Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan)

2021 List of Covered Drugs (Formulary)

Counties: Los Angeles & San Diego

This formulary was updated on **11/22/2022** . For more recent information or other questions, please contact Blue Shield Promise Cal MediConnect Plan Customer Care at 1-855-905-3825 (TTY: 711), from 8:00 a.m. – 8:00 p.m., seven days a week, the call is free, or visit: www.blueshieldca.com/promise/calmediconnect.

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blue california

Promise Health Plan

Blue Shield Promise Cal MediConnect Plan | 2021 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and Over-the-Counter (OTC) drugs and items are covered by Blue Shield Promise Cal MediConnect Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Blue Shield Promise Cal MediConnect Plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*. You can request a copy by calling Blue Shield Promise Cal MediConnect Plan Customer Care at 1-855-905-3825 (TTY: 711), from 8:00 a.m. – 8:00 p.m., seven days a week, the call is free.

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A. Disclaimers

This is a list of drugs that members can get in Blue Shield Promise Cal MediConnect.

- Blue Shield Promise Cal MediConnect is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or copays may change on January 1 of each year.
- You can always check Blue Shield Promise Cal MediConnect's up-to-date List of Covered Drugs online at www.blueshieldca.com/promise/calmediconnect or by calling 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 p.m. seven days a week. The call is free.
- Limits, copays, and restrictions may apply. For more information, call Blue Shield Promise Cal MediConnect Customer Care or read the Blue Shield Promise Cal MediConnect Member Handbook.
- Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
- **Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) De 8:00 a.m. a 8:00 p.m., los siete días de la semana.
- **繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) **每周七天**办公，每天早上 8:00 **至晚上** 8:00。这是免费电话。
- **Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) 8 giờ sáng–8 giờ tối, 7 ngày trong tuần. HOẶC Ban.
- **Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) Mula 8am-8pm, 7 araw sa isang lingo.

- **한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711)번으로 전화해 주십시오. 번으로 전화해 주십시오,오후 8 시, 7 일 주일 오전 8 시..

- **Հայերեն (Armenian):** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY (հեռատիպ)՝ 711) Ից 8:00 – 20:00, շաբաթը յոթ օր

- **فارسی (Persian/Farsi):**

- **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-905-3825 (TTY: 711) تماس بگیرید.صبح تا 8 شب، همه روزه هفته 8

- **Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (телетайп: 711) С 8:00 до 20:00, без выходных.

- **العربية (Arabic):**

- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711) 1-855-905-3825 Blue Shield Promise Cal MediConnect Plan(رقم هاتف الصم والبكم: 711) من الساعة 8:00 صباحًا حتى 8:00 مساءً طوال أيام الأسبوع

- **ខ្មែរ (Cambodian/Khmer):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY:711)។ចាប់ពីម៉ោងម៉ោង 8:00 ព្រឹក ដល់ ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។

- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Care at 1-855-905-3825 (TTY 711). 8:00 a.m. – 8:00 p.m., seven days a week. The call is free.

- You can make a standing request to get materials in a language other than English or in an alternate format now and in the future. To make a request, please contact Blue Shield Promise Cal MediConnect Plan Customer Care.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of 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 are the drugs covered by Blue Shield Promise Cal MediConnect 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."

- Blue Shield Promise Cal MediConnect 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, **and**
  - you fill the prescription at a Blue Shield Promise Cal MediConnect Plan network pharmacy.
- In some cases, you have to do something before you can get a drug (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at www.blueshieldca.com/promise/calmediconnect or call Customer Care at 1-855-905-3825.

B2. Does the Drug List ever change?

Yes, and Blue Shield Promise Cal MediConnect Plan must follow Medicare and Medicaid 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 approval for a drug. (Prior approval is permission from Blue Shield Promise Cal MediConnect 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 will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will 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 is not 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 Promise Cal MediConnect Plan's up to date Drug List online at www.blueshieldca.com/promise/calmediconnect.
- You can also call Customer Care to check the current Drug List at 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 p.m. seven days a week.

B3. What happens when there is a change to the Drug List?

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

- **A new generic drug becomes available**. Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market**. If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know that the drug has been taken off the Drug List and instruct you on what to do next.

We may make other changes that affect the drugs you take. We will 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 add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- 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. He or she can help you decide

- If there is 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, see question B10.

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 approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Blue Shield Promise Cal MediConnect Plan before you fill your prescription. Blue Shield Promise Cal MediConnect Plan may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Blue Shield Promise Cal MediConnect Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Blue Shield Promise Cal MediConnect Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1 - 120 . You can also get more information by visiting our website at www.blueshieldca.com/promise/calmediconnect. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 1 - 120 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See 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 you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index that begins on page 121 . The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page xv. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Customer Care at 1-855-905-3825 (TTY: 711) from 8:00 a.m. – 8:00 p.m., seven days a week and ask about it, the call is free. If you learn that Blue Shield Promise Cal MediConnect Plan will not cover the drug, you can do one of these things:

- Ask Customer Care for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exceptions.

B9. What if you are a new Blue Shield Promise Cal MediConnect Plan member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Blue Shield Promise Cal MediConnect Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is 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 will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30 day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Blue Shield Promise Cal MediConnect Plan, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

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

Transition Policy

In circumstances where a beneficiary is changing from one treatment setting to another, Blue Shield Promise Cal MediConnect 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 you ask for an exception to cover your drug?

Yes. You can ask Blue Shield Promise Cal MediConnect Plan to make an exception to cover a drug that is not on the Drug List.

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

- For example, Blue Shield Promise Cal MediConnect Plan may limit the amount of a drug we will 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 approval requirements.

B11. How can you ask for an exception?

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

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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 will 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 ingredients as brand name drugs. They usually cost less than the brand name drug and their names are less commonly known. Generic drugs are approved by the Food and Drug Administration (FDA).

Blue Shield Promise Cal MediConnect Plan covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Blue Shield Promise Cal MediConnect Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Blue Shield Promise Cal MediConnect Plan Drug List to see what OTC drugs are covered.

B15. Does Blue Shield Promise Cal MediConnect Plan cover non-drug OTC products?

Blue Shield Promise Cal MediConnect Plan covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include Vortex Adult Mask or Microchamber.

You can read the Blue Shield Promise Cal MediConnect Plan Drug List to see what non-drug OTC products are covered.

B16. What is your copay?

You can read the Blue Shield Promise Cal MediConnect Plan Drug List to learn about the copay for each drug. Blue Shield Promise Cal MediConnect Plan members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay. Co-pay amount will vary depending on your level of Medi-Cal eligibility.

Tier	Description	Co-payment		
		30-day supply	90-day supply	100-day supply
Tier 1	Preferred Generic drugs	$0	$0	$0
Tier 2	Generic drugs	$0 to $3.70 copay	$0 to $3.70 copay	Not available
Tier 3	Brand name drugs	$0 to $9.20 copay	$0 to $9.20 copay	Not available
Tier 4	Non-Medicare Rx / Over-the-counter (OTC) drugs	$0 copay	$0 copay	Not available

B17. What are drug tiers?

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 brand name drugs.
- Tier 4 drugs are Non-Medicare RX drugs and Over-the-Counter (OTC) drugs.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Blue Shield Promise Cal MediConnect Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 121. The Index alphabetically lists all drugs covered by Blue Shield Promise Cal MediConnect Plan.

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

The information in the "Necessary actions, restrictions, or limits on use" column tells you if Blue Shield Promise Cal MediConnect Plan has any rules for covering your drug.

LEGEND

TIER	NAME
1	Preferred Generic
2	Generic
3	Brand
4	Non-Medicare Rx/OTC Drugs

SYMBOL	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, call Blue Shield Promise Cal MediConnect Plan Customer Care.
PA	Prior Authorization	You (or your physician) are required to get prior authorization from Blue Shield Promise Cal MediConnect Plan before you fill your prescription for this drug. Without prior approval Blue Shield Promise Cal MediConnect Plan may not cover this drug.
QL	Quantity Limit	Blue Shield Promise Cal MediConnect Plan limits the quantity to be covered within a specific time frame for this drug.
ST	Step Therapy	Before Blue Shield Promise Cal MediConnect Plan will provide coverage for this drug, you must first try another drug(s) on the formulary to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

SYMBOL	NAME	DESCRIPTION
BvD	Part B vs Part D	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Blue Shield Promise Cal MediConnect Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Blue Shield Promise Cal MediConnect Plan may not cover this drug.
NPD	Non-Part D Drug	This drug is covered by Medi-Cal and is not a "Part D drug." If you have questions, call Blue Shield Promise Cal MediConnect Plan Customer Care.
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.

Note: The NPD next to a drug means the drug is not a "Part D drug." You will not be required to pay a copay for these drugs. These drugs also have different rules for appeals.

- 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 is not covered or is no longer covered by Medicare or Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Customer Care at 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 p.m. seven days a week. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

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ANALGESICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib (cap 100 mg, cap 200 mg, cap 50 mg)	Tier 2	QL (2 PER 1 DAYS)
celecoxib cap 400 mg	Tier 2	QL (1 PER 1 DAYS)
diclofenac potassium tab 50 mg	Tier 2	
diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)	Tier 2	
diclofenac sodium gel 1%	Tier 2	
diflunisal tab 500 mg	Tier 2	
etodolac (tab 400 mg, tab 500 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)	Tier 2	
flurbiprofen tab 100 mg	Tier 2	
ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)	Tier 2	
indomethacin (cap 25 mg, cap 50 mg)	Tier 2	PA
meloxicam (tab 15 mg, tab 7.5 mg)	Tier 2	
nabumetone (tab 500 mg, tab 750 mg)	Tier 2	
naproxen (tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)	Tier 2	
piroxicam (cap 10 mg, cap 20 mg)	Tier 2	
sulindac (tab 150 mg, tab 200 mg)	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)	Tier 2	PA, QL (10 PER 30 OVER TIME), NDS
methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)	Tier 2	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl (10 mg/ml solution, inj 10 mg/ml)	Tier 2	PA, NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANALGESICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
methadone hcl (5 mg/5ml solution, soln 5 mg/5ml)	Tier 2	PA, QL (900 PER 30 OVER TIME), NDS
methadone hcl tab 10 mg	Tier 2	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl tab 5 mg	Tier 2	PA, QL (180 PER 30 OVER TIME), NDS
morphine sulfate (tab er 100 mg, tab er 200 mg, tab er 60 mg)	Tier 2	QL (60 PER 30 OVER TIME), NDS
morphine sulfate tab er 15 mg	Tier 2	QL (180 PER 30 OVER TIME), NDS
morphine sulfate tab er 30 mg	Tier 2	QL (90 PER 30 OVER TIME), NDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg)	Tier 2	QL (12 PER 1 DAYS), NDS
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 2	QL (1800 PER 30 OVER TIME), NDS
acetaminophen w/ codeine tab 300-60 mg	Tier 2	QL (6 PER 1 DAYS), NDS
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
codeine sulfate (30 mg tab, tab 30 mg)	Tier 2	QL (168 PER 30 OVER TIME), NDS
codeine sulfate (60 mg tab, tab 60 mg)	Tier 2	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 2	QL (336 PER 30 OVER TIME), NDS
fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab, lozenge on a handle 1200 mcg, lozenge on a handle 1600 mcg, lozenge on a handle 200 mcg, lozenge on a handle 400 mcg, lozenge on a handle 600 mcg, lozenge on a handle 800 mcg)	Tier 2	PA, QL (120 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (tab 10-325 mg, tab 7.5-325 mg)	Tier 2	QL (6 PER 1 DAYS), NDS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 2	QL (2520 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANALGESICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
hydrocodone-acetaminophen tab 5-325 mg	Tier 2	QL (8 PER 1 DAYS), NDS
hydromorphone hcl liqd 1 mg/ml	Tier 2	QL (675 PER 30 OVER TIME), NDS
hydromorphone hcl tab 2 mg	Tier 2	QL (154 PER 30 OVER TIME), NDS
hydromorphone hcl tab 4 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl tab 8 mg	Tier 2	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, 30 mg tab, tab 15 mg, tab 30 mg)	Tier 3	QL (120 PER 30 OVER TIME), NDS
morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)	Tier 2	QL (315 PER 30 OVER TIME), NDS
morphine sulfate oral soln 10 mg/5ml	Tier 2	QL (630 PER 30 OVER TIME), NDS
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 2	QL (70 PER 30 OVER TIME), NDS
oxycodone hcl (tab 15 mg, tab 30 mg)	Tier 2	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl soln 5 mg/5ml	Tier 2	QL (840 PER 30 OVER TIME), NDS
oxycodone hcl tab 10 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl tab 20 mg	Tier 2	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl tab 5 mg	Tier 2	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg)	Tier 2	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen tab 10-325 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 2	QL (112 PER 30 OVER TIME), NDS
tramadol hcl tab 50 mg	Tier 2	QL (8 PER 1 DAYS), NDS
tramadol-acetaminophen tab 37.5-325 mg	Tier 2	QL (112 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANESTHETICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
LOCAL ANESTHETICS		
lidocaine hcl (4 % solution, soln 4%)	Tier 2	
lidocaine hcl viscous soln 2%	Tier 2	
lidocaine oint 5%	Tier 2	QL (50 PER 30 OVER TIME)
lidocaine patch 5%	Tier 2	PA, QL (3 PER 1 DAYS)
lidocaine-prilocaine cream 2.5-2.5%	Tier 2	QL (30 PER 30 OVER TIME)
NAYZILAM 5 MG/0.1ML SOLUTION	Tier 3	QL (10 PER 30 OVER TIME)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium tab delayed release 333 mg	Tier 2	
disulfiram (tab 250 mg, tab 500 mg)	Tier 2	
OPIOID DEPENDENCE		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 2	QL (84 PER 90 OVER TIME)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 2	QL (21 PER 90 OVER TIME)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg (base equiv), -naloxone sl film 4-1 mg (base equiv))	Tier 2	QL (5 PER 1 DAYS)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg (base equiv), -naloxone sl tab 8-2 mg (base equiv))	Tier 2	QL (3 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 2	QL (12 PER 1 DAYS)
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	Tier 3	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ZUBSOLV (11.4-2.9 MG SL TAB, 2.9-0.71 MG SL TAB)	Tier 3	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	Tier 3	QL (2 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
naloxone hcl (0.4 mg/ml soln cart, nasal spray 4 mg/0.1ml)	Tier 2	QL (2 PER 30 OVER TIME)
naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)	Tier 2	
naltrexone hcl tab 50 mg	Tier 2	
NARCAN 4 MG/0.1ML LIQUID	Tier 3	QL (2 PER 30 OVER TIME)
SMOKING CESSATION AGENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	Tier 3	
NICOTROL NS 10 MG/ML SOLUTION	Tier 3	
VARENICLINE TARTRATE (0.5 MG TAB, 1 MG TAB)	Tier 2	QL (2 PER 1 DAYS)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	Tier 2	QL (60 PER 30 OVER TIME)

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
AMINOGLYCOSIDES		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	Tier 2	
gentamicin sulfate (topical) (cream 0.1%, oint 0.1%)	Tier 2	
gentamicin sulfate inj 40 mg/ml	Tier 2	
neomycin sulfate tab 500 mg	Tier 2	
paromomycin sulfate cap 250 mg	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
tobramycin sulfate (10 mg/ml solution, 2 gm/50ml solution, for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), inj 80 mg/2ml (40 mg/ml) (base equiv))	Tier 2	
ANTIBACTERIALS, OTHER		
acetic acid otic soln 2%	Tier 2	
aztreonam (inj 1 gm, inj 2 gm)	Tier 2	
clindamycin hcl (cap 150 mg, cap 300 mg, cap 75 mg)	Tier 2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	Tier 2	
clindamycin phosphate (inj 300 mg/2ml, inj 600 mg/4ml, inj 9 gm/60ml, inj 900 mg/6ml, iv soln 300 mg/2ml, iv soln 600 mg/4ml, iv soln 900 mg/6ml)	Tier 2	
clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)	Tier 2	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 2	
clindamycin phosphate swab 1%	Tier 2	
clindamycin phosphate vaginal cream 2%	Tier 2	
colistimethate sod for inj 150 mg (colistin base activity)	Tier 2	
daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)	Tier 2	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	Tier 2	QL (1 PER 30 OVER TIME)
linezolid (for susp 100 mg/5ml, tab 600 mg)	Tier 2	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 2	
linezolid iv soln 600 mg/300ml (2 mg/ml)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
methenamine hippurate tab 1 gm	Tier 2	
metronidazole (5 mg/ml solution, iv soln 500 mg/100ml, tab 250 mg, tab 500 mg)	Tier 2	
metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)	Tier 2	
metronidazole vaginal gel 0.75%	Tier 2	
nitrofurantoin macrocrystal (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 2	
ORBACTIV 400 MG RECON SOLN	Tier 3	PA, QL (9 PER 30 OVER TIME)
SYNERCID 150-350 MG RECON SOLN	Tier 3	
tigecycline (50 mg recon soln, for iv soln 50 mg)	Tier 2	
trimethoprim (100 mg tab, tab 100 mg)	Tier 2	
vancomycin hcl (1.25 gm recon soln, 1.5 gm recon soln, 100 gm recon soln, 250 mg recon soln, 750 mg recon soln, cap 125 mg (base equivalent), cap 250 mg (base equivalent), for iv soln 1 gm (base equivalent), for iv soln 10 gm (base equivalent), for iv soln 500 mg (base equivalent), for iv soln 750 mg (base equivalent))	Tier 2	
VANDAZOLE 0.75 % GEL	Tier 3	
XIFAXAN 200 MG TAB	Tier 3	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap, cap 250 mg, cap 500 mg)	Tier 2	
cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
cefazolin sodium (1 gm recon soln, 100 gm recon soln, 2 gm recon soln, 20 gm recon soln, 300 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)	Tier 2	
cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	Tier 2	
cefepime hcl (2 gm recon soln, for inj 1 gm, for inj 2 gm)	Tier 2	
cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)	Tier 2	
cefotaxime sodium (1 gm recon soln, for inj 1 gm)	Tier 2	
cefotetan disodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm)	Tier 2	
cefoxitin sodium (soln 1 gm, soln 10 gm, soln 2 gm)	Tier 2	
cefpodoxime proxetil (for susp 100 mg/5ml, for susp 50 mg/5ml, tab 100 mg, tab 200 mg)	Tier 2	
cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)	Tier 2	
ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)	Tier 2	
ceftriaxone sodium (inj 1 gm, inj 10 gm, inj 2 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)	Tier 2	
cefuroxime axetil (tab 250 mg, tab 500 mg)	Tier 2	
cefuroxime sodium (inj 7.5 gm, inj 750 mg, iv soln 1.5 gm)	Tier 2	
cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	Tier 2	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	Tier 2	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
BETA-LACTAM, PENICILLINS		
amoxicillin & pot clavulanate (for susp 200-28.5 mg/5ml, for susp 250-62.5 mg/5ml, for susp 400-57 mg/5ml, for susp 600-42.9 mg/5ml, tab 250-125 mg, tab 500-125 mg, tab 875-125 mg)	Tier 2	
AMOXICILLIN ((TRIHYDRATE) CAP 250 MG, (TRIHYDRATE) CAP 500 MG, (TRIHYDRATE) FOR SUSP 125 MG/5ML, (TRIHYDRATE) FOR SUSP 200 MG/5ML, (TRIHYDRATE) FOR SUSP 250 MG/5ML, (TRIHYDRATE) FOR SUSP 400 MG/5ML, (TRIHYDRATE) TAB 500 MG, (TRIHYDRATE) TAB 875 MG, 125 MG CHEW TAB, 250 MG CHEW TAB)	Tier 2	
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	Tier 2	
ampicillin & sulbactam sodium (inj 1.5 (1-0.5) gm, inj 3 (2-1) gm, iv soln 15 (10-5) gm)	Tier 2	
AMPICILLIN 500 MG CAP	Tier 2	
ampicillin sodium (1 gm recon soln, 125 mg recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for inj 250 mg, for inj 500 mg, for iv soln 10 gm, for iv soln 2 gm)	Tier 2	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	Tier 2	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSPENSION, 600000 UNIT/ML SUSP PRSYR)	Tier 3	
dicloxacillin sodium (cap 250 mg, cap 500 mg)	Tier 2	
nafcillin sodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for iv soln 10 gm)	Tier 2	
penicillin g potassium (inj 20000000 unit, inj 5000000 unit)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 2	
penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)	Tier 2	
PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)	Tier 2	
piperacillin sodium-tazobactam sodium (na for inj 3.375 gm (3-0.375 gm), sod for inj 13.5 gm (12-1.5 gm), sod for inj 2.25 gm (2-0.25 gm), sod for inj 4.5 gm (4-0.5 gm), sod for inj 40.5 gm (36-4.5 gm))	Tier 2	
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	Tier 2	
imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)	Tier 2	
meropenem (soln 1 gm, soln 500 mg)	Tier 2	
MACROLIDES		
azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)	Tier 2	
clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg)	Tier 2	
E.E.S. 400 400 MG TAB	Tier 2	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	Tier 3	
erythromycin base (base 250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)	Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	Tier 2	
erythromycin lactobionate for inj 500 mg	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 3	
ciprofloxacin 200 mg/100ml in d5w	Tier 2	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	Tier 2	
ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))	Tier 2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 2	
levofloxacin (iv soln 25 mg/ml, oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)	Tier 2	
levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)	Tier 2	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 2	
ofloxacin (300 mg tab, tab 400 mg)	Tier 2	
SULFONAMIDES		
sulfacetamide sodium lotion 10% (acne)	Tier 2	
sulfadiazine (500 mg tab, tab 500 mg)	Tier 2	
sulfamethoxazole-trimethoprim (iv soln 400-80 mg/5ml, susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)	Tier 2	
TETRACYCLINES		
doxycycline (monohydrate) (cap 100 mg, cap 50 mg, tab 100 mg, tab 50 mg, tab 75 mg)	Tier 2	
doxycycline hyclate (cap 100 mg, cap 50 mg, for inj 100 mg, tab 100 mg, tab 20 mg)	Tier 2	
minocycline hcl (cap 100 mg, cap 50 mg, cap 75 mg, tab 100 mg, tab 50 mg, tab 75 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
tetracycline hcl (cap 250 mg, cap 500 mg)	Tier 2	

ANTICONVULSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 3	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	Tier 3	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 3	PA, LA, QL (6 PER 1 DAYS)
divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 3	PA, LA
EPRONTIA 25 MG/ML SOLUTION	Tier 3	PA, QL (16 PER 1 DAYS)
felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)	Tier 2	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 3	PA, LA, QL (12 PER 1 DAYS)
FYCOMPA (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	Tier 3	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	Tier 3	QL (3 PER 1 DAYS)
lamotrigine (tab 100 mg, tab 150 mg, tab 200 mg, tab 25 mg, tab chewable dispersible 25 mg, tab chewable dispersible 5 mg)	Tier 2	
levetiracetam (oral soln 100 mg/ml, tab 1000 mg, tab 250 mg, tab 500 mg, tab 750 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTICONVULSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
levetiracetam tab er 24hr 500 mg	Tier 2	QL (6 PER 1 DAYS)
levetiracetam tab er 24hr 750 mg	Tier 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
SPRITAM 750 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)	Tier 2	
valproate sodium (inj 100 mg/ml, oral soln 250 mg/5ml (base equiv))	Tier 2	
valproic acid cap 250 mg	Tier 2	
XCOPRI (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) (MG DAILY DOSE) 100 & 150 MG TAB THPK, MG DAILY DOSE) 50 & 200 MG TAB THPK)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (COPRI 14 12.5 MG & 14 25 MG TAB THPK, COPRI 14 150 MG & 14 200 MG TAB THPK, COPRI 14 50 MG & 14 100 MG TAB THPK)	Tier 3	PA, QL (28 PER 28 OVER TIME)
ZTALMY 50 MG/ML SUSPENSION	Tier 3	PA, LA, QL (36 PER 1 DAYS)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN 300 MG CAP	Tier 3	
ethosuximide (cap 250 mg, soln 250 mg/5ml)	Tier 2	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam suspension 2.5 mg/ml	Tier 2	PA, QL (16 PER 1 DAYS)
clobazam tab 10 mg	Tier 2	PA, QL (4 PER 1 DAYS)
clobazam tab 20 mg	Tier 2	PA, QL (2 PER 1 DAYS)
DIAZEPAM 10 MG GEL	Tier 2	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	Tier 2	QL (5 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTICONVULSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
DIAZEPAM 20 MG GEL	Tier 2	QL (40 PER 30 OVER TIME)
gabapentin (tab 600 mg, tab 800 mg)	Tier 2	QL (4 PER 1 DAYS)
gabapentin cap 100 mg	Tier 2	QL (12 PER 1 DAYS)
gabapentin cap 300 mg	Tier 2	QL (8 PER 1 DAYS)
gabapentin cap 400 mg	Tier 2	QL (6 PER 1 DAYS)
gabapentin oral soln 250 mg/5ml	Tier 2	QL (72 PER 1 DAYS)
phenobarbital (elixir 20 mg/5ml, tab 100 mg, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg)	Tier 2	PA
primidone (tab 250 mg, tab 50 mg)	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 3	PA, QL (2 PER 1 DAYS)
tiagabine hcl (tab 12 mg, tab 16 mg, tab 2 mg, tab 4 mg)	Tier 2	PA
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	Tier 3	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	Tier 3	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	Tier 3	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	Tier 3	QL (10 PER 30 OVER TIME)
vigabatrin (powd pack 500 mg, tab 500 mg)	Tier 2	PA, LA, QL (6 PER 1 DAYS)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TAB, 400 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)	Tier 2	
DILANTIN (100 MG CAP, 30 MG CAP)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTICONVULSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
DILANTIN INFATABS 50 MG CHEW TAB	Tier 3	
lacosamide (tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)	Tier 2	QL (2 PER 1 DAYS)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	Tier 2	BvD
lacosamide oral solution 10 mg/ml	Tier 2	QL (40 PER 1 DAYS)
oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)	Tier 2	
PEGANONE 250 MG TAB	Tier 3	
PHENYTEK (200 MG CAP, 300 MG CAP)	Tier 3	
phenytoin (chew tab 50 mg, susp 125 mg/5ml)	Tier 2	
phenytoin sodium extended (cap 100 mg, cap 200 mg, cap 300 mg)	Tier 2	
rufinamide susp 40 mg/ml	Tier 2	ST, QL (80 PER 1 DAYS)
rufinamide tab 200 mg	Tier 2	ST, QL (16 PER 1 DAYS)
rufinamide tab 400 mg	Tier 2	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	Tier 3	
zonisamide (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	

ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 2	PA
CHOLINESTERASE INHIBITORS		
donepezil hydrochloride (orally disintegrating tab 10 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
rivastigmine (patch 24hr 13.3 mg/24hr, patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)	Tier 2	QL (30 PER 30 OVER TIME)
rivastigmine tartrate (cap 1.5 mg (base equivalent), cap 3 mg (base equivalent), cap 4.5 mg (base equivalent), cap 6 mg (base equivalent))	Tier 2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, oral solution 2 mg/ml, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack, tab 5 mg)	Tier 2	

ANTIDEPRESSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	Tier 3	PA, QL (2 PER 1 DAYS)
bupropion hcl (tab 100 mg, tab er 12hr 100 mg)	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)	Tier 2	QL (3 PER 1 DAYS)
bupropion hcl tab 75 mg	Tier 2	QL (6 PER 1 DAYS)
bupropion hcl tab er 12hr 200 mg	Tier 2	QL (2 PER 1 DAYS)
bupropion hcl tab er 24hr 300 mg	Tier 2	QL (1 PER 1 DAYS)
LYBALVI (10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB, 5-10 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 2	
mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 15 mg, tab 30 mg, tab 45 mg, tab 7.5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIDEPRESSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
MONOAMINE OXIDASE INHIBITORS		
EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR)	Tier 3	PA
MARPLAN 10 MG TAB	Tier 3	
phenelzine sulfate (15 mg tab, tab 15 mg)	Tier 2	
tranylcypromine sulfate tab 10 mg	Tier 2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))	Tier 2	
desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 2	QL (4 PER 1 DAYS)
escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv), tab 5 mg (base equiv))	Tier 2	
FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 3	PA, QL (28 PER 30 OVER TIME)
fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)	Tier 2	
FLUOXETINE HCL (PMDD) (10 MG CAP, 20 MG CAP)	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 2	QL (4 PER 28 OVER TIME)
fluvoxamine maleate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 2	

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ANTIDEPRESSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)	Tier 2	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	Tier 2	QL (30 PER 1 DAYS)
sertraline hcl (oral concentrate for solution 20 mg/ml, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
trazodone hcl (tab 100 mg, tab 150 mg, tab 300 mg, tab 50 mg)	Tier 2	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 3	ST, QL (1 PER 1 DAYS)
venlafaxine hcl (cap er 24hr 150 mg (base equivalent), cap er 24hr 37.5 mg (base equivalent))	Tier 2	QL (2 PER 1 DAYS)
venlafaxine hcl (tab 100 mg (base equivalent), tab 25 mg (base equivalent), tab 37.5 mg (base equivalent), tab 50 mg (base equivalent), tab 75 mg (base equivalent))	Tier 2	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 2	QL (3 PER 1 DAYS)
VIIBRYD STARTER PACK 10 & 20 MG KIT	Tier 3	ST, QL (30 PER 30 OVER TIME)
vilazodone hcl (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 2	ST, QL (1 PER 1 DAYS)
TRICYCLICS		
amitriptyline hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	PA
AMOXAPINE (100 MG TAB, 150 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 2	
clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	PA
desipramine hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	
doxepin hcl (cap 10 mg, cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg, conc 10 mg/ml)	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIDEPRESSANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	
protriptyline hcl (tab 10 mg, tab 5 mg)	Tier 2	
trimipramine maleate (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	PA

ANTIEMETICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS, OTHER		
meclizine hcl (tab 12.5 mg, tab 25 mg)	Tier 2	
metoclopramide hcl (inj 5 mg/ml (base equivalent), soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
perphenazine (tab 16 mg, tab 2 mg, tab 4 mg, tab 8 mg)	Tier 2	
prochlorperazine maleate (tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
prochlorperazine suppos 25 mg	Tier 2	
promethazine hcl (tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
scopolamine td patch 72hr 1 mg/3days	Tier 2	PA
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (capsule 125 mg, capsule 80 mg, capsule therapy pack 80 & 125 mg)	Tier 2	BvD
aprepitant capsule 40 mg	Tier 2	PA, QL (1 PER 30 OVER TIME)
dronabinol (cap 10 mg, cap 2.5 mg, cap 5 mg)	Tier 2	PA, QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIEMETICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
granisetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))	Tier 2	BvD
granisetron hcl tab 1 mg	Tier 2	QL (2 PER 1 DAYS), BvD
ondansetron (tab 4 mg, tab 8 mg)	Tier 2	QL (3 PER 1 DAYS), BvD
ondansetron hcl (24 mg tab, tab 24 mg)	Tier 2	QL (15 PER 30 OVER TIME), BvD
ondansetron hcl (tab 4 mg, tab 8 mg)	Tier 2	QL (3 PER 1 DAYS), BvD
ondansetron hcl oral soln 4 mg/5ml	Tier 2	QL (30 PER 1 DAYS), BvD

ANTIFUNGALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	Tier 3	BvD
AMBISOME 50 MG RECON SUSP	Tier 3	BvD
AMPHOTERICIN B 50 MG RECON SOLN	Tier 2	BvD
amphotericin b liposome iv for susp 50 mg	Tier 2	BvD
caspofungin acetate (50 mg recon soln, 70 mg recon soln, for iv soln 50 mg, for iv soln 70 mg)	Tier 2	PA
ciclopirox olamine (cream 0.77% (base equiv), susp 0.77% (base equiv))	Tier 2	
clotrimazole (topical) (cream 1%, soln 1%)	Tier 2	
clotrimazole troche 10 mg	Tier 2	
CRESEMBA (186 MG CAP, 372 MG RECON SOLN)	Tier 3	PA
econazole nitrate cream 1%	Tier 2	
fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)	Tier 2	
fluconazole in nacl (j 200 mg/100ml, j 400 mg/200ml)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIFUNGALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
flucytosine (cap 250 mg, cap 500 mg)	Tier 2	
griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)	Tier 2	
griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)	Tier 2	
itraconazole cap 100 mg	Tier 2	PA
ketoconazole (topical) (cream 2%, shampoo 2%)	Tier 2	
ketoconazole tab 200 mg	Tier 2	
micafungin sodium (soln 100 mg, soln 50 mg)	Tier 2	
MICONAZOLE 3 200 MG SUPPOS	Tier 2	
NOXAFIL 40 MG/ML SUSPENSION	Tier 3	PA
nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)	Tier 2	
nystatin susp 100000 unit/ml	Tier 2	
nystatin tab 500000 unit	Tier 2	
posaconazole tab delayed release 100 mg	Tier 2	PA, QL (3 PER 1 DAYS)
terbinafine hcl tab 250 mg	Tier 2	QL (1 PER 1 DAYS)
terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)	Tier 2	
voriconazole (for susp 40 mg/ml, tab 200 mg, tab 50 mg)	Tier 2	PA
voriconazole for inj 200 mg	Tier 2	BvD

ANTIGOUT AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIGOUT AGENTS		
allopurinol (tab 100 mg, tab 300 mg)	Tier 2	
colchicine (0.6 mg cap, tab 0.6 mg)	Tier 2	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIGOUT AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
COLCRYS 0.6 MG TAB	Tier 3	QL (4 PER 1 DAYS)
KRYSTEXXA 8 MG/ML SOLUTION	Tier 3	PA, LA
probenecid tab 500 mg	Tier 2	

ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIMIGRAINE AGENTS, OTHER		
UBRELVY (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS		
dihydroergotamine mesylate inj 1 mg/ml	Tier 2	PA
dihydroergotamine mesylate nasal spray 4 mg/ml	Tier 2	PA, QL (8 PER 30 OVER TIME)
MIGERGOT 2-100 MG SUPPOS	Tier 3	QL (20 PER 30 OVER TIME)
PROPHYLACTIC		
AIMOVIG (140 MG DOSE) 70 MG/ML SOLN A-INJ	Tier 3	PA, QL (1 PER 28 OVER TIME)
AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)	Tier 3	PA, QL (1 PER 28 OVER TIME)
timolol maleate (tab 10 mg, tab 20 mg, tab 5 mg)	Tier 2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl (tab 1 mg (base equiv), tab 2.5 mg (base equiv))	Tier 2	QL (18 PER 30 OVER TIME)
rizatriptan benzoate (oral disintegrating tab 10 mg (base eq), oral disintegrating tab 5 mg (base eq), tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	QL (24 PER 30 OVER TIME)
sumatriptan (20 mg/act, 5 mg/act)	Tier 2	QL (18 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
sumatriptan succinate (6 mg/0.5ml soln prsyr, inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)	Tier 2	QL (8 PER 30 OVER TIME)
sumatriptan succinate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	QL (18 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	Tier 2	QL (8 PER 30 OVER TIME)
zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)	Tier 2	QL (18 PER 30 OVER TIME)

ANTIMYASTHENIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PARASYMPATHOMIMETICS		
GUANIDINE HCL 125 MG TAB	Tier 2	
pyridostigmine bromide tab 60 mg	Tier 2	QL (25 PER 1 DAYS)

ANTIMYCOBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIMYCOBACTERIALS, OTHER		
dapsone (tab 100 mg, tab 25 mg)	Tier 2	
rifabutin cap 150 mg	Tier 2	
ANTITUBERCULARS		
CAPASTAT SULFATE 1 GM RECON SOLN	Tier 3	
ethambutol hcl (tab 100 mg, tab 400 mg)	Tier 2	
isoniazid (100 mg tab, 100 mg/ml solution, 50 mg/5ml syrup, tab 100 mg, tab 300 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIMYCOBACTERIALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PASER 4 GM PACKET	Tier 3	
PRIFTIN 150 MG TAB	Tier 3	
pyrazinamide tab 500 mg	Tier 2	
rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)	Tier 2	
RIFATER 50-120-300 MG TAB	Tier 3	
SIRTURO 100 MG TAB	Tier 3	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	Tier 3	PA, QL (120 PER 28 OVER TIME)
TRECATOR 250 MG TAB	Tier 3	

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ALKYLATING AGENTS		
cyclophosphamide (25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab, cap 25 mg, cap 50 mg)	Tier 3	BvD
GLEOSTINE (10 MG CAP, 100 MG CAP, 40 MG CAP)	Tier 3	
LEUKERAN 2 MG TAB	Tier 3	
MATULANE 50 MG CAP	Tier 3	LA
thiotepa (inj 100 mg, inj 15 mg)	Tier 2	BvD
VALCHLOR 0.016 % GEL	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
ANTIANDROGENS		
abiraterone acetate tab 250 mg	Tier 2	PA, QL (4 PER 1 DAYS)
abiraterone acetate tab 500 mg	Tier 2	PA, QL (2 PER 1 DAYS)
bicalutamide tab 50 mg	Tier 2	
ERLEADA 60 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
flutamide (125 mg cap, cap 125 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
nilutamide tab 150 mg	Tier 2	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XTANDI 80 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ANTIANGIOGENIC AGENTS		
lenalidomide (cap 10 mg, cap 15 mg, cap 25 mg, cap 5 mg)	Tier 2	PA, LA, QL (1 PER 1 DAYS)
lenalidomide (cap 20 mg, caps 2.5 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
REVLIMID (2.5 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
THALOMID (100 MG CAP, 50 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	Tier 3	PA, QL (2 PER 1 DAYS)
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	Tier 3	
fulvestrant (250 mg/5ml soln prsyr, inj soln pref syr 250 mg/5ml)	Tier 2	
SOLTAMOX 10 MG/5ML SOLUTION	Tier 3	PA
tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))	Tier 2	
toremifene citrate tab 60 mg (base equivalent)	Tier 2	
ANTIMETABOLITES		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
hydroxyurea cap 500 mg	Tier 2	
INQOVI 35-100 MG TAB	Tier 3	PA, LA, QL (5 PER 28 OVER TIME)
mercaptopurine tab 50 mg	Tier 2	
PURIXAN 2000 MG/100ML SUSPENSION	Tier 3	PA, LA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
TABLOID 40 MG TAB	Tier 3	
ANTINEOPLASTICS, OTHER		
AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
BESREMI 500 MCG/ML SOLN PRSYR	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
BRUKINSA 80 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
EXKIVITY 40 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
INREBIC 100 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (70 PER 28 OVER TIME)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (91 PER 28 OVER TIME)
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (49 PER 28 OVER TIME)
KOSELUGO 10 MG CAP	Tier 3	PA, LA, QL (8 PER 1 DAYS)
KOSELUGO 25 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
leucovorin calcium (for inj 100 mg, for inj 350 mg, tab 10 mg, tab 15 mg, tab 25 mg, tab 5 mg)	Tier 2	
LONSURF 15-6.14 MG TAB	Tier 3	PA, LA, QL (100 PER 28 OVER TIME)
LONSURF 20-8.19 MG TAB	Tier 3	PA, LA, QL (80 PER 28 OVER TIME)
LUMAKRAS 120 MG TAB	Tier 3	PA, QL (8 PER 1 DAYS)
LYSODREN 500 MG TAB	Tier 3	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 3	PA, QL (3 PER 21 OVER TIME)
ONUREG (200 MG TAB, 300 MG TAB)	Tier 3	PA, QL (14 PER 28 OVER TIME)
QINLOCK 50 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
RETEVMO 40 MG CAP	Tier 3	PA, QL (6 PER 1 DAYS)
RETEVMO 80 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
ROZLYTREK 100 MG CAP	Tier 3	PA, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAP	Tier 3	PA, QL (3 PER 1 DAYS)
SYNRIBO 3.5 MG RECON SOLN	Tier 3	BvD
TABRECTA (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (4 PER 1 DAYS)
TAZVERIK 200 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
WELIREG 40 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (20 PER 28 OVER TIME)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (12 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (32 PER 28 OVER TIME)
ZOLINZA 100 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole tab 1 mg	Tier 2	
exemestane tab 25 mg	Tier 2	
letrozole tab 2.5 mg	Tier 2	
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	Tier 3	PA, LA, QL (8 PER 1 DAYS)
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	Tier 3	PA, LA, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
BOSULIF 100 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 3	PA, LA, QL (2 PER 1 DAYS)
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 3	PA, LA, QL (4 PER 1 DAYS)
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 3	PA, LA, QL (3 PER 1 DAYS)
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 3	PA, LA, QL (56 PER 28 OVER TIME)
COTELLIC 20 MG TAB	Tier 3	PA, LA, QL (63 PER 28 OVER TIME)

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ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
DAURISMO 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
DAURISMO 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ERIVEDGE 150 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
erlotinib hcl (tab 100 mg (base equivalent), tab 150 mg (base equivalent))	Tier 2	PA, QL (1 PER 1 DAYS)
erlotinib hcl tab 25 mg (base equivalent)	Tier 2	PA, QL (3 PER 1 DAYS)
everolimus (tab 10 mg, tab 7.5 mg)	Tier 2	PA, QL (2 PER 1 DAYS)
everolimus (tab 2.5 mg, tab 5 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
everolimus (tab for oral susp 2 mg, tab for oral susp 3 mg, tab for oral susp 5 mg)	Tier 2	PA
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (6 PER 21 OVER TIME)
GAVRETO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	Tier 2	PA, QL (8 PER 1 DAYS)
imatinib mesylate tab 400 mg (base equivalent)	Tier 2	PA, QL (2 PER 1 DAYS)
IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INLYTA 1 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
INLYTA 5 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IRESSA 250 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)

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ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (21 PER 28 OVER TIME)
KISQALI (400 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (42 PER 28 OVER TIME)
KISQALI (600 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (63 PER 28 OVER TIME)
lapatinib ditosylate tab 250 mg (base equiv)	Tier 2	PA, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
MEKINIST 2 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
MEKTOVI 15 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
NERLYNX 40 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
ODOMZO 200 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 3	PA, LA, QL (14 PER 21 OVER TIME)
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 3	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
RYDAPT 25 MG CAP	Tier 3	PA, QL (8 PER 1 DAYS)
SCEMBLIX 20 MG TAB	Tier 3	PA, QL (20 PER 1 DAYS)
SCEMBLIX 40 MG TAB	Tier 3	PA, QL (10 PER 1 DAYS)
sorafenib tosylate tab 200 mg (base equivalent)	Tier 2	PA, QL (4 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	Tier 3	PA, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
STIVARGA 40 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
sunitinib malate (cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))	Tier 2	PA, QL (1 PER 1 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	Tier 2	PA, QL (7 PER 1 DAYS)
sunitinib malate cap 25 mg (base equivalent)	Tier 2	PA, QL (3 PER 1 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
TAGRISSO (40 MG TAB, 80 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
TASIGNA (150 MG CAP, 200 MG CAP, 50 MG CAP)	Tier 3	PA, QL (4 PER 1 DAYS)
TEPMETKO 225 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TIBSOVO 250 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	Tier 3	PA, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	Tier 3	PA, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	Tier 3	PA, LA, QL (63 PER 28 OVER TIME)
TUKYSA (150 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
TURALIO 200 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
UKONIQ 200 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
VENCLEXTA 10 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
VENCLEXTA 100 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
VENCLEXTA 50 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	Tier 3	PA, LA, QL (84 PER 365 OVER TIME)
VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
VITRAKVI 100 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
VITRAKVI 20 MG/ML SOLUTION	Tier 3	PA, LA, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
VOTRIENT 200 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XALKORI (200 MG CAP, 250 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XOSPATA 40 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ZEJULA 100 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ZELBORAF 240 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ZYKADIA (150 MG CAP, 150 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
RETINOIDS		
bexarotene cap 75 mg	Tier 2	PA, QL (10 PER 1 DAYS)
bexarotene gel 1%	Tier 2	PA, QL (60 PER 30 OVER TIME)

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ANTINEOPLASTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PANRETIN 0.1 % GEL	Tier 3	PA
tretinoin cap 10 mg	Tier 2	
TREATMENT ADJUNCTS		
mesna inj 100 mg/ml	Tier 2	
MESNEX 400 MG TAB	Tier 3	
VONJO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)

ANTIPARASITICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTHELMINTHICS		
albendazole tab 200 mg	Tier 2	
ivermectin tab 3 mg	Tier 2	QL (16 PER 365 OVER TIME)
praziquantel tab 600 mg	Tier 2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	Tier 3	PA, QL (180 PER 3 OVER TIME)
atovaquone susp 750 mg/5ml	Tier 2	PA
atovaquone-proguanil hcl (tab 250-100 mg, tab 62.5-25 mg)	Tier 2	
BENZNIDAZOLE 100 MG TAB	Tier 3	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	Tier 3	QL (720 PER 365 OVER TIME)
chloroquine phosphate tab 250 mg	Tier 2	QL (50 PER 30 OVER TIME)
chloroquine phosphate tab 500 mg	Tier 2	QL (25 PER 30 OVER TIME)
COARTEM 20-120 MG TAB	Tier 3	QL (24 PER 2 OVER TIME)
HYDROXYCHLOROQUINE SULFATE 100 MG TAB	Tier 2	QL (4 PER 1 DAYS)
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	Tier 2	QL (2 PER 1 DAYS)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	Tier 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIPARASITICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
hydroxychloroquine sulfate tab 200 mg	Tier 2	QL (3 PER 1 DAYS)
mefloquine hcl tab 250 mg	Tier 2	
nitazoxanide tab 500 mg	Tier 2	PA, QL (6 PER 3 OVER TIME)
pentamidine isethionate for nebulization soln 300 mg	Tier 2	BvD
pentamidine isethionate for soln 300 mg	Tier 2	
primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))	Tier 3	
pyrimethamine tab 25 mg	Tier 2	PA
quinine sulfate cap 324 mg	Tier 2	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTICHOLINERGICS		
benztropine mesylate (inj 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
trihexyphenidyl hcl (0.4 mg/ml solution, oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)	Tier 2	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 37.5-150-200 mg tab, tabs 12.5-50-200 mg, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, tabs 37.5-150-200 mg, tabs 50-200-200 mg)	Tier 2	
entacapone tab 200 mg	Tier 2	QL (8 PER 1 DAYS)

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
DOPAMINE AGONISTS		
apomorphine hcl soln cartridge 30 mg/3ml	Tier 2	PA
bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))	Tier 2	
pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)	Tier 2	
ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)	Tier 2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa tab 25 mg	Tier 2	
CARBIDOPA-LEVODOPA (CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB 10-100 MG, CARBIDOPA & LEVODOPA TAB 25-100 MG, CARBIDOPA & LEVODOPA TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB ER 25-100 MG, CARBIDOPA & LEVODOPA TAB ER 50-200 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
selegiline hcl (cap 5 mg, tab 5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIPSYCHOTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
1ST GENERATION/TYPICAL		
chlorpromazine hcl (100 mg/ml conc, 30 mg/ml conc, 50 mg/2ml solution, inj 25 mg/ml, tab 10 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)	Tier 2	
fluphenazine decanoate inj 25 mg/ml	Tier 2	
fluphenazine hcl (2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc, tab 1 mg, tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	
haloperidol (tab 0.5 mg, tab 1 mg, tab 10 mg, tab 2 mg, tab 20 mg, tab 5 mg)	Tier 2	
haloperidol decanoate (soln 100 mg/ml, soln 50 mg/ml)	Tier 2	
haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)	Tier 2	
loxapine succinate (cap 10 mg, cap 25 mg, cap 5 mg, cap 50 mg)	Tier 2	
MOLINDONE HCL 10 MG TAB	Tier 2	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	Tier 2	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	Tier 2	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	Tier 2	
thioridazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
thiothixene (cap 1 mg, cap 10 mg, cap 2 mg, cap 5 mg)	Tier 2	
trifluoperazine hcl (tab 1 mg (base equivalent), tab 10 mg (base equivalent), tab 2 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 3	PA
aripiprazole (orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 5 mg)	Tier 2	QL (2 PER 1 DAYS)

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ANTIPSYCHOTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	Tier 2	QL (1 PER 1 DAYS)
aripiprazole oral solution 1 mg/ml	Tier 2	QL (25 PER 1 DAYS)
aripiprazole tab 2 mg	Tier 2	QL (4 PER 1 DAYS)
ARISTADA (1064 MG/3.9ML PRSYR, 441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR)	Tier 3	PA
ARISTADA INITIO 675 MG/2.4ML PRSYR	Tier 3	PA, QL (2.4 PER 42 OVER TIME)
asenapine maleate (sl tab 10 mg (base equiv), sl tab 2.5 mg (base equiv), sl tab 5 mg (base equiv))	Tier 2	PA, QL (2 PER 1 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
FANAPT (1 MG TAB, 10 MG TAB, 12 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	Tier 3	PA, QL (8 PER 30 OVER TIME)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 3	PA, QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 3	PA, QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 3	PA, QL (0.75 PER 28 OVER TIME)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 3	PA, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 3	PA, QL (1.5 PER 28 OVER TIME)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 3	PA, QL (0.25 PER 28 OVER TIME)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 3	PA, QL (0.5 PER 28 OVER TIME)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 3	PA, QL (0.88 PER 30 OVER TIME)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 3	PA, QL (1.32 PER 30 OVER TIME)

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ANTIPSYCHOTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 3	PA, QL (1.75 PER 30 OVER TIME)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 3	PA, QL (2.62 PER 30 OVER TIME)
LATUDA (120 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
olanzapine (for im inj 10 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 15 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 7.5 mg)	Tier 2	
paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
paliperidone tab er 24hr 6 mg	Tier 2	PA, QL (2 PER 1 DAYS)
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 3	PA, QL (1 PER 28 OVER TIME)
quetiapine fumarate (150 mg tab, tab 100 mg, tab 200 mg, tab 25 mg, tab 300 mg, tab 400 mg, tab 50 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)	Tier 2	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (12.5 MG SRER, 25 MG SRER, 37.5 MG SRER, 50 MG SRER)	Tier 3	

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ANTIPSYCHOTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)	Tier 2	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 3	PA, QL (7 PER 30 OVER TIME)
ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)	Tier 2	
ziprasidone mesylate for inj 20 mg (base equivalent)	Tier 2	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	Tier 3	PA
TREATMENT-RESISTANT		
clozapine (12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, orally disintegrating tab 100 mg, orally disintegrating tab 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)	Tier 2	
VERSACLOZ 50 MG/ML SUSPENSION	Tier 3	PA, QL (18 PER 1 DAYS)

ANTISPASTICITY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTISPASTICITY AGENTS		
baclofen tab 10 mg	Tier 2	QL (8 PER 1 DAYS)
baclofen tab 20 mg	Tier 2	QL (4 PER 1 DAYS)
baclofen tab 5 mg	Tier 2	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTISPASTICITY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
dantrolene sodium (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	
tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))	Tier 2	

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS 240 MG TAB	Tier 3	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	Tier 3	QL (100 PER 365 OVER TIME)
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 2	QL (18 PER 1 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	Tier 2	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	Tier 3	QL (5 PER 30 OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil tab 10 mg	Tier 2	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 3	QL (21 PER 1 DAYS)
entecavir (tab 0.5 mg, tab 1 mg)	Tier 2	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
lamivudine tab 100 mg (hbv)	Tier 2	
VEMLIDY 25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	Tier 3	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	Tier 3	PA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
MAVYRET 100-40 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	Tier 3	PA, QL (6 PER 1 DAYS)
ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)	Tier 2	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
VOSEVI 400-100-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE 600 MG/3ML SUSP	Tier 3	QL (21 PER 365 OVER TIME), BvD
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ISENTRESS (100 MG CHEW TAB, 25 MG CHEW TAB)	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 3	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 3	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 3	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	Tier 3	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	Tier 3	QL (2 PER 1 DAYS)
efavirenz cap 200 mg	Tier 2	QL (3 PER 1 DAYS)
efavirenz cap 50 mg	Tier 2	QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
efavirenz tab 600 mg	Tier 2	QL (1 PER 1 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 2	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)	Tier 2	QL (1 PER 1 DAYS)
etravirine tab 100 mg	Tier 2	QL (4 PER 1 DAYS)
etravirine tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 3	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	Tier 2	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 2	QL (3 PER 1 DAYS)
nevirapine tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
nevirapine tab er 24hr 100 mg	Tier 2	QL (3 PER 1 DAYS)
nevirapine tab er 24hr 400 mg	Tier 2	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 3	QL (2 PER 1 DAYS)
RESCRIPTOR 200 MG TAB	Tier 3	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate soln 20 mg/ml (base equiv)	Tier 2	QL (30 PER 1 DAYS)
abacavir sulfate tab 300 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	Tier 2	QL (1 PER 1 DAYS)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	Tier 2	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR)	Tier 2	QL (1 PER 1 DAYS)
emtricitabine caps 200 mg	Tier 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)	Tier 2	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 3	QL (24 PER 1 DAYS)
lamivudine oral soln 10 mg/ml	Tier 2	QL (30 PER 1 DAYS)
lamivudine tab 150 mg	Tier 2	QL (2 PER 1 DAYS)
lamivudine tab 300 mg	Tier 2	QL (1 PER 1 DAYS)
lamivudine-zidovudine tab 150-300 mg	Tier 2	QL (2 PER 1 DAYS)
stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, cap 15 mg, cap 20 mg, cap 30 mg, cap 40 mg)	Tier 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
tenofovir disoproxil fumarate tab 300 mg	Tier 2	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 3	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 3	QL (2 PER 1 DAYS)
VIDEX 2 GM RECON SOLN	Tier 3	
VIDEX EC 125 MG CAP DR	Tier 3	QL (1 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 3	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 3	QL (240 PER 30 OVER TIME)
zidovudine cap 100 mg	Tier 2	QL (6 PER 1 DAYS)
zidovudine syrup 10 mg/ml	Tier 2	QL (60 PER 1 DAYS)
zidovudine tab 300 mg	Tier 2	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	Tier 3	QL (4 PER 30 OVER TIME), BvD
CABENUVA 600 & 900 MG/3ML SUSP	Tier 3	QL (6 PER 30 OVER TIME), BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
FUZEON 90 MG RECON SOLN	Tier 3	QL (60 PER 30 OVER TIME)
maraviroc tab 150 mg	Tier 2	QL (2 PER 1 DAYS)
maraviroc tab 300 mg	Tier 2	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 3	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	Tier 3	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	Tier 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	Tier 3	QL (2 PER 1 DAYS)
TYBOST 150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 100 MG/ML SOLUTION	Tier 3	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAP	Tier 3	QL (4 PER 1 DAYS)
atazanavir sulfate (cap 150 mg (base equiv), cap 200 mg (base equiv))	Tier 2	QL (2 PER 1 DAYS)
atazanavir sulfate cap 300 mg (base equiv)	Tier 2	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAP	Tier 3	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAP	Tier 3	QL (6 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 2	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAP	Tier 3	QL (10 PER 1 DAYS)
INVIRASE 500 MG TAB	Tier 3	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 3	QL (56 PER 1 DAYS)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 2	QL (13 PER 1 DAYS)
lopinavir-ritonavir tab 100-25 mg	Tier 2	QL (10 PER 1 DAYS)
lopinavir-ritonavir tab 200-50 mg	Tier 2	QL (4 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	Tier 3	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 3	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PREZISTA 100 MG/ML SUSPENSION	Tier 3	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 600 MG TAB	Tier 3	QL (2 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (5 PER 1 DAYS)
PREZISTA 800 MG TAB	Tier 3	QL (1 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 3	QL (8 PER 1 DAYS)
ritonavir tab 100 mg	Tier 2	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 3	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 3	QL (4 PER 1 DAYS)
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	Tier 2	QL (120 PER 180 OVER TIME)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 2	QL (42 PER 180 OVER TIME)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 2	QL (60 PER 180 OVER TIME)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 2	QL (1080 PER 365 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	Tier 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	Tier 2	
XOFLUZA (40 MG DOSE) (MG DOSE) 1 X 40 MG TAB THPK, MG DOSE) 2 X 20 MG TAB THPK)	Tier 3	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 3	QL (1 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	Tier 3	QL (2 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)	Tier 2	
acyclovir sodium iv soln 50 mg/ml	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTIVIRALS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)	Tier 2	
TRIFLURIDINE 1 % SOLUTION	Tier 2	
valacyclovir hcl (tab 1 gm, tab 500 mg)	Tier 2	

ANXIOLYTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANXIOLYTICS, OTHER		
buspirone hcl (tab 10 mg, tab 15 mg, tab 30 mg, tab 5 mg, tab 7.5 mg)	Tier 2	
meprobamate (tab 200 mg, tab 400 mg)	Tier 2	PA
BENZODIAZEPINES		
alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg)	Tier 2	QL (4 PER 1 DAYS)
alprazolam tab 2 mg	Tier 2	QL (5 PER 1 DAYS)
chlordiazepoxide hcl cap 10 mg	Tier 2	PA, QL (30 PER 1 DAYS)
chlordiazepoxide hcl cap 25 mg	Tier 2	PA, QL (12 PER 1 DAYS)
chlordiazepoxide hcl cap 5 mg	Tier 2	PA, QL (60 PER 1 DAYS)
clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, tab 0.5 mg)	Tier 2	QL (40 PER 1 DAYS)
clonazepam (orally disintegrating tab 1 mg, tab 1 mg)	Tier 2	QL (20 PER 1 DAYS)
clonazepam (orally disintegrating tab 2 mg, tab 2 mg)	Tier 2	QL (10 PER 1 DAYS)
clorazepate dipotassium tab 15 mg	Tier 2	QL (6 PER 1 DAYS)
clorazepate dipotassium tab 3.75 mg	Tier 2	QL (24 PER 1 DAYS)
clorazepate dipotassium tab 7.5 mg	Tier 2	QL (12 PER 1 DAYS)
diazepam (conc 5 mg/ml, tab 5 mg)	Tier 2	QL (12 PER 1 DAYS)
diazepam oral soln 1 mg/ml	Tier 2	QL (60 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANXIOLYTICS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
diazepam tab 10 mg	Tier 2	QL (6 PER 1 DAYS)
diazepam tab 2 mg	Tier 2	QL (30 PER 1 DAYS)
lorazepam (conc 2 mg/ml, tab 2 mg)	Tier 2	QL (5 PER 1 DAYS)
lorazepam tab 0.5 mg	Tier 2	QL (20 PER 1 DAYS)
lorazepam tab 1 mg	Tier 2	QL (10 PER 1 DAYS)

BIPOLAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
MOOD STABILIZERS		
LITHIUM 8 MEQ/5ML SOLUTION	Tier 2	
lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap, cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg)	Tier 2	

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTIDIABETIC AGENTS		
acarbose (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)	Tier 1	
glipizide (tab 10 mg, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)	Tier 1	
glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)	Tier 1	
glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)	Tier 1	PA
glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)	Tier 1	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)	Tier 1	PA
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JANUMET XR (100-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JANUVIA (100 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
metformin hcl (tab 1000 mg, tab 500 mg, tab 850 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)	Tier 1	
miglitol (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	QL (3 PER 1 DAYS)
nateglinide (tab 120 mg, tab 60 mg)	Tier 2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Tier 3	QL (1.5 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	Tier 3	QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	QL (3 PER 28 OVER TIME)
pioglitazone hcl (tab 15 mg (base equiv), tab 30 mg (base equiv), tab 45 mg (base equiv))	Tier 2	
repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	Tier 3	QL (2 PER 28 OVER TIME)
VICTOZA 18 MG/3ML SOLN PEN	Tier 3	QL (9 PER 30 OVER TIME)
XIGDUO XR (10-1000 MG TAB ER 24H, 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
XIGDUO XR (10-500 MG TAB ER 24H, 5-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
diazoxide susp 50 mg/ml	Tier 2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
glucagon (rdna) for inj kit 1 mg	Tier 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	Tier 3	QL (2 PER 2 OVER TIME)
INSULINS		
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	Tier 3	
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	Tier 3	
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	Tier 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	Tier 3	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN N 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN R 100 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	Tier 3	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	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 OVER TIME)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 3	QL (45 PER 30 OVER TIME)
LYUMJEV 100 UNIT/ML SOLUTION	Tier 3	
LYUMJEV KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	

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BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN N 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN R 100 UNIT/ML SOLUTION	Tier 3	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	Tier 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 OVER TIME)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 OVER TIME)

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTICOAGULANTS		
dabigatran etexilate mesylate (cap 150 mg (base eq), cap 75 mg (base eq))	Tier 2	QL (2 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	Tier 3	QL (74 PER 180 OVER TIME)
enoxaparin sodium (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)	Tier 2	QL (60 PER 30 OVER TIME)
enoxaparin sodium (inj soln pref syr 120 mg/0.8ml, inj soln pref syr 80 mg/0.8ml)	Tier 2	QL (48 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 2	QL (18 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 2	QL (24 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 2	QL (36 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 2	QL (24 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 2	QL (15 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 2	QL (12 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 2	QL (18 PER 30 OVER TIME)
heparin sodium (porcine) (inj 1000 unit/ml, inj 10000 unit/ml, inj 20000 unit/ml, inj 5000 unit/ml)	Tier 2	BvD
PRADAXA (110 MG CAP, 150 MG CAP, 75 MG CAP)	Tier 3	QL (2 PER 1 DAYS)
warfarin sodium (tab 1 mg, tab 10 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg)	Tier 2	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	Tier 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	Tier 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	Tier 3	QL (51 PER 180 OVER TIME)
ZONTIVITY 2.08 MG TAB	Tier 3	QL (1 PER 1 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl (cap 0.5 mg, cap 1 mg)	Tier 2	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 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, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	Tier 3	PA
MOZOBIL 24 MG/1.2ML SOLUTION	Tier 3	PA, LA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PROMACTA (25 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	Tier 3	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (10000 UNIT/ML SOLUTION, 2000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	Tier 3	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 3	PA
HEMOSTASIS AGENTS		
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	Tier 2	
tranexamic acid tab 650 mg	Tier 2	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	
BRILINTA (60 MG TAB, 90 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
CABLIVI 11 MG KIT	Tier 3	PA, LA, QL (1 PER 1 DAYS)
cilostazol (tab 100 mg, tab 50 mg)	Tier 2	
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 2	QL (1 PER 1 DAYS)
dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	PA
OXBRYTA (300 MG TAB SOL, 500 MG TAB)	Tier 3	PA, LA, QL (5 PER 1 DAYS)
prasugrel hcl (tab 10 mg (base equiv), tab 5 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ALPHA-ADRENERGIC AGONISTS		
clonidine (patch weekly 0.1 mg/24hr, patch weekly 0.2 mg/24hr, patch weekly 0.3 mg/24hr)	Tier 2	
clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)	Tier 2	
droxidopa cap 100 mg	Tier 2	PA, QL (252 PER 90 OVER TIME)
droxidopa cap 200 mg	Tier 2	PA, QL (120 PER 30 OVER TIME)
droxidopa cap 300 mg	Tier 2	PA, QL (84 PER 90 OVER TIME)
guanfacine hcl (tab 1 mg, tab 2 mg)	Tier 2	
methyldopa (250 mg tab, 500 mg tab, tab 250 mg, tab 500 mg)	Tier 2	
midodrine hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)	Tier 2	
prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)	Tier 2	
terazosin hcl (cap 1 mg (base equivalent), cap 10 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent))	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg)	Tier 2	
EPROSARTAN MESYLATE 600 MG TAB	Tier 1	QL (1 PER 1 DAYS)
irbesartan (tab 150 mg, tab 300 mg, tab 75 mg)	Tier 1	
losartan potassium (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
olmesartan medoxomil (tab 20 mg, tab 40 mg, tab 5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
telmisartan (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	
valsartan (tab 160 mg, tab 320 mg, tab 40 mg, tab 80 mg)	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
captopril (tab 100 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 1	
enalapril maleate (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg)	Tier 1	
fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 1	
lisinopril (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab 5 mg)	Tier 1	
moexipril hcl (tab 15 mg, tab 7.5 mg)	Tier 1	
perindopril erbumine (tab 2 mg, tab 4 mg, tab 8 mg)	Tier 1	
quinapril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
ramipril (cap 1.25 mg, cap 10 mg, cap 2.5 mg, cap 5 mg)	Tier 1	
trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)	Tier 2	
disopyramide phosphate (cap 100 mg, cap 150 mg)	Tier 2	
dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))	Tier 2	
flecainide acetate (tab 100 mg, tab 150 mg, tab 50 mg)	Tier 2	
mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)	Tier 2	
quinidine sulfate (200 mg tab, 300 mg tab, tab 200 mg, tab 300 mg)	Tier 2	
sotalol hcl (afib/afl) (tab 120 mg, tab 160 mg, tab 80 mg)	Tier 2	
sotalol hcl (tab 120 mg, tab 160 mg, tab 240 mg, tab 80 mg)	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (cap 200 mg, cap 400 mg)	Tier 2	
atenolol (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
betaxolol hcl (tab 10 mg, tab 20 mg)	Tier 2	
bisoprolol fumarate (tab 10 mg, tab 5 mg)	Tier 2	
carvedilol (tab 12.5 mg, tab 25 mg, tab 3.125 mg, tab 6.25 mg)	Tier 1	
labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)	Tier 2	
metoprolol succinate (tab er 24hr 100 mg (tartrate equiv), tab er 24hr 200 mg (tartrate equiv), tab er 24hr 25 mg (tartrate equiv), tab er 24hr 50 mg (tartrate equiv))	Tier 2	
metoprolol tartrate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
nadolol (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 2	
nebivolol hcl (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 20 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
pindolol (tab 10 mg, tab 5 mg)	Tier 2	

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
propranolol hcl (40 mg/5ml solution, cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, oral soln 20 mg/5ml, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 5 mg (base equivalent))	Tier 1	
felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)	Tier 2	
nicardipine hcl (cap 20 mg, cap 30 mg)	Tier 2	
nifedipine (cap 10 mg, cap 20 mg, tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg, tab er 24hr osmotic release 30 mg, tab er 24hr osmotic release 60 mg, tab er 24hr osmotic release 90 mg)	Tier 2	
nimodipine cap 30 mg	Tier 2	
NYMALIZE 6 MG/ML SOLUTION	Tier 3	QL (1260 PER 21 OVER TIME)
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 120 mg, tab 30 mg, tab 60 mg, tab 90 mg)	Tier 2	
diltiazem hcl coated beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg, beads cap er 24hr 300 mg, beads cap er 24hr 360 mg, beads tab er 24hr 180 mg, beads tab er 24hr 240 mg, beads tab er 24hr 300 mg, beads tab er 24hr 360 mg, beads tab er 24hr 420 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl extended release beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg, beads cap er 24hr 300 mg, beads cap er 24hr 360 mg, beads cap er 24hr 420 mg)	Tier 2	
verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab 120 mg, tab 40 mg, tab 80 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	Tier 2	
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 2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (tab 125 mg, tab 250 mg)	Tier 2	
aliskiren fumarate (tab 150 mg (base equivalent), tab 300 mg (base equivalent))	Tier 2	PA
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 2	
amlodipine besylate-benazepril hcl (cap 10-20 mg, cap 10-40 mg, cap 2.5-10 mg, cap 5-10 mg, cap 5-20 mg, cap 5-40 mg)	Tier 1	
amlodipine besylate-olmesartan medoxomil (tab 10-20 mg, tab 10-40 mg, tab 5-20 mg, tab 5-40 mg)	Tier 2	
amlodipine besylate-valsartan (tab 10-160 mg, tab 10-320 mg, tab 5-160 mg, tab 5-320 mg)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide (tab 10-160-12.5 mg, tab 10-160-25 mg, tab 10-320-25 mg, tab 5-160-12.5 mg, tab 5-160-25 mg)	Tier 2	
atenolol & chlorthalidone (tab 100-25 mg, tab 50-25 mg)	Tier 1	

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
benazepril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg, tab 5-6.25 mg)	Tier 1	
bisoprolol & hydrochlorothiazide (tab 10-6.25 mg, tab 2.5-6.25 mg, tab 5-6.25 mg)	Tier 2	
candesartan cilexetil-hydrochlorothiazide (tab 16-12.5 mg, tab 32-12.5 mg, tab 32-25 mg)	Tier 2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	Tier 1	
CORLANOR (5 MG TAB, 7.5 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	Tier 3	PA, QL (20 PER 1 DAYS)
digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)	Tier 3	
digoxin tab 125 mcg (0.125 mg)	Tier 2	QL (1 PER 1 DAYS)
digoxin tab 250 mcg (0.25 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
enalapril maleate & hydrochlorothiazide (tab 10-25 mg, tab 5-12.5 mg)	Tier 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
fosinopril sodium & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)	Tier 1	
irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)	Tier 1	
lisinopril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)	Tier 1	
losartan potassium & hydrochlorothiazide (tab 100-12.5 mg, tab 100-25 mg, tab 50-12.5 mg)	Tier 1	
metoprolol & hydrochlorothiazide (tab 100-25 mg, tab 100-50 mg, tab 50-25 mg)	Tier 2	
metyrosine cap 250 mg	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
olmesartan medoxomil-amlodipine-hydrochlorothiazide (tab 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)	Tier 2	
olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg, tab 40-25 mg)	Tier 2	
pentoxifylline tab er 400 mg	Tier 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	Tier 2	
quinapril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)	Tier 1	
ranolazine (tab er 12hr 1000 mg, tab er 12hr 500 mg)	Tier 2	QL (2 PER 1 DAYS)
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 2	
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	Tier 3	PA
telmisartan-hydrochlorothiazide (tab 40-12.5 mg, tab 80-12.5 mg, tab 80-25 mg)	Tier 1	
triamterene & hydrochlorothiazide (cap 37.5-25 mg, tab 37.5-25 mg, tab 75-50 mg)	Tier 2	
valsartan-hydrochlorothiazide (tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg, tab 80-12.5 mg)	Tier 1	
VYNDAMAX 61 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml)	Tier 2	
furosemide (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
torsemide (tab 10 mg, tab 100 mg, tab 20 mg, tab 5 mg)	Tier 2	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl tab 5 mg	Tier 2	
eplerenone (tab 25 mg, tab 50 mg)	Tier 2	
spironolactone (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
DIURETICS, THIAZIDE		
chlorothiazide (500 mg tab, tab 500 mg)	Tier 2	
chlorthalidone (tab 25 mg, tab 50 mg)	Tier 2	
hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 1	
indapamide (tab 1.25 mg, tab 2.5 mg)	Tier 2	
metolazone (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
choline fenofibrate (cap dr 135 mg (fenofibric acid equiv), cap dr 45 mg (fenofibric acid equiv))	Tier 2	
fenofibrate (tab 145 mg, tab 160 mg, tab 48 mg, tab 54 mg)	Tier 2	
fenofibrate micronized (cap 130 mg, cap 134 mg, cap 200 mg, cap 43 mg, cap 67 mg)	Tier 2	
gemfibrozil tab 600 mg	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (tab 10 mg (base equivalent), tab 20 mg (base equivalent), tab 40 mg (base equivalent), tab 80 mg (base equivalent))	Tier 1	
fluvastatin sodium (cap 20 mg (base equivalent), cap 40 mg (base equivalent))	Tier 1	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
lovastatin (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 1	
pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	
rosuvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
simvastatin (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg, tab 80 mg)	Tier 1	
DYSLIPIDEMICS, OTHER		
cholestyramine (powder 4 gm/dose, powder packets 4 gm)	Tier 2	
cholestyramine light (powder 4 gm/dose, powder packets 4 gm)	Tier 2	
colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)	Tier 2	
colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)	Tier 2	
ezetimibe tab 10 mg	Tier 2	
ezetimibe-simvastatin (tab 10-10 mg, tab 10-20 mg, tab 10-40 mg, tab 10-80 mg)	Tier 2	
icosapent ethyl cap 0.5 gm	Tier 2	QL (8 PER 1 DAYS)
icosapent ethyl cap 1 gm	Tier 2	QL (4 PER 1 DAYS)
JUXTAPID (40 MG CAP, 60 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
JUXTAPID 10 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
JUXTAPID 20 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
JUXTAPID 30 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
JUXTAPID 5 MG CAP	Tier 3	PA, LA, QL (12 PER 1 DAYS)
niacin (antihyperlipidemic) (tab er 1000 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic))	Tier 2	QL (2 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 2	
niacin tab er 500 mg (antihyperlipidemic)	Tier 2	QL (4 PER 1 DAYS)

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
NIACOR 500 MG TAB	Tier 2	
omega-3-acid ethyl esters cap 1 gm	Tier 2	QL (4 PER 1 DAYS)
REPATHA 140 MG/ML SOLN PRSYR	Tier 3	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	Tier 3	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	Tier 3	PA, QL (2 PER 28 OVER TIME)
VASCEPA 0.5 GM CAP	Tier 3	QL (8 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
minoxidil (tab 10 mg, tab 2.5 mg)	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (tab 10 mg, tab 20 mg, tab 30 mg, tab 5 mg)	Tier 2	
ISOSORBIDE DINITRATE ER 40 MG TAB ER	Tier 2	
isosorbide mononitrate (10 mg tab, 20 mg tab, tab 10 mg, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	
nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr)	Tier 2	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	Tier 3	
RECTIV 0.4 % OINTMENT	Tier 3	QL (30 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 30 mg)	Tier 2	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (tab 10 mg, tab 15 mg, tab 5 mg, tab 7.5 mg)	Tier 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine tab 20 mg	Tier 2	QL (3 PER 1 DAYS)
dextroamphetamine sulfate (cap er 24hr 10 mg, tab 10 mg, tab 5 mg)	Tier 2	QL (6 PER 1 DAYS)
dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)	Tier 2	QL (4 PER 1 DAYS)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 2	QL (12 PER 1 DAYS)
dextroamphetamine sulfate tab 20 mg	Tier 2	QL (3 PER 1 DAYS)
dextroamphetamine sulfate tab 30 mg	Tier 2	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv))	Tier 2	QL (4 PER 1 DAYS)
atomoxetine hcl (cap 100 mg (base equiv), cap 60 mg (base equiv), cap 80 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
atomoxetine hcl cap 40 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
clonidine hcl tab er 12hr 0.1 mg	Tier 2	
dexmethylphenidate hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
guanfacine hcl (adhd) (tab er 24hr 1 mg (base equiv), tab er 24hr 2 mg (base equiv), tab er 24hr 3 mg (base equiv), tab er 24hr 4 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
methylphenidate hcl (tab 10 mg, tab er 10 mg)	Tier 2	QL (6 PER 1 DAYS)
methylphenidate hcl (tab 20 mg, tab er 20 mg)	Tier 2	QL (3 PER 1 DAYS)
methylphenidate hcl tab 5 mg	Tier 2	QL (12 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (12 MG TAB, 9 MG TAB)	Tier 3	PA, QL (4 PER 1 DAYS)
AUSTEDO 6 MG TAB	Tier 3	PA, QL (8 PER 1 DAYS)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE 10 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INGREZZA (60 MG CAP, 80 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	Tier 3	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
riluzole tab 50 mg	Tier 2	
tetrabenazine tab 12.5 mg	Tier 2	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine tab 25 mg	Tier 2	PA, LA, QL (4 PER 1 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	Tier 3	PA, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	Tier 3	PA, QL (2 PER 1 DAYS)
duloxetine hcl (cap 20 mg (base eq), cap 60 mg (base eq))	Tier 2	QL (2 PER 1 DAYS)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 2	QL (3 PER 1 DAYS)
pregabalin (cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	QL (3 PER 1 DAYS)
pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
pregabalin soln 20 mg/ml	Tier 2	QL (30 PER 1 DAYS)
SAVELLA (100 MG TAB, 12.5 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	Tier 3	PA, QL (55 PER 28 OVER TIME)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO (14 MG TAB, 7 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
AVONEX 30 MCG KIT	Tier 3	PA, QL (4 PER 28 OVER TIME)
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	Tier 3	PA, QL (4 PER 28 OVER TIME)
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	Tier 3	PA, QL (4 PER 28 OVER TIME)
BETASERON 0.3 MG KIT	Tier 3	PA, QL (15 PER 30 OVER TIME)
dalfampridine tab er 12hr 10 mg	Tier 2	PA, QL (2 PER 1 DAYS)
dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)	Tier 2	PA, QL (2 PER 1 DAYS)
EXTAVIA 0.3 MG KIT	Tier 3	PA, QL (15 PER 30 OVER TIME)
GILENYA 0.5 MG CAP	Tier 3	PA, QL (1 PER 1 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 2	PA, QL (30 PER 30 OVER TIME)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	Tier 3	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN	Tier 3	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	Tier 3	PA, LA, QL (1 PER 28 OVER TIME)
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	Tier 3	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (6 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	Tier 3	PA, QL (4.2 PER 28 OVER TIME)
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 3	PA, QL (4.2 PER 28 OVER TIME)
TYSABRI 300 MG/15ML CONC	Tier 3	PA, LA

DENTAL AND ORAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate soln 0.12%	Tier 2	
KEPIVANCE 6.25 MG RECON SOLN	Tier 3	BvD
pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)	Tier 2	
triamcinolone acetonide dental paste 0.1%	Tier 2	

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ACNE AND ROSACEA AGENTS		
acitretin (cap 10 mg, cap 17.5 mg, cap 25 mg)	Tier 2	
adapalene gel 0.1%	Tier 2	PA
isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)	Tier 2	
tazarotene cream 0.1%	Tier 2	
TAZORAC 0.05 % CREAM	Tier 3	
tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)	Tier 2	PA

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
DERMATITIS AND PRURITUS AGENTS		
alclometasone dipropionate oint 0.05%	Tier 2	
betamethasone dipropionate (topical) (cream 0.05%, lotion 0.05%)	Tier 2	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	Tier 2	
betamethasone dipropionate augmented oint 0.05%	Tier 2	
betamethasone valerate (cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))	Tier 2	
clobetasol propionate (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	Tier 2	
clobetasol propionate emollient base cream 0.05%	Tier 2	
desonide (cream 0.05%, oint 0.05%)	Tier 2	
desoximetasone (cream 0.25%, oint 0.25%)	Tier 2	
fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)	Tier 2	
fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	Tier 2	
fluocinonide emulsified base cream 0.05%	Tier 2	
fluticasone propionate (cream 0.05%, oint 0.005%)	Tier 2	
halobetasol propionate (cream 0.05%, oint 0.05%)	Tier 2	QL (200 PER 28 OVER TIME)
hydrocortisone (rectal) (cream 1%, cream 2.5%)	Tier 2	
hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)	Tier 2	
hydrocortisone butyrate (0.1 % solution, soln 0.1%)	Tier 2	ST

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone valerate cream 0.2%	Tier 2	ST
lactic acid (ammonium lactate) (cream 12%, lotion 12%)	Tier 2	
mometasone furoate solution 0.1% (lotion)	Tier 2	
selenium sulfide lotion 2.5%	Tier 2	
tacrolimus (topical) (oint 0.03%, oint 0.1%)	Tier 2	ST, QL (100 PER 30 OVER TIME)
triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene (cream 0.005%, oint 0.005%, soln 0.005% (50 mcg/ml))	Tier 2	
clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)	Tier 2	
diclofenac sodium (actinic keratoses) gel 3%	Tier 2	PA, QL (300 PER 365 OVER TIME)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	Tier 2	
fluorouracil cream 5%	Tier 2	
imiquimod cream 5%	Tier 2	QL (24 PER 30 OVER TIME)
nystatin-triamcinolone (cream 100000-0.1 unit/gm-%, oint 100000-0.1 unit/gm-%)	Tier 2	
OTEZLA 30 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
podofilox soln 0.5%	Tier 2	
REGRANEX 0.01 % GEL	Tier 3	PA, QL (15 PER 2 OVER TIME)
SANTYL 250 UNIT/GM OINTMENT	Tier 3	QL (180 PER 30 OVER TIME)
silver sulfadiazine cream 1%	Tier 2	
SKYRIZI 600 MG/10ML SOLUTION	Tier 3	PA
STELARA 130 MG/26ML SOLUTION	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
TOLAK 4 % CREAM	Tier 3	
PEDICULICIDES/SCABICIDES		
LINDANE 1 % SHAMPOO	Tier 2	
malathion lotion 0.5%	Tier 3	
permethrin cream 5%	Tier 2	
TOPICAL ANTI-INFECTIVES		
acyclovir oint 5%	Tier 2	PA, QL (30 PER 30 OVER TIME)
ciclopirox solution 8%	Tier 2	
clindamycin phosphate (topical) (gel 1%, lotion 1%, soln 1%)	Tier 2	
ERY 2 % PAD	Tier 2	
erythromycin (acne aid) (gel 2%, soln 2%)	Tier 2	
mupirocin oint 2%	Tier 2	
SULFAMYLON 85 MG/GM CREAM	Tier 3	

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTE/MINERAL REPLACEMENT		
amino acid electrolyte infusion 8.5%**	Tier 2	BvD
amino acid infusion 15%**	Tier 2	BvD
AMINOSYN (10 % SOLUTION, 8.5 % SOLUTION)	Tier 2	BvD
AMINOSYN II (10 % SOLUTION, 8.5 % SOLUTION)	Tier 2	BvD
AMINOSYN II 15 % SOLUTION	Tier 3	BvD
AMINOSYN-HBC 7 % SOLUTION	Tier 3	BvD
AMINOSYN-PF 10 % SOLUTION	Tier 2	BvD
AMINOSYN-PF 7 % SOLUTION	Tier 3	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN-RF 5.2 % SOLUTION	Tier 2	BvD
AMINOSYN/ELECTROLYTES (7 % SOLUTION, 8.5 % SOLUTION)	Tier 2	BvD
carglumic acid soluble tab 200 mg	Tier 2	PA, LA
CRYSVITA 10 MG/ML SOLUTION	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	Tier 3	PA, LA, QL (6 PER 28 OVER TIME)
FREAMINE III 10 % SOLUTION	Tier 2	BvD
HEPATAMINE 8 % SOLUTION	Tier 3	BvD
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 3	BvD
KCL IN DEXTROSE-NACL (20-5-0.225 MEQ/L-%-% SOLUTION, 20-5-0.33 MEQ/L-%-% SOLUTION, 40-5-0.9 MEQ/L-%-% SOLUTION)	Tier 2	
NORMOSOL-M IN D5W SOLUTION	Tier 2	
NUTRILIPID 20 % EMULSION	Tier 3	BvD
potassium chloride (10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution, cap er 10 meq, cap er 8 meq, inj 10 meq/100ml, inj 2 meq/ml, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), tab er 10 meq, tab er 20 meq (1500 mg), tab er 8 meq (600 mg))	Tier 2	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	Tier 2	
potassium chloride in dextrose & sodium chloride (20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj, 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj, 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj)	Tier 2	

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ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
POTASSIUM CHLORIDE IN NACL (KCL 20 MEQ/L (0.15%) 0.9% J, KCL 40 MEQ/L (0.3%) 0.9% J, POTASSIUM CHLORIDE 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE 40-0.9 MEQ/L-% SOLUTION)	Tier 2	
potassium chloride microencapsulated crystals er (crys er tab 10 meq, crys er tab 15 meq, crys er tab 20 meq)	Tier 2	
potassium citrate (alkalinizer) (tab er 10 meq (1080 mg), tab er 15 meq (1620 mg), tab er 5 meq (540 mg))	Tier 2	
PREMASOL 10 % SOLUTION	Tier 2	BvD
sodium chloride (0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)	Tier 2	
SYNTHAMIN 17 10 % SOLUTION	Tier 2	BvD
TRAVASOL 10 % SOLUTION	Tier 2	BvD
TROPHAMINE 10 % SOLUTION	Tier 2	BvD
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox (tab 180 mg, tab 360 mg, tab 90 mg, tab for oral susp 125 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)	Tier 2	
deferiprone tab 1000 mg	Tier 2	PA
deferiprone tab 500 mg	Tier 2	PA, LA
FERRIPROX 100 MG/ML SOLUTION	Tier 3	PA, LA
trientine hcl cap 250 mg	Tier 2	PA, QL (8 PER 1 DAYS)
PHOSPHATE BINDERS		
AURYXIA 1 GM 210 MG(FE) TAB	Tier 3	PA, QL (12 PER 1 DAYS)
calcium acetate (phosphate binder) (cap 667 mg (169 mg ca), tab 667 mg)	Tier 2	
sevelamer carbonate tab 800 mg	Tier 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
POTASSIUM BINDERS		
*sodium polystyrene sulfonate (*sodium powder**, sodium oral susp 15 gm/60ml)*	Tier 2	
SPS 15 GM/60ML SUSPENSION	Tier 2	
VELTASSA (16.8 GM PACKET, 25.2 GM PACKET, 8.4 GM PACKET)	Tier 3	
VITAMINS		
dextrose (inj 10%, inj 5%)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose w/ sodium chloride (2.5% w/ sodium chloride 0.45%, 5% w/ sodium chloride 0.2%, 5% w/ sodium chloride 0.225%, 5% w/ sodium chloride 0.3%, 5% w/ sodium chloride 0.33%, 5% w/ sodium chloride 0.45%, 5% w/ sodium chloride 0.9%)	Tier 2	
DEXTROSE-NACL (10-0.2 % SOLUTION, 10-0.45 % SOLUTION, 2.5-0.45 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 2	
DEXTROSE-SODIUM CHLORIDE (5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 2	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 2	
lactated ringer's for irrigation	Tier 2	
lactated ringer's solution	Tier 2	
LACTATED RINGERS SOLUTION	Tier 2	
levocarnitine tab 330 mg	Tier 2	
NEONATAL PLUS 27-1 MG TAB	Tier 3	
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%) 5% J, 40-5 MEQ/L-% SOLUTION)	Tier 2	
PRENATAL PLUS 27-1 MG TAB	Tier 3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
prenatal vitamins	Tier 3	
ringer's solution	Tier 2	
ringer's solution for irrigation	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 3	BvD
sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), soln 0.5 mg/ml f (from 1.1 mg/ml naf))	Tier 2	
TPN ELECTROLYTES CONC	Tier 3	BvD

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTI-CONSTIPATION AGENTS		
AMITIZA (24 MCG CAP, 8 MCG CAP)	Tier 3	QL (2 PER 1 DAYS)
lactulose (encephalopathy) solution 10 gm/15ml	Tier 2	
lactulose solution 10 gm/15ml	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
LUBIPROSTONE (24 MCG CAP, 8 MCG CAP)	Tier 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 2	
RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)	Tier 3	PA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 2	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	Tier 3	
ANTI-DIARRHEAL AGENTS		
alosetron hcl (tab 0.5 mg (base equiv), tab 1 mg (base equiv))	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 2	
loperamide hcl cap 2 mg	Tier 2	
XERMELO 250 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (cap 10 mg, tab 20 mg)	Tier 2	PA
glycopyrrolate (tab 1 mg, tab 2 mg)	Tier 2	
GASTROINTESTINAL AGENTS, OTHER		
GATTEX 5 MG KIT	Tier 3	PA, LA
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
MYALEPT 11.3 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (soln 236 gm, soln 240 gm)	Tier 2	
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 3	PA
ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)	Tier 2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (tab 200 mg, tab 300 mg, tab 400 mg, tab 800 mg)	Tier 2	
cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)	Tier 2	
famotidine (tab 20 mg, tab 40 mg)	Tier 2	
nizatidine (150 mg cap, 300 mg cap, cap 150 mg, cap 300 mg)	Tier 2	
PROTECTANTS		
misoprostol (tab 100 mcg, tab 200 mcg)	Tier 2	
sucralfate tab 1 gm	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PROTON PUMP INHIBITORS		
lansoprazole cap delayed release 15 mg	Tier 2	
lansoprazole cap delayed release 30 mg	Tier 2	QL (2 PER 1 DAYS)
omeprazole (cap delayed release 10 mg, cap delayed release 20 mg)	Tier 2	
omeprazole cap delayed release 40 mg	Tier 2	QL (2 PER 1 DAYS)
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 2	
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
rabeprazole sodium ec tab 20 mg	Tier 2	

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine powder for oral solution**	Tier 2	
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 3	LA, BvD
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 3	LA, BvD
BYLVAY (PELLETS) 200 MCG CAP SPRINK	Tier 3	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	Tier 3	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	Tier 3	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	Tier 3	PA, LA, QL (15 PER 1 DAYS)
CERDELGA 84 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CEREZYME 400 UNIT RECON SOLN	Tier 3	PA, LA
CHOLBAM 250 MG CAP	Tier 3	PA, QL (5 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
CHOLBAM 50 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
CREON (12000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000 UNIT CP DR PART, 6000 UNIT CP DR PART)	Tier 3	
cromolyn sodium oral conc 100 mg/5ml	Tier 2	
CYSTAGON (150 MG CAP, 50 MG CAP)	Tier 3	PA, LA
CYSTARAN 0.44 % SOLUTION	Tier 3	PA, LA, QL (60 PER 28 OVER TIME)
FABRAZYME 35 MG RECON SOLN	Tier 3	LA, BvD
miglustat cap 100 mg	Tier 2	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	Tier 3	LA, BvD
nitisinone (cap 10 mg, cap 2 mg, cap 5 mg)	Tier 2	PA
NITYR (10 MG TAB, 2 MG TAB, 5 MG TAB)	Tier 3	PA, LA
PROCYSBI (25 MG CAP DR, 300 MG PACKET, 75 MG CAP DR, 75 MG PACKET)	Tier 3	PA, LA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	Tier 3	LA, BvD
RAVICTI 1.1 GM/ML LIQUID	Tier 3	PA, LA, QL (525 PER 30 OVER TIME)
sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)	Tier 2	PA
sapropterin dihydrochloride tab 100 mg	Tier 2	PA
sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)	Tier 2	PA
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)	Tier 3	PA, LA
STRENSIQ 80 MG/0.8ML SOLUTION	Tier 3	PA, LA, QL (38.4 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
VYNDAQEL 20 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
ZENPEP (10000-32000 UNIT CP DR PART, 15000-47000 UNIT CP DR PART, 20000-63000 UNIT CP DR PART, 25000-79000 UNIT CP DR PART, 3000-10000 UNIT CP DR PART, 3000-14000 UNIT CP DR PART, 40000-126000 UNIT CP DR PART, 5000-24000 UNIT CP DR PART)	Tier 3	

GENITOURINARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTISPASMODICS, URINARY		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	Tier 3	
oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)	Tier 2	
solifenacin succinate (tab 10 mg, tab 5 mg)	Tier 2	QL (1 PER 1 DAYS)
tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg, tab 1 mg, tab 2 mg)	Tier 2	ST
trospium chloride tab 20 mg	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	Tier 2	
dutasteride cap 0.5 mg	Tier 2	QL (1 PER 1 DAYS)
finasteride tab 5 mg	Tier 2	
silodosin (cap 4 mg, cap 8 mg)	Tier 2	QL (1 PER 1 DAYS)
tamsulosin hcl cap 0.4 mg	Tier 2	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (tab 10 mg, tab 25 mg, tab 5 mg, tab 50 mg)	Tier 2	

GENITOURINARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
penicillamine tab 250 mg	Tier 2	PA
THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR)	Tier 3	PA, LA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	Tier 3	PA, LA
alclometasone dipropionate cream 0.05%	Tier 2	
betamethasone dipropionate augmented (cream 0.05%, lotion 0.05%)	Tier 2	
betamethasone dipropionate oint 0.05%	Tier 2	
clobetasol propionate emollient base cream 0.05%	Tier 2	
CORTISONE ACETATE 25 MG TAB	Tier 2	
CORTROPHIN 80 UNIT/ML GEL	Tier 3	PA, LA
dexamethasone (0.5 mg tab, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, elixir 0.5 mg/5ml, tab 0.5 mg, tab 0.75 mg, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)	Tier 2	
dexamethasone sodium phosphate (inj 120 mg/30ml, inj 20 mg/5ml, inj 4 mg/ml)	Tier 2	
dexamethasone sodium phosphate (sod phosphate preservative free inj 10 mg/ml, sodium phosphate inj 10 mg/ml, sodium phosphate inj 100 mg/10ml)	Tier 2	BvD
fludrocortisone acetate tab 0.1 mg	Tier 2	
HEMADY 20 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
hydrocortisone butyrate oint 0.1%	Tier 2	ST

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone valerate oint 0.2%	Tier 2	
KORLYM 300 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
methylprednisolone (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg, tab therapy pack 4 mg (21))	Tier 2	
methylprednisolone acetate (40 mg/ml suspension, inj susp 40 mg/ml, inj susp 80 mg/ml)	Tier 2	
methylprednisolone sod succ (inj 125 mg (base equiv), inj 40 mg (base equiv))	Tier 2	
mometasone furoate (cream 0.1%, oint 0.1%)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE), SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	Tier 2	
prednisolone soln 15 mg/5ml	Tier 2	
prednisone (5 mg/5ml solution, tab 1 mg, tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 50 mg)	Tier 2	
PREDNISONE INTENSOL 5 MG/ML CONC	Tier 2	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml, tab 0.1 mg, tab 0.2 mg)	Tier 2	
desmopressin acetate nasal spray soln 0.01%	Tier 2	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 2	
EGRIFTA 1 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
EGRIFTA SV 2 MG RECON SOLN	Tier 3	PA, LA, QL (30 PER 30 OVER TIME)
INCRELEX 40 MG/4ML SOLUTION	Tier 3	PA, LA
NORDITROPIN FLEXPRO (10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN, 5 MG/1.5ML SOLN PEN)	Tier 3	PA
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	Tier 3	PA, LA

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANABOLIC STEROIDS		
ANADROL-50 50 MG TAB	Tier 3	
oxandrolone (tab 10 mg, tab 2.5 mg)	Tier 2	
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
danazol (cap 100 mg, cap 200 mg, cap 50 mg)	Tier 2	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel, td gel 12.5 mg/act (1%), td gel 25 mg/2.5gm (1%), td gel 50 mg/5gm (1%))	Tier 2	PA, QL (300 PER 30 OVER TIME)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution, im inj in oil 100 mg/ml, im inj in oil 200 mg/ml)	Tier 2	
testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)	Tier 2	QL (5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL 5 MG/ML OIL	Tier 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	Tier 2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2	
drospirenone-ethinyl estradiol (tab 3-0.02 mg, tab 3-0.03 mg)	Tier 2	
estradiol (patch twice weekly 0.025 mg/24hr, patch twice weekly 0.0375 mg/24hr, patch twice weekly 0.05 mg/24hr, patch twice weekly 0.075 mg/24hr, patch twice weekly 0.1 mg/24hr)	Tier 2	PA, QL (16 PER 28 OVER TIME)
estradiol (patch weekly 0.025 mg/24hr, patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), patch weekly 0.05 mg/24hr, patch weekly 0.06 mg/24hr, patch weekly 0.075 mg/24hr, patch weekly 0.1 mg/24hr)	Tier 2	PA, QL (8 PER 28 OVER TIME)
estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	PA
estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)	Tier 2	
ESTRING 2 MG RING	Tier 3	QL (1 PER 84 OVER TIME)
ethynodiol diacet & eth estrad (tab 1 mg-35 mcg, tab 1 mg-50 mcg)	Tier 2	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 2	QL (1 PER 28 OVER TIME)
levonorgestrel & eth estradiol (tab 0.1 mg-20 mcg, tab 0.15 mg-30 mcg)	Tier 2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 3	PA
norethin acet & estrad-fe (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)	Tier 2	
norethindrone & eth estradiol (tab 0.4 mg-35 mcg, tab 0.5 mg-35 mcg, tab 1 mg-35 mcg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 2	
norethindrone acet & eth estra (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	PA
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	PA
norethindrone-eth estradiol (triphasic) (tab 0.5-35/0.75-35/1-35 mg-mcg, tab 0.5-35/1-35/0.5-35 mg-mcg)	Tier 2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Tier 2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	Tier 3	PA
PREMARIN 0.625 MG/GM CREAM	Tier 3	
PREMPHASE 0.625-5 MG TAB	Tier 3	PA
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 2	
PROGESTINS		
DEPO-PROVERA 400 MG/ML SUSPENSION	Tier 3	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	Tier 2	
medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)	Tier 2	
medroxyprogesterone acetate (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)	Tier 2	PA
megestrol acetate susp 625 mg/5ml	Tier 2	PA
norethindrone acetate tab 5 mg	Tier 2	
norethindrone tab 0.35 mg	Tier 2	
progesterone (cap 100 mg, cap 200 mg)	Tier 2	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
raloxifene hcl tab 60 mg	Tier 2	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine sodium (tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 25 mcg, tab 300 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg)	Tier 2	
liothyronine sodium (tab 25 mcg, tab 5 mcg, tab 50 mcg)	Tier 2	
SYNTHROID (100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 25 MCG TAB, 300 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB)	Tier 3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline tab 0.5 mg	Tier 2	QL (16 PER 30 OVER TIME)

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	Tier 3	
FIRMAGON 80 MG RECON SOLN	Tier 3	
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	Tier 3	PA
leuprolide acetate inj kit 5 mg/ml	Tier 2	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	Tier 3	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	Tier 3	
LUPRON DEPOT (4-MONTH) 30 MG KIT	Tier 3	
LUPRON DEPOT (6-MONTH) 45 MG KIT	Tier 3	
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT, 7.5 MG KIT)	Tier 3	
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG (PED) KIT)	Tier 3	
octreotide acetate (100 mcg/ml soln prsyr, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 500 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), inj 1000 mcg/ml (1 mg/ml), inj 200 mcg/ml (0.2 mg/ml), inj 50 mcg/ml (0.05 mg/ml), inj 500 mcg/ml (0.5 mg/ml))	Tier 2	PA
ORGOVYX 120 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	Tier 3	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	Tier 3	PA
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	Tier 3	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
SYNAREL 2 MG/ML SOLUTION	Tier 3	
TRELSTAR MIXJECT (11.25 MG RECON SUSP, 22.5 MG RECON SUSP, 3.75 MG RECON SUSP)	Tier 3	BvD

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTITHYROID AGENTS		
methimazole (tab 10 mg, tab 5 mg)	Tier 2	
propylthiouracil tab 50 mg	Tier 2	

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	Tier 3	PA, LA
CINRYZE 500 UNIT RECON SOLN	Tier 3	PA, LA
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 3	PA, LA
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 2	PA, QL (36 PER 60 OVER TIME)
RUCONEST 2100 UNIT RECON SOLN	Tier 3	PA, LA
IMMUNOGLOBULINS		
BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 2.5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
GAMMAGARD (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAGARD S/D LESS IGA (10 GM RECON SOLN, 5 GM RECON SOLN)	Tier 3	PA
GAMMAKED (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAPLEX (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA
GAMMAPLEX 10 GM/200ML SOLUTION	Tier 3	PA
GAMUNEX-C (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION)	Tier 3	PA, LA
PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
VARIZIG 125 UNIT/1.2ML SOLUTION	Tier 3	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	Tier 3	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
ILARIS 150 MG/ML SOLUTION	Tier 3	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	Tier 3	PA, QL (55 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 3	PA
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 3	PA
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 3	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	Tier 3	PA
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (1 PER 28 OVER TIME)
XELJANZ (10 MG TAB, 5 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	Tier 3	PA, QL (10 PER 1 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 3	PA, LA
IMMUNOSTIMULANTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	Tier 3	PA, LA
INTRON A (10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN, 6000000 UNIT/ML SOLUTION)	Tier 3	LA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	Tier 3	PA, QL (2 PER 30 OVER TIME)
PEGASYS 180 MCG/ML SOLUTION	Tier 3	PA, QL (4 PER 30 OVER TIME)
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	Tier 3	PA, QL (2 PER 30 OVER TIME)
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	Tier 3	LA
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 2	BvD
azathioprine tab 50 mg	Tier 2	BvD
cyclosporine (cap 100 mg, cap 25 mg, iv soln 50 mg/ml)	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
cyclosporine modified (for microemulsion) (cap 100 mg, cap 25 mg, cap 50 mg, oral soln 100 mg/ml)	Tier 2	BvD
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	Tier 3	PA
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 3	PA
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 3	PA
everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)	Tier 2	PA
HUMIRA (10 MG/0.1ML PREF SY KT, 10 MG/0.2ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	Tier 3	PA
HUMIRA PEDIATRIC CROHNS START (40 MG/0.8ML PREF SY KT, 80 MG/0.8ML & 40MG/0.4ML PREF SY KT, 80 MG/0.8ML PREF SY KT)	Tier 3	PA
HUMIRA PEN (PEN 40 MG/0.4ML PEN KIT, PEN 40 MG/0.8ML PEN KIT, PEN 80 MG/0.8ML PEN KIT)	Tier 3	PA
HUMIRA PEN-CD/UC/HS STARTER (40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	Tier 3	PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	Tier 3	PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Tier 3	PA
leflunomide (tab 10 mg, tab 20 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
methotrexate sodium (250 mg/10ml solution, for inj 1 gm, inj 50 mg/2ml (25 mg/ml), inj pf 1000 mg/40ml (25 mg/ml), inj pf 250 mg/10ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml))	Tier 2	BvD
methotrexate sodium tab 2.5 mg (base equiv)	Tier 2	
mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)	Tier 2	BvD
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	Tier 2	BvD
mycophenolate sodium (tab dr 180 mg (mycophenolic acid equiv), tab dr 360 mg (mycophenolic acid equiv))	Tier 2	BvD
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 3	PA
REZUROCK 200 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 3	PA, QL (56 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	Tier 3	BvD
sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	BvD
tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)	Tier 2	BvD
XATMEP 2.5 MG/ML SOLUTION	Tier 3	PA
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
VACCINES		
ACTHIB RECON SOLN	Tier 3	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	Tier 3	
BCG VACCINE 50 MG RECON SOLN	Tier 3	
BEXSERO SUSP PRSYR	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX (SUSP PRSYR, SUSPENSION)	Tier 3	
DAPTACEL 23-15-5 SUSPENSION	Tier 3	
DENGVAXIA RECON SUSP	Tier 3	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	Tier 3	BvD
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	Tier 3	
HAVRIX (1440 EL U/ML SUSPENSION, 720 EL U/0.5ML SUSPENSION)	Tier 3	
HIBERIX 10 MCG RECON SOLN	Tier 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	Tier 3	
INFANRIX 25-58-10 SUSPENSION	Tier 3	
IPOL INJECTABLE	Tier 3	
IXIARO SUSPENSION	Tier 3	
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	
M-M-R II RECON SOLN	Tier 3	
MENACTRA SOLUTION	Tier 3	
MENQUADFI SOLUTION	Tier 3	
MENVEO RECON SOLN	Tier 3	
PEDIARIX SUSP PRSYR	Tier 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENTACEL RECON SUSP	Tier 3	
PREHEVBRIO 10 MCG/ML SUSPENSION	Tier 3	BvD
PRIORIX RECON SUSP	Tier 3	
PROQUAD RECON SUSP	Tier 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
RABAVERT RECON SUSP	Tier 3	
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION, 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	Tier 3	BvD
ROTARIX RECON SUSP	Tier 3	
ROTATEQ SOLUTION	Tier 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	Tier 3	QL (2 PER 365 OVER TIME)
TDVAX 2-2 LF/0.5ML SUSPENSION	Tier 3	
TENIVAC 5-2 LFU INJECTABLE	Tier 3	
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	Tier 3	
TRUMENBA SUSP PRSYR	Tier 3	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	Tier 3	BvD
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 3	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	Tier 3	
VARIVAX 1350 PFU/0.5ML INJECTABLE	Tier 3	
YF-VAX INJECTABLE	Tier 3	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	Tier 3	QL (1 PER 365 OVER TIME)

INFLAMMATORY BOWEL DISEASE AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
AMINOSALICYLATES		
balsalazide disodium cap 750 mg	Tier 2	
mesalamine (cap er 24hr 0.375 gm, tab delayed release 1.2 gm)	Tier 2	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

INFLAMMATORY BOWEL DISEASE AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
mesalamine (enema 4 gm, suppos 1000 mg)	Tier 2	
sulfasalazine (tab 500 mg, tab delayed release 500 mg)	Tier 2	
GLUCOCORTICOIDS		
budesonide delayed release particles cap 3 mg	Tier 2	PA, QL (3 PER 1 DAYS)
budesonide tab er 24hr 9 mg	Tier 2	PA, QL (1 PER 1 DAYS)
hydrocortisone (tab 10 mg, tab 20 mg, tab 5 mg)	Tier 2	
hydrocortisone enema 100 mg/60ml	Tier 2	

METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (40 mg tab, 5 mg tab, tab 10 mg, tab 35 mg, tab 5 mg, tab 70 mg)	Tier 1	
calcitonin (salmon) nasal soln 200 unit/act	Tier 2	QL (3.7 PER 30 OVER TIME)
calcitriol (1 mcg/ml solution, cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)	Tier 2	BvD
cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv), tab 90 mg (base equiv))	Tier 2	BvD
doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))	Tier 2	BvD
ETIDRONATE DISODIUM 200 MG TAB	Tier 2	
FORTEO 600 MCG/2.4ML SOLN PEN	Tier 3	PA
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	Tier 2	PA
ibandronate sodium tab 150 mg (base equivalent)	Tier 2	

METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE)	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)	Tier 2	BvD
PROLIA 60 MG/ML SOLN PRSYR	Tier 3	PA
risedronate sodium (tab 150 mg, tab 35 mg, tab 5 mg)	Tier 2	
TYMLOS 3120 MCG/1.56ML SOLN PEN	Tier 3	PA, QL (1.56 PER 28 OVER TIME)
XGEVA 120 MG/1.7ML SOLUTION	Tier 3	PA, QL (1.7 PER 28 OVER TIME)
zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)	Tier 2	BvD

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL 70% PADS	Tier 2	
ALCOHOL PREP (70 % PAD, PAD)	Tier 2	
ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL WIPES 70 % MISC	Tier 2	
AUM MINI INSULIN PEN NEEDLE (PEN NEEDLE 32G X 4 MM MISC, PEN NEEDLE 32G X 5 MM MISC, PEN NEEDLE 32G X 6 MM MISC, PEN NEEDLE 32G X 8 MM MISC, PEN NEEDLE 33G X 4 MM MISC, PEN NEEDLE 33G X 5 MM MISC, PEN NEEDLE 33G X 6 MM MISC)	Tier 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	Tier 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	Tier 2	
BD Pen Needle Mini U/F 31G X 5 MM MISC	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	Tier 2	
BD Pen Needle Nano U/F 32G X 4 MM MISC	Tier 2	
BD Pen Needle Original U/F 29G X 12.7MM MISC	Tier 2	
BD Pen Needle Short U/F 31G X 8 MM MISC	Tier 2	
BIOGUARD GAUZE SPONGES 2"X2" PAD	Tier 2	
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	Tier 2	
CARETOUCH INSULIN SYRINGE (0.5 ML MISC, 1 ML MISC)	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM MISC	Tier 2	
COMFORT TOUCH ALCOHOL PREP 70 % PAD	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PEN NEED 31G X 4 MM MISC, PEN NEED 31G X 5 MM MISC, PEN NEED 31G X 6 MM MISC, PEN NEED 31G X 8 MM MISC, PEN NEED 32G X 4 MM MISC, PEN NEED 32G X 5 MM MISC, PEN NEED 32G X 6 MM MISC, PEN NEED 32G X 8 MM MISC)	Tier 2	
CVS ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
DROPSAFE ALCOHOL PREP 70 % PAD	Tier 2	
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	Tier 2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	Tier 2	
gauze pads 2"x2"	Tier 2	
GAUZE PADS 2"X2" PAD	Tier 2	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
GNP STERILE GAUZE 2"X2" PAD	Tier 2	
GNP ULTICARE PEN NEEDLES (PEN NEEDLES 31G X 8 MM MISC, PEN NEEDLES 32G X 4 MM MISC, PEN NEEDLES 32G X 6 MM MISC)	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	Tier 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	Tier 2	
INSULIN PEN NEEDLES	Tier 2	
INSULIN SYRINGE 0.3 ML	Tier 2	
INSULIN SYRINGE 0.5 ML	Tier 2	
INSULIN SYRINGE 1 ML	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	Tier 2	
ISOPROPYL ALCOHOL 70 % MISC	Tier 2	
ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	

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MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
MEDPURA ALCOHOL PADS 70 % MISC	Tier 2	
methylergonovine maleate tab 0.2 mg	Tier 2	
novofine 32g x 6 mm misc	Tier 2	
novotwist 32g x 5 mm misc	Tier 2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 31G X 6 MM MISC, PEN NEEDLES 31G X 8 MM MISC)	Tier 2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	Tier 2	
RA ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
RELION PEN NEEDLES (PEN NEEDLES 31G X 6 MM MISC, PEN NEEDLES 31G X 8 MM MISC, PEN NEEDLES 32G X 4 MM MISC)	Tier 2	
RUZURGI 10 MG TAB	Tier 3	PA, LA, QL (10 PER 1 DAYS)
TRUE COMFORT PEN NEEDLES (PEN NEEDLES 31G X 8 MM MISC, PEN NEEDLES 32G X 5 MM MISC, PEN NEEDLES 32G X 6 MM MISC, PEN NEEDLES 33G X 4 MM MISC, PEN NEEDLES 33G X 5 MM MISC, PEN NEEDLES 33G X 6 MM MISC)	Tier 2	
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD	Tier 2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 2	
TRUE COMFORT PRO PEN NEEDLES (PEN NEEDLES 31G X 5 MM MISC, PEN NEEDLES 31G X 6 MM MISC, PEN NEEDLES 32G X 4 MM MISC)	Tier 2	

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MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	Tier 2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN NEEDLE 29G X 12.7MM MISC, PEN NEEDLE 31G X 5 MM MISC, PEN NEEDLE 31G X 6 MM MISC, PEN NEEDLE 31G X 8 MM MISC, PEN NEEDLE 32G X 4 MM MISC, PEN NEEDLE 32G X 6 MM MISC)	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 31G X 5 MM MISC, PEN NEEDLES 31G X 8 MM MISC, PEN NEEDLES 32G X 4 MM MISC, PEN NEEDLES 33G X 4 MM MISC)	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X " 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	Tier 2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	Tier 2	
UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
UNIFINE ULTRA PEN NEEDLE (PEN NEEDLE 31G X 5 MM MISC, PEN NEEDLE 31G X 6 MM MISC, PEN NEEDLE 31G X 8 MM MISC, PEN NEEDLE 32G X 4 MM MISC)	Tier 2	

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MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
water for irrigation, sterile irrigation soln	Tier 2	
ZEVRX INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC)	Tier 2	
ZEVRX PEN NEEDLES (PEN NEEDLES 31G X 5 MM MISC, PEN NEEDLES 31G X 6 MM MISC, PEN NEEDLES 31G X 8 MM MISC, PEN NEEDLES 32G X 4 MM MISC)	Tier 2	
ZEVRX STERILE ALCOHOL PREP PAD 70 % PAD	Tier 2	

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE 1 % SOLUTION	Tier 2	
atropine sulfate ophth soln 1%	Tier 2	
bacitracin-polymyxin b ophth oint	Tier 2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 2	
DORZOLAMIDE HCL-TIMOLOL MAL 22.3-6.8 MG/ML SOLUTION	Tier 2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-polymy-dexameth (oint 0.1%, susp 0.1%)	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
RESTASIS 0.05 % EMULSION	Tier 3	QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
RESTASIS MULTIDOSE 0.05 % EMULSION	Tier 3	QL (5.5 PER 30 OVER TIME)
ROCKLATAN 0.02-0.005 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl ophth soln 0.05%	Tier 2	
cromolyn sodium ophth soln 4%	Tier 2	
olopatadine hcl (soln 0.1% (base equivalent), soln 0.2% (base equivalent))	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 2	
erythromycin ophth oint 5 mg/gm	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
gentamicin sulfate ophth soln 0.3%	Tier 2	
LEVOFLOXACIN 1.5 % SOLUTION	Tier 2	
levofloxacin ophth soln 0.5%	Tier 2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 2	
NATACYN 5 % SUSPENSION	Tier 3	
ofloxacin ophth soln 0.3%	Tier 2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
sulfacetamide sodium ophth soln 10%	Tier 2	
tobramycin ophth soln 0.3%	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	Tier 3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	
diclofenac sodium ophth soln 0.1%	Tier 2	
fluorometholone ophth susp 0.1%	Tier 2	
flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)	Tier 2	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (1.7 PER 30 OVER TIME)
ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)	Tier 2	
loteprednol etabonate ophth susp 0.5%	Tier 2	
PREDNISOLONE ACETATE 1 % SUSPENSION	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Tier 2	
PROLENSA 0.07 % SOLUTION	Tier 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl ophth soln 0.5%	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
levobunolol hcl (0.5 % solution, ophth soln 0.5%)	Tier 2	
METIPRANOLOL 0.3 % SOLUTION	Tier 2	
timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)	Tier 2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide cap er 12hr 500 mg	Tier 2	
ALPHAGAN P 0.1 % SOLUTION	Tier 3	
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
AZOPT 1 % SUSPENSION	Tier 3	
brimonidine tartrate (soln 0.15%, soln 0.2%)	Tier 2	
brinzolamide ophth susp 1%	Tier 2	
dorzolamide hcl ophth soln 2%	Tier 2	
methazolamide (tab 25 mg, tab 50 mg)	Tier 2	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	Tier 3	
pilocarpine hcl (soln 1%, soln 2%, soln 4%)	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophth soln 0.03%	Tier 2	ST, QL (5 PER 30 OVER TIME)
latanoprost (0.005 % solution, ophth soln 0.005%)	Tier 2	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 OVER TIME)
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 2	QL (5 PER 30 OVER TIME)

OTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
OTIC AGENTS		
CIPROFLOXACIN HCL 0.2 % SOLUTION	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 2	
COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC 0.01 % OIL	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

OTIC AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 2	
neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)	Tier 2	
ofloxacin otic soln 0.3%	Tier 2	

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)	Tier 2	BvD
FLOVENT DISKUS (100 MCG/ACT AER POW BA, 50 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 OVER TIME)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	Tier 3	QL (240 PER 30 OVER TIME)
FLOVENT HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	Tier 3	QL (24 PER 30 OVER TIME)
FLOVENT HFA 44 MCG/ACT AEROSOL	Tier 3	QL (22 PER 30 OVER TIME)
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 2	ST, QL (50 PER 30 OVER TIME)
fluticasone propionate nasal susp 50 mcg/act	Tier 2	QL (16 PER 30 OVER TIME)
PULMICORT FLEXHALER (180 MCG/ACT AER POW BA, 90 MCG/ACT AER POW BA)	Tier 3	QL (2 PER 30 OVER TIME)
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 OVER TIME)
ANTIHISTAMINES		
azelastine hcl (0.1% (137 mcg/), 0.15% (205.5 mcg/))	Tier 2	QL (30 PER 25 OVER TIME)
cyproheptadine hcl tab 4 mg	Tier 2	PA
hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
levocetirizine dihydrochloride tab 5 mg	Tier 2	
promethazine hcl (inj 25 mg/ml, inj 50 mg/ml, syrup 6.25 mg/5ml)	Tier 2	PA
ANTILEUKOTRIENES		
montelukast sodium (chew tab 4 mg (base equiv), chew tab 5 mg (base equiv), oral granules packet 4 mg (base equiv), tab 10 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
zafirlukast (tab 10 mg, tab 20 mg)	Tier 2	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	Tier 3	QL (25.8 PER 30 OVER TIME)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	Tier 3	QL (30 PER 30 OVER TIME)
ipratropium bromide inhal soln 0.02%	Tier 2	BvD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 2	QL (30 PER 30 OVER TIME)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 2	QL (45 PER 30 OVER TIME)
SPIRIVA HANDIHALER 18 MCG CAP	Tier 3	QL (30 PER 30 OVER TIME)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 OVER TIME)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mcg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic proventil)	Tier 2	QL (13.4 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic ventolin)	Tier 2	QL (36 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))	Tier 2	BvD
albuterol sulfate (tab 2 mg, tab 4 mg)	Tier 2	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	Tier 2	QL (24 PER 365 OVER TIME)
epinephrine (anaphylaxis) (solution auto-injector 0.15 mg/0.3ml (1:2000), solution auto-injector 0.3 mg/0.3ml (1:1000))	Tier 2	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	Tier 2	QL (24 PER 365 OVER TIME)
levalbuterol hcl (soln nebu 0.31 mg/3ml (base equiv), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv), soln nebu conc 1.25 mg/0.5ml (base equiv))	Tier 2	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 2	QL (30 PER 30 OVER TIME)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 OVER TIME)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	Tier 3	QL (4 PER 30 OVER TIME)
CYSTIC FIBROSIS AGENTS		
CAYSTON 75 MG RECON SOLN	Tier 3	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO (150 MG TAB, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 3	QL (150 PER 30 OVER TIME), BvD
SYMDEKO (100-150 & 150 MG TAB THPK, 50-75 & 75 MG TAB THPK)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER 28 MG CAP	Tier 3	PA, LA, QL (224 PER 28 OVER TIME)
tobramycin nebu soln 300 mg/4ml	Tier 2	PA, QL (224 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
tobramycin nebu soln 300 mg/5ml	Tier 2	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 2	BvD
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TAB	Tier 3	PA, QL (28 PER 180 OVER TIME)
DALIRESP 500 MCG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
ELIXOPHYLLIN 80 MG/15ML ELIXIR	Tier 2	
roflumilast tab 250 mcg	Tier 2	PA, QL (28 PER 180 OVER TIME)
roflumilast tab 500 mcg	Tier 2	PA, QL (1 PER 1 DAYS)
theophylline (elixir 80 mg/15ml, soln 80 mg/15ml, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	Tier 2	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ambrisentan (tab 10 mg, tab 5 mg)	Tier 2	PA, LA, QL (1 PER 1 DAYS)
bosentan tab 125 mg	Tier 2	PA, LA, QL (2 PER 1 DAYS)
bosentan tab 62.5 mg	Tier 2	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
sildenafil citrate for suspension 10 mg/ml	Tier 2	PA, QL (6 PER 1 DAYS)
sildenafil citrate tab 20 mg	Tier 3	PA, QL (3 PER 1 DAYS)
tadalafil tab 20 mg (pah)	Tier 2	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	Tier 3	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	Tier 3	LA, QL (270 PER 30 OVER TIME), BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
VENTAVIS 20 MCG/ML SOLUTION	Tier 3	LA, QL (90 PER 30 OVER TIME), BvD
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	Tier 3	PA, LA, QL (9 PER 1 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 2	PA, QL (5 PER 1 DAYS)
pirfenidone tab 267 mg	Tier 2	PA, QL (9 PER 1 DAYS)
pirfenidone tab 801 mg	Tier 2	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (soln 10%, soln 20%)	Tier 2	BvD
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 OVER TIME)
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 28 OVER TIME)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 3	QL (4 PER 30 OVER TIME)
FLUTICASONE-SALMETEROL (113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA)	Tier 2	QL (1 PER 30 OVER TIME)
fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)	Tier 2	QL (60 PER 30 OVER TIME)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	BvD
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (3 PER 30 OVER TIME)
NUCALA 40 MG/0.4ML SOLN PRSYR	Tier 3	PA, LA, QL (0.4 PER 28 OVER TIME)
ribavirin for inhal soln 6 gm	Tier 2	BvD
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 OVER TIME)

SKELETAL MUSCLE RELAXANTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
SKELETAL MUSCLE RELAXANTS		
carisoprodol tab 350 mg	Tier 2	PA, QL (4 PER 1 DAYS)
cyclobenzaprine hcl (tab 10 mg, tab 5 mg)	Tier 2	PA
methocarbamol (tab 500 mg, tab 750 mg)	Tier 2	PA

SLEEP DISORDER AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
SLEEP PROMOTING AGENTS		
estazolam (tab 1 mg, tab 2 mg)	Tier 2	QL (1 PER 1 DAYS)
eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)	Tier 2	QL (1 PER 1 DAYS)
HETLIOZ 20 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
ramelteon tab 8 mg	Tier 2	QL (1 PER 1 DAYS)
temazepam cap 15 mg	Tier 2	QL (2 PER 1 DAYS)
temazepam cap 30 mg	Tier 2	QL (1 PER 1 DAYS)
triazolam tab 0.125 mg	Tier 2	QL (4 PER 1 DAYS)
triazolam tab 0.25 mg	Tier 2	QL (2 PER 1 DAYS)
zaleplon cap 10 mg	Tier 2	QL (2 PER 1 DAYS)
zaleplon cap 5 mg	Tier 2	QL (4 PER 1 DAYS)
zolpidem tartrate tab 10 mg	Tier 2	QL (1 PER 1 DAYS)
zolpidem tartrate tab 5 mg	Tier 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
modafinil tab 100 mg	Tier 2	QL (3 PER 1 DAYS)
modafinil tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
XYREM 500 MG/ML SOLUTION	Tier 3	PA, LA, QL (540 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
acetaminophen ((tab 325 mg, tab 500 mg), tab 325 mg)	Tier 4	NPD
AEROCHAMBER MINI CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER MV MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU W/MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLOW VU MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER W/FLOWSIGNAL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS/LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS/SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROVENT PLUS DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
AIRIAL CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
ALLI 60 MG CAP	Tier 4	PA, NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
alum & mag hydrox-simethicone (hydrox-simethicone (susp 200-200-20 mg/5ml, susp 400-400-40 mg/5ml), hydroxide-simethicone susp 200-200-20 mg/5ml)	Tier 4	NPD
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	Tier 4	NPD
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	Tier 4	NPD
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	Tier 4	NPD
ANTI-DIARRHEAL 1 MG/5ML LIQUID	Tier 4	NPD
ascorbic acid ((tab 1000 mg, tab 250 mg), tab 1000 mg)	Tier 4	NPD
aspirin ((300 mg suppos, 600 mg suppos, chew tab 81 mg, tab 325 mg, tab delayed release 325 mg, tab delayed release 81 mg), 300 mg suppos, 600 mg suppos, chew tab 81 mg, tab 325 mg, tab delayed release 325 mg)	Tier 4	NPD
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	Tier 4	NPD
B-12 5000 MCG TAB DISP	Tier 4	NPD
B-12 DOTS 500 MCG TAB DISP	Tier 4	NPD
bacitracin oint 500 unit/gm	Tier 4	NPD
bacitracin zinc oint 500 unit/gm	Tier 4	NPD
bacitracin-polymyxin b oint	Tier 4	NPD
BAYER PLUS 500 MG TAB	Tier 4	NPD
benzonatate ((cap 100 mg, cap 200 mg), cap 100 mg)	Tier 4	NPD
benzoyl peroxide ((cream 10%, gel 10%, liq 10%), cream 10%, gel 10%)	Tier 4	NPD
bisacodyl ((suppos 10 mg, tab delayed release 5 mg), suppos 10 mg)	Tier 4	NPD
bismuth subsalicylate ((chew tab 262 mg, susp 525 mg/15ml, tab 262 mg), chew tab 262 mg, susp 525 mg/15ml)	Tier 4	NPD

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
BREATHE EASE LARGE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHE EASE MEDIUM DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHE EASE SMALL DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE COLL SPACER ADULT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE COLL SPACER CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE COLL SPACER INFANT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE RIGID SPACER/MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE SPACER NEONATE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE SPACER SMALL CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE/LARGE MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE/MEDIUM MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE/SMALL MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
CALAMINE LOTION	Tier 4	NPD
CALAMINE LOTION	Tier 4	NPD
CALAMINE-ZINC OXIDE 8-8 % SUSPENSION	Tier 4	NPD
CALCI-CHEW 1250 (500 CA) MG CHEW TAB	Tier 4	NPD
calcium ascorbate tab 500 mg	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
calcium carbonate ((1250 (500 ca) mg chew tab, tab 1250 mg (500 mg elemental ca), tab 1500 mg (600 mg elemental ca), tab 600 mg), 1250 (500 ca) mg chew tab, tab 1250 mg (500 mg elemental ca), tab 1500 mg (600 mg elemental ca))	Tier 4	NPD
calcium carbonate (antacid) ((chew tab 500 mg, chew tab 750 mg), chew tab 500 mg)	Tier 4	NPD
CALCIUM CARBONATE ANTACID 648 MG TAB	Tier 4	NPD
calcium carbonate-cholecalciferol ((carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit), carb-cholecalciferol tab 500 mg-10 mcg (400 unit), carb-cholecalciferol tab 500 mg-15 mcg (600 unit), carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit), tab 500 mg-200 unit, tab 500 mg-400 unit, tab 500 mg-5 mcg(200 unit), tab 500 mg-600 unit), carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit), carb-cholecalciferol tab 500 mg-10 mcg (400 unit), carb-cholecalciferol tab 500 mg-15 mcg (600 unit), carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit), tab 500 mg-200 unit, tab 500 mg-400 unit, tab 500 mg-5 mcg(200 unit))	Tier 4	NPD
calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)	Tier 4	NPD
calcium carbonate-vitamin d ((tab 250 mg-3.125 mcg (125 unit), tab 500 mg-3.125 mcg (125 unit), tab 500 mg-5 mcg (200 unit)), tab 250 mg-3.125 mcg (125 unit), tab 500 mg-3.125 mcg (125 unit))	Tier 4	NPD
CALCIUM GLUCONATE ((50 MG TAB, 500 MG TAB), 50 MG TAB)	Tier 4	NPD
calcium tab 600 mg	Tier 4	NPD
CALCIUM/C/D 500-10-250 MG-MG-UNIT CHEW TAB	Tier 4	NPD
carbamide peroxide 6.5% otic soln	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
cetirizine hcl ((tab 10 mg, tab 5 mg), tab 10 mg)	Tier 4	NPD
CHEWABLE CALCIUM/D3 500-15 MG-MCG WAFER	Tier 4	NPD
chlorpheniramine maleate syrup 2 mg/5ml	Tier 4	NPD
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
clotrimazole vaginal cream 1%	Tier 4	NPD
COMPACT SPACE CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
CONDOMS LATEX LUBRICATED	Tier 4	NPD
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 4	NPD
diphenhydramine hcl ((cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml, tab 25 mg), cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml)	Tier 4	NPD
docosanol cream 10%	Tier 4	NPD
docusate sodium ((cap 100 mg, cap 250 mg, liquid 150 mg/15ml), cap 100 mg, cap 250 mg)	Tier 4	NPD
EASIVENT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EASIVENT MASK LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EASIVENT MASK MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EASIVENT MASK SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ CALAMINE 8-8 % SUSPENSION	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
EQ SPACE CHAMBER ANTI-STATIC DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
ergocalciferol ((cap 1.25 mg (50000 unit), soln 200 mcg/ml (8000 unit/ml)), cap 1.25 mg (50000 unit))	Tier 4	NPD
eye wash	Tier 4	NPD
famotidine tab 10 mg	Tier 4	NPD
ferrous sulfate ((220 (44 fe) liquid, elixir 220 (44 fe), soln 75 mg/ml (15 mg/ml fe), syrup 300 (60 fe), tab ec 325 mg (65 mg fe equivalent)), 220 (44 fe) liquid, elixir 220 (44 fe), soln 75 mg/ml (15 mg/ml fe), syrup 300 (60 fe))	Tier 4	NPD
ferrous sulfate ((tab 27 mg (elemental fe), tab 325 mg (65 mg elemental fe)), tab 27 mg (elemental fe))	Tier 4	NPD
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	Tier 4	NPD
fexofenadine hcl ((tab 180 mg, tab 60 mg), tab 180 mg)	Tier 4	NPD
FLEXICHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
folic acid ((cap 0.8 mg, tab 1 mg, tab 400 mcg, tab 800 mcg), cap 0.8 mg, tab 1 mg, tab 400 mcg)	Tier 4	NPD
GLUCOSE CHEW TAB 4 GM	Tier 4	NPD
GLUCOSE-VITAMIN C CHEW TAB 4-6 GM-MG	Tier 4	NPD
glycerin (laxative) ((laxative) (suppos 1 gm, suppos 1.2 gm, suppos 2 gm, suppos 2.1 gm, suppos 80.7%), suppos 1 gm, suppos 1.2 gm, suppos 2 gm, suppos 2.1 gm)	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
GOODSENSE CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
guaifenesin liquid 100 mg/5ml	Tier 4	NPD
guaifenesin-codeine soln 100-10 mg/5ml	Tier 4	QL (420 PER 30 OVER TIME), NDS, NPD
HYCODAN 5-1.5 MG/5ML SOLUTION	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
hydrocortisone (topical) ((topical) (cream 0.5%, cream 1%, oint 0.5%), cream 0.5%, cream 1%)	Tier 4	NPD
ibuprofen ((cap 200 mg, chew tab 100 mg, susp 40 mg/ml, tab 100 mg, tab 200 mg), cap 200 mg, chew tab 100 mg, susp 40 mg/ml, tab 100 mg)	Tier 4	NPD
INSPIRACHAMBER/LARGE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIRACHAMBER/MEDIUM DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIRACHAMBER/SMALL DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIREASE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
ketotifen fumarate ophth soln 0.025% (base equiv)	Tier 4	NPD
levonorgestrel tab 1.5 mg	Tier 4	NPD
LITEAIRE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
loperamide hcl ((liq 1 mg/5ml (0.2 mg/ml), liq 1 mg/7.5ml, tab 2 mg), liq 1 mg/5ml (0.2 mg/ml), liq 1 mg/7.5ml)	Tier 4	NPD
loratadine ((rapidly-disintegrating tab 10 mg, tab 10 mg), rapidly-disintegrating tab 10 mg)	Tier 4	NPD
MAG-G 500 (27 MG) MG TAB	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
magnesium citrate soln	Tier 4	NPD
magnesium gluconate tab 500 mg (27 mg elemental mg)	Tier 4	NPD
meclizine hcl chew tab 25 mg	Tier 4	NPD
methylcobalamin orally disintegrating tab 5000 mcg	Tier 4	NPD
miconazole nitrate vaginal ((cream 2%, suppos 100 mg), cream 2%)	Tier 4	NPD
MICROCHAMBER ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
MICROSPACER MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
MONISTAT SOOTHING CARE ITCH 1 % CREAM	Tier 4	NPD
MURO 128 2 % SOLUTION	Tier 4	NPD
naphazoline w/ pheniramine ophth soln 0.027-0.315%	Tier 4	NPD
NASACORT ALLERGY 24HR 55 MCG/ACT AEROSOL	Tier 4	NPD
NASACORT ALLERGY 24HR CHILDREN 55 MCG/ACT AEROSOL	Tier 4	NPD
NASAL DECONGESTANT ((30 MG/5ML LIQUID, 30 MG/5ML SYRUP), 30 MG/5ML LIQUID)	Tier 4	NPD
neomycin-bacitracin-polymyxin oint	Tier 4	NPD
neomycin-polymyxin w/ pramoxine cream 1%	Tier 4	NPD
niacin ((cap er 250 mg, cap er 500 mg, tab 100 mg, tab 250 mg, tab 50 mg, tab 500 mg, tab er 250 mg, tab er 500 mg, tab er 750 mg), cap er 250 mg, cap er 500 mg, tab 100 mg, tab 250 mg, tab 50 mg, tab 500 mg, tab er 250 mg, tab er 500 mg)	Tier 4	NPD
NIACIN ER 1000 MG TAB ER	Tier 4	NPD
niacinamide tab 500 mg	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
nicotine ((patch 24hr 14 mg/24hr, patch 24hr 21 mg/24hr, patch 24hr 7 mg/24hr), td patch 24hr 14 mg/24hr, td patch 24hr 21 mg/24hr)	Tier 4	NPD
nicotine polacrilex ((gum 2 mg, gum 4 mg, lozenge 2 mg, lozenge 4 mg), gum 2 mg, gum 4 mg, lozenge 2 mg)	Tier 4	NPD
NIX COMPLETE LICE TREATMENT 1 & 0.25 % KIT	Tier 4	NPD
omega-3 fatty acids cap 1000 mg	Tier 4	NPD
omeprazole delayed release tab 20 mg	Tier 4	NPD
OPTICHAMBER ADVANTAGE-LG MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER ADVANTAGE-MED MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER ADVANTAGE-SM MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND-MD MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND-SM MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER FACE MASK-LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER FACE MASK-MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER FACE MASK-SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTIHALER ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	Tier 4	NPD
oral electrolyte solution	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
OYSTER SHELL CALCIUM 500 + D 500-3.125 MG-MCG TAB	Tier 4	NPD
oyster shell calcium tab 500 mg	Tier 4	NPD
OYSTER SHELL CALCIUM/D 500-5 MG-MCG TAB	Tier 4	NPD
permethrin ((creme rinse 1%, lotion 1%), creme rinse 1%)	Tier 4	NPD
phentermine hcl ((cap 15 mg, cap 30 mg), cap 15 mg)	Tier 4	PA, NPD
phytonadione tab 100 mcg	Tier 4	NPD
phytonadione tab 5 mg	Tier 4	QL (5 PER 7 OVER TIME), NPD
POCKET CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
POCKET SPACER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
polyethylene glycol 3350 (3350 (3350 oral packet 17 gm, 3350 oral powder 17 gm/scoop), 3350 oral packet 17 gm)	Tier 4	NPD
polyvinyl alcohol ophth soln 1.4%	Tier 4	NPD
PRE-NATAL FORMULA TAB	Tier 4	NPD
PRENATAL (W/IRON & FA) 27-0.8 MG TAB	Tier 4	NPD
PRENATAL FORTE TAB	Tier 4	NPD
PRENATAL VITAMIN WITH IRON TAB 27-0.8 MG	Tier 4	NPD
PRENATAL VITAMIN WITH IRON TAB 28-0.8 MG	Tier 4	NPD
PRENATAL/IRON TAB	Tier 4	NPD
PRO COMFORT SPACER ADULT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER INFANT DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PROCARE SPACER/ADULT MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
PROCARE SPACER/CHILD MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
promethazine-dm ((solution, syrup), solution)	Tier 4	PA, NPD
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
pseudoephedrine hcl ((tab 30 mg, tab 60 mg), tab 30 mg)	Tier 4	NPD
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)	Tier 4	NPD
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit	Tier 4	NPD
pyrethrins-piperonyl butoxide ((liq 0.33-4%, shampoo 0.33-4%), liq 0.33-4%)	Tier 4	NPD
pyridoxine hcl ((tab 100 mg, tab 50 mg), tab 100 mg)	Tier 4	NPD
QSYMIA ((11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H, 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H), 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H, 3.75-23 MG CAP ER 24H)	Tier 4	PA, NPD
RA CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA DAYLOGIC ACNE FOAMING WASH 10 % FOAM	Tier 4	NPD
RA OYSTER SHELL CALCIUM/D2 500-5 MG-MCG TAB	Tier 4	NPD
riboflavin ((tab 100 mg, tab 50 mg), tab 100 mg)	Tier 4	NPD
RID 0.33-4 % LIQUID	Tier 4	NPD
RID COMPLETE LICE ELIMINATION KIT	Tier 4	NPD
RITEFLO DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
saline nasal spray 0.65%	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

Non-Part D Drugs

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
SAXENDA 18 MG/3ML SOLN PEN	Tier 4	PA, NPD
selenium sulfide lotion 1%	Tier 4	NPD
sennosides tab 8.6 mg	Tier 4	NPD
simethicone ((cap 125 mg, chew tab 80 mg, susp 40 mg/0.6ml), cap 125 mg, chew tab 80 mg)	Tier 4	NPD
SM FOAMING ANTACID 80-20 MG CHEW TAB	Tier 4	NPD
sodium bicarbonate tab 325 mg	Tier 4	NPD
sodium chloride hypertonic ophth soln 5%	Tier 4	NPD
thiamine hcl tab 100 mg	Tier 4	NPD
thiamine mononitrate tab 100 mg	Tier 4	NPD
tioconazole vaginal oint 6.5%	Tier 4	NPD
tolnaftate cream 1%	Tier 4	NPD
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 4	NPD
triprolidine & pseudoephedrine tab 2.5-60 mg	Tier 4	NPD
VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
VCF VAGINAL CONTRACEPTIVE ((12.5 % FOAM, 4 % GEL), 12.5 % FOAM)	Tier 4	NPD
vitamin a cap 3 mg (10000 unit)	Tier 4	NPD
VITAMIN D2 10 MCG (400 UNIT) TAB	Tier 4	NPD
vitamin e ((cap 180 mg (400 unit), cap 268 mg (400 unit), cap 400 unit), cap 180 mg (400 unit), cap 268 mg (400 unit))	Tier 4	NPD
VITAMIN K 100 MCG TAB	Tier 4	NPD
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
WATCHHALER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

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Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

Discrimination is Against the Law

Blue Shield of California Promise Health Plan 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.

Blue Shield of California Promise Health Plan provides:

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

If you need these services, contact the Blue Shield of California Promise Health Plan Civil Rights Coordinator.

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or discriminated in another way 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, you can file a grievance with:

Blue Shield of California Promise Health Plan
Civil Rights Coordinator
601 Potrero Grande Dr.
Monterey Park, CA 91755
Phone: (844) 883-2233 (TTY: 711)
Fax: (323) 889-2228
Email: BSCPHPCivilRights@blueshieldca.com

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, (TTY 800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

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

Language Assistance Notice

English:

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-905-3825. (TTY: 711).

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-905-3825（TTY：711）。

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-905-3825 (телетайп: 711).

Italiano (Italian):

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توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-905-3825 (TTY: 711) تماس بگیرید.

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ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-905-3825 (TTY: 711) पर कॉल करें।

Hmong (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-905-3825 (TTY: 711).

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-905-3825 (TTY: 711).

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-905-3825 (TTY: 711).

Tagalog (Tagalog - Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-905-3825 (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-905-3825 (رقم هاتف الصم والبكم: 711).

ພາສາລາວ (Lao):
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-855-905-3825 (TTY: 711).

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ภาษาไทย (Thai):
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-905-3825 (TTY: 711).

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ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-905-3825 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian)
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Հայերեն (Armenian)
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This formulary was updated on **11/22/2022** . For more recent information or other questions, please contact Blue Shield Promise Cal MediConnect Plan Customer Care at 1-855-905-3825 (TTY: 711), from 8:00 a.m. – 8:00 p.m., seven days a week, or visit www.blueshieldca.com/promise/calmediconnect.