

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

Danh Sách Thuốc Được Bảo Hiểm (Danh Mục Thuốc) 2021

Các Quận: Los Angeles & San Diego

Danh mục này được cập nhật vào ngày . Để biết thêm thông tin mới hơn hoặc các câu hỏi khác, vui lòng liên hệ với phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect Plan theo số 1-855-905-3825 (TTY: 711), từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần, cuộc gọi được miễn cước, hoặc truy cập: www.blueshieldca.com/promise/calmediconnect.

ID Danh Mục Thuốc: **21409** , Phiên bản:



Promise Health Plan

Blue Shield Promise Cal MediConnect Plan | Danh Sách Thuốc Được Bảo Hiểm (Danh Mục Thuốc) 2021

Giới thiệu

Tài liệu này được gọi là *Danh Sách Thuốc Được Bảo Hiểm* (còn được gọi là Danh Sách Thuốc). Danh sách này cho quý vị biết các loại thuốc theo toa cùng với các loại thuốc và mặt hàng Không cần theo toa (OTC) được bảo hiểm theo Blue Shield Promise Cal MediConnect Plan. Danh sách thuốc cũng cho quý vị biết xem liệu có bất kỳ quy tắc hoặc hạn chế đặc biệt nào đối với bất kỳ loại thuốc nào được bảo hiểm bởi Blue Shield Promise Cal MediConnect Plan hay không. Các thuật ngữ chính và định nghĩa của chúng xuất hiện trong chương cuối của *Sổ tay Thành viên*. Quý vị có thể yêu cầu bản sao bằng cách gọi điện tới phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect Plan theo số 1-855-905-3825 (TTY: 711), từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần, cuộc gọi được miễn cước.

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Nếu quý vị có câu hỏi, vui lòng gọi cho Blue Shield Promise Cal MediConnect Plan theo số 1-855-905-3825 (TTY: 711), từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần. Đây là tổng đài miễn phí. **Để biết thêm thông tin**, hãy truy cập www.blueshieldca.com/promise/calmediconnect.

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A. Tuyên bố từ chối trách nhiệm

Đây là danh sách các loại thuốc mà thành viên có thể nhận được trong Blue Shield Promise Cal MediConnect.

- ❖ Blue Shield Promise Cal MediConnect là chương trình bảo hiểm sức khỏe có ký hợp đồng với cả Medicare và Medi-Cal để cung cấp lợi ích của cả hai chương trình cho người đăng ký.
- ❖ Danh Sách Thuốc Được Bảo Hiểm và/hoặc mạng lưới nhà thuốc và nhà cung cấp có thể sẽ thay đổi trong suốt cả năm. Chúng tôi sẽ gửi cho quý vị thông báo trước khi chúng tôi thực hiện thay đổi có ảnh hưởng đến quý vị.
- ❖ Các quyền lợi và/hoặc khoản đồng thanh toán có thể sẽ thay đổi vào ngày 1 tháng 1 hàng năm.
- ❖ Quý vị luôn có thể kiểm tra Danh Sách Thuốc Được Bảo Hiểm mới nhất của Blue Shield Promise Cal MediConnect tại www.blueshieldca.com/promise/calmediconnect hoặc gọi tới số 1-855-905-3825 (TTY: 711), từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần. Cuộc gọi được miễn cước.
- ❖ Có thể có các giới hạn, đồng thanh toán và hạn chế. Để biết thêm thông tin, hãy gọi phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect hoặc đọc Sổ tay Thành viên Blue Shield Promise Cal MediConnect.
- ❖ Các khoản đồng thanh toán cho thuốc theo toa có thể thay đổi dựa trên mức độ Extra Help (Trợ giúp thêm) mà quý vị nhận được. Vui lòng liên hệ chương trình để biết thêm chi tiết.
- ❖ **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 linggo.



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❖ **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):** ՈւՆԾԱԴՐՈՒԹՅՈՒՆՆԵՐ 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)

Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (رقم هاتف الصم والبكم: 711) من

الساعة 8:00 صباحًا حتى 8:00 مساءً طوال أيام الأسبوع

❖ **ខ្មែរ (Cambodian/Khmer):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY:711)។ ចាប់ពីម៉ោងម៉ោង 8:00 ព្រឹក ដល់ ម៉ោង 8:00 យប់ ជ្រាពីរថ្ងៃក្នុងមួយសប្តាហ៍។

❖ Quý vị có thể nhận miễn phí tài liệu này ở định dạng khác, ví dụ như bản in khổ lớn, chữ nổi hoặc âm thanh. Hãy gọi tới phòng Chăm sóc Khách hàng theo số 1-855-905-3825 (TTY: 711). 8:00 sáng – 8:00 tối, bảy ngày trong tuần. Cuộc gọi được miễn cước.

❖ Quý vị có thể yêu cầu nhận tài liệu bằng ngôn ngữ khác tiếng Anh hoặc ở định dạng thay thế ngay bây giờ và trong tương lai. Để yêu cầu, vui lòng liên hệ với phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect Plan.



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B. Câu hỏi thường gặp (FAQ)

Hãy tìm câu trả lời cho các câu hỏi của quý vị tại đây về *Danh Sách Thuốc Được Bảo Hiểm*. Quý vị có thể đọc tất cả các Câu hỏi thường gặp để biết thêm thông tin, hoặc tìm kiếm câu hỏi và câu trả lời.

B1. Những loại thuốc theo toa nào có trong *Danh Sách Thuốc Được Bảo Hiểm*? (Chúng tôi gọi tắt *Danh Sách Thuốc Được Bảo Hiểm* là “Danh sách thuốc”.)

Thuốc trong Danh sách thuốc là các loại thuốc được bảo hiểm bởi Blue Shield Promise Cal MediConnect Plan. Các loại thuốc này có sẵn tại nhà thuốc trong mạng lưới của chúng tôi. Nhà thuốc sẽ nằm trong mạng lưới của chúng tôi nếu chúng tôi có thỏa thuận với họ để làm việc với chúng tôi và cung cấp dịch vụ cho quý vị. Chúng tôi gọi các nhà thuốc này là các “nhà thuốc trong mạng lưới”.

- Blue Shield Promise Cal MediConnect Plan sẽ đài thọ tất cả các loại thuốc cần thiết về mặt y tế trong Danh sách thuốc nếu:
 - o bác sĩ của quý vị hoặc người kê toa khác nói rằng quý vị cần các thuốc đó để cải thiện tình trạng hoặc để khỏe mạnh, **và**
 - o quý vị nhận thuốc cho đơn thuốc tại nhà thuốc trong mạng lưới của Blue Shield Promise Cal MediConnect Plan.
- Trong một số trường hợp, quý vị phải làm một điều gì đó trước khi có thể nhận được thuốc (xem câu hỏi B4 bên dưới).

Quý vị cũng có thể xem danh sách thuốc mới nhất trên trang web của chúng tôi tại www.blueshieldca.com/promise/calmediconnect hoặc gọi tới phòng Chăm sóc Khách hàng 1-855-905-3825.

B2. Danh sách thuốc có bao giờ thay đổi không?

Có, và Blue Shield Promise Cal MediConnect Plan phải tuân theo các quy tắc của Medicare và Medicaid khi thực hiện các thay đổi. Chúng tôi có thể thêm hoặc loại bỏ các loại thuốc trong Danh sách thuốc trong suốt cả năm.

Chúng tôi cũng có thể thay đổi các quy tắc của chúng tôi về thuốc. Ví dụ, chúng tôi có thể:

- Quyết định yêu cầu hoặc không yêu cầu phê duyệt trước đối với một loại thuốc. (Phê duyệt trước là sự cho phép của Blue Shield Promise Cal MediConnect Plan trước khi quý vị có thể nhận được thuốc.)
- Thêm hoặc thay đổi số lượng thuốc mà quý vị có thể nhận được (gọi là giới hạn số lượng).



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- Thêm hoặc thay đổi các hạn chế trong trị liệu từng bước đối với thuốc. (Trị liệu từng bước có nghĩa là quý vị phải thử một loại thuốc trước khi chúng tôi chi trả cho một loại thuốc khác.)

Để biết thêm thông tin về các quy tắc thuốc này, hãy xem câu hỏi B4.

Nếu quý vị đang dùng một loại thuốc được bảo hiểm từ **đầu** năm, chúng tôi thường sẽ không loại bỏ hoặc thay đổi phạm vi bảo hiểm của loại thuốc đó **trong thời gian còn lại của năm** trừ khi:

- một loại thuốc mới, rẻ hơn xuất hiện trên thị trường có tác dụng tốt như loại thuốc trong Danh sách thuốc hiện tại, **hoặc**
- chúng tôi biết rằng một loại thuốc là không an toàn, **hoặc**
- một loại thuốc bị loại bỏ khỏi thị trường.

Câu hỏi B3 và B6 dưới đây có thêm thông tin về những gì sẽ xảy ra khi Danh sách thuốc thay đổi.

- Quý vị luôn có thể kiểm tra Danh sách thuốc mới nhất của Blue Shield Promise Cal MediConnect Plan tại www.blueshieldca.com/promise/calmediconnect.
- Quý vị cũng có thể gọi tới phòng Chăm sóc Khách hàng để kiểm tra Danh sách thuốc hiện tại theo số 1-855-905-3825 (TTY: 711), 8:00 sáng đến 8:00 tối, bảy ngày trong tuần.

B3. Điều gì xảy ra khi có sự thay đổi trong Danh sách thuốc?

Một số thay đổi trong Danh sách thuốc sẽ diễn ra **ngay lập tức**. Ví dụ:

- **Có một loại thuốc gốc mới.** Đôi khi, thuốc gốc mới xuất hiện trên thị trường và rẻ hơn nhưng lại có tác dụng tốt như loại thuốc trong Danh sách thuốc hiện nay. Khi điều đó xảy ra, chúng tôi có thể loại bỏ thuốc thương hiệu và thêm thuốc gốc mới, nhưng chi phí của quý vị cho thuốc mới sẽ giữ nguyên hoặc sẽ thấp hơn. Khi chúng tôi thêm thuốc gốc mới, chúng tôi cũng có thể quyết định giữ thuốc thương hiệu trong danh sách nhưng thay đổi quy tắc hoặc giới hạn bảo hiểm.
 - o Chúng tôi có thể không cho quý vị biết trước khi chúng tôi thực hiện thay đổi này, nhưng chúng tôi sẽ gửi cho quý vị thông tin về thay đổi cụ thể mà chúng tôi đã thực hiện khi điều đó xảy ra.
 - o Quý vị hoặc nhà cung cấp của quý vị có thể yêu cầu ngoại lệ từ những thay đổi này. Chúng tôi sẽ gửi cho quý vị thông báo kèm theo các bước mà quý vị có thể thực hiện để yêu cầu ngoại lệ. Vui lòng xem câu hỏi B10 để biết thêm thông tin về các trường hợp ngoại lệ.
- **Một loại thuốc bị loại bỏ khỏi thị trường.** Nếu Food and Drug Administration (FDA, Cục Quản lý Thực phẩm và Dược phẩm Hoa Kỳ) thông báo rằng loại thuốc quý vị đang sử dụng thuộc diện không an toàn hoặc nhà sản xuất thuốc đó đã loại



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bỏ thuốc đó khỏi thị trường, chúng tôi sẽ loại thuốc đó khỏi Danh sách thuốc. Nếu quý vị đang dùng thuốc, chúng tôi sẽ cho quý vị biết rằng loại thuốc đó đã được đưa ra khỏi Danh sách thuốc và hướng dẫn quý vị những việc cần làm tiếp theo.

Chúng tôi có thể thực hiện các thay đổi khác ảnh hưởng đến thuốc mà quý vị dùng.

Chúng tôi sẽ cho quý vị biết trước về những thay đổi khác đối với Danh sách thuốc.

Những thay đổi này có thể sẽ xảy ra nếu:

- FDA cung cấp hướng dẫn mới hoặc có hướng dẫn lâm sàng mới về một loại thuốc.
- Chúng tôi thêm một loại thuốc gốc mới trên thị trường và
 - o Thay thế thuốc thương hiệu hiện có trong Danh sách thuốc **hoặc**
 - o Thay đổi các quy tắc hoặc giới hạn bảo hiểm cho thuốc thương hiệu.

Khi những thay đổi này xảy ra, chúng tôi sẽ:

- Thông báo cho quý vị biết ít nhất 30 ngày trước khi chúng tôi thay đổi Danh sách thuốc **hoặc**
- Thông báo cho quý vị biết và cung cấp cho quý vị lượng thuốc đủ dùng trong 30 ngày sau khi quý vị yêu cầu bổ sung thuốc.

Điều này sẽ cho quý vị thời gian để thảo luận với bác sĩ hoặc người kê toa khác. Họ có thể giúp quý vị quyết định

- Nếu có một loại thuốc tương tự trong Danh sách thuốc để quý vị có thể dùng thay thế **hoặc**
- Có nên yêu cầu ngoại lệ từ những thay đổi này hay không. Để tìm hiểu thêm về các trường hợp ngoại lệ, hãy xem câu hỏi B10.

B4. Có bất kỳ hạn chế hoặc giới hạn nào đối với bảo hiểm thuốc hoặc bất kỳ hành động bắt buộc nào cần thực hiện để có được một số loại thuốc nhất định không?

Có, một số loại thuốc có quy tắc bảo hiểm hoặc có giới hạn về số lượng mà quý vị có thể nhận. Trong một số trường hợp, quý vị hoặc bác sĩ hoặc người kê toa khác phải làm một điều gì đó trước khi quý vị có thể nhận thuốc. Ví dụ:

- **Phê duyệt trước (hoặc cho phép trước):** Đối với một số loại thuốc, quý vị hoặc bác sĩ hoặc người kê toa khác phải được sự phê duyệt của Blue Shield Promise Cal MediConnect Plan trước khi quý vị được cung cấp thuốc. Blue Shield Promise Cal MediConnect Plan có thể không chi trả tiền thuốc nếu quý vị không được phê duyệt.
- **Giới hạn số lượng:** Đôi khi, Blue Shield Promise Cal MediConnect Plan giới hạn số lượng thuốc quý vị có thể nhận.



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- **Trị liệu từng bước:** Đôi khi, Blue Shield Promise Cal MediConnect Plan yêu cầu quý vị thực hiện trị liệu từng bước. Điều này có nghĩa là quý vị sẽ phải thử thuốc theo một thứ tự nhất định cho tình trạng y tế của quý vị. Quý vị có thể sẽ phải thử một loại thuốc trước khi chúng tôi chi trả cho một loại thuốc khác. Nếu bác sĩ của quý vị nghĩ rằng thuốc đầu tiên không có tác dụng với quý vị, chúng tôi sẽ chi trả cho lần thứ hai.

Quý vị có thể tìm hiểu xem thuốc của quý vị có bất kỳ yêu cầu hoặc giới hạn bổ sung nào không bằng cách xem trong bảng trên các trang . Quý vị cũng có thể tìm hiểu thêm

thông tin bằng cách truy cập trang web của chúng tôi tại

www.blueshieldca.com/promise/calmediconnect. Chúng tôi đã đăng các tài liệu trực tuyến giải thích về cho phép trước và các hạn chế của trị liệu từng bước. Quý vị cũng có thể yêu cầu chúng tôi gửi cho quý vị một bản sao.

Quý vị có thể yêu cầu ngoại lệ trong số những giới hạn này. Điều này sẽ cho quý vị thời gian để thảo luận với bác sĩ hoặc người kê toa khác. Họ có thể giúp quý vị quyết định xem có một loại thuốc tương tự trong Danh sách thuốc mà quý vị có thể dùng thay thế hay không, hoặc có nên yêu cầu ngoại lệ hay không. Vui lòng xem các câu hỏi B10-B12 để biết thêm thông tin về các trường hợp ngoại lệ.

B5. Quý vị làm cách nào để biết liệu thuốc quý vị muốn có những giới hạn hoặc liệu có những hành động bắt buộc phải thực hiện để nhận được thuốc hay không?

Danh Sách Thuốc Được Bảo Hiểm trên trang động cần thiết, hạn chế hoặc giới hạn khi sử dụng.”

có một cột được gắn nhãn “Hành

B6. Điều gì xảy ra nếu chúng tôi thay đổi các quy tắc của chúng tôi về một số loại thuốc (ví dụ: cho phép (phê duyệt) trước, giới hạn số lượng và/hoặc hạn chế của trị liệu từng bước)?

Trong một số trường hợp, chúng tôi sẽ cho quý vị biết trước nếu chúng tôi thêm hoặc thay đổi phê duyệt trước, giới hạn số lượng và/hoặc hạn chế trị liệu từng bước đối với thuốc. Xem câu hỏi B3 để biết thêm thông tin về thông báo trước này và các tình huống mà chúng tôi sẽ không thể cho quý vị biết trước khi các quy tắc của chúng tôi về các loại thuốc trong Danh sách thuốc thay đổi.

B7. Làm thế nào để tìm thuốc trong Danh sách thuốc?

Có hai cách để tìm thuốc:

- Quý vị có thể tìm kiếm theo thứ tự bảng chữ cái (nếu quý vị biết rõ tên thuốc), hoặc
- Quý vị có thể tìm kiếm theo tình trạng y tế.



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Để tìm kiếm **theo thứ tự bảng chữ cái**, hãy tới phần Chỉ mục Thuốc được Bảo hiểm. Quý vị có thể tìm thấy thuốc đó trong chỉ mục bắt đầu trên trang . Chỉ mục này cung cấp danh sách theo thứ tự chữ cái của tất cả các loại thuốc có trong tài liệu này. Cả thuốc thương hiệu và thuốc gốc đều được liệt kê trong Chỉ mục. Hãy mở Chỉ mục và tìm thuốc của quý vị. Bên cạnh thuốc của quý vị, quý vị sẽ thấy số trang mà quý vị có thể tìm thấy thông tin bảo hiểm. Chuyển sang trang được liệt kê trong Chỉ mục và tìm tên thuốc của quý vị trong cột đầu tiên của danh sách.

Để tìm kiếm **theo tình trạng y tế**, hãy tìm phần có nhãn “Danh sách thuốc theo tình trạng y tế” trên trang xv. Các loại thuốc trong phần này được nhóm thành các hạng mục tùy thuộc vào loại tình trạng y tế mà chúng được sử dụng để điều trị. Ví dụ, nếu quý vị bị bệnh tim, quý vị nên tìm trong hạng mục Cardiovascular agents (Thuốc tim mạch). Đó là nơi quý vị sẽ tìm thấy các loại thuốc điều trị bệnh tim.

B8. Điều gì xảy ra nếu thuốc quý vị muốn dùng không có trong Danh mục thuốc?

Nếu quý vị không thấy thuốc của mình trong Danh sách thuốc, hãy gọi cho phòng Chăm sóc Khách hàng theo số 1-855-905-3825 (TTY: 711) từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần và hỏi thông tin, cuộc gọi được miễn cước. Nếu quý vị biết rằng Blue Shield Promise Cal MediConnect Plan sẽ không bao trả cho thuốc này, quý vị có thể thực hiện một trong những điều sau:

- Hỏi phòng Chăm sóc Khách hàng để biết danh sách các loại thuốc giống như loại thuốc mà quý vị muốn dùng. Sau đó cung cấp danh sách này cho bác sĩ hoặc người kê toa khác của quý vị. Họ có thể kê toa loại thuốc có trong Danh sách thuốc và giống như loại thuốc quý vị muốn dùng. **Hoặc**
- Quý vị có thể yêu cầu chương trình bảo hiểm sức khỏe tạo một ngoại lệ để chi trả cho thuốc của quý vị. Vui lòng xem các câu hỏi B10-B12 để biết thêm thông tin về các trường hợp ngoại lệ.

B9. Điều gì sẽ xảy ra nếu quý vị là thành viên mới của Blue Shield Promise Cal MediConnect Plan và không thể tìm thấy thuốc trong Danh sách thuốc hoặc gặp vấn đề khi nhận thuốc?

Chúng tôi có thể giúp quý vị. Chúng tôi có thể chi trả tạm thời 30 ngày dùng thuốc của quý vị trong 90 ngày đầu tiên khi quý vị là thành viên của Blue Shield Promise Cal MediConnect Plan. Điều này sẽ cho quý vị thời gian để thảo luận với bác sĩ hoặc người kê toa khác. Họ có thể giúp quý vị quyết định xem có một loại thuốc tương tự trong Danh sách thuốc mà quý vị có thể dùng thay thế hay không, hoặc có nên yêu cầu ngoại lệ hay không.

Nếu toa thuốc của quý vị được viết trong ít ngày hơn, chúng tôi sẽ cho phép nhiều lần bổ sung thuốc để cung cấp tối đa 30 ngày dùng thuốc.

Chúng tôi sẽ chi trả cho lượng thuốc đủ dùng trong 30 ngày của quý vị nếu:



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- quý vị đang dùng một loại thuốc không có trong Danh sách thuốc của chúng tôi, **hoặc**
- quy tắc chương trình bảo hiểm sức khỏe không cho phép quý vị nhận được số lượng theo yêu cầu của người kê toa, **hoặc**
- thuốc cần có sự phê duyệt trước của Blue Shield Promise Cal MediConnect Plan, **hoặc**
- quý vị đang dùng một loại thuốc là một phần của giới hạn trị liệu từng bước.

Nếu quý vị đang ở trong nhà dưỡng lão hoặc cơ sở chăm sóc dài hạn khác và cần một loại thuốc không có trong Danh sách thuốc hoặc nếu quý vị không thể dễ dàng nhận được thuốc quý vị cần, chúng tôi có thể giúp quý vị. Nếu quý vị đã tham gia chương trình hơn 90 ngày, đang sống trong một cơ sở chăm sóc dài hạn và cần được cung cấp thuốc ngay:

- Chúng tôi sẽ cung cấp một đợt thuốc đủ dùng trong 31 ngày cho loại thuốc mà quý vị cần (trừ khi quý vị có đơn thuốc trong ít ngày hơn), cho dù quý vị có phải là thành viên mới của Blue Shield Promise Cal MediConnect Plan hay không.
- Đây là phần bổ sung cho số thuốc được cung cấp tạm thời trong vòng 90 ngày đầu tiên khi quý vị là thành viên của Blue Shield Promise Cal MediConnect Plan.

Chính sách chuyển đổi

Trong trường hợp người thụ hưởng đang thay đổi từ cơ sở điều trị này sang cơ sở điều trị khác, Blue Shield Promise Cal MediConnect Plan sẽ đảm bảo một quy trình nhanh chóng để phê duyệt các thuốc Phần D không thuộc danh mục. Quy trình này cũng sẽ áp dụng cho các thuốc Phần D trong danh mục cần có cho phép trước hoặc trị liệu từng bước. Ví dụ về mức độ thay đổi chăm sóc: người thụ hưởng được xuất viện và về nhà; người thụ hưởng kết thúc lưu trú Phần A Medicare tại cơ sở điều dưỡng lành nghề và họ cần trở về danh mục thuốc của chương trình Phần D của họ; người thụ hưởng kết thúc lưu trú tại cơ sở chăm sóc dài hạn và trở về với cộng đồng; và người thụ hưởng được xuất viện từ bệnh viện tâm thần với chế độ dùng thuốc được cá nhân hóa cao.

B10. Quý vị có thể yêu cầu ngoại lệ để bảo hiểm chi trả cho thuốc của mình không?

Có. Quý vị có thể yêu cầu Blue Shield Promise Cal MediConnect Plan tạo một ngoại lệ để chi trả cho thuốc không có trong Danh sách thuốc.

Quý vị cũng có thể yêu cầu chúng tôi thay đổi các quy tắc về thuốc của quý vị.

- Ví dụ, Blue Shield Promise Cal MediConnect Plan có thể giới hạn số lượng thuốc chúng tôi sẽ chi trả. Nếu thuốc của quý vị có giới hạn, quý vị có thể yêu cầu chúng tôi thay đổi giới hạn và chi trả nhiều hơn.



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- Các ví dụ khác: Quý vị có thể yêu cầu chúng tôi bỏ các hạn chế trị liệu từng bước hoặc các yêu cầu phê duyệt trước.

B11. Làm cách nào để yêu cầu ngoại lệ?

Để yêu cầu ngoại lệ, hãy gọi tới phòng Chăm sóc Khách hàng. Phòng Chăm sóc Khách hàng sẽ làm việc với quý vị và nhà cung cấp của quý vị để giúp quý vị yêu cầu ngoại lệ. Quý vị cũng có thể đọc Chương 9 của *Sổ tay Thành viên* để tìm hiểu thêm về các ngoại lệ.

B12. Mất bao lâu để có một ngoại lệ?

Đầu tiên, chúng tôi phải nhận được tuyên bố từ người kê toa của quý vị về việc ủng hộ yêu cầu ngoại lệ của quý vị. Sau khi chúng tôi nhận được tuyên bố, chúng tôi sẽ đưa ra quyết định về yêu cầu ngoại lệ của quý vị trong vòng 72 giờ.

Nếu quý vị hoặc người kê toa của quý vị nghĩ rằng sức khỏe của quý vị có thể bị tổn hại nếu quý vị phải chờ 72 giờ để nhận quyết định, quý vị có thể yêu cầu một ngoại lệ cấp tốc. Đây là quy trình ra quyết định nhanh hơn. Nếu người kê toa ủng hộ yêu cầu của quý vị, chúng tôi sẽ đưa ra quyết định trong vòng 24 giờ kể từ khi nhận được tuyên bố ủng hộ của người kê toa.

B13. Thuốc gốc là gì?

Thuốc gốc được tạo thành từ các thành phần tương tự như thuốc thương hiệu. Chúng thường có giá thấp hơn thuốc thương hiệu và tên của chúng ít được biết đến. Thuốc gốc được Food and Drug Administration (FDA) phê duyệt.

Blue Shield Promise Cal MediConnect Plan bao trả cho cả thuốc thương hiệu và thuốc gốc.

B14. Thuốc OTC là gì?

OTC là viết tắt của cụm từ “over-the-counter” (không cần kê toa). Blue Shield Promise Cal MediConnect Plan bao trả một số loại thuốc OTC khi chúng được viết theo toa thuốc của nhà cung cấp dịch vụ của quý vị.

Quý vị có thể đọc Danh sách thuốc của Blue Shield Promise Cal MediConnect Plan để xem thuốc OTC nào được chi trả.

B15. Blue Shield Promise Cal MediConnect Plan có chi trả cho các sản phẩm OTC không phải là thuốc không?

Blue Shield Promise Cal MediConnect Plan có chi trả cho một số sản phẩm OTC không phải là thuốc khi chúng được viết theo toa thuốc của nhà cung cấp dịch vụ của quý vị.

Ví dụ về các sản phẩm OTC không phải là thuốc bao gồm Vortex Adult Mask hoặc Microchamber.

Quý vị có thể đọc Danh sách thuốc của Blue Shield Promise Cal MediConnect Plan để xem những sản phẩm OTC không phải là thuốc được bao trả.



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B16. Khoản đồng thanh toán là gì?

Quý vị có thể đọc Danh sách thuốc của Blue Shield Promise Cal MediConnect Plan để biết về khoản đồng thanh toán cho từng loại thuốc. Thành viên của Blue Shield Promise Cal MediConnect Plan sống trong viện dưỡng lão hoặc cơ sở chăm sóc dài hạn khác sẽ không phải trả các khoản đồng thanh toán. Một số thành viên đang nhận dịch vụ chăm sóc dài hạn trong cộng đồng cũng sẽ không phải trả các khoản đồng thanh toán.

Các khoản đồng thanh toán được liệt kê theo cấp. Cấp là nhóm thuốc có cùng mức đồng thanh toán. Số tiền đồng thanh toán sẽ thay đổi tùy theo mức độ hội đủ điều kiện tham gia Medi-Cal của quý vị.

Cấp	Mô tả	Đồng thanh toán		
		30 ngày dùng thuốc	90 ngày dùng thuốc	100 ngày dùng thuốc
Cấp 1	Thuốc gốc được ưu tiên	\$0	\$0	\$0
Cấp 2	Thuốc gốc	Đồng thanh toán \$0 đến \$3.70	Đồng thanh toán \$0 đến \$3.70	Không có sẵn
Cấp 3	Thuốc thương hiệu	Đồng thanh toán \$0 đến \$9.20	Đồng thanh toán \$0 đến \$9.20	Không có sẵn
Cấp 4	Thuốc không phải Medicare Rx / Thuốc không kê toa (OTC)	Đồng thanh toán \$0	Đồng thanh toán \$0	Không có sẵn

B17. Các cấp của thuốc là gì?

Cấp là nhóm thuốc trên Danh sách thuốc của chúng tôi.

- Thuốc Cấp 1 là thuốc gốc được ưu tiên.
- Thuốc Cấp 2 là thuốc gốc
- Thuốc Cấp 3 là thuốc thương hiệu.
- Thuốc Cấp 4 là thuốc không phải Medicare RX và thuốc không cần kê toa (OTC).

C. Tổng quan về *Danh Sách Thuốc Được Bảo Hiểm*

Danh sách thuốc được bảo hiểm sau đây cung cấp cho quý vị thông tin về các loại thuốc được bảo hiểm bởi Blue Shield Promise Cal MediConnect Plan. Nếu quý vị gặp khó khăn với việc tìm thuốc trong danh sách, hãy chuyển sang Chỉ mục Thuốc được Bảo hiểm bắt đầu ở trang . Chỉ mục này liệt kê theo thứ tự bảng chữ cái tất cả các loại thuốc được bảo hiểm bởi Blue Shield Promise Cal MediConnect Plan.



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Cột đầu tiên của bảng liệt kê tên của thuốc. Thuốc thương hiệu được viết hoa (ví dụ: ELIQUIS) và thuốc gốc được ghi bằng chữ thường in nghiêng (ví dụ: *simvastatin*).

Thông tin trong cột “Hành động cần thiết, hạn chế hoặc giới hạn khi sử dụng” cho quý vị biết xem liệu Blue Shield Promise Cal MediConnect Plan có bất kỳ quy tắc nào đối việc chi trả cho thuốc của quý vị hay không.

CHÚ GIẢI		
CẤP	TÊN	
1	Thuốc gốc được ưu tiên	
2	Thuốc gốc	
3	Thuốc thương hiệu	
4	Thuốc không phải Medicare Rx/Thuốc OTC	
KÝ HIỆU	TÊN	MÔ TẢ
LA	Tiếp cận hạn chế	Toa thuốc này chỉ có sẵn tại các nhà thuốc nhất định. Để biết thêm thông tin, hãy gọi tới phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect Plan.
PA	Cho phép trước	Quý vị (hoặc bác sĩ của quý vị) phải nhận được sự cho phép trước từ Blue Shield Promise Cal MediConnect Plan trước khi quý vị có thể nhận thuốc trong toa của quý vị đối với loại thuốc này. Nếu không có phê duyệt trước, Blue Shield Promise Cal MediConnect Plan có thể sẽ không chi trả cho loại thuốc này.
QL	Giới hạn số lượng	Blue Shield Promise Cal MediConnect Plan giới hạn số lượng được chi trả trong một khoảng thời gian cụ thể đối với loại thuốc này.
ST	Trị liệu từng bước	Trước khi Blue Shield Promise Cal MediConnect Plan cung cấp bảo hiểm cho loại thuốc này, trước tiên quý vị phải thử (các) loại thuốc khác trong danh mục thuốc để điều trị tình trạng y tế của quý vị. Thuốc này chỉ có thể được bảo hiểm nếu (các) thuốc khác không có tác dụng với quý vị.



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KÝ HIỆU	TÊN	MÔ TẢ
BvD	Phần B so với Phần D	Thuốc này có thể đủ điều kiện thanh toán theo Medicare Phần B hoặc Phần D. Quý vị (hoặc bác sĩ của quý vị) phải nhận được sự cho phép trước từ Blue Shield Promise Cal MediConnect Plan để xác định rằng thuốc này được chi trả theo Medicare Phần D trước khi quý vị có thể nhận thuốc trong toa của quý vị cho loại thuốc này. Nếu không có phê duyệt trước, Blue Shield Promise Cal MediConnect Plan có thể sẽ không chi trả cho loại thuốc này.
NPD	Thuốc không thuộc Phần D	Thuốc này được Medi-Cal chi trả và không phải là “thuốc của Phần D”. Nếu quý vị có câu hỏi, hãy gọi tới phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect Plan.
NDS	Cấp thuốc không dài ngày	Thuốc KHÔNG có sẵn để cung cấp dài hạn.

Ghi chú: NPD bên cạnh tên thuốc có nghĩa là thuốc đó không phải là “thuốc của Phần D”. Quý vị sẽ không phải trả một khoản đồng thanh toán cho các loại thuốc này. Các loại thuốc này cũng có các quy tắc khiếu nại khác nhau.

- Khiếu nại là một cách chính thức để yêu cầu chúng tôi xem xét quyết định mà chúng tôi đã đưa ra về phạm vi bảo hiểm của quý vị và để thay đổi quyết định đó nếu quý vị nghĩ rằng chúng tôi đã phạm sai lầm. Ví dụ: chúng tôi có thể quyết định rằng một loại thuốc mà quý vị cần dùng sẽ không được bảo hiểm hoặc không còn được bảo hiểm bởi Medicare hoặc Medi-Cal.
- Nếu quý vị hoặc bác sĩ của quý vị không đồng ý với quyết định của chúng tôi, quý vị có thể khiếu nại. Nếu quý vị có câu hỏi, hãy gọi tới phòng Chăm sóc Khách hàng theo số 1-855-905-3825 (TTY: 711), 8:00 sáng đến 8:00 tối, bảy ngày trong tuần. Quý vị cũng có thể đọc Chương 9 của *Sổ tay Thành viên* để tìm hiểu về cách khiếu nại một quyết định.

C1. Thuốc được nhóm theo Tình trạng Y tế

Các loại thuốc trong phần này được nhóm thành các hạng mục tùy thuộc vào loại tình trạng y tế mà chúng được sử dụng để điều trị. Ví dụ, nếu quý vị bị bệnh tim, quý vị nên tìm trong hạng mục Cardiovascular Agents (Thuốc tim mạch). Đó là nơi quý vị sẽ tìm thấy các loại thuốc điều trị bệnh tim.



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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		
<i>celecoxib (cap 100 mg, cap 200 mg, cap 50 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>celecoxib cap 400 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium tab 50 mg</i>	Tier 2	
<i>diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)</i>	Tier 2	
<i>diclofenac sodium gel 1%</i>	Tier 2	
<i>diflunisal tab 500 mg</i>	Tier 2	
<i>etodolac (tab 400 mg, tab 500 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)</i>	Tier 2	
<i>flurbiprofen tab 100 mg</i>	Tier 2	
<i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>	Tier 2	
<i>indomethacin (cap 25 mg, cap 50 mg)</i>	Tier 2	PA
<i>meloxicam (tab 15 mg, tab 7.5 mg)</i>	Tier 2	
<i>nabumetone (tab 500 mg, tab 750 mg)</i>	Tier 2	
<i>naproxen (tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	Tier 2	
<i>piroxicam (cap 10 mg, cap 20 mg)</i>	Tier 2	
<i>sulindac (tab 150 mg, tab 200 mg)</i>	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
<i>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)</i>	Tier 2	PA, QL (10 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>	Tier 2	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg/ml solution, inj 10 mg/ml)</i>	Tier 2	PA, NDS
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml)</i>	Tier 2	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl tab 10 mg</i>	Tier 2	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl tab 5 mg</i>	Tier 2	PA, QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate (tab er 100 mg, tab er 200 mg, tab er 60 mg)</i>	Tier 2	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 15 mg</i>	Tier 2	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 30 mg</i>	Tier 2	QL (90 PER 30 OVER TIME), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg)</i>	Tier 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
<i>codeine sulfate (30 mg tab, tab 30 mg)</i>	Tier 2	QL (168 PER 30 OVER TIME), NDS
<i>codeine sulfate (60 mg tab, tab 60 mg)</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 2	QL (336 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	Tier 2	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (tab 10-325 mg, tab 7.5-325 mg)</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 2	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 2	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 2 mg</i>	Tier 2	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 4 mg</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 8 mg</i>	Tier 2	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab, tab 15 mg, tab 30 mg)</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)</i>	Tier 2	QL (315 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 2	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 2	QL (70 PER 30 OVER TIME), NDS
<i>oxycodone hcl (tab 15 mg, tab 30 mg)</i>	Tier 2	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 2	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 10 mg</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 20 mg</i>	Tier 2	QL (120 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>oxycodone hcl tab 5 mg</i>	Tier 2	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg)</i>	Tier 2	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 2	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 2	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl tab 50 mg</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 2	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	Tier 2	
OPIOID DEPENDENCE		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 2	QL (84 PER 90 OVER TIME)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 2	QL (21 PER 90 OVER TIME)
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg (base equiv), -naloxone sl film 4-1 mg (base equiv))</i>	Tier 2	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg (base equiv), -naloxone sl tab 8-2 mg (base equiv))</i>	Tier 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	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)
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		
<i>naloxone hcl (0.4 mg/ml soln cart, nasal spray 4 mg/0.1 ml)</i>	Tier 2	QL (2 PER 30 OVER TIME)
<i>naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	Tier 2	
<i>naltrexone hcl tab 50 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
NARCAN 4 MG/0.1ML LIQUID	Tier 3	QL (2 PER 30 OVER TIME)
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	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		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 2	
<i>gentamicin sulfate (topical) (cream 0.1%, oint 0.1%)</i>	Tier 2	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 2	
<i>neomycin sulfate tab 500 mg</i>	Tier 2	
<i>paromomycin sulfate cap 250 mg</i>	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 2	
<i>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))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTIBACTERIALS, OTHER		
<i>acetic acid otic soln 2%</i>	Tier 2	
<i>aztreonam (inj 1 gm, inj 2 gm)</i>	Tier 2	
<i>clindamycin hcl (cap 150 mg, cap 300 mg, cap 75 mg)</i>	Tier 2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)</i>	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	
<i>clindamycin phosphate swab 1%</i>	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 2	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)</i>	Tier 2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 2	QL (1 PER 30 OVER TIME)
<i>linezolid (for susp 100 mg/5ml, tab 600 mg)</i>	Tier 2	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 2	
<i>methenamine hippurate tab 1 gm</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>metronidazole (5 mg/ml solution, iv soln 500 mg/100ml, tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 2	
<i>nitrofurantoin macrocrystal (line cap 100 mg, line cap 25 mg, line cap 50 mg)</i>	Tier 2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 2	
ORBACTIV 400 MG RECON SOLN	Tier 3	PA, QL (9 PER 30 OVER TIME)
SYNERCID 150-350 MG RECON SOLN	Tier 3	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	Tier 2	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	Tier 2	
<i>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))</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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, CEPHALOSPORINS		
<i>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)</i>	Tier 2	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	Tier 2	
<i>cefepime hcl (2 gm recon soln, for inj 1 gm, for inj 2 gm)</i>	Tier 2	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	Tier 2	
<i>cefotaxime sodium (1 gm recon soln, for inj 1 gm)</i>	Tier 2	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm)</i>	Tier 2	
<i>cefoxitin sodium (soln 1 gm, soln 10 gm, soln 2 gm)</i>	Tier 2	
<i>cefpodoxime proxetil (for susp 100 mg/5ml, for susp 50 mg/5ml, tab 100 mg, tab 200 mg)</i>	Tier 2	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)</i>	Tier 2	
<i>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)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>cefuroxime axetil (tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>cefuroxime sodium (inj 7.5 gm, inj 750 mg, iv soln 1.5 gm)</i>	Tier 2	
<i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	Tier 2	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	Tier 2	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 3	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin & pot clavulanate (k clavulanate for susp 200-28.5 mg/5ml, k clavulanate for susp 250-62.5 mg/5ml, k clavulanate for susp 400-57 mg/5ml, k clavulanate for susp 600-42.9 mg/5ml, k clavulanate tab 250-125 mg, k clavulanate tab 500-125 mg, k clavulanate tab 875-125 mg)</i>	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	
<i>ampicillin & sulbactam sodium (for inj 1.5 (1-0.5) gm, for inj 3 (2-1) gm, for iv soln 15 (10-5) gm)</i>	Tier 2	
AMPICILLIN 500 MG CAP	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	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	
<i>dicloxacillin sodium (cap 250 mg, cap 500 mg)</i>	Tier 2	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for iv soln 10 gm)</i>	Tier 2	
<i>penicillin g potassium (for inj 20000000 unit, for inj 5000000 unit)</i>	Tier 2	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 2	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	Tier 2	
PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)	Tier 2	
<i>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))</i>	Tier 2	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 2	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>meropenem (soln 1 gm, soln 500 mg)</i>	Tier 2	
MACROLIDES		
<i>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)</i>	Tier 2	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg)</i>	Tier 2	
E.E.S. 400 400 MG TAB	Tier 2	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	Tier 3	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)</i>	Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	Tier 2	
<i>erythromycin lactobionate for inj 500 mg</i>	Tier 3	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	Tier 2	
<i>ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	Tier 2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 2	
<i>levofloxacin (iv soln 25 mg/ml, oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	Tier 2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 2	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	Tier 2	

SULFONAMIDES

<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 2	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim (iv soln 400-80 mg/5ml, susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	Tier 2	

TETRACYCLINES

<i>doxycycline (monohydrate) (cap 100 mg, cap 50 mg, tab 100 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	
<i>doxycycline hyclate (cap 100 mg, cap 50 mg, for inj 100 mg, tab 100 mg, tab 20 mg)</i>	Tier 2	
<i>minocycline hcl (cap 100 mg, cap 50 mg, cap 75 mg, tab 100 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>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)</i>	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 3	PA, LA
EPRONTIA 25 MG/ML SOLUTION	Tier 3	PA, QL (16 PER 1 DAYS)
<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	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)
<i>lamotrigine (tab 100 mg, tab 150 mg, tab 200 mg, tab 25 mg, tab chewable dispersible 25 mg, tab chewable dispersible 5 mg)</i>	Tier 2	
<i>levetiracetam (oral soln 100 mg/ml, tab 1000 mg, tab 250 mg, tab 500 mg, tab 750 mg)</i>	Tier 2	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>levetiracetam tab er 24hr 750 mg</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
SPRITAM 750 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
<i>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>valproate sodium (inj 100 mg/ml, oral soln 250 mg/5ml (base equiv))</i>	Tier 2	
<i>valproic acid cap 250 mg</i>	Tier 2	
XCOPRI (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	Tier 3	PA, QL (28 PER 28 OVER TIME)
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) (100 & 150 MG TAB THPK, 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)
ZTALMY 50 MG/ML SUSPENSION	Tier 3	PA, LA, QL (36 PER 1 DAYS)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN 300 MG CAP	Tier 3	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	Tier 2	

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	Tier 2	PA, QL (16 PER 1 DAYS)
<i>clobazam tab 10 mg</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>clobazam tab 20 mg</i>	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 xvi - xvii 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)
<i>gabapentin (tab 600 mg, tab 800 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>gabapentin cap 100 mg</i>	Tier 2	QL (12 PER 1 DAYS)
<i>gabapentin cap 300 mg</i>	Tier 2	QL (8 PER 1 DAYS)
<i>gabapentin cap 400 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 2	QL (72 PER 1 DAYS)
<i>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)</i>	Tier 2	PA
<i>primidone (tab 250 mg, tab 50 mg)</i>	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 3	PA, QL (2 PER 1 DAYS)
<i>tiagabine hcl (tab 12 mg, tab 16 mg, tab 2 mg, tab 4 mg)</i>	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)
<i>vigabatrin (powd pack 500 mg, tab 500 mg)</i>	Tier 2	PA, LA, QL (6 PER 1 DAYS)
SODIUM CHANNEL AGENTS		
APTOM (200 MG TAB, 400 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
APTOM (600 MG TAB, 800 MG TAB)	Tier 3	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	Tier 2	
DILANTIN (100 MG CAP, 30 MG CAP)	Tier 3	
DILANTIN INFATABS 50 MG CHEW TAB	Tier 3	
<i>lacosamide (tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Tier 2	BvD
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	QL (40 PER 1 DAYS)
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	Tier 2	
PEGANONE 250 MG TAB	Tier 3	
PHENYTEK (200 MG CAP, 300 MG CAP)	Tier 3	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	Tier 2	
<i>phenytoin sodium extended (cap 100 mg, cap 200 mg, cap 300 mg)</i>	Tier 2	
<i>rufinamide susp 40 mg/ml</i>	Tier 2	ST, QL (80 PER 1 DAYS)
<i>rufinamide tab 200 mg</i>	Tier 2	ST, QL (16 PER 1 DAYS)
<i>rufinamide tab 400 mg</i>	Tier 2	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	Tier 3	
<i>zonisamide (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 2	PA
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride (orally disintegrating tab 10 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>rivastigmine (patch 24hr 13.3 mg/24hr, patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)</i>	Tier 2	QL (30 PER 30 OVER TIME)
<i>rivastigmine tartrate (cap 1.5 mg (base equivalent), cap 3 mg (base equivalent), cap 4.5 mg (base equivalent), cap 6 mg (base equivalent))</i>	Tier 2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>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)</i>	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)
<i>bupropion hcl (tab 100 mg, tab er 12hr 100 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>bupropion hcl tab 75 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>bupropion hcl tab er 12hr 200 mg</i>	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 xvi - xvii 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
<i>bupropion hcl tab er 24hr 300 mg</i>	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	
<i>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)</i>	Tier 2	
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	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	Tier 2	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	Tier 2	
<i>desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv), tab 5 mg (base equiv))</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 3	PA, QL (28 PER 30 OVER TIME)
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)</i>	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)
<i>fluvoxamine maleate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 2	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	Tier 2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Tier 2	QL (30 PER 1 DAYS)
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>trazodone hcl (tab 100 mg, tab 150 mg, tab 300 mg, tab 50 mg)</i>	Tier 2	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 3	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (cap er 24hr 150 mg (base equivalent), cap er 24hr 37.5 mg (base equivalent))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>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))</i>	Tier 2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 2	QL (3 PER 1 DAYS)
VIIBRYD STARTER PACK 10 & 20 MG KIT	Tier 3	ST, QL (30 PER 30 OVER TIME)
<i>vilazodone hcl (tab 10 mg, tab 20 mg, tab 40 mg)</i>	Tier 2	ST, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
TRICYCLICS		
<i>amitriptyline hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	PA
AMOXAPINE (100 MG TAB, 150 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 2	
<i>clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	PA
<i>desipramine hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	
<i>doxepin hcl (cap 10 mg, cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg, conc 10 mg/ml)</i>	Tier 2	PA
<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	
<i>protriptyline hcl (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>trimipramine maleate (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 2	PA

ANTIEMETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS, OTHER		
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	Tier 2	
<i>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))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>perphenazine (tab 16 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	Tier 2	
<i>prochlorperazine maleate (tab 10 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	
<i>prochlorperazine suppos 25 mg</i>	Tier 2	
<i>promethazine hcl (tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2	PA

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (capsule 125 mg, capsule 80 mg, capsule therapy pack 80 & 125 mg)</i>	Tier 2	BvD
<i>aprepitant capsule 40 mg</i>	Tier 2	PA, QL (1 PER 30 OVER TIME)
<i>dronabinol (cap 10 mg, cap 2.5 mg, cap 5 mg)</i>	Tier 2	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))</i>	Tier 2	BvD
<i>granisetron hcl tab 1 mg</i>	Tier 2	QL (2 PER 1 DAYS), BvD
<i>ondansetron (tab 4 mg, tab 8 mg)</i>	Tier 2	QL (3 PER 1 DAYS), BvD
<i>ondansetron hcl (24 mg tab, tab 24 mg)</i>	Tier 2	QL (15 PER 30 OVER TIME), BvD
<i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>	Tier 2	QL (3 PER 1 DAYS), BvD
<i>ondansetron hcl oral soln 4 mg/5ml</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
AMBISOME 50 MG RECON SUSP	Tier 3	BvD
AMPHOTERICIN B 50 MG RECON SOLN	Tier 2	BvD
<i>amphotericin b liposome iv for susp 50 mg</i>	Tier 2	BvD
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln, for iv soln 50 mg, for iv soln 70 mg)</i>	Tier 2	PA
<i>ciclopirox olamine (cream 0.77% (base equiv), susp 0.77% (base equiv))</i>	Tier 2	
<i>clotrimazole (topical) (cream 1%, soln 1%)</i>	Tier 2	
<i>clotrimazole troche 10 mg</i>	Tier 2	
CRESEMBA (186 MG CAP, 372 MG RECON SOLN)	Tier 3	PA
<i>econazole nitrate cream 1%</i>	Tier 2	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)</i>	Tier 2	
<i>fluconazole in nacl (inj 200 mg/100ml, inj 400 mg/200ml)</i>	Tier 2	
<i>flucytosine (cap 250 mg, cap 500 mg)</i>	Tier 2	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	Tier 2	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	Tier 2	
<i>itraconazole cap 100 mg</i>	Tier 2	PA
<i>ketoconazole (topical) (cream 2%, shampoo 2%)</i>	Tier 2	
<i>ketoconazole tab 200 mg</i>	Tier 2	
<i>miconazole sodium (soln 100 mg, soln 50 mg)</i>	Tier 2	
MICONAZOLE 3 200 MG SUPPOS	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
NOXAFIL 40 MG/ML SUSPENSION	Tier 3	PA
<i>nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)</i>	Tier 2	
<i>nystatin susp 100000 unit/ml</i>	Tier 2	
<i>nystatin tab 500000 unit</i>	Tier 2	
<i>posaconazole tab delayed release 100 mg</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl tab 250 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	Tier 2	
<i>voriconazole (for susp 40 mg/ml, tab 200 mg, tab 50 mg)</i>	Tier 2	PA
<i>voriconazole for inj 200 mg</i>	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		
<i>allopurinol (tab 100 mg, tab 300 mg)</i>	Tier 2	
<i>colchicine (0.6 mg cap, tab 0.6 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 2	
COLCRYS 0.6 MG TAB	Tier 3	QL (4 PER 1 DAYS)
KRYSTEXXA 8 MG/ML SOLUTION	Tier 3	PA, LA
<i>probenecid tab 500 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTIMIGRAINE AGENTS, OTHER		
UBRELVY (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 2	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	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)
<i>timolol maleate (tab 10 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (tab 1 mg (base equiv), tab 2.5 mg (base equiv))</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>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))</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (20 mg/act, 5 mg/act)</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>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)</i>	Tier 2	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	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 xvi - xvii 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 REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	Tier 2	QL (8 PER 30 OVER TIME)
<i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i>	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	
<i>pyridostigmine bromide tab 60 mg</i>	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		
<i>dapsone (tab 100 mg, tab 25 mg)</i>	Tier 2	
<i>rifabutin cap 150 mg</i>	Tier 2	
ANTITUBERCULARS		
CAPASTAT SULFATE 1 GM RECON SOLN	Tier 3	
<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	Tier 2	
<i>isoniazid (100 mg tab, 100 mg/ml solution, 50 mg/5ml syrup, tab 100 mg, tab 300 mg)</i>	Tier 2	
PASER 4 GM PACKET	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
PRIFTIN 150 MG TAB	Tier 3	
<i>pyrazinamide tab 500 mg</i>	Tier 2	
<i>rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)</i>	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)
TRECTOR 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		
<i>cyclophosphamide (25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab, cap 25 mg, cap 50 mg)</i>	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
<i>thiotepa (inj 100 mg, inj 15 mg)</i>	Tier 2	BvD
VALCHLOR 0.016 % GEL	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>abiraterone acetate tab 500 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
<i>bicalutamide tab 50 mg</i>	Tier 2	
ERLEADA 60 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>flutamide (125 mg cap, cap 125 mg)</i>	Tier 2	
<i>nilutamide tab 150 mg</i>	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

<i>lenalidomide (cap 10 mg, cap 15 mg, cap 25 mg, cap 5 mg)</i>	Tier 2	PA, LA, QL (1 PER 1 DAYS)
<i>lenalidomide (cap 20 mg, caps 2.5 mg)</i>	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	
<i>fulvestrant (250 mg/5ml soln prsyr, inj soln pref syr 250 mg/5ml)</i>	Tier 2	
SOLTAMOX 10 MG/5ML SOLUTION	Tier 3	PA
<i>tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))</i>	Tier 2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 2	

ANTIMETABOLITES

DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
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You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>hydroxyurea cap 500 mg</i>	Tier 2	
INQOVI 35-100 MG TAB	Tier 3	PA, LA, QL (5 PER 28 OVER TIME)
<i>mercaptopurine tab 50 mg</i>	Tier 2	
PURIXAN 2000 MG/100ML SUSPENSION	Tier 3	PA, LA
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)
<i>leucovorin calcium (for inj 100 mg, for inj 350 mg, tab 10 mg, tab 15 mg, tab 25 mg, tab 5 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole tab 1 mg</i>	Tier 2	
<i>exemestane tab 25 mg</i>	Tier 2	
<i>letrozole tab 2.5 mg</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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)
<i>erlotinib hcl (tab 100 mg (base equivalent), tab 150 mg (base equivalent))</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>everolimus (tab 10 mg, tab 7.5 mg)</i>	Tier 2	PA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>everolimus (tab 2.5 mg, tab 5 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>everolimus (tab for oral susp 2 mg, tab for oral susp 3 mg, tab for oral susp 5 mg)</i>	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)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 2	PA, QL (8 PER 1 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	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)
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (21 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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)
SCSEMBLIX 20 MG TAB	Tier 3	PA, QL (20 PER 1 DAYS)
SCSEMBLIX 40 MG TAB	Tier 3	PA, QL (10 PER 1 DAYS)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	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)
<i>sunitinib malate (cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 2	PA, QL (7 PER 1 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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		
<i>bexarotene cap 75 mg</i>	Tier 2	PA, QL (10 PER 1 DAYS)
<i>bexarotene gel 1%</i>	Tier 2	PA, QL (60 PER 30 OVER TIME)
PANRETIN 0.1 % GEL	Tier 3	PA
<i>tretinoin cap 10 mg</i>	Tier 2	
TREATMENT ADJUNCTS		
<i>mesna inj 100 mg/ml</i>	Tier 2	
MESNEX 400 MG TAB	Tier 3	
VONJO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 2	QL (16 PER 365 OVER TIME)
<i>praziquantel tab 600 mg</i>	Tier 2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	Tier 3	PA, QL (180 PER 3 OVER TIME)
<i>atovaquone susp 750 mg/5ml</i>	Tier 2	PA
<i>atovaquone-proguanil hcl (tab 250-100 mg, tab 62.5-25 mg)</i>	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)
<i>chloroquine phosphate tab 250 mg</i>	Tier 2	QL (50 PER 30 OVER TIME)
<i>chloroquine phosphate tab 500 mg</i>	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)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>mefloquine hcl tab 250 mg</i>	Tier 2	
<i>nitazoxanide tab 500 mg</i>	Tier 2	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 2	BvD
<i>pentamidine isethionate for soln 300 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	Tier 3	
<i>pyrimethamine tab 25 mg</i>	Tier 2	PA
<i>quinine sulfate cap 324 mg</i>	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		
<i>benztropine mesylate (inj 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)</i>	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>entacapone tab 200 mg</i>	Tier 2	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 2	PA
<i>bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))</i>	Tier 2	

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

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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)</i>	Tier 2	
<i>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)</i>	Tier 2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa tab 25 mg</i>	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		
<i>rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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		
<i>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)</i>	Tier 2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 10 mg, tab 2 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
<i>haloperidol decanoate (soln 100 mg/ml, soln 50 mg/ml)</i>	Tier 2	
<i>haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)</i>	Tier 2	
<i>loxapine succinate (cap 10 mg, cap 25 mg, cap 5 mg, cap 50 mg)</i>	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	
<i>thioridazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>thiothixene (cap 1 mg, cap 10 mg, cap 2 mg, cap 5 mg)</i>	Tier 2	
<i>trifluoperazine hcl (tab 1 mg (base equivalent), tab 10 mg (base equivalent), tab 2 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 3	PA
<i>aripiprazole (orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 5 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	QL (25 PER 1 DAYS)
<i>aripiprazole tab 2 mg</i>	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)
<i>asenapine maleate (sl tab 10 mg (base equiv), sl tab 2.5 mg (base equiv), sl tab 5 mg (base equiv))</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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)
<i>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)</i>	Tier 2	
<i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 3	PA, QL (1 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	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	
<i>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)</i>	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)
<i>ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)</i>	Tier 2	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Tier 2	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
TREATMENT-RESISTANT		
<i>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)</i>	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		
<i>baclofen tab 10 mg</i>	Tier 2	QL (8 PER 1 DAYS)
<i>baclofen tab 20 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>baclofen tab 5 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>dantrolene sodium (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 2	
<i>tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 2	QL (18 PER 1 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 2	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	Tier 3	QL (5 PER 30 OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 2	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 3	QL (21 PER 1 DAYS)
<i>entecavir (tab 0.5 mg, tab 1 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
<i>lamivudine tab 100 mg (hbv)</i>	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)
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)
<i>ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>efavirenz cap 200 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>efavirenz cap 50 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>efavirenz tab 600 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>etravirine tab 100 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>etravirine tab 200 mg</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 2	QL (3 PER 1 DAYS)
<i>nevirapine tab 200 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	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)		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 2	QL (30 PER 1 DAYS)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	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)
<i>emtricitabine caps 200 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 3	QL (24 PER 1 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 2	QL (30 PER 1 DAYS)
<i>lamivudine tab 150 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>lamivudine tab 300 mg</i>	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 xvi - xvii 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
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>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)</i>	Tier 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	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)
<i>zidovudine cap 100 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	Tier 2	QL (60 PER 1 DAYS)
<i>zidovudine tab 300 mg</i>	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
FUZEON 90 MG RECON SOLN	Tier 3	QL (60 PER 30 OVER TIME)
<i>maraviroc tab 150 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>maraviroc tab 300 mg</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>atazanavir sulfate (cap 150 mg (base equiv), cap 200 mg (base equiv))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	QL (1 PER 1 DAYS)
CRIVAN 200 MG CAP	Tier 3	QL (9 PER 1 DAYS)
CRIVAN 400 MG CAP	Tier 3	QL (6 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	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)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QL (13 PER 1 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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 800 MG TAB	Tier 3	QL (1 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 3	QL (8 PER 1 DAYS)
<i>ritonavir tab 100 mg</i>	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

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QL (60 PER 180 OVER TIME)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	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) (1 X 40 MG TAB THPK, 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

<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	Tier 2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 2	BvD
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	Tier 2	
TRIFLURIDINE 1 % SOLUTION	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	Tier 2	

ANXIOLYTICS

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>diazepam (conc 5 mg/ml, tab 5 mg)</i>	Tier 2	QL (12 PER 1 DAYS)
<i>diazepam oral soln 1 mg/ml</i>	Tier 2	QL (60 PER 1 DAYS)
<i>diazepam tab 10 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>diazepam tab 2 mg</i>	Tier 2	QL (30 PER 1 DAYS)
<i>lorazepam (conc 2 mg/ml, tab 2 mg)</i>	Tier 2	QL (5 PER 1 DAYS)
<i>lorazepam tab 0.5 mg</i>	Tier 2	QL (20 PER 1 DAYS)
<i>lorazepam tab 1 mg</i>	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
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MOOD STABILIZERS

LITHIUM 8 MEQ/5ML SOLUTION	Tier 2	
<i>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)</i>	Tier 2	

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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ANTIDIABETIC AGENTS

<i>acarbose (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
<i>glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)</i>	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>glipizide (tab 10 mg, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	Tier 1	
<i>glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	Tier 1	
<i>glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 1	PA
<i>glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)</i>	Tier 1	PA
<i>glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	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)
<i>metformin hcl (tab 1000 mg, tab 500 mg, tab 850 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	Tier 1	
<i>miglitol (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>nateglinide (tab 120 mg, tab 60 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>pioglitazone hcl (tab 15 mg (base equiv), tab 30 mg (base equiv), tab 45 mg (base equiv))</i>	Tier 2	
<i>repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>diazoxide susp 50 mg/ml</i>	Tier 2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
<i>glucagon (rdna) for inj kit 1 mg</i>	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	
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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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	
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate (cap 150 mg (base eq), cap 75 mg (base eq))</i>	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)
<i>enoxaparin sodium (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)</i>	Tier 2	QL (60 PER 30 OVER TIME)
<i>enoxaparin sodium (inj soln pref syr 120 mg/0.8ml, inj soln pref syr 80 mg/0.8ml)</i>	Tier 2	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 2	QL (36 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 2	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 2	QL (12 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>heparin sodium (porcine) (inj 1000 unit/ml, inj 10000 unit/ml, inj 20000 unit/ml, inj 5000 unit/ml)</i>	Tier 2	BvD
PRADAXA (110 MG CAP, 150 MG CAP, 75 MG CAP)	Tier 3	QL (2 PER 1 DAYS)
<i>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)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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

<i>anagrelide hcl (cap 0.5 mg, cap 1 mg)</i>	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)
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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 3	PA

HEMOSTASIS AGENTS

<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 2	
<i>tranexamic acid tab 650 mg</i>	Tier 2	QL (1 PER 1 DAYS)

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	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)
<i>cilostazol (tab 100 mg, tab 50 mg)</i>	Tier 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 2	PA
OXBRYTA (300 MG TAB SOL, 500 MG TAB)	Tier 3	PA, LA, QL (5 PER 1 DAYS)
<i>prasugrel hcl (tab 10 mg (base equiv), tab 5 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (patch weekly 0.1 mg/24hr, patch weekly 0.2 mg/24hr, patch weekly 0.3 mg/24hr)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)</i>	Tier 2	
<i>droxidopa cap 100 mg</i>	Tier 2	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa cap 200 mg</i>	Tier 2	PA, QL (120 PER 30 OVER TIME)
<i>droxidopa cap 300 mg</i>	Tier 2	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (tab 1 mg, tab 2 mg)</i>	Tier 2	
<i>methyldopa (250 mg tab, 500 mg tab, tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>midodrine hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)</i>	Tier 2	
<i>prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)</i>	Tier 2	
<i>terazosin hcl (cap 1 mg (base equivalent), cap 10 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent))</i>	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg)</i>	Tier 2	
EPROSARTAN MESYLATE 600 MG TAB	Tier 1	QL (1 PER 1 DAYS)
<i>irbesartan (tab 150 mg, tab 300 mg, tab 75 mg)</i>	Tier 1	
<i>losartan potassium (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>olmesartan medoxomil (tab 20 mg, tab 40 mg, tab 5 mg)</i>	Tier 2	
<i>telmisartan (tab 20 mg, tab 40 mg, tab 80 mg)</i>	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>valsartan (tab 160 mg, tab 320 mg, tab 40 mg, tab 80 mg)</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>captopril (tab 100 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>enalapril maleate (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg)</i>	Tier 1	
<i>fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)</i>	Tier 1	
<i>lisinopril (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>moexipril hcl (tab 15 mg, tab 7.5 mg)</i>	Tier 1	
<i>perindopril erbumine (tab 2 mg, tab 4 mg, tab 8 mg)</i>	Tier 1	
<i>quinapril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>ramipril (cap 1.25 mg, cap 10 mg, cap 2.5 mg, cap 5 mg)</i>	Tier 1	
<i>trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	Tier 2	
<i>disopyramide phosphate (cap 100 mg, cap 150 mg)</i>	Tier 2	
<i>dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))</i>	Tier 2	
<i>flecainide acetate (tab 100 mg, tab 150 mg, tab 50 mg)</i>	Tier 2	
<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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)
<i>propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)</i>	Tier 2	
<i>quinidine sulfate (200 mg tab, 300 mg tab, tab 200 mg, tab 300 mg)</i>	Tier 2	
<i>sotalol hcl (afib/afll) (tab 120 mg, tab 160 mg, tab 80 mg)</i>	Tier 2	
<i>sotalol hcl (tab 120 mg, tab 160 mg, tab 240 mg, tab 80 mg)</i>	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (cap 200 mg, cap 400 mg)</i>	Tier 2	
<i>atenolol (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>betaxolol hcl (tab 10 mg, tab 20 mg)</i>	Tier 2	
<i>bisoprolol fumarate (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>carvedilol (tab 12.5 mg, tab 25 mg, tab 3.125 mg, tab 6.25 mg)</i>	Tier 1	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	Tier 2	
<i>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))</i>	Tier 2	
<i>metoprolol tartrate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	Tier 2	
<i>nebivolol hcl (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 20 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>pindolol (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 1	
<i>felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	Tier 2	
<i>nicardipine hcl (cap 20 mg, cap 30 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>nimodipine cap 30 mg</i>	Tier 2	
NYMALIZE 6 MG/ML SOLUTION	Tier 3	QL (1260 PER 21 OVER TIME)
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>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)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>diltiazem hcl coated beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	Tier 2	
<i>diltiazem hcl extended release beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, cap er 24hr 420 mg)</i>	Tier 2	
<i>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)</i>	Tier 2	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	Tier 2	
<i>aliskiren fumarate (tab 150 mg (base equivalent), tab 300 mg (base equivalent))</i>	Tier 2	PA
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 2	
<i>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)</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil (tab 10-20 mg, tab 10-40 mg, tab 5-20 mg, tab 5-40 mg)</i>	Tier 2	
<i>amlodipine besylate-valsartan (tab 10-160 mg, tab 10-320 mg, tab 5-160 mg, tab 5-320 mg)</i>	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	Tier 2	
<i>atenolol & chlorthalidone (tab 100-25 mg, tab 50-25 mg)</i>	Tier 1	
<i>benazepril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg, tab 5-6.25 mg)</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide (tab 10-6.25 mg, tab 2.5-6.25 mg, tab 5-6.25 mg)</i>	Tier 2	
<i>candesartan cilexetil-hydrochlorothiazide (tab 16-12.5 mg, tab 32-12.5 mg, tab 32-25 mg)</i>	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)
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)</i>	Tier 3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>enalapril maleate & hydrochlorothiazide (tab 10-25 mg, tab 5-12.5 mg)</i>	Tier 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
<i>fosinopril sodium & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)</i>	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>lisinopril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide (tab 100-12.5 mg, tab 100-25 mg, tab 50-12.5 mg)</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide (tab 100-25 mg, tab 100-50 mg, tab 50-25 mg)</i>	Tier 2	
<i>metyrosine cap 250 mg</i>	Tier 2	
<i>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)</i>	Tier 2	
<i>olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg, tab 40-25 mg)</i>	Tier 2	
<i>pentoxifylline tab er 400 mg</i>	Tier 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	Tier 2	
<i>quinapril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	Tier 1	
<i>ranolazine (tab er 12hr 1000 mg, tab er 12hr 500 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	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
<i>telmisartan-hydrochlorothiazide (tab 40-12.5 mg, tab 80-12.5 mg, tab 80-25 mg)</i>	Tier 1	
<i>triamterene & hydrochlorothiazide (cap 37.5-25 mg, tab 37.5-25 mg, tab 75-50 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	Tier 1	
VYNDAMAX 61 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
<i>bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
<i>furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml)</i>	Tier 2	
<i>furosemide (tab 20 mg, tab 40 mg, tab 80 mg)</i>	Tier 1	
<i>toremide (tab 10 mg, tab 100 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	Tier 2	
<i>eplerenone (tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>spironolactone (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
DIURETICS, THIAZIDE		
<i>chlorothiazide (500 mg tab, tab 500 mg)</i>	Tier 2	
<i>chlorthalidone (tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	Tier 1	
<i>indapamide (tab 1.25 mg, tab 2.5 mg)</i>	Tier 2	
<i>metolazone (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate (cap dr 135 mg (fenofibric acid equiv), cap dr 45 mg (fenofibric acid equiv))</i>	Tier 2	
<i>fenofibrate (tab 145 mg, tab 160 mg, tab 48 mg, tab 54 mg)</i>	Tier 2	
<i>fenofibrate micronized (cap 130 mg, cap 134 mg, cap 200 mg, cap 43 mg, cap 67 mg)</i>	Tier 2	
<i>gemfibrozil tab 600 mg</i>	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (tab 10 mg (base equivalent), tab 20 mg (base equivalent), tab 40 mg (base equivalent), tab 80 mg (base equivalent))</i>	Tier 1	
<i>fluvastatin sodium (cap 20 mg (base equivalent), cap 40 mg (base equivalent))</i>	Tier 1	
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 2	
<i>lovastatin (tab 10 mg, tab 20 mg, tab 40 mg)</i>	Tier 1	
<i>pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	Tier 1	
<i>rosuvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)</i>	Tier 1	
<i>simvastatin (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg, tab 80 mg)</i>	Tier 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	Tier 2	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)</i>	Tier 2	
<i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>	Tier 2	
<i>ezetimibe tab 10 mg</i>	Tier 2	
<i>ezetimibe-simvastatin (tab 10-10 mg, tab 10-20 mg, tab 10-40 mg, tab 10-80 mg)</i>	Tier 2	
<i>icosapent ethyl cap 0.5 gm</i>	Tier 2	QL (8 PER 1 DAYS)
<i>icosapent ethyl cap 1 gm</i>	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)
<i>niacin (antihyperlipidemic) (tab er 1000 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic))</i>	Tier 2	QL (2 PER 1 DAYS)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	Tier 2	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 2	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 2	
<i>omega-3-acid ethyl esters cap 1 gm</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
VASCEPA 0.5 GM CAP	Tier 3	QL (8 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>minoxidil (tab 10 mg, tab 2.5 mg)</i>	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (tab 10 mg, tab 20 mg, tab 30 mg, tab 5 mg)</i>	Tier 2	
ISOSORBIDE DINITRATE ER 40 MG TAB ER	Tier 2	
<i>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)</i>	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	
<i>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)</i>	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)

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		
<i>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)</i>	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 xvi - xvii 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
<i>amphetamine-dextroamphetamine (tab 10 mg, tab 15 mg, tab 5 mg, tab 7.5 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, tab 10 mg, tab 5 mg)</i>	Tier 2	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 2	QL (12 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 2	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv))</i>	Tier 2	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (cap 100 mg (base equiv), cap 60 mg (base equiv), cap 80 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 2	
<i>dexmethylphenidate hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>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))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (tab 10 mg, tab er 10 mg)</i>	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 xvi - xvii 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
<i>methylphenidate hcl (tab 20 mg, tab er 20 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl tab 5 mg</i>	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)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	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)
<i>riluzole tab 50 mg</i>	Tier 2	
<i>tetrabenazine tab 12.5 mg</i>	Tier 2	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine tab 25 mg</i>	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)
<i>duloxetine hcl (cap 20 mg (base eq), cap 60 mg (base eq))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>pregabalin (cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)</i>	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 xvi - xvii 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
<i>pregabalin soln 20 mg/ml</i>	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)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)</i>	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)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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 (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (6 PER 28 OVER TIME)
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		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 2	
KEPIVANCE 6.25 MG RECON SOLN	Tier 3	BvD
<i>pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)</i>	Tier 2	
<i>triamcinolone acetonide dental paste 0.1%</i>	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		
<i>acitretin (cap 10 mg, cap 17.5 mg, cap 25 mg)</i>	Tier 2	
<i>adapalene gel 0.1%</i>	Tier 2	PA
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>tazarotene cream 0.1%</i>	Tier 2	
TAZORAC 0.05 % CREAM	Tier 3	
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)</i>	Tier 2	PA
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate oint 0.05%</i>	Tier 2	
<i>betamethasone dipropionate (topical) (cream 0.05%, lotion 0.05%)</i>	Tier 2	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	Tier 2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 2	
<i>betamethasone valerate (cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))</i>	Tier 2	
<i>clobetasol propionate (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	Tier 2	
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 2	
<i>desonide (cream 0.05%, oint 0.05%)</i>	Tier 2	
<i>desoximetasone (cream 0.25%, oint 0.25%)</i>	Tier 2	
<i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)</i>	Tier 2	
<i>fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)</i>	Tier 2	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 2	
<i>fluticasone propionate (cream 0.05%, oint 0.005%)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>halobetasol propionate (cream 0.05%, oint 0.05%)</i>	Tier 2	QL (200 PER 28 OVER TIME)
<i>hydrocortisone (rectal) (cream 1%, cream 2.5%)</i>	Tier 2	
<i>hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	Tier 2	
<i>hydrocortisone butyrate (0.1 % solution, soln 0.1%)</i>	Tier 2	ST
<i>hydrocortisone valerate cream 0.2%</i>	Tier 2	ST
<i>lactic acid (ammonium lactate) (cream 12%, lotion 12%)</i>	Tier 2	
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 2	
<i>selenium sulfide lotion 2.5%</i>	Tier 2	
<i>tacrolimus (topical) (oint 0.03%, oint 0.1%)</i>	Tier 2	ST, QL (100 PER 30 OVER TIME)
<i>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%)</i>	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (cream 0.005%, oint 0.005%, soln 0.005% (50 mcg/ml))</i>	Tier 2	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	Tier 2	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 2	PA, QL (300 PER 365 OVER TIME)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	Tier 2	
<i>fluorouracil cream 5%</i>	Tier 2	
<i>imiquimod cream 5%</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>nystatin-triamcinolone (cream 100000-0.1 unit/gm-%, oint 100000-0.1 unit/gm-%)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
OTEZLA 30 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
<i>podofilox soln 0.5%</i>	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)
<i>silver sulfadiazine cream 1%</i>	Tier 2	
SKYRIZI 600 MG/10ML SOLUTION	Tier 3	PA
STELARA 130 MG/26ML SOLUTION	Tier 3	PA
TOLAK 4 % CREAM	Tier 3	
PEDICULICIDES/SCABICIDES		
LINDANE 1 % SHAMPOO	Tier 2	
<i>malathion lotion 0.5%</i>	Tier 3	
<i>permethrin cream 5%</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	Tier 2	PA, QL (30 PER 30 OVER TIME)
<i>ciclopirox solution 8%</i>	Tier 2	
<i>clindamycin phosphate (topical) (gel 1%, lotion 1%, soln 1%)</i>	Tier 2	
ERY 2 % PAD	Tier 2	
<i>erythromycin (acne aid) (gel 2%, soln 2%)</i>	Tier 2	
<i>mupirocin oint 2%</i>	Tier 2	
SULFAMYLON 85 MG/GM CREAM	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ELECTROLYTE/MINERAL REPLACEMENT		
<i>*amino acid electrolyte infusion 8.5%***</i>	Tier 2	BvD
<i>*amino acid infusion 15%***</i>	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
AMINOSYN-RF 5.2 % SOLUTION	Tier 2	BvD
AMINOSYN/ELECTROLYTES (AMINOSYN/ELECTROLYTES 7 % SOLUTION, AMINOSYN/ELECTROLYTES 8.5 % SOLUTION)	Tier 2	BvD
<i>carglumic acid soluble tab 200 mg</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
NUTRILIPID 20 % EMULSION	Tier 3	BvD
<i>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))</i>	Tier 2	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	Tier 2	
<i>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)</i>	Tier 2	
POTASSIUM CHLORIDE IN NACL (20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.9% INJ, KCL 40 MEQ/L (0.3%)0.9% INJ)	Tier 2	
<i>potassium chloride microencapsulated crystals er (crys er tab 10 meq, crys er tab 15 meq, crys er tab 20 meq)</i>	Tier 2	
<i>potassium citrate (alkalinizer) (tab er 10 meq (1080 mg), tab er 15 meq (1620 mg), tab er 5 meq (540 mg))</i>	Tier 2	
PREMASOL 10 % SOLUTION	Tier 2	BvD
<i>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%)</i>	Tier 2	
SYNTHAMIN 17 10 % SOLUTION	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
TRAVASOL 10 % SOLUTION	Tier 2	BvD
TROPHAMINE 10 % SOLUTION	Tier 2	BvD
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>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)</i>	Tier 2	
<i>deferiprone tab 1000 mg</i>	Tier 2	PA
<i>deferiprone tab 500 mg</i>	Tier 2	PA, LA
FERRIPROX 100 MG/ML SOLUTION	Tier 3	PA, LA
<i>trientine hcl cap 250 mg</i>	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)
<i>calcium acetate (phosphate binder) (cap 667 mg (169 mg ca), tab 667 mg)</i>	Tier 2	
<i>sevelamer carbonate tab 800 mg</i>	Tier 2	
POTASSIUM BINDERS		
<i>sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml)</i>	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		
<i>dextrose (inj 10%, inj 5%)</i>	Tier 2	
<i>dextrose 5% in lactated ringers</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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%)</i>	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	
<i>lactated ringer's for irrigation</i>	Tier 2	
<i>lactated ringer's solution</i>	Tier 2	
LACTATED RINGERS SOLUTION	Tier 2	
<i>levocarnitine tab 330 mg</i>	Tier 2	
NEONATAL PLUS 27-1 MG TAB	Tier 3	
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%)5% INJ, 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	
<i>prenatal vitamins</i>	Tier 3	
<i>ringer's solution</i>	Tier 2	
<i>ringer's solution for irrigation</i>	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 3	BvD
<i>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))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 2	
<i>lactulose solution 10 gm/15ml</i>	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)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 2	
RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)	Tier 3	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 2	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	Tier 3	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	Tier 2	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>loperamide hcl cap 2 mg</i>	Tier 2	
XERMELO 250 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (cap 10 mg, tab 20 mg)</i>	Tier 2	PA
<i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>	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)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (soln 236 gm, soln 240 gm)</i>	Tier 2	
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 3	PA
<i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>	Tier 2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (tab 200 mg, tab 300 mg, tab 400 mg, tab 800 mg)</i>	Tier 2	
<i>cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)</i>	Tier 2	
<i>famotidine (tab 20 mg, tab 40 mg)</i>	Tier 2	
<i>nizatidine (150 mg cap, 300 mg cap, cap 150 mg, cap 300 mg)</i>	Tier 2	
PROTECTANTS		
<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	Tier 2	
<i>sucralfate tab 1 gm</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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		
<i>lansoprazole cap delayed release 15 mg</i>	Tier 2	
<i>lansoprazole cap delayed release 30 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>omeprazole (cap delayed release 10 mg, cap delayed release 20 mg)</i>	Tier 2	
<i>omeprazole cap delayed release 40 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>rabeprazole sodium ec tab 20 mg</i>	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		
<i>*betaine powder for oral solution***</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	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
<i>miglustat cap 100 mg</i>	Tier 2	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	Tier 3	LA, BvD
<i>nitisinone (cap 10 mg, cap 2 mg, cap 5 mg)</i>	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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)</i>	Tier 2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 2	PA
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	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)
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	
<i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	Tier 2	
<i>solifenacin succinate (tab 10 mg, tab 5 mg)</i>	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 xvi - xvii and reading the explanation provided in the legends.

GENITOURINARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	ST
<i>tropium chloride tab 20 mg</i>	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 2	
<i>dutasteride cap 0.5 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>finasteride tab 5 mg</i>	Tier 2	
<i>silodosin (cap 4 mg, cap 8 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (tab 10 mg, tab 25 mg, tab 5 mg, tab 50 mg)</i>	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 2	PA
THIOLA EC (100 MG TAB DR, 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
<i>alclometasone dipropionate cream 0.05%</i>	Tier 2	
<i>betamethasone dipropionate augmented (cream 0.05%, lotion 0.05%)</i>	Tier 2	
<i>betamethasone dipropionate oint 0.05%</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 2	
CORTISONE ACETATE 25 MG TAB	Tier 2	
CORTROPHIN 80 UNIT/ML GEL	Tier 3	PA, LA
<i>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)</i>	Tier 2	
<i>dexamethasone sodium phosphate (inj 10 mg/ml, inj 100 mg/10ml, sod phosphate preservative free inj 10 mg/ml)</i>	Tier 2	BvD
<i>dexamethasone sodium phosphate (inj 120 mg/30ml, inj 20 mg/5ml, inj 4 mg/ml)</i>	Tier 2	
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 2	
HEMADY 20 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 2	ST
<i>hydrocortisone valerate oint 0.2%</i>	Tier 2	
KORLYM 300 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
<i>methylprednisolone (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg, tab therapy pack 4 mg (21))</i>	Tier 2	
<i>methylprednisolone acetate (40 mg/ml suspension, inj susp 40 mg/ml, inj susp 80 mg/ml)</i>	Tier 2	
<i>methylprednisolone sod succ (inj 125 mg (base equiv), inj 40 mg (base equiv))</i>	Tier 2	
<i>mometasone furoate (cream 0.1%, oint 0.1%)</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (25 MG/5ML SOLUTION, SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE))	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>prednisolone soln 15 mg/5ml</i>	Tier 2	
<i>prednisone (5 mg/5ml solution, tab 1 mg, tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 50 mg)</i>	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)		
<i>desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml, tab 0.1 mg, tab 0.2 mg)</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 2	
EGRIFTA 1 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
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 FLEXPPO (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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANABOLIC STEROIDS		
ANADROL-50 50 MG TAB	Tier 3	
<i>oxandrolone (tab 10 mg, tab 2.5 mg)</i>	Tier 2	
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
<i>danazol (cap 100 mg, cap 200 mg, cap 50 mg)</i>	Tier 2	
<i>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%))</i>	Tier 2	PA, QL (300 PER 30 OVER TIME)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution, im inj in oil 100 mg/ml, im inj in oil 200 mg/ml)</i>	Tier 2	
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	Tier 2	QL (5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL 5 MG/ML OIL	Tier 3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Tier 2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>drospirenone-ethinyl estradiol (tab 3-0.02 mg, tab 3-0.03 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	Tier 2	PA, QL (16 PER 28 OVER TIME)
<i>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)</i>	Tier 2	PA, QL (8 PER 28 OVER TIME)
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	PA
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	Tier 2	
ESTRING 2 MG RING	Tier 3	QL (1 PER 84 OVER TIME)
<i>ethynodiol diacet & eth estrad (ethinyl estradiol tab 1 mg-35 mcg, ethinyl estradiol tab 1 mg-50 mcg)</i>	Tier 2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 2	QL (1 PER 28 OVER TIME)
<i>levonorgestrel & eth estradiol (ethinyl estradiol tab 0.1 mg-20 mcg, ethinyl estradiol tab 0.15 mg-30 mcg)</i>	Tier 2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 3	PA
<i>norethin acet & estrad-fe (ethinyl estradiol-fe tab 1 mg-20 mcg, ethinyl estradiol-fe tab 1.5 mg-30 mcg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>norethindrone & eth estradiol (ethinyl estradiol tab 0.4 mg-35 mcg, ethinyl estradiol tab 0.5 mg-35 mcg, ethinyl estradiol tab 1 mg-35 mcg)</i>	Tier 2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 2	
<i>norethindrone acet & eth estra (ethinyl estradiol tab 1 mg-20 mcg, ethinyl estradiol tab 1.5 mg-30 mcg)</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	PA
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	PA
<i>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)</i>	Tier 2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
PROGESTINS		
DEPO-PROVERA 400 MG/ML SUSPENSION	Tier 3	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	Tier 2	
<i>medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)</i>	Tier 2	
<i>medroxyprogesterone acetate (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	Tier 2	PA
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2	PA
<i>norethindrone acetate tab 5 mg</i>	Tier 2	
<i>norethindrone tab 0.35 mg</i>	Tier 2	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	Tier 2	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHEA 60 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl tab 60 mg</i>	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)		
<i>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)</i>	Tier 2	

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liothyronine sodium (tab 25 mcg, tab 5 mcg, tab 50 mcg)</i>	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)		
<i>cabergoline tab 0.5 mg</i>	Tier 2	QL (16 PER 30 OVER TIME)
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
<i>leuprolide acetate inj kit 5 mg/ml</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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))</i>	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)
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		
<i>methimazole (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>propylthiouracil tab 50 mg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	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
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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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
<i>azathioprine tab 50 mg</i>	Tier 2	BvD
<i>cyclosporine (cap 100 mg, cap 25 mg, iv soln 50 mg/ml)</i>	Tier 2	BvD
<i>cyclosporine modified (for microemulsion) (cap 100 mg, cap 25 mg, cap 50 mg, oral soln 100 mg/ml)</i>	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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 3	PA
ENVARUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 3	PA
<i>everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)</i>	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 (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT, 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/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Tier 3	PA
<i>leflunomide (tab 10 mg, tab 20 mg)</i>	Tier 2	
<i>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))</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 2	
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	Tier 2	BvD
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	Tier 2	BvD
<i>mycophenolate sodium (tab dr 180 mg (mycophenolic acid equiv), tab dr 360 mg (mycophenolic acid equiv))</i>	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
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	BvD
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	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 xvi - xvii 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 (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	Tier 3	
DAPTACEL 23-15-5 SUSPENSION	Tier 3	
DENGVAIXA 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 (SUSP PRSYR, 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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
PROQUAD RECON SUSP	Tier 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
AMINOSALICYLATES		
<i>balsalazide disodium cap 750 mg</i>	Tier 2	
<i>mesalamine (cap er 24hr 0.375 gm, tab delayed release 1.2 gm)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>mesalamine (enema 4 gm, suppos 1000 mg)</i>	Tier 2	
<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</i>	Tier 2	
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>budesonide tab er 24hr 9 mg</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>hydrocortisone (tab 10 mg, tab 20 mg, tab 5 mg)</i>	Tier 2	
<i>hydrocortisone enema 100 mg/60ml</i>	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		
<i>alendronate sodium (40 mg tab, 5 mg tab, tab 10 mg, tab 35 mg, tab 5 mg, tab 70 mg)</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 2	QL (3.7 PER 30 OVER TIME)
<i>calcitriol (1 mcg/ml solution, cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	Tier 2	BvD
<i>cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv), tab 90 mg (base equiv))</i>	Tier 2	BvD
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))</i>	Tier 2	BvD

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

METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ETIDRONATE DISODIUM 200 MG TAB	Tier 2	
FORTEO 600 MCG/2.4ML SOLN PEN	Tier 3	PA
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Tier 2	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 2	
NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE)	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
<i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)</i>	Tier 2	BvD
PROLIA 60 MG/ML SOLN PRSYR	Tier 3	PA
<i>risedronate sodium (tab 150 mg, tab 35 mg, tab 5 mg)</i>	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)
<i>zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)</i>	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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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 (32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	Tier 2	
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 (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM MISC	Tier 2	
COMFORT TOUCH ALCOHOL PREP 70 % PAD	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 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	
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	
<i>gauze pads 2"x2"</i>	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 (31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
GNP ULTIGUARD SAFEPAK 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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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	
MEDPURA ALCOHOL PADS 70 % MISC	Tier 2	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 2	
<i>novofine 32g x 6 mm misc</i>	Tier 2	
<i>novotwist 32g x 5 mm misc</i>	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 (31G X 6 MM MISC, 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 (31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
RUZURGI 10 MG TAB	Tier 3	PA, LA, QL (10 PER 1 DAYS)
TRUE COMFORT PEN NEEDLES (31G X 8 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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 (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 2	
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 (29G X 12.7MM 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	
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 (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML 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
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 (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	Tier 2	
ZEVRX PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>atropine sulfate ophth soln 1%</i>	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 2	
DORZOLAMIDE HCL-TIMOLOL MAL 22.3-6.8 MG/ML SOLUTION	Tier 2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-polymy-dexameth (oint 0.1%, susp 0.1%)</i>	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
RESTASIS 0.05 % EMULSION	Tier 3	QL (60 PER 30 OVER TIME)
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)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophth soln 0.05%</i>	Tier 2	
<i>cromolyn sodium ophth soln 4%</i>	Tier 2	
<i>olopatadine hcl (soln 0.1% (base equivalent), soln 0.2% (base equivalent))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 2	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 2	
LEVOFLOXACIN 1.5 % SOLUTION	Tier 2	
<i>levofloxacin ophth soln 0.5%</i>	Tier 2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 2	
NATACYN 5 % SUSPENSION	Tier 3	
<i>ofloxacin ophth soln 0.3%</i>	Tier 2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 2	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 2	
<i>tobramycin ophth soln 0.3%</i>	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	Tier 3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 2	
<i>fluorometholone ophth susp 0.1%</i>	Tier 2	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	Tier 2	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (1.7 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)</i>	Tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	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		
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	Tier 2	
METIPRANOLOL 0.3 % SOLUTION	Tier 2	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)</i>	Tier 2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 2	
ALPHAGAN P 0.1 % SOLUTION	Tier 3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 2	
AZOPT 1 % SUSPENSION	Tier 3	
<i>brimonidine tartrate (soln 0.15%, soln 0.2%)</i>	Tier 2	
<i>brinzolamide ophth susp 1%</i>	Tier 2	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 2	
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	Tier 2	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	Tier 2	ST, QL (5 PER 30 OVER TIME)
<i>latanoprost (0.005 % solution, ophth soln 0.005%)</i>	Tier 2	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 OVER TIME)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	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	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	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	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 2	
<i>neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)</i>	Tier 2	
<i>ofloxacin otic soln 0.3%</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
<i>budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)</i>	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)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 2	ST, QL (50 PER 30 OVER TIME)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	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 REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 OVER TIME)
ANTIHISTAMINES		
<i>azelastine hcl (0.1% (137 mcg/), 0.15% (205.5 mcg/))</i>	Tier 2	QL (30 PER 25 OVER TIME)
<i>cypheptadine hcl tab 4 mg</i>	Tier 2	PA
<i>hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 2	
<i>promethazine hcl (inj 25 mg/ml, inj 50 mg/ml, syrup 6.25 mg/5ml)</i>	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTILEUKOTRIENES		
<i>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))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>zafirlukast (tab 10 mg, tab 20 mg)</i>	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)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 2	BvD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 2	QL (30 PER 30 OVER TIME)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	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		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	Tier 2	QL (17 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	Tier 2	QL (17 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	Tier 2	QL (13.4 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic ventolin)</i>	Tier 2	QL (36 PER 30 OVER TIME)
<i>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))</i>	Tier 2	BvD

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RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate (tab 2 mg, tab 4 mg)</i>	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)
<i>epinephrine (anaphylaxis) (solution auto-injector 0.15 mg/0.3ml (1:2000), solution auto-injector 0.3 mg/0.3ml (1:1000))</i>	Tier 2	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick)	Tier 2	QL (24 PER 365 OVER TIME)
<i>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))</i>	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)
<i>tobramycin nebu soln 300 mg/4ml</i>	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 xvi - xvii 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
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 2	PA, QL (280 PER 56 OVER TIME)
TRIKAF TA (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		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	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	
<i>roflumilast tab 250 mcg</i>	Tier 2	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast tab 500 mcg</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>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)</i>	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)
<i>ambrisentan (tab 10 mg, tab 5 mg)</i>	Tier 2	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan tab 125 mg</i>	Tier 2	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan tab 62.5 mg</i>	Tier 2	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate for suspension 10 mg/ml</i>	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 xvi - xvii 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
<i>sildenafil citrate tab 20 mg</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	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
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)
<i>pirfenidone tab 267 mg</i>	Tier 2	PA, QL (9 PER 1 DAYS)
<i>pirfenidone tab 801 mg</i>	Tier 2	PA, QL (3 PER 1 DAYS)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (soln 10%, soln 20%)</i>	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)
<i>fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	Tier 2	QL (60 PER 30 OVER TIME)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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)
<i>ribavirin for inhal soln 6 gm</i>	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		
<i>carisoprodol tab 350 mg</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (tab 10 mg, tab 5 mg)</i>	Tier 2	PA
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	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		
<i>estazolam (tab 1 mg, tab 2 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
HETLIOZ 20 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>ramelteon tab 8 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>temazepam cap 15 mg</i>	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 xvi - xvii and reading the explanation provided in the legends.

SLEEP DISORDER AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>temazepam cap 30 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>triazolam tab 0.125 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>triazolam tab 0.25 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zaleplon cap 10 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zaleplon cap 5 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate tab 10 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate tab 5 mg</i>	Tier 2	QL (2 PER 1 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>modafinil tab 100 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>modafinil tab 200 mg</i>	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 xvi - xvii 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
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>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)</i>	Tier 4	NPD
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Tier 4	NPD
BAYER PLUS 500 MG TAB	Tier 4	NPD
<i>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)</i>	Tier 4	NPD
SMOKING CESSATION AGENTS		
<i>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)</i>	Tier 4	NPD
<i>nicotine polacrilex ((gum 2 mg, gum 4 mg, lozenge 2 mg, lozenge 4 mg), gum 2 mg, gum 4 mg, lozenge 2 mg)</i>	Tier 4	NPD
ANTIBACTERIALS, OTHER		
<i>bacitracin oint 500 unit/gm</i>	Tier 4	NPD
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 4	NPD
<i>bacitracin-polymyxin b oint</i>	Tier 4	NPD
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 4	NPD
<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	Tier 4	NPD
ANTIEMETICS, OTHER		
<i>meclizine hcl chew tab 25 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
ANTIFUNGALS		
<i>clotrimazole vaginal cream 1%</i>	Tier 4	NPD
<i>miconazole nitrate vaginal ((cream 2%, suppos 100 mg), cream 2%)</i>	Tier 4	NPD
<i>tioconazole vaginal oint 6.5%</i>	Tier 4	NPD
<i>tolnaftate cream 1%</i>	Tier 4	NPD
ANTHELMINTHICS		
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	Tier 4	NPD
ANTIHERPETIC AGENTS		
<i>docosanol cream 10%</i>	Tier 4	NPD
GLYCEMIC AGENTS		
GLUCOSE CHEW TAB 4 GM	Tier 4	NPD
GLUCOSE-VITAMIN C CHEW TAB 4-6 GM-MG	Tier 4	NPD
HEMOSTASIS AGENTS		
<i>phytonadione tab 100 mcg</i>	Tier 4	NPD
<i>phytonadione tab 5 mg</i>	Tier 4	QL (5 PER 7 OVER TIME), NPD
DYSLIPIDEMICS, OTHER		
<i>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)</i>	Tier 4	NPD
NIACIN ER 1000 MG TAB ER	Tier 4	NPD
<i>niacinamide tab 500 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
CENTRAL NERVOUS SYSTEM, OTHER		
<i>acetaminophen</i> ((<i>tab 325 mg, tab 500 mg, tab 325 mg</i>)	Tier 4	NPD
<i>phentermine hcl</i> ((<i>cap 15 mg, cap 30 mg, cap 15 mg</i>)	Tier 4	PA, 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
DERMATITIS AND PRURITUS AGENTS		
CALAMINE LOTION	Tier 4	NPD
<i>hydrocortisone (topical)</i> ((<i>cream 0.5%, cream 1%, oint 0.5%, cream 0.5%, cream 1%</i>)	Tier 4	NPD
MONISTAT SOOTHING CARE ITCH 1 % CREAM	Tier 4	NPD
<i>selenium sulfide lotion 1%</i>	Tier 4	NPD
DERMATOLOGICAL AGENTS, OTHER		
<i>benzoyl peroxide</i> ((<i>cream 10%, gel 10%, liq 10%, cream 10%, gel 10%</i>)	Tier 4	NPD
CALAMINE LOTION	Tier 4	NPD
CALAMINE-ZINC OXIDE 8-8 % SUSPENSION	Tier 4	NPD
EQ CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
GOODSENSE CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA DAYLOGIC ACNE FOAMING WASH 10 % FOAM	Tier 4	NPD
PEDICULICIDES/SCABICIDES		
NIX COMPLETE LICE TREATMENT 1 & 0.25 % KIT	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>permethrin ((creme rinse 1%, lotion 1%), creme rinse 1%)</i>	Tier 4	NPD
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	Tier 4	NPD
<i>pyrethrins-piperonyl butoxide ((liq 0.33-4%, shampoo 0.33-4%), liq 0.33-4%)</i>	Tier 4	NPD
RID 0.33-4 % LIQUID	Tier 4	NPD
RID COMPLETE LICE ELIMINATION KIT	Tier 4	NPD
ELECTROLYTE/MINERAL REPLACEMENT		
<i>ferrous sulfate ((tab 27 mg (elemental fe), tab 325 mg (65 mg elemental fe)), tab 27 mg (elemental fe))</i>	Tier 4	NPD
<i>oral electrolyte solution</i>	Tier 4	NPD
VITAMINS		
<i>ascorbic acid ((tab 1000 mg, tab 250 mg), tab 1000 mg)</i>	Tier 4	NPD
B-12 5000 MCG TAB DISP	Tier 4	NPD
B-12 DOTS 500 MCG TAB DISP	Tier 4	NPD
CALCI-CHEW 1250 (500 CA) MG CHEW TAB	Tier 4	NPD
<i>calcium ascorbate tab 500 mg</i>	Tier 4	NPD
<i>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))</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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))</i>	Tier 4	NPD
<i>calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)</i>	Tier 4	NPD
<i>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))</i>	Tier 4	NPD
CALCIUM GLUCONATE ((50 MG TAB, 500 MG TAB), 50 MG TAB)	Tier 4	NPD
<i>calcium tab 600 mg</i>	Tier 4	NPD
CALCIUM/C/D 500-10-250 MG-MG-UNIT CHEW TAB	Tier 4	NPD
CHEWABLE CALCIUM/D3 500-15 MG-MCG WAFER	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>ferrous sulfate ((220 (44 fe) mg/5ml liquid, elixir 220 mg/5ml (44 mg/5ml fe), soln 75 mg/ml (15 mg/ml fe), syrup 300 mg/5ml (60 mg/5ml fe), tab ec 325 mg (65 mg fe equivalent)), 220 (44 fe) mg/5ml liquid, elixir 220 mg/5ml (44 mg/5ml fe), soln 75 mg/ml (15 mg/ml fe), syrup 300 mg/5ml (60 mg/5ml fe))</i>	Tier 4	NPD
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Tier 4	NPD
<i>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)</i>	Tier 4	NPD
MAG-G 500 (27 MG) MG TAB	Tier 4	NPD
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 4	NPD
<i>methylcobalamin orally disintegrating tab 5000 mcg</i>	Tier 4	NPD
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 4	NPD
OYSTER SHELL CALCIUM 500 + D 500-3.125 MG-MCG TAB	Tier 4	NPD
<i>oyster shell calcium tab 500 mg</i>	Tier 4	NPD
OYSTER SHELL CALCIUM/D 500-5 MG-MCG TAB	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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>pyridoxine hcl ((tab 100 mg, tab 50 mg), tab 100 mg)</i>	Tier 4	NPD
RA OYSTER SHELL CALCIUM/D2 500-5 MG-MCG TAB	Tier 4	NPD
<i>riboflavin ((tab 100 mg, tab 50 mg), tab 100 mg)</i>	Tier 4	NPD
<i>thiamine hcl tab 100 mg</i>	Tier 4	NPD
<i>thiamine mononitrate tab 100 mg</i>	Tier 4	NPD
<i>vitamin a cap 3 mg (10000 unit)</i>	Tier 4	NPD
<i>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))</i>	Tier 4	NPD
VITAMIN K 100 MCG TAB	Tier 4	NPD
ANTI-CONSTIPATION AGENTS		
<i>bisacodyl ((suppos 10 mg, tab delayed release 5 mg), suppos 10 mg)</i>	Tier 4	NPD
<i>docusate sodium ((cap 100 mg, cap 250 mg, liquid 150 mg/15ml), cap 100 mg, cap 250 mg)</i>	Tier 4	NPD
<i>glycerin (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)</i>	Tier 4	NPD
<i>magnesium citrate soln</i>	Tier 4	NPD
<i>polyethylene glycol 3350 ((oral packet 17 gm, oral powder 17 gm/scoop), oral packet 17 gm)</i>	Tier 4	NPD
<i>sennosides tab 8.6 mg</i>	Tier 4	NPD
ANTI-DIARRHEAL AGENTS		
ANTI-DIARRHEAL 1 MG/5ML LIQUID	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
<i>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)</i>	Tier 4	NPD
GASTROINTESTINAL AGENTS, OTHER		
ALLI 60 MG CAP	Tier 4	PA, NPD
<i>alum & mag hydrox-simethicone ((mag hydroxide-simethicone susp 200-200-20 mg/5ml, mag hydroxide-simethicone susp 400-400-40 mg/5ml), mag hydroxide-simethicone susp 200-200-20 mg/5ml)</i>	Tier 4	NPD
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	Tier 4	NPD
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Tier 4	NPD
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	Tier 4	NPD
<i>bismuth subsalicylate ((chew tab 262 mg, susp 525 mg/15ml, tab 262 mg), chew tab 262 mg, susp 525 mg/15ml)</i>	Tier 4	NPD
<i>calcium carbonate (antacid) ((chew tab 500 mg, chew tab 750 mg), chew tab 500 mg)</i>	Tier 4	NPD
CALCIUM CARBONATE ANTACID 648 MG TAB	Tier 4	NPD
<i>simethicone ((cap 125 mg, chew tab 80 mg, susp 40 mg/0.6ml), cap 125 mg, chew tab 80 mg)</i>	Tier 4	NPD
SM FOAMING ANTACID 80-20 MG CHEW TAB	Tier 4	NPD
<i>sodium bicarbonate tab 325 mg</i>	Tier 4	NPD
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine tab 10 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
PROTON PUMP INHIBITORS		
<i>omeprazole delayed release tab 20 mg</i>	Tier 4	NPD
GENITOURINARY AGENTS, OTHER		
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	Tier 4	NPD
VCF VAGINAL CONTRACEPTIVE ((12.5 % FOAM, 4 % GEL), 12.5 % FOAM)	Tier 4	NPD
PROGESTINS		
<i>levonorgestrel tab 1.5 mg</i>	Tier 4	NPD
METABOLIC BONE DISEASE AGENTS		
<i>ergocalciferol ((cap 1.25 mg (50000 unit), soln 200 mcg/ml (8000 unit/ml)), cap 1.25 mg (50000 unit))</i>	Tier 4	NPD
VITAMIN D2 10 MCG (400 UNIT) TAB	Tier 4	NPD
MISCELLANEOUS THERAPEUTIC AGENTS		
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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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
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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
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
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), 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
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	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 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
FLEXICHAMBER 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 xvi - xvii 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
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
LITEAIRE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), 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
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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
OPTIHALER ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 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
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
PROCARE SPACER/CHILD MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
RITEFLO DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
<i>saline nasal spray 0.65%</i>	Tier 4	NPD
SAXENDA 18 MG/3ML SOLN PEN	Tier 4	PA, NPD
VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), 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
OPHTHALMIC AGENTS, OTHER		
<i>eye wash</i>	Tier 4	NPD
MURO 128 2 % SOLUTION	Tier 4	NPD
<i>naphazoline w/ pheniramine ophth soln 0.027-0.315%</i>	Tier 4	NPD
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 4	NPD
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 4	NPD
OTIC AGENTS		
<i>carbamide peroxide 6.5% otic soln</i>	Tier 4	NPD
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
NASACORT ALLERGY 24HR 55 MCG/ACT AEROSOL	Tier 4	NPD
NASACORT ALLERGY 24HR CHILDREN 55 MCG/ACT AEROSOL	Tier 4	NPD
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 4	NPD
ANTIHISTAMINES		
<i>cetirizine hcl ((tab 10 mg, tab 5 mg), tab 10 mg)</i>	Tier 4	NPD
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Tier 4	NPD
<i>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)</i>	Tier 4	NPD
<i>fexofenadine hcl ((tab 180 mg, tab 60 mg), tab 180 mg)</i>	Tier 4	NPD
<i>loratadine ((rapidly-disintegrating tab 10 mg, tab 10 mg), rapidly-disintegrating tab 10 mg)</i>	Tier 4	NPD
BRONCHODILATORS, SYMPATHOMIMETIC		
NASAL DECONGESTANT ((30 MG/5ML LIQUID, 30 MG/5ML SYRUP), 30 MG/5ML LIQUID)	Tier 4	NPD
<i>pseudoephedrine hcl ((tab 30 mg, tab 60 mg), tab 30 mg)</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii 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
RESPIRATORY TRACT AGENTS, OTHER		
<i>benzonatate ((cap 100 mg, cap 200 mg), cap 100 mg)</i>	Tier 4	NPD
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 4	NPD
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	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
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
<i>promethazine-dm ((6.25-15 mg/5ml solution, syrup 6.25-15 mg/5ml), 6.25-15 mg/5ml solution)</i>	Tier 4	PA, NPD
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	Tier 4	NPD

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

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Phân biệt đối xử là chống lại luật pháp

Blue Shield of California Promise Health Plan tuân thủ các luật hiện hành về dân quyền của liên bang và tiểu bang và không phân biệt đối xử, loại trừ hoặc đối xử khác dựa trên chủng tộc, màu da, nguồn gốc quốc gia, định danh nhóm dân tộc, tình trạng y tế, thông tin di truyền, dòng dõi, tôn giáo, giới tính, tình trạng hôn nhân, giới tính, bản dạng giới tính, khuynh hướng tình dục, tuổi tác, tình trạng khuyết tật tâm thần hoặc tình trạng khuyết tật thể chất.

Blue Shield of California Promise Health Plan cung cấp:

- Hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giao tiếp hiệu quả với chúng tôi, chẳng hạn như:
 - Thông dịch viên ngôn ngữ ký hiệu có trình độ
 - Thông tin bằng văn bản ở các định dạng khác (bản in cỡ lớn, âm thanh, các định dạng điện tử có thể truy cập, các định dạng khác)
- Dịch vụ ngôn ngữ miễn phí cho những người có ngôn ngữ chính không phải là tiếng Anh, chẳng hạn như:
 - Thông dịch viên có trình độ
 - Thông tin bằng văn bản ở những ngôn ngữ khác

Nếu quý vị cần những dịch vụ này, hãy liên hệ với Điều phối viên dân quyền của Blue Shield of California Promise Health Plan.

Nếu quý vị cho rằng Blue Shield of California Promise Health Plan đã không cung cấp các dịch vụ này hoặc phân biệt đối xử theo cách khác dựa trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, định danh nhóm dân tộc, tình trạng y tế, thông tin di truyền, dòng dõi, tôn giáo, giới tính, tình trạng hôn nhân, bản dạng giới tính, khuynh hướng tình dục, tuổi tác, tình trạng khuyết tật tâm thần hoặc tình trạng khuyết tật thể chất, quý vị có thể nộp đơn than phiền cho:

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

Quý vị có thể nộp đơn than phiền trực tiếp hoặc qua đường bưu điện, bằng fax hoặc email. Nếu quý vị cần giúp đỡ nộp đơn than phiền, Điều phối viên dân quyền luôn sẵn sàng giúp đỡ quý vị.

Quý vị cũng có thể nộp đơn khiếu nại về dân quyền với Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ, Văn Phòng Dân Quyền, dưới dạng điện tử thông qua Cổng thông tin báo cáo khiếu nại của Văn Phòng Dân Quyền, có sẵn tại địa chỉ <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, hoặc bằng cách gửi thư qua đường bưu điện hoặc gọi điện thoại đến:

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)
Cổng thông tin báo cáo khiếu nại: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

Mẫu đơn khiếu nại có sẵn tại <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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한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-905-3825 (TTY: 711)번으로 전화해 주십시오.

Русский (Russian):

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

Italiano (Italian):

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-905-3825 (TTY: 711).

فارسی (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.

हिंदी (Hindi):

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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່າງໃຫ້ທ່ານ. ໂທ 1-855-905-3825 (TTY: 711).

日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-905-3825（TTY:711）まで、お電話にてご連絡ください。

ภาษาไทย (Thai):

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

ਪੰਜਾਬੀ ਦੇ (Punjabi):

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):

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-905-3825 (TTY: 711)។

Հայերեն (Armenian):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվալսման աջակցություն ծառայություններ: Ձանգահարեք 1-855-905-3825 (TTY (հեռախոսի) 711):

Danh mục này được cập nhật vào ngày . Để biết thêm thông tin mới hơn hoặc các câu hỏi khác, vui lòng liên hệ với phòng Chăm sóc Khách hàng của Blue Shield Promise Cal MediConnect Plan theo số 1-855-905-3825 (TTY: 711), từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần, hoặc truy cập www.blueshieldca.com/promise/calmediconnect.



Nếu quý vị có câu hỏi, vui lòng gọi cho Blue Shield Promise Cal MediConnect Plan theo số 1-855-905-3825 (TTY: 711), từ 8:00 sáng đến 8:00 tối, bảy ngày trong tuần. Đây là tổng đài miễn phí. **Để biết thêm thông tin**, hãy truy cập www.blueshieldca.com/promise/calmediconnect.