i>	TIER 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>clobetasol propionate 0.05 % liquid</i>	TIER 4	QL (250 PER 30 DAYS)
<i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>	TIER 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desoximetasone 0.25 % cream</i>	TIER 4	
EUCRISA 2 % OINTMENT	TIER 4	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetoneide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	TIER 3	
<i>fluocinolone acetoneide 0.01 % solution</i>	TIER 4	
<i>fluocinolone acetoneide body 0.01 % oil</i>	TIER 4	
<i>fluocinolone acetoneide scalp 0.01 % oil</i>	TIER 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	TIER 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 4	QL (200 PER 28 DAYS)
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	TIER 2	
<i>hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)</i>	TIER 2	
<i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % ointment)</i>	TIER 4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 2	
<i>procto-med hc 2.5 % cream</i>	TIER 2	
<i>proctosol hc 2.5 % cream</i>	TIER 2	
<i>proctozone-hc 2.5 % cream</i>	TIER 2	
<i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)</i>	TIER 2	
<i>tacrolimus (0.03 %, 0.1 %)</i>	TIER 4	QL (100 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)</i>	TIER 2	
<i>triderm 0.5 % cream</i>	TIER 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	TIER 2	
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	TIER 4	
<i>calcipotriene (calcipotriene 0.005 % solution, calcipotriene 0.005 % solution)</i>	TIER 3	
<i>calcitrene 0.005 % ointment</i>	TIER 3	
<i>clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % lotion)</i>	TIER 4	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	TIER 2	
<i>fluorouracil 5 % cream</i>	TIER 3	
<i>imiquimod 5 % cream</i>	TIER 2	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	TIER 2	
<i>isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>medpura alcohol pads 70 % misc</i>	TIER 2	
METHOXSALEN RAPID 10 MG CAP	TIER 5	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
<i>ssd 1 % cream</i>	TIER 2	
TOLAK 4 % CREAM	TIER 3	
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

PEDICULICIDES/SCABICIDES

<i>malathion 0.5 % lotion</i>	TIER 4	
<i>permethrin 5 % cream</i>	TIER 2	

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	TIER 2	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	TIER 4	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 2	
<i>clindamycin phos (once-daily) 1 % gel</i>	TIER 2	
<i>clindamycin phos (twice-daily) 1 % gel</i>	TIER 2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	TIER 2	
ERY 2 % PAD	TIER 3	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % gel)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>dextrose (dextrose 10 % solution, dextrose 10 % solution)</i>	TIER 4	
<i>dextrose (dextrose 5 % solution, dextrose 5 % solution)</i>	TIER 3	
<i>dextrose in lactated ringers in 5 % solution</i>	TIER 4	
DEXTROSE-NACL 5-0.9 % SOLUTION	TIER 3	
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 2.5-0.45 % solution)</i>	TIER 4	
<i>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)</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
<i>klor-con (klor-con 8 meq tab er, klor-con 8 meq tab er)</i>	TIER 2	
<i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i>	TIER 2	
<i>klor-con m10 meq tab er</i>	TIER 2	
<i>klor-con m15 meq tab er</i>	TIER 2	
<i>klor-con m20 meq tab er</i>	TIER 2	
<i>lactated ringers (lactated ringers solution, lactated ringers solution)</i>	TIER 4	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	TIER 4	
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 3	
<i>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)</i>	TIER 4	
<i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	TIER 2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	TIER 4	
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	TIER 4	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	TIER 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	TIER 4	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	TIER 3	
<i>ringers solution</i>	TIER 4	
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 4	
<i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 2.5 meq/ml solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution)</i>	TIER 4	
<i>sodium fluoride (sodium fluoride 1.1 (0.5 f) mg/ml solution, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab)</i>	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox (250 mg tab, 500 mg tab)</i>	TIER 5	
<i>deferasirox 125 mg tab sol</i>	TIER 3	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	TIER 5	PA, LA, QL (60 PER 30 DAYS)
<i>tolvaptan 15 mg tab</i>	TIER 5	PA, LA, QL (240 PER 30 DAYS)
<i>tolvaptan 30 mg tab</i>	TIER 5	PA, LA, QL (120 PER 30 DAYS)
<i>trientine hcl 250 mg cap</i>	TIER 5	PA, QL (240 PER 30 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (120 PER 30 DAYS)
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>sevelamer carbonate 800 mg tab</i>	TIER 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	TIER 2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	TIER 2	
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	TIER 2	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enulose 10 gm/15ml solution</i>	TIER 2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 2	
<i>generlac 10 gm/15ml solution</i>	TIER 2	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	TIER 2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (30 PER 30 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 2	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (30 PER 30 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 2	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
<i>loperamide hcl 2 mg cap</i>	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (90 PER 30 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	TIER 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	TIER 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	TIER 4	
GASTROINTESTINAL AGENTS, OTHER		
<i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>	TIER 4	QL (240 PER 365 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	TIER 4	QL (240 PER 365 DAYS)
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
<i>gavilyte-g 236 gm recon soln</i>	TIER 2	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	TIER 3	
<i>ursodiol 300 mg cap</i>	TIER 4	
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		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	TIER 1	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	TIER 2	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>sucralfate 1 gm tab</i>	TIER 2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	TIER 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	TIER 4	QL (60 PER 30 DAYS)
<i>lansoprazole 15 mg cap dr</i>	TIER 2	
<i>lansoprazole 30 mg cap dr</i>	TIER 2	QL (60 PER 30 DAYS)
<i>omeprazole 10 mg cap dr</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>omeprazole 20 mg cap dr</i>	TIER 1	
<i>omeprazole 40 mg cap dr</i>	TIER 1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (pantoprazole sodium 40 mg recon soln, pantoprazole sodium 40 mg recon soln)</i>	TIER 4	
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 1	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 1	QL (60 PER 30 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 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
<i>betaine powder</i>	TIER 5	
<i>carglumic acid 200 mg tab sol</i>	TIER 5	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
ELAPRASE 6 MG/3ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>L-glutamine 5 gm packet</i>	TIER 5	PA, QL (180 PER 30 DAYS)
<i>levocarnitine 330 mg tab</i>	TIER 2	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
REVCovi 2.4 MG/1.5ML SOLUTION	TIER 5	PA, LA

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	TIER 5	PA
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)
<i>oxybutynin chloride 5 mg tab</i>	TIER 2	
<i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>	TIER 2	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 4	ST
<i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>	TIER 4	ST
<i>tropium chloride 20 mg tab</i>	TIER 2	

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er 10 mg tab 24h</i>	TIER 2	
<i>dutasteride 0.5 mg cap</i>	TIER 2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	TIER 4	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	TIER 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tadalafil 2.5 mg tab</i>	TIER 4	PA, QL (60 PER 30 DAYS)
<i>tadalafil 5 mg tab</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	TIER 1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 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)
<i>penicillamine 250 mg tab</i>	TIER 5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	TIER 4	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 4 mg tab)</i>	TIER 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension, methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i>	TIER 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 4	
<i>prednisolone 15 mg/5ml solution</i>	TIER 2	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	TIER 2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	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)

<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, desmopressin acetate spray 0.01 % solution)</i>	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA

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

ANDROGENS

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

ESTROGENS

<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 3	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>apri 0.15-30 mg-mcg tab</i>	TIER 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	TIER 3	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 3	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cryselle 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 3	
<i>elinest 0.3-30 mg-mcg tab</i>	TIER 3	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>enilloring 0.12-0.015 mg/24hr</i>	TIER 3	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 3	
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 3	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	TIER 3	QL (8 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>estradiol 0.01 % cream</i>	TIER 2	
<i>estradiol 10 mcg tab</i>	TIER 3	
<i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>	TIER 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 3	QL (1 PER 84 DAYS)
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	TIER 4	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	TIER 3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>feirza 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>iclevia 0.15-0.03 mg tab</i>	TIER 3	
<i>introvale 0.15-0.03 mg tab</i>	TIER 3	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 3	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>jasmiel 3-0.02 mg tab</i>	TIER 3	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 3	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	TIER 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 3	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>loryna 3-0.02 mg tab</i>	TIER 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 3	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>luizza 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>luteru 0.1-20 mg-mcg tab</i>	TIER 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>mili 0.25-35 mg-mcg tab</i>	TIER 3	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	TIER 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nikki 3-0.02 mg tab</i>	TIER 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>ocella 3-0.03 mg tab</i>	TIER 3	
<i>philith 0.4-35 mg-mcg tab</i>	TIER 3	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 3	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	TIER 3	
<i>setlakin 0.15-0.03 mg tab</i>	TIER 3	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 3	
<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 3	
<i>syeda 3-0.03 mg tab</i>	TIER 3	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 3	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 3	
<i>valtya 1/35 1-35 mg-mcg tab</i>	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	
<i>vestura 3-0.02 mg tab</i>	TIER 3	
<i>vienva 0.1-20 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 3	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>yuvaferm 10 mcg tab</i>	TIER 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zumandimine 3-0.03 mg tab</i>	TIER 3	
PROGESTINS		
<i>camila 0.35 mg tab</i>	TIER 3	
<i>deblitane 0.35 mg tab</i>	TIER 3	
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	TIER 3	
<i>emzahh 0.35 mg tab</i>	TIER 3	
<i>errin 0.35 mg tab</i>	TIER 3	
<i>gallifrey 5 mg tab</i>	TIER 2	
<i>heather 0.35 mg tab</i>	TIER 3	
<i>incassia 0.35 mg tab</i>	TIER 3	
<i>jencycla 0.35 mg tab</i>	TIER 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	
<i>lyleq 0.35 mg tab</i>	TIER 3	
<i>lyza 0.35 mg tab</i>	TIER 3	
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>meleya 0.35 mg tab</i>	TIER 3	
NEXPLANON 68 MG IMPLANT	TIER 3	
<i>nora-be 0.35 mg tab</i>	TIER 3	
<i>norethindrone 0.35 mg tab</i>	TIER 3	
<i>norethindrone acetate 5 mg tab</i>	TIER 2	
<i>norlyroc 0.35 mg tab</i>	TIER 3	
<i>orquidea 0.35 mg tab</i>	TIER 3	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 2	
<i>sharobel 0.35 mg tab</i>	TIER 3	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHEA 60 MG TAB	TIER 4	PA, QL (30 PER 30 DAYS)
<i>raloxifene hcl 60 mg tab</i>	TIER 3	QL (30 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	TIER 5	PA, QL (30 PER 30 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	TIER 3	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	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	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsyr, octreotide acetate 100 mcg/ml soln prsyr)</i>	TIER 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)
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

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
<i>azathioprine 50 mg tab</i>	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
ENVARUSUS XR 4 MG TAB ER 24H	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>everolimus 1 mg tab</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 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)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 2	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 2	PA - PART B VS D DETERMINATION
<i>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)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methotrexate sodium 2.5 mg tab</i>	TIER 2	
<i>mycophenolate mofetil (200 mg/ml susp, 500 mg soln)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
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)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY
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)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
DAPTACEL 23-15-5SUSPENSION	TIER 3	
DENGVAXIA RECONSUSP	TIER 4	
ENGRIX-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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IPOL SUSPENSION	TIER 3	VAC
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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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

<i>balsalazide disodium 750 mg cap</i>	TIER 3	
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	TIER 4	
<i>mesalamine 1.2 gm tab dr</i>	TIER 4	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gm cap 24h</i>	TIER 3	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	TIER 4	QL (90 PER 30 DAYS)
<i>budesonide er 9 mg tab 24h</i>	TIER 4	PA, QL (30 PER 30 DAYS)
CORTIFOAM 10 %	TIER 4	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>hydrocortisone 100 mg/60ml enema</i>	TIER 3	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
<i>alendronate sodium 70 mg/75ml solution</i>	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)
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
ENOBY 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>ibandronate sodium 150 mg tab</i>	TIER 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)</i>	TIER 4	
<i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>	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)
<i>zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC	TIER 3	
ALCOHOL 70% PADS	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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	
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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 34GX3.5MM MISC	TIER 3	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	TIER 3	
DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC)	TIER 3	
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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 31G X 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	
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	
<i>gauze pads 2</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 6MM MISC	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 3	
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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
<i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
SECURESAFE SAFETY PEN NEEDLES 31GX5MM MISC	TIER 3	
SILIGENTLE FOAM DRESSING 2"X2"PAD	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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

<i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>	TIER 3	
<i>bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)</i>	TIER 2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	TIER 2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 3	
<i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	TIER 3	
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	TIER 3	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 2	
<i>neo-polycin hc 1 % ointment</i>	TIER 2	
<i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i>	TIER 2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	TIER 4	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 2	
XDEMVIY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	TIER 2	
<i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
<i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>	TIER 2	
<i>gentamicin sulfate 0.3 % solution</i>	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	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 3	
NATACYN 5 % SUSPENSION	TIER 3	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	TIER 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	TIER 3	
<i>tobramycin 0.3 % solution</i>	TIER 2	
TRIFLURIDINE 1 % SOLUTION	TIER 3	
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 DAYS)
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>difluprednate 0.05 % emulsion</i>	TIER 4	
<i>fluorometholone 0.1 % suspension</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	TIER 2	
<i>prednisolone acetate 1 % suspension</i>	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i>	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel soln, 0.5 % gel soln)</i>	TIER 3	
<i>timolol maleate (0.25 %, 0.5 %)</i>	TIER 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap 12h</i>	TIER 2	
<i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 3	
<i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i>	TIER 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	TIER 3	QL (5 PER 30 DAYS)
<i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i>	TIER 1	
<i>travoprost (bak free) 0.004 % solution</i>	TIER 2	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	TIER 2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC 0.01 % OIL	TIER 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 2	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 4	PA - PART B VS D DETERMINATION
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	TIER 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	TIER 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	TIER 2	
<i>cycloheptadine hcl 4 mg tab</i>	TIER 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i>	TIER 4	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 1	
<i>promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)</i>	TIER 2	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	TIER 2	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	TIER 1	QL (30 PER 30 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 4	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	TIER 3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ipratropium bromide 0.02 % solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	TIER 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 2	QL (45 PER 30 DAYS)
<i>ipratropium bromide hfa 17 mcg/act aero soln</i>	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)
<i>tiotropium bromide 18 mcg cap</i>	TIER 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 2	QL (13.4 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic ventolin)</i>	TIER 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	TIER 4	
<i>albuterol sulfate (2 mg/5ml, 8 mg/20ml)</i>	TIER 2	
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 2	QL (36 PER 30 DAYS)
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 DAYS)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALINE)	TIER 3	QL (24 PER 365 DAYS)
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	TIER 4	PA

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<i>tobramycin 300 mg/4ml nebu soln</i>	TIER 4	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	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		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 250 mcg tab</i>	TIER 4	QL (28 PER 180 DAYS)
<i>roflumilast 500 mcg tab</i>	TIER 4	QL (30 PER 30 DAYS)
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	TIER 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)
<i>alyq 20 mg tab</i>	TIER 4	PA, QL (60 PER 30 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 4	PA, LA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	TIER 5	PA, LA, QL (60 PER 30 DAYS)
<i>bosentan 32 mg tab sol</i>	TIER 5	PA, LA, QL (120 PER 30 DAYS)
<i>macitentan 10 mg tab</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	TIER 3	PA, QL (360 PER 30 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	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		
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	TIER 5	PA, QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 3	PA, QL (270 PER 30 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (150 PER 30 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 3	PA, QL (90 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 %, 20 %)</i>	TIER 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)
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)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>breyna (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	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)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	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)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
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)
<i>wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	TIER 2	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 3	PA

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 3	QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 2	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg cap</i>	TIER 2	QL (60 PER 30 DAYS)
<i>temazepam 30 mg cap</i>	TIER 2	QL (30 PER 30 DAYS)
<i>triazolam 0.125 mg tab</i>	TIER 4	QL (120 PER 30 DAYS)
<i>triazolam 0.25 mg tab</i>	TIER 4	QL (60 PER 30 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 2	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 2	QL (120 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 2	QL (60 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	TIER 3	PA, QL (90 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	TIER 3	PA, QL (60 PER 30 DAYS)
<i>sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)</i>	TIER 5	PA, LA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

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NONDISCRIMINATION NOTICE

Discrimination is against the law. Blue Shield of California follows State and Federal civil rights laws. Blue Shield of California does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Blue Shield of California provides:

- » Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- » Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- » If you need these services, contact *Blue Shield of California* between 8 a.m. to 8 p.m., seven days a week by calling

1-800-452-4413. If you cannot hear or speak well, please call TTY: 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Blue Shield of California

601 12th Street

Oakland, CA 94607-3613

1-800-452-4413 (TTY: 711)

HOW TO FILE A GRIEVANCE

If you believe that Blue Shield of California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Blue Shield of California's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- » By phone: Contact Blue Shield of California's Civil Rights Coordinator between 8 a.m. to 8 p.m., seven days a week by calling 1-800-776-4466. Or, if you cannot hear or speak well, please call TTY: 711.
- » In writing: Fill out a complaint form or write a letter and send it to:
Blue Shield of California's Civil Rights Coordinator, Medicare Appeals & Grievance,
P.O. Box 927, Woodland Hills, CA 91367 or email
Appeal&GrievanceResol@blueshieldca.com.
- » In person: Visit your doctor's office or Blue Shield of California and say you want to file a grievance.
- » Electronically: Visit Blue Shield of California's website at blueshieldca.com.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- » By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- » In writing: Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights Department of Health Care Services Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- » Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- » By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- » In writing: Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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

- » Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Services and Auxiliary Aids and Services

English Tagline

ATTENTION: If you need help in your language call

1-800-452-4413 (TTY:711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-452-4413 (TTY:711)**. These services are free.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-452-4413 (TTY:711)**. تتوفر أيضا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-800-452-4413 (TTY:711)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-452-4413 (TTY:711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու

խոշորատառ տպագրված նյութեր: Զանգահարեք **1-800-452-4413 (TTY:711)**: Այդ ծառայություններն անվճար են:

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-800-452-4413 (TTY: 711)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-800-452-4413 (TTY: 711)**。这些服务都是免费的。

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-452-4413 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-452-4413 (TTY: 711)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-452-4413 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-800-452-4413 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-800-452-4413 (TTY: 711)**

へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-452-4413 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.

1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ເທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ

1-800-452-4413 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ

1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx
longc mienh tengx faan benx meih nyei waac nor douc waac
daaih lorx taux **1-800-452-4413 (TTY: 711)**. Liouh lorx jauv-louc
tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx
mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx
caux aamz mborqv benx domh sou se mbenc nzoih bun longc.
Douc waac daaih lorx **1-800-452-4413 (TTY: 711)**. Naaiv deix
nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc
cuotv nyaanh oc.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ
1-800-452-4413 (TTY:711)។ ជំនួយ និង សេវាកម្ម សម្រាប់
ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។

ទូរស័ព្ទមកលេខ **1-800-452-4413 (TTY:711)**។

សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی (Persian (Farsi))

1-800-452-4413 (TTY: 711) توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های **711** **1-800-452-4413 (TTY: 711)** خط بریل و چاپ با حروف بزرگ، نیز موجود است. با تماس بگیرید. این خدمات رایگان ارائه می‌شوند. **711**

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-800-452-4413 (TTY: 711)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-800-452-4413 (TTY: 711)**. ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-452-4413** (линия **TTY: 711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-800-452-4413** (линия **TTY: 711**). Такие услуги

предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-800-452-4413 (TTY: 711)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-452-4413 (TTY: 711)**. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-452-4413 (TTY: 711)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-452-4413 (TTY: 711)**. Libre ang mga serbisyong ito.

แจ้งไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413 (TTY: 711)** นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413 (TTY: 711)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Các dịch vụ này đều miễn phí.

This *Drug List* was updated on 09/01/2026 .

For more recent information or other questions, contact us at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week or visit blueshieldca.com/medformulary2027.

If you have questions, please call Blue Shield Medicare + Medi-Cal Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2027.



09/01/2026