

Blue Shield TotalDual Plan (HMO D-SNP) | 2023 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Blue Shield TotalDual Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Blue Shield TotalDual Plan.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

This list of covered drugs (Formulary) was updated on **10/04/2022**. For more recent information or other questions, contact Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week or visit blueshieldca.com/medformulary2023.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



Table of Contents

A. Disclaimers	iii
B. Frequently Asked Questions (FAQ)	vi
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the "Drug List" for short.)	vi
B2. Does the Drug List ever change?.....	vi
B3. What happens when there is a change to the Drug List?	vii
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	ix
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	ix
B6. What happens if Blue Shield TotalDual Plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	x
B7. How can I find a drug on the Drug List?	x
B8. What if the drug I want to take is not on the Drug List?.....	x
B9. What if I am a new Blue Shield TotalDual Plan member and can't find my drug on the Drug List or have a problem getting my drug?	xi
B10. Can I ask for an exception to cover my drug?	xii
B11. How can I ask for an exception?	xii
B12. How long does it take to get an exception?.....	xii
B13. What are generic drugs?	xiii
B14. Does Blue Shield TotalDual Plan cover long-term supplies of prescriptions?	xiii
B15. Can I get prescriptions delivered to my home from my local pharmacy?	xiii
B16. What is my copay?	xiii
C. Overview of the <i>List of Covered Drugs</i>	xiv
C1. List of Drugs by Medical Condition	xvii
D.Index of Covered Drugs	112

A. Disclaimers

This is a list of drugs that members can get in Blue Shield TotalDual Plan.

- ❖ You can always check Blue Shield TotalDual Plan's up-to-date *List of Covered Drugs* online at blueshieldca.com/medformulary2023 or by calling (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free.
- ❖ **English:**
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (800) 452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
- ❖ **中文 (Chinese):**
请注意：如果您说中文，可以免费获得语言协助服务。请拨打(800) 452-4413（听障和语障专线：711），每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。
- ❖ **한국어(Korean):**
주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. (800) 452-4413 (TTY: 711)번으로 주 7 일, 오전 8시부터 오후 8시까지 전화하실 수 있습니다. 이 전화는 무료입니다.
- ❖ **Русский (Russian):**
ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону (800) 452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

فارسی (Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره (800) 452-4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

- ❖ **भाषा (Hindi):** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना (800) 452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



❖ **Lus Hmoob (Hmong):**

LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau (800) 452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

❖ **Español (Spanish):**

ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al (800) 452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

❖ **Tiếng Việt (Vietnamese):**

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số (800) 452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

❖ **Tagalog (Tagalog):**

PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa (800) 452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

❖ **العربية (Arabic):**

❖ تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم (800) 452-4413 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمات مجانية. ❖

❖ **ພາສາລາວ (Laotian):**

ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ (800) 452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

❖ **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。(800) 452-4413 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

❖ **ภาษาไทย (Thai):**

เรียน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร (800) 452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

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❖ **ਪੰਜਾਬੀ (Punjabi):**

ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ [ਪੰਜਾਬੀ] ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ

(800) 452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ | 711), ਸਵੇਰ ਦੇ 8 ਵਜੇ ਤੋਂ ਲੈ ਕੇ ਰਾਤ ਦੇ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

❖ **ខ្មែរ (Khmer):**

ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក

ដោយឥតគិតថ្លៃ។ ហៅ (800) 452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់

ប្រាំពីរថ្ងៃមួយអាទិត្យ។ ហៅគឺឥតគិតថ្លៃទេ។

❖ **Հայերեն (Armenian):**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվի են անվճար

լեզվական օգնության ծառայություններ: Չանգահարեք (800) 452-4413 (TTY` 711)

համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

❖ **Українська (Ukrainian):**

ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо

запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте

(800) 452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

❖ **Mienh (Mien):**

TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux (800) 452-4413 (TTY: 711),

8:00 diemv ziangh hoc lungn ndorm mingh taux 8:00 ziangh hoc lungn muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

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

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413

(TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Blue Shield TotalDual Plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs are covered by *Blue Shield TotalDual Plan*. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

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

You can also find an up-to-date list of drugs that we cover on our website at blueshieldca.com/medformulary2023 or call Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. This information is also available in the footer of this document.

B2. Does the Drug List ever change?

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

This section is continued on the next page

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

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

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

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

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

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

- You can always check Blue Shield TotalDual Plan's up-to-date Drug List online at blueshieldca.com/medformulary2023.
- You can also call Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week to check the current Drug List.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

This section is continued on the next page

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



- o We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- o You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know that the drug has been taken off the Drug List and instruct you on what to do next.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - o Replace a brand name drug currently on the Drug List **or**
 - o Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 1 . You can also get more information by visiting our website at blueshieldca.com/medformulary2023. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by Medical Condition on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index that begins on page 112. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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

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

If you don't find your drug on the Drug List, call Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week and ask about it. If you learn that Blue Shield TotalDual Plan will not cover the drug, you can do one of these things:

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

B9. What if I am a new Blue Shield TotalDual Plan member and can't find my drug on the Drug List or have a problem getting my drug?

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

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

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

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

If you are taking a drug that Blue Shield TotalDual Plan does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

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

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



Transition Policy

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

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

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

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

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

B11. How can I ask for an exception?

To ask for an exception, call Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. Customer Care will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage* to learn more about exceptions.

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

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

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Blue Shield TotalDual Plan covers both brand name drugs and generic drugs.

B14. Does Blue Shield TotalDual Plan cover long-term supplies of prescriptions?

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

- **Mail-Service Program.** We offer a mail service program that allows you to get **up to a 100-day supply for Tier 1: Preferred Generic Drugs and a 90-day supply for Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs.** A 100-day supply has the same copay as a one-month supply for Tier 1: Preferred Generic Drugs and a 90-day supply for Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs has the same copay as a one-month supply.
- **Retail Pharmacy Programs.** Some retail pharmacies may also offer **up to a 100-day supply for Tier 1: Preferred Generic Drugs and a 90-day supply for Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs.** A 100-day supply has the same copay as a one-month supply for Tier 1: Preferred Generic Drugs and a 90-day supply for Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs has the same copay as a one-month supply.

B15. Can I get prescriptions delivered to my home from my local pharmacy?

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

B16. What is my copay?

Blue Shield TotalDual Plan members have copays for prescriptions as long as the member follows the plan's rules.

Tiers are groups of drugs on our Drug List.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



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

Tier	Description	Co-payment		
		30-day supply	90-day supply	100-day supply
Tier 1	Preferred Generic Drugs	\$0	\$0	\$0
Tier 2	Generic Drugs	\$0, \$1.45, \$4.15	\$0, \$1.45, \$4.15	Not available
Tier 3	Preferred Brand Drugs	\$0, \$4.30, \$10.35	\$0, \$4.30, \$10.35	Not available
Tier 4	Non-Preferred Drugs	\$0, \$4.30, \$10.35	\$0, \$4.30, \$10.35	Not available
Tier 5	Specialty Tier Drugs	\$0, \$4.30, \$10.35	Not available	Not available

If you have questions, call Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Blue Shield TotalDual Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 112. The index alphabetically lists all drugs covered by Blue Shield TotalDual Plan.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *simvastatin*). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Blue Shield TotalDual Plan has any rules for covering your drug.

This section is continued on the next page

LEGEND

TIER	NAME	
1	Preferred Generic Drugs	
2	Generic Drugs	
3	Preferred Brand Drugs	
4	Non-Preferred Drugs	
5	Specialty Tier Drugs	
SYMBOL	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Care.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.

Note:

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.

This section is continued on the next page

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.



- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week.
- You can also read Chapter 9 of the *Evidence of Coverage* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

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

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

D. Index of Covered Drugs

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

List of Drugs by Medical Condition

ANALGESICS.....	1
ANESTHETICS.....	4
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	4
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	13
ANTIDEMENTIA AGENTS.....	17
ANTIDEPRESSANTS.....	18
ANTIEMETICS.....	21
ANTIFUNGALS.....	22
ANTIGOUT AGENTS.....	24
ANTIMIGRAINE AGENTS.....	24
ANTIMYASTHENIC AGENTS.....	25
ANTIMYCOBACTERIALS.....	26
ANTINEOPLASTICS.....	26
ANTIPARASITICS.....	36
ANTIPARKINSON AGENTS.....	37
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	42
ANTIVIRALS.....	43
ANXIOLYTICS.....	49
BIPOLAR AGENTS.....	50
BLOOD GLUCOSE REGULATORS.....	50
BLOOD PRODUCTS AND MODIFIERS.....	54
CARDIOVASCULAR AGENTS.....	56
CENTRAL NERVOUS SYSTEM AGENTS.....	67
DENTAL AND ORAL AGENTS.....	70
DERMATOLOGICAL AGENTS.....	71
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	74
GASTROINTESTINAL AGENTS.....	78
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	80
GENITOURINARY AGENTS.....	82
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	83
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	84
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	85
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	89
HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....	89
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	90
IMMUNOLOGICAL AGENTS.....	91
INFLAMMATORY BOWEL DISEASE AGENTS.....	97
METABOLIC BONE DISEASE AGENTS.....	98
MISCELLANEOUS THERAPEUTIC AGENTS.....	99

OPHTHALMIC AGENTS..... 100

OTIC AGENTS..... 104

RESPIRATORY TRACT/PULMONARY AGENTS..... 105

SKELETAL MUSCLE RELAXANTS..... 110

SLEEP DISORDER AGENTS..... 110

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 3	
<i>diflunisal tab 500 mg</i>	Tier 3	
<i>etodolac (tab 400 mg, tab 500 mg)</i>	Tier 2	
<i>etodolac (tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)</i>	Tier 4	
<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 3	
<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 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>	Tier 4	PA, QL (450 PER 30 OVER TIME), NDS

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

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methadone hcl (10 mg/ml solution, inj 10 mg/ml)</i>	Tier 4	PA, NDS
<i>methadone hcl (5 mg/5ml solution, soln 5 mg/5ml)</i>	Tier 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl tab 10 mg</i>	Tier 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl tab 5 mg</i>	Tier 4	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 3	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 15 mg</i>	Tier 3	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 30 mg</i>	Tier 3	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 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>codeine sulfate (30 mg tab, tab 30 mg)</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>codeine sulfate (60 mg tab, tab 60 mg)</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 3	QL (336 PER 30 OVER TIME), NDS
<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 400 mcg, lozenge on a handle 600 mcg, lozenge on a handle 800 mcg)</i>	Tier 5	PA, 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 xiv - xv and reading the explanation provided in the legends.

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 4	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 3	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 4	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 2 mg</i>	Tier 3	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 4 mg</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 8 mg</i>	Tier 3	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 3	QL (315 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 3	QL (70 PER 30 OVER TIME), NDS
<i>oxycodone hcl (tab 15 mg, tab 30 mg)</i>	Tier 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 10 mg</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 20 mg</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 5 mg</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg)</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS

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

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 3	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 4	QL (50 PER 30 OVER TIME)
<i>lidocaine patch 5%</i>	Tier 4	PA, QL (3 PER 1 DAYS)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 3	QL (30 PER 30 OVER TIME)
NAYZILAM 5 MG/0.1ML SOLUTION	Tier 5	QL (10 PER 30 OVER TIME)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 4	
<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)

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 4	QL (3 PER 1 DAYS)
ZUBSOLV (11.4-2.9 MG SL TAB, 2.9-0.71 MG SL TAB)	Tier 4	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	Tier 4	QL (2 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	Tier 2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 2	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl tab 50 mg</i>	Tier 2	
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 4	
VARENICLINE TARTRATE (0.5 MG TAB, 1 MG TAB)	Tier 4	QL (2 PER 1 DAYS)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	Tier 4	QL (53 PER 30 OVER TIME)

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

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 4	
<i>gentamicin sulfate (topical) (cream 0.1%, oint 0.1%)</i>	Tier 2	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 4	
<i>neomycin sulfate tab 500 mg</i>	Tier 2	
<i>paromomycin sulfate cap 250 mg</i>	Tier 4	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 4	
<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 4	
ANTIBACTERIALS, OTHER		
<i>acetic acid otic soln 2%</i>	Tier 2	
<i>aztreonam (inj 1 gm, inj 2 gm)</i>	Tier 4	
<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 3	
<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 4	
<i>clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)</i>	Tier 4	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 4	
<i>clindamycin phosphate swab 1%</i>	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)</i>	Tier 5	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 4	QL (1 PER 30 OVER TIME)
<i>linezolid for susp 100 mg/5ml</i>	Tier 5	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 4	
<i>linezolid tab 600 mg</i>	Tier 4	PA
<i>methenamine hippurate tab 1 gm</i>	Tier 2	
<i>metronidazole (5 mg/ml solution, iv soln 500 mg/100ml)</i>	Tier 4	
<i>metronidazole (tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>metronidazole (topical) (cream 0.75%, lotion 0.75%)</i>	Tier 3	
<i>metronidazole gel 0.75%</i>	Tier 2	
<i>metronidazole gel 1%</i>	Tier 4	
<i>metronidazole vaginal gel 0.75%</i>	Tier 2	
<i>nitrofurantoin macrocrystal (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 2	
ORBACTIV 400 MG RECON SOLN	Tier 5	PA, QL (9 PER 30 OVER TIME)
SYNERCID 150-350 MG RECON SOLN	Tier 5	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	Tier 5	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 4	
VANDAZOLE 0.75 % GEL	Tier 3	
XIFAXAN 200 MG TAB	Tier 5	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
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, tab 1 gm)</i>	Tier 2	
<i>cefadroxil (susp 250 mg/5ml, susp 500 mg/5ml)</i>	Tier 3	
<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 4	
<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 4	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	Tier 4	
<i>cefotaxime sodium (1 gm recon soln, for inj 1 gm)</i>	Tier 4	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm)</i>	Tier 4	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefotixin sodium (soln 1 gm, soln 10 gm, soln 2 gm)</i>	Tier 4	
<i>cefprozime proxetil (for susp 100 mg/5ml, for susp 50 mg/5ml, tab 100 mg, tab 200 mg)</i>	Tier 4	
<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 4	
<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 4	
<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 4	
<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 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 5	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin & pot clavulanate (for susp 200-28.5 mg/5ml, for susp 250-62.5 mg/5ml, for susp 400-57 mg/5ml, for susp 600-42.9 mg/5ml, tab 250-125 mg, tab 500-125 mg, tab 875-125 mg)</i>	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (inj 1.5 (1-0.5) gm, inj 3 (2-1) gm, iv soln 15 (10-5) gm)</i>	Tier 4	
AMPICILLIN 500 MG CAP	Tier 2	
<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 4	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	Tier 4	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSPENSION, 600000 UNIT/ML SUSP PRSYR)	Tier 4	
<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)</i>	Tier 4	
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 5	
<i>penicillin g potassium (inj 20000000 unit, inj 5000000 unit)</i>	Tier 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)	Tier 4	
<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 4	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 4	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	Tier 4	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	Tier 4	
MACROLIDES		
<i>azithromycin (for susp 100 mg/5ml, for susp 200 mg/5ml, tab 250 mg, tab 500 mg, tab 600 mg)</i>	Tier 2	
AZITHROMYCIN 1 GM PACKET	Tier 3	
<i>azithromycin iv for soln 500 mg</i>	Tier 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	Tier 4	
<i>clarithromycin (tab 250 mg, tab 500 mg)</i>	Tier 2	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 3	
DIFICID 200 MG TAB	Tier 5	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	Tier 5	PA, QL (136 PER 10 OVER TIME)
E.E.S. 400 400 MG TAB	Tier 4	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	Tier 4	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin base (base 250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)</i>	Tier 4	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	Tier 4	
<i>erythromycin lactobionate for inj 500 mg</i>	Tier 4	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 4	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	Tier 4	
<i>ciprofloxacin hcl (tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	Tier 2	
CIPROFLOXACIN HCL 100 MG TAB	Tier 4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 2	
<i>levofloxacin (iv soln 25 mg/ml, oral soln 25 mg/ml)</i>	Tier 4	
<i>levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)</i>	Tier 2	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	Tier 4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 4	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	Tier 3	
SULFONAMIDES		
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 3	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 4	
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, tab 100 mg, tab 20 mg)</i>	Tier 2	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 4	
<i>minocycline hcl (cap 100 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	
<i>minocycline hcl (tab 100 mg, tab 50 mg, tab 75 mg)</i>	Tier 4	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	Tier 4	

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 5	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	Tier 5	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 5	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 5	PA, LA

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPRONTIA 25 MG/ML SOLUTION	Tier 4	PA, QL (16 PER 1 DAYS)
<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	Tier 4	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 5	PA, LA, QL (12 PER 1 DAYS)
FYCOMPA (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	Tier 4	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	Tier 4	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 4	PA, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	Tier 4	PA, QL (3 PER 1 DAYS)
SPRITAM 750 MG TAB	Tier 4	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</i>	Tier 4	
<i>valproate sodium 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 5	PA, QL (1 PER 1 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	Tier 5	PA, QL (28 PER 28 OVER TIME)
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) (MG DAILY DOSE) 100 & 150 MG TAB THPK, MG DAILY DOSE) 50 & 200 MG TAB THPK)	Tier 5	PA, QL (2 PER 1 DAYS)

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 5	PA, QL (2 PER 1 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	Tier 4	PA, QL (28 PER 28 OVER TIME)
ZTALMY 50 MG/ML SUSPENSION	Tier 5	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 4	PA, QL (16 PER 1 DAYS)
<i>clobazam tab 10 mg</i>	Tier 4	PA, QL (4 PER 1 DAYS)
<i>clobazam tab 20 mg</i>	Tier 4	PA, QL (2 PER 1 DAYS)
DIAZEPAM 10 MG GEL	Tier 4	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	Tier 4	QL (5 PER 30 OVER TIME)
DIAZEPAM 20 MG GEL	Tier 4	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 3	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 5	PA, QL (2 PER 1 DAYS)
<i>tiagabine hcl (tab 12 mg, tab 16 mg, tab 2 mg, tab 4 mg)</i>	Tier 4	PA
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 OVER TIME)

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 OVER TIME)
<i>vigabatrin (powd pack 500 mg, tab 500 mg)</i>	Tier 5	PA, LA, QL (6 PER 1 DAYS)
SODIUM CHANNEL AGENTS		
APTOM (200 MG TAB, 400 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
APTOM (600 MG TAB, 800 MG TAB)	Tier 5	QL (2 PER 1 DAYS)
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	Tier 3	
<i>carbamazepine (chew tab 100 mg, susp 100 mg/5ml, tab 200 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 4	QL (2 PER 1 DAYS)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
<i>lacosamide oral solution 10 mg/ml</i>	Tier 4	QL (40 PER 1 DAYS)
<i>oxcarbazepine (tab 150 mg, tab 300 mg, tab 600 mg)</i>	Tier 2	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 4	
PEGANONE 250 MG TAB	Tier 4	
PHENYTEK (200 MG CAP, 300 MG CAP)	Tier 4	
<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	

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rufinamide susp 40 mg/ml</i>	Tier 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide tab 200 mg</i>	Tier 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide tab 400 mg</i>	Tier 4	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	Tier 4	
<i>zonisamide (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 2	

ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 4	PA
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 2	
<i>donepezil hydrochloride orally disintegrating 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 4	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, tab 28 x 5 mg & 21 x 10 mg titration pack)</i>	Tier 3	
<i>memantine hcl (tab 10 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 xiv - xv and reading the explanation provided in the legends.

ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 4	

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS, OTHER		
<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)
<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 5	PA, QL (1 PER 1 DAYS)
MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 4	
<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 5	PA
MARPLAN 10 MG TAB	Tier 4	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	Tier 2	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 4	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	Tier 2	

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

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 3	
<i>desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))</i>	Tier 4	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 4	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 4	PA, QL (1 PER 1 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 4	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 4	QL (4 PER 28 OVER TIME)
<i>fluvoxamine maleate tab 100 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 2	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate tab 50 mg</i>	Tier 2	QL (6 PER 1 DAYS)
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 3	
<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 4	QL (30 PER 1 DAYS)
<i>sertraline hcl (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 3	
<i>trazodone hcl (tab 100 mg, tab 150 mg, tab 50 mg)</i>	Tier 2	

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

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trazodone hcl tab 300 mg</i>	Tier 3	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 4	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 4	ST, QL (30 PER 30 OVER TIME)
<i>vilazodone hcl (tab 10 mg, tab 20 mg, tab 40 mg)</i>	Tier 4	ST, QL (1 PER 1 DAYS)
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 4	PA
<i>desipramine hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)</i>	Tier 4	
<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 (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	Tier 2	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	Tier 4	

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

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>protriptyline hcl (tab 10 mg, tab 5 mg)</i>	Tier 4	
<i>trimipramine maleate (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 4	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 (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 10 mg (base equivalent), tab 5 mg (base equivalent))</i>	Tier 2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 4	
<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 4	
<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 4	PA
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (capsule 125 mg, capsule 80 mg, capsule therapy pack 80 & 125 mg)</i>	Tier 4	PA
<i>aprepitant capsule 40 mg</i>	Tier 4	PA, QL (1 PER 30 OVER TIME)
<i>dronabinol (cap 10 mg, cap 2.5 mg, cap 5 mg)</i>	Tier 4	PA, QL (6 PER 1 DAYS)

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

ANTIEMETICS

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

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 4	PA
AMBISOME 50 MG RECON SUSP	Tier 5	PA
AMPHOTERICIN B 50 MG RECON SOLN	Tier 4	PA
<i>amphotericin b liposome iv for susp 50 mg</i>	Tier 5	PA
<i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg)</i>	Tier 5	PA
<i>caspofungin acetate (70 mg recon soln, for iv soln 70 mg)</i>	Tier 4	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 5	PA
<i>econazole nitrate cream 1%</i>	Tier 4	

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

ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (j 200 mg/100ml, j 400 mg/200ml)</i>	Tier 4	
<i>flucytosine (cap 250 mg, cap 500 mg)</i>	Tier 5	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	Tier 4	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	Tier 4	
<i>itraconazole cap 100 mg</i>	Tier 4	PA
<i>ketokonazole (topical) (cream 2%, shampoo 2%)</i>	Tier 2	
<i>ketokonazole tab 200 mg</i>	Tier 2	
<i>miconazole sodium (100 mg recon soln, 50 mg recon soln, for iv soln 100 mg, for iv soln 50 mg)</i>	Tier 5	
MICONAZOLE 3 200 MG SUPPOS	Tier 4	
NOXAFIL 40 MG/ML SUSPENSION	Tier 5	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 5	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%)</i>	Tier 3	
<i>terconazole vaginal suppos 80 mg</i>	Tier 4	
<i>voriconazole for inj 200 mg</i>	Tier 5	PA
<i>voriconazole for susp 40 mg/ml</i>	Tier 5	PA
<i>voriconazole tab 200 mg</i>	Tier 4	PA

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

ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>voriconazole tab 50 mg</i>	Tier 4	PA

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 3	QL (4 PER 1 DAYS)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 2	
<i>probenecid tab 500 mg</i>	Tier 2	

ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMIGRAINE AGENTS, OTHER		
UBRELVY (100 MG TAB, 50 MG TAB)	Tier 5	PA, QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 4	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 5	PA, QL (8 PER 30 OVER TIME)
MIGERGOT 2-100 MG SUPPOS	Tier 4	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	

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

ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (tab 1 mg (base equiv), tab 2.5 mg (base equiv))</i>	Tier 3	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 4	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 4	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)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	Tier 4	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 4	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	

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

ANTIMYCOBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (tab 100 mg, tab 25 mg)</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 4	
ANTITUBERCULARS		
CAPASTAT SULFATE 1 GM RECON SOLN	Tier 4	
<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	Tier 2	
<i>isoniazid (100 mg tab, 50 mg/5ml syrup, tab 100 mg, tab 300 mg)</i>	Tier 2	
ISONIAZID 100 MG/ML SOLUTION	Tier 4	
PASER 4 GM PACKET	Tier 4	
PRIFTIN 150 MG TAB	Tier 3	
<i>pyrazinamide tab 500 mg</i>	Tier 2	
<i>rifampin (cap 150 mg, cap 300 mg)</i>	Tier 2	
<i>rifampin for inj 600 mg</i>	Tier 4	
RIFATER 50-120-300 MG TAB	Tier 4	
SIRTURO 100 MG TAB	Tier 5	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	Tier 5	PA, QL (120 PER 28 OVER TIME)
TRECTOR 250 MG TAB	Tier 4	

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	PA
GLEOSTINE (100 MG CAP, 40 MG CAP)	Tier 5	

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLEOSTINE 10 MG CAP	Tier 4	
LEUKERAN 2 MG TAB	Tier 4	
MATULANE 50 MG CAP	Tier 5	LA
<i>thiotepa (inj 100 mg, inj 15 mg)</i>	Tier 5	PA
VALCHLOR 0.016 % GEL	Tier 5	PA, LA, QL (60 PER 30 OVER TIME)

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	Tier 5	PA, QL (4 PER 1 DAYS)
<i>abiraterone acetate tab 500 mg</i>	Tier 5	PA, QL (2 PER 1 DAYS)
<i>bicalutamide tab 50 mg</i>	Tier 2	
ERLEADA 60 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
<i>flutamide (125 mg cap, cap 125 mg)</i>	Tier 3	
<i>nilutamide tab 150 mg</i>	Tier 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 5	PA, QL (4 PER 1 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	Tier 5	PA, LA, QL (4 PER 1 DAYS)
XTANDI 80 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)

ANTIANGIOGENIC AGENTS

<i>lenalidomide (cap 10 mg, cap 15 mg, cap 20 mg, cap 25 mg, cap 5 mg, caps 2.5 mg)</i>	Tier 5	PA, LA, QL (1 PER 1 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
REVLIMID (10 MG CAP, 15 MG CAP, 2.5 MG CAP, 20 MG CAP, 25 MG CAP, 5 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
THALOMID (100 MG CAP, 50 MG CAP)	Tier 5	PA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	Tier 5	PA, QL (2 PER 1 DAYS)

ANTIESTROGENS/MODIFIERS

EMCYT 140 MG CAP	Tier 4	
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You can find information on what the symbols and abbreviations in this table mean by going to pages xiv - xv and reading the explanation provided in the legends.

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fulvestrant (250 mg/5ml soln prsyr, inj soln pref syr 250 mg/5ml)</i>	Tier 5	
SOLTAMOX 10 MG/5ML SOLUTION	Tier 5	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 4	
ANTIMETABOLITES		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
<i>hydroxyurea cap 500 mg</i>	Tier 2	
INQOVI 35-100 MG TAB	Tier 5	PA, LA, QL (5 PER 28 OVER TIME)
<i>mercaptopurine tab 50 mg</i>	Tier 2	
PURIXAN 2000 MG/100ML SUSPENSION	Tier 5	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 5	PA, LA, QL (1 PER 1 DAYS)
BESREMI 500 MCG/ML SOLN PRSYR	Tier 5	PA, LA, QL (2 PER 28 OVER TIME)
BRUKINSA 80 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
EXKIVITY 40 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	Tier 5	PA, LA, QL (21 PER 28 OVER TIME)
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
INREBIC 100 MG CAP	Tier 5	PA, QL (4 PER 1 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	PA, QL (70 PER 28 OVER TIME)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	PA, QL (91 PER 28 OVER TIME)
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	PA, QL (49 PER 28 OVER TIME)

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ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOSELUGO 10 MG CAP	Tier 5	PA, LA, QL (8 PER 1 DAYS)
KOSELUGO 25 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
<i>leucovorin calcium (inj 100 mg, inj 350 mg)</i>	Tier 4	
<i>leucovorin calcium (tab 10 mg, tab 15 mg, tab 25 mg, tab 5 mg)</i>	Tier 2	
LONSURF 15-6.14 MG TAB	Tier 5	PA, LA, QL (100 PER 28 OVER TIME)
LONSURF 20-8.19 MG TAB	Tier 5	PA, LA, QL (80 PER 28 OVER TIME)
LUMAKRAS 120 MG TAB	Tier 5	PA, QL (8 PER 1 DAYS)
LYSODREN 500 MG TAB	Tier 5	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 5	PA, QL (3 PER 21 OVER TIME)
ONUREG (200 MG TAB, 300 MG TAB)	Tier 5	PA, QL (14 PER 28 OVER TIME)
QINLOCK 50 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
RETEVMO 40 MG CAP	Tier 5	PA, QL (6 PER 1 DAYS)
RETEVMO 80 MG CAP	Tier 5	PA, QL (4 PER 1 DAYS)
ROZLYTREK 100 MG CAP	Tier 5	PA, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAP	Tier 5	PA, QL (3 PER 1 DAYS)
SYNRIBO 3.5 MG RECON SOLN	Tier 5	PA
TABRECTA (150 MG TAB, 200 MG TAB)	Tier 5	PA, QL (4 PER 1 DAYS)
TAZVERIK 200 MG TAB	Tier 5	PA, LA, QL (8 PER 1 DAYS)
WELIREG 40 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (20 PER 28 OVER TIME)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	Tier 5	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	PA, LA, QL (4 PER 28 OVER TIME)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 5	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (12 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 5	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	PA, LA, QL (32 PER 28 OVER TIME)
ZOLINZA 100 MG CAP	Tier 5	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 5	PA, LA, QL (8 PER 1 DAYS)
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	Tier 5	PA, LA, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)
BOSULIF 100 MG TAB	Tier 5	PA, QL (4 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRAFTOVI 50 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAP	Tier 5	PA, LA, QL (6 PER 1 DAYS)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 5	PA, LA, QL (2 PER 1 DAYS)
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 5	PA, LA, QL (4 PER 1 DAYS)
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 5	PA, LA, QL (3 PER 1 DAYS)
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 5	PA, LA, QL (56 PER 28 OVER TIME)
COTELLIC 20 MG TAB	Tier 5	PA, LA, QL (63 PER 28 OVER TIME)
DAURISMO 100 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
DAURISMO 25 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ERIVEDGE 150 MG CAP	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>erlotinib hcl (tab 100 mg (base equivalent), tab 150 mg (base equivalent))</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 5	PA, QL (3 PER 1 DAYS)
<i>everolimus (tab 10 mg, tab 7.5 mg)</i>	Tier 5	PA, QL (2 PER 1 DAYS)
<i>everolimus (tab 2.5 mg, tab 5 mg)</i>	Tier 5	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 5	PA
GAVRETO 100 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)

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ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 5	PA, LA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 5	PA, QL (8 PER 1 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 5	PA, QL (2 PER 1 DAYS)
IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 5	PA, LA, QL (8 PER 1 DAYS)
INLYTA 1 MG TAB	Tier 5	PA, LA, QL (6 PER 1 DAYS)
INLYTA 5 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
IRESSA 250 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)
JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 5	PA, QL (21 PER 28 OVER TIME)
KISQALI (400 MG DOSE) 200 MG TAB THPK	Tier 5	PA, QL (42 PER 28 OVER TIME)
KISQALI (600 MG DOSE) 200 MG TAB THPK	Tier 5	PA, QL (63 PER 28 OVER TIME)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 5	PA, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 5	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 5	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 5	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 5	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 5	PA, LA, QL (2 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 5	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 5	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 5	PA, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 5	PA, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
MEKINIST 2 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
MEKTOVI 15 MG TAB	Tier 5	PA, LA, QL (6 PER 1 DAYS)
NERLYNX 40 MG TAB	Tier 5	PA, LA, QL (6 PER 1 DAYS)
ODOMZO 200 MG CAP	Tier 5	PA, LA, QL (1 PER 1 DAYS)
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 5	PA, LA, QL (14 PER 21 OVER TIME)
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 5	PA, QL (1 PER 1 DAYS)
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 5	PA, QL (2 PER 1 DAYS)
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 5	PA, QL (2 PER 1 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 5	PA, LA, QL (4 PER 1 DAYS)
RYDAPT 25 MG CAP	Tier 5	PA, QL (8 PER 1 DAYS)
SCEMBLIX 20 MG TAB	Tier 5	PA, QL (20 PER 1 DAYS)
SCEMBLIX 40 MG TAB	Tier 5	PA, QL (10 PER 1 DAYS)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 5	PA, QL (4 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	Tier 5	PA, QL (6 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRYCEL 50 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
STIVARGA 40 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
<i>sunitinib malate (cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 5	PA, QL (7 PER 1 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 5	PA, QL (3 PER 1 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 5	PA, LA, QL (4 PER 1 DAYS)
TAGRISO (40 MG TAB, 80 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAP	Tier 5	PA, LA, QL (3 PER 1 DAYS)
TASIGNA (150 MG CAP, 200 MG CAP, 50 MG CAP)	Tier 5	PA, QL (4 PER 1 DAYS)
TEPMETKO 225 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)
TIBSOVO 250 MG TAB	Tier 5	PA, LA, QL (2 PER 1 DAYS)
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	Tier 5	PA, LA, QL (21 PER 28 OVER TIME)
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	Tier 5	PA, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	Tier 5	PA, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	Tier 5	PA, LA, QL (63 PER 28 OVER TIME)
TUKYSA (150 MG TAB, 50 MG TAB)	Tier 5	PA, LA, QL (4 PER 1 DAYS)
TURALIO 200 MG CAP	Tier 5	PA, LA, QL (4 PER 1 DAYS)
UKONIQ 200 MG TAB	Tier 5	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 5	PA, LA, QL (6 PER 1 DAYS)
VENCLEXTA 50 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	Tier 5	PA, LA, QL (84 PER 365 OVER TIME)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
VITRAKVI 100 MG CAP	Tier 5	PA, LA, QL (2 PER 1 DAYS)
VITRAKVI 20 MG/ML SOLUTION	Tier 5	PA, LA, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAP	Tier 5	PA, LA, QL (6 PER 1 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
VOTRIENT 200 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
XALKORI (200 MG CAP, 250 MG CAP)	Tier 5	PA, LA, QL (4 PER 1 DAYS)
XOSPATA 40 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ZEJULA 100 MG CAP	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ZELBORAF 240 MG TAB	Tier 5	PA, LA, QL (8 PER 1 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
ZYKADIA (150 MG CAP, 150 MG TAB)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
RETINOIDS		
<i>bexarotene cap 75 mg</i>	Tier 5	PA, QL (10 PER 1 DAYS)
<i>bexarotene gel 1%</i>	Tier 5	PA, QL (60 PER 30 OVER TIME)
PANRETIN 0.1 % GEL	Tier 5	PA
<i>tretinoin cap 10 mg</i>	Tier 5	
TREATMENT ADJUNCTS		
<i>mesna inj 100 mg/ml</i>	Tier 4	
MESNEX 400 MG TAB	Tier 5	
VONJO 100 MG CAP	Tier 5	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 xiv - xv and reading the explanation provided in the legends.

ANTIPARASITICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	Tier 5	
<i>ivermectin tab 3 mg</i>	Tier 3	QL (16 PER 365 OVER TIME)
<i>praziquantel tab 600 mg</i>	Tier 3	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	Tier 4	PA, QL (180 PER 3 OVER TIME)
<i>atovaquone susp 750 mg/5ml</i>	Tier 5	PA
<i>atovaquone-proguanil hcl (tab 250-100 mg, tab 62.5-25 mg)</i>	Tier 3	
BENZNIDAZOLE 100 MG TAB	Tier 4	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	Tier 4	QL (720 PER 365 OVER TIME)
<i>chloroquine phosphate (500 mg tab, tab 500 mg)</i>	Tier 2	QL (25 PER 30 OVER TIME)
<i>chloroquine phosphate tab 250 mg</i>	Tier 2	QL (50 PER 30 OVER TIME)
COARTEM 20-120 MG TAB	Tier 4	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 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 4	PA
<i>pentamidine isethionate for soln 300 mg</i>	Tier 3	
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	Tier 3	

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

ANTIPARASITICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyrimethamine tab 25 mg</i>	Tier 5	PA
<i>quinine sulfate cap 324 mg</i>	Tier 3	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 (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
<i>benztropine mesylate inj 1 mg/ml</i>	Tier 4	
<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, syrup 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 4	
<i>entacapone tab 200 mg</i>	Tier 3	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 5	PA
<i>bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))</i>	Tier 2	
<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	

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

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa tab 25 mg</i>	Tier 4	
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 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	Tier 4	
<i>carbidopa-levodopa (tab 10-100 mg, tab 25-100 mg, tab 25-250 mg, tab er 25-100 mg, tab er 50-200 mg)</i>	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	Tier 4	QL (1 PER 1 DAYS)
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	Tier 2	

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 4	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 4	
<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 4	

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

ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 3	
<i>haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)</i>	Tier 3	
<i>loxapine succinate (cap 10 mg, cap 25 mg, cap 5 mg, cap 50 mg)</i>	Tier 2	
MOLINDONE HCL 10 MG TAB	Tier 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	Tier 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	Tier 4	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	Tier 3	
<i>thioridazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 3	PA
<i>thiothixene (cap 1 mg, cap 10 mg, cap 2 mg, cap 5 mg)</i>	Tier 3	
<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	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 5	PA
<i>aripiprazole (tab 10 mg, tab 15 mg)</i>	Tier 5	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 4	QL (25 PER 1 DAYS)
<i>aripiprazole tab 2 mg</i>	Tier 2	QL (4 PER 1 DAYS)
<i>aripiprazole tab 5 mg</i>	Tier 2	QL (2 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 5	PA

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ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARISTADA INITIO 675 MG/2.4ML PRSYR	Tier 5	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 4	PA, QL (2 PER 1 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 5	PA, QL (1 PER 1 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	Tier 4	PA, QL (2 PER 1 DAYS)
FANAPT (10 MG TAB, 12 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	Tier 4	PA, QL (8 PER 30 OVER TIME)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 5	PA, QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 5	PA, QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 5	PA, QL (0.75 PER 28 OVER TIME)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 5	PA, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 5	PA, QL (1.5 PER 28 OVER TIME)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 4	PA, QL (0.25 PER 28 OVER TIME)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 5	PA, QL (0.5 PER 28 OVER TIME)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 5	PA, QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 5	PA, QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 5	PA, QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 5	PA, QL (2.63 PER 84 OVER TIME)
LATUDA (120 MG TAB, 80 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)

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ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TAB	Tier 5	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)</i>	Tier 4	
<i>olanzapine (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 4	PA, QL (1 PER 1 DAYS)
<i>paliperidone tab er 24hr 6 mg</i>	Tier 4	PA, QL (2 PER 1 DAYS)
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 5	PA, QL (1 PER 28 OVER TIME)
<i>quetiapine fumarate (150 mg tab, tab 100 mg, tab 200 mg, tab 25 mg, tab 300 mg, tab 400 mg, tab 50 mg)</i>	Tier 2	
<i>quetiapine fumarate (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 3	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (25 MG SRER, 37.5 MG SRER, 50 MG SRER)	Tier 5	
RISPERDAL CONSTA 12.5 MG SRER	Tier 4	
<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)</i>	Tier 4	
<i>risperidone (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	Tier 2	

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ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone soln 1 mg/ml</i>	Tier 3	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 5	PA, QL (1 PER 1 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 5	PA, QL (1 PER 1 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 4	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 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	Tier 4	PA
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)</i>	Tier 4	
<i>clozapine (tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
VERSACLOZ 50 MG/ML SUSPENSION	Tier 5	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 (16 PER 1 DAYS)
<i>dantrolene sodium (cap 100 mg, cap 25 mg, cap 50 mg)</i>	Tier 3	
<i>tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))</i>	Tier 2	

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

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 5	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	Tier 5	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 5	QL (18 PER 1 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 3	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	Tier 4	QL (5 PER 30 OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 5	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 5	QL (21 PER 1 DAYS)
<i>entecavir (tab 0.5 mg, tab 1 mg)</i>	Tier 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
<i>lamivudine tab 100 mg (hbv)</i>	Tier 3	
VEMLIDY 25 MG TAB	Tier 5	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 5	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	Tier 5	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	Tier 5	PA, QL (2 PER 1 DAYS)
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	Tier 5	PA, QL (1 PER 1 DAYS)
MAVYRET 100-40 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	Tier 5	PA, QL (6 PER 1 DAYS)
RIBASPHERE 600 MG TAB	Tier 2	
<i>ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)</i>	Tier 2	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	Tier 5	PA, QL (1 PER 1 DAYS)

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ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VOSEVI 400-100-100 MG TAB	Tier 5	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETEUDE 600 MG/3ML SUSP	Tier 5	PA, QL (21 PER 365 OVER TIME)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	Tier 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	Tier 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	Tier 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	Tier 4	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	Tier 5	QL (2 PER 1 DAYS)
<i>efavirenz cap 200 mg</i>	Tier 4	QL (3 PER 1 DAYS)
<i>efavirenz cap 50 mg</i>	Tier 4	QL (6 PER 1 DAYS)
<i>efavirenz tab 600 mg</i>	Tier 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 5	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)</i>	Tier 5	QL (1 PER 1 DAYS)
<i>etravirine tab 100 mg</i>	Tier 4	QL (4 PER 1 DAYS)

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ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etravirine tab 200 mg</i>	Tier 4	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 4	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	Tier 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 4	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 4	QL (3 PER 1 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 5	QL (2 PER 1 DAYS)
RESCRIPTOR 100 MG TAB	Tier 4	QL (12 PER 1 DAYS)
RESCRIPTOR 200 MG TAB	Tier 4	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 4	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 4	QL (1 PER 1 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 5	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	Tier 5	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 4	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 5	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 4	QL (24 PER 1 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 3	QL (30 PER 1 DAYS)

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lamivudine tab 150 mg</i>	Tier 3	QL (2 PER 1 DAYS)
<i>lamivudine tab 300 mg</i>	Tier 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 4	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 5	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 4	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 5	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 5	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 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 4	QL (240 PER 30 OVER TIME)
ZERIT 1 MG/ML RECON SOLN	Tier 3	QL (80 PER 1 DAYS)
<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 5	PA, QL (4 PER 30 OVER TIME)
CABENUVA 600 & 900 MG/3ML SUSP	Tier 5	PA, QL (6 PER 30 OVER TIME)
FUZEON 90 MG RECON SOLN	Tier 5	QL (60 PER 30 OVER TIME)
<i>maraviroc tab 150 mg</i>	Tier 5	QL (2 PER 1 DAYS)
<i>maraviroc tab 300 mg</i>	Tier 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 5	QL (2 PER 1 DAYS)

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SELZENTRY 20 MG/ML SOLUTION	Tier 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	Tier 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	Tier 5	QL (8 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 5	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAP	Tier 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (cap 150 mg (base equiv), cap 200 mg (base equiv))</i>	Tier 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 4	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 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 5	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 4	QL (13 PER 1 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 4	QL (4 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	Tier 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 4	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	Tier 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	Tier 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 600 MG TAB	Tier 5	QL (2 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (10 PER 1 DAYS)
PREZISTA 800 MG TAB	Tier 5	QL (1 PER 1 DAYS)

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REYATAZ 50 MG PACKET	Tier 5	QL (8 PER 1 DAYS)
<i>ritonavir tab 100 mg</i>	Tier 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 5	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 4	QL (1080 PER 365 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	Tier 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	Tier 2	
XOFLUZA (40 MG DOSE) (MG DOSE) 1 X 40 MG TAB THPK, (MG DOSE) 2 X 20 MG TAB THPK)	Tier 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 4	QL (1 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	Tier 4	QL (2 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
<i>acyclovir (cap 200 mg, tab 400 mg, tab 800 mg)</i>	Tier 2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 4	PA
<i>acyclovir susp 200 mg/5ml</i>	Tier 4	
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	Tier 3	
TRIFLURIDINE 1 % SOLUTION	Tier 2	
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	Tier 2	

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

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 4	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)
<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)

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

BIPOLAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MOOD STABILIZERS		
LITHIUM 8 MEQ/5ML SOLUTION	Tier 2	
<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
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	
<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)

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

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
KERENDIA (10 MG TAB, 20 MG TAB)	Tier 4	PA, 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 4	QL (3 PER 1 DAYS)
<i>nateglinide (tab 120 mg, tab 60 mg)</i>	Tier 2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Tier 3	QL (1.5 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	Tier 3	QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	QL (3 PER 28 OVER TIME)
<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)

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

BLOOD GLUCOSE REGULATORS

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

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

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN N 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN R 100 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	Tier 3	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
LANTUS 100 UNIT/ML SOLUTION	Tier 3	QL (40 PER 30 OVER TIME)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 3	QL (45 PER 30 OVER TIME)
LYUMJEV 100 UNIT/ML SOLUTION	Tier 3	
LYUMJEV KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
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	

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

BLOOD GLUCOSE REGULATORS

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

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate (cap 150 mg (base eq), cap 75 mg (base eq))</i>	Tier 4	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 3	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 3	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 3	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 3	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 3	QL (36 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 5	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 4	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 5	QL (12 PER 30 OVER TIME)

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BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 5	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	PA
PRADAXA (110 MG CAP, 150 MG CAP, 75 MG CAP)	Tier 4	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	
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 4	QL (1 PER 1 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl (cap 0.5 mg, cap 1 mg)</i>	Tier 3	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	Tier 4	PA
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR)	Tier 5	PA
MOZOBIL 24 MG/1.2ML SOLUTION	Tier 5	PA, LA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	Tier 5	PA, LA, QL (1 PER 1 DAYS)

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

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA (25 MG TAB, 50 MG TAB)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	Tier 5	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	Tier 5	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)	Tier 4	PA
RETACRIT 40000 UNIT/ML SOLUTION	Tier 5	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 5	PA

HEMOSTASIS AGENTS

<i>tranexamic acid tab 650 mg</i>	Tier 3	QL (1 PER 1 DAYS)
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PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 4	
BRILINTA (60 MG TAB, 90 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
CABLIVI 11 MG KIT	Tier 5	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
<i>prasugrel hcl (tab 10 mg (base equiv), tab 5 mg (base equiv))</i>	Tier 3	QL (1 PER 1 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	Tier 5	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 4	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 5	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa cap 200 mg</i>	Tier 5	PA, QL (120 PER 30 OVER TIME)
<i>droxidopa cap 300 mg</i>	Tier 5	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 xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 400 mg)</i>	Tier 4	
<i>amiodarone hcl tab 200 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 4	
<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	
MULTAQ 400 MG TAB	Tier 4	QL (2 PER 1 DAYS)

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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/af) (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 3	
<i>pindolol (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>propranolol hcl (40 mg/5ml solution, oral soln 20 mg/5ml)</i>	Tier 3	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, 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 4	
NYMALIZE 6 MG/ML SOLUTION	Tier 5	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	
<i>diltiazem hcl coated beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg, beads cap er 24hr 300 mg, beads cap er 24hr 360 mg, beads tab er 24hr 180 mg, beads tab er 24hr 240 mg, beads tab er 24hr 300 mg, beads tab er 24hr 360 mg, beads tab er 24hr 420 mg)</i>	Tier 2	

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CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl extended release beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg, beads cap er 24hr 300 mg, beads cap er 24hr 360 mg, beads cap er 24hr 420 mg)</i>	Tier 2	
<i>verapamil hcl (cap er 24hr 100 mg, cap er 24hr 200 mg, cap er 24hr 300 mg)</i>	Tier 4	
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg)</i>	Tier 3	
<i>verapamil hcl (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 (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	Tier 4	
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 3	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	
<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	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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	
BENAZEPRIL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	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 4	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	Tier 4	PA, QL (20 PER 1 DAYS)
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)</i>	Tier 4	
<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	
<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	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 5	
<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 3	QL (2 PER 1 DAYS)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 2	
<i>telmisartan-hydrochlorothiazide (tab 40-12.5 mg, tab 80-12.5 mg, tab 80-25 mg)</i>	Tier 1	
<i>triamterene & hydrochlorothiazide (tab 37.5-25 mg, tab 75-50 mg)</i>	Tier 2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<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 5	PA, LA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
<i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	

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CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bumetanide inj 0.25 mg/ml</i>	Tier 4	
<i>furosemide (8 mg/ml solution, oral soln 10 mg/ml)</i>	Tier 2	
<i>furosemide (tab 20 mg, tab 40 mg, tab 80 mg)</i>	Tier 1	
<i>furosemide inj 10 mg/ml</i>	Tier 4	
<i>torsemide (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 4	
<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	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate (cap dr 135 mg (fenofibric acid equiv), cap dr 45 mg (fenofibric acid equiv))</i>	Tier 3	
<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	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
<i>colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)</i>	Tier 4	
<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 4	QL (8 PER 1 DAYS)
<i>icosapent ethyl cap 1 gm</i>	Tier 4	QL (4 PER 1 DAYS)
JUXTAPID (40 MG CAP, 60 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
JUXTAPID 10 MG CAP	Tier 5	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 xiv - xv and reading the explanation provided in the legends.

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JUXTAPID 20 MG CAP	Tier 5	PA, LA, QL (3 PER 1 DAYS)
JUXTAPID 30 MG CAP	Tier 5	PA, LA, QL (2 PER 1 DAYS)
JUXTAPID 5 MG CAP	Tier 5	PA, LA, QL (12 PER 1 DAYS)
<i>niacin (antihyperlipidemic) (tab er 1000 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic))</i>	Tier 3	QL (2 PER 1 DAYS)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	Tier 4	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 4	
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (4 PER 1 DAYS)
REPATHA 140 MG/ML SOLN PRSYR	Tier 3	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHRONEX SYSTEM 420 MG/3.5ML SOLN CART	Tier 3	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	Tier 3	PA, QL (2 PER 28 OVER TIME)
VASCEPA 0.5 GM CAP	Tier 4	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 (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 (patch 24hr 0.1 mg/hr, patch 24hr 0.2 mg/hr, patch 24hr 0.4 mg/hr, patch 24hr 0.6 mg/hr)</i>	Tier 2	

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CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg)</i>	Tier 3	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	Tier 3	
RECTIV 0.4 % OINTMENT	Tier 4	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)</i>	Tier 4	QL (2 PER 1 DAYS)
<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>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 2	QL (2 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)

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

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv))</i>	Tier 3	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 3	QL (1 PER 1 DAYS)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 3	
<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 3	QL (1 PER 1 DAYS)
<i>methylphenidate hcl tab 10 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl tab 20 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl tab 5 mg</i>	Tier 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (12 MG TAB, 9 MG TAB)	Tier 5	PA, QL (4 PER 1 DAYS)
AUSTEDO 6 MG TAB	Tier 5	PA, QL (8 PER 1 DAYS)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE 10 MG TAB	Tier 5	PA, LA, QL (8 PER 1 DAYS)
INGREZZA (60 MG CAP, 80 MG CAP)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	Tier 5	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>riluzole tab 50 mg</i>	Tier 3	
<i>tetrabenazine tab 12.5 mg</i>	Tier 5	PA, LA, QL (8 PER 1 DAYS)

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CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tetrabenazine tab 25 mg</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	Tier 4	PA, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	Tier 4	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 3	QL (3 PER 1 DAYS)
<i>pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>pregabalin soln 20 mg/ml</i>	Tier 3	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 5	PA, LA, QL (1 PER 1 DAYS)
AVONEX 30 MCG KIT	Tier 5	PA, QL (4 PER 28 OVER TIME)
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	Tier 5	PA, QL (4 PER 28 OVER TIME)
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	Tier 5	PA, QL (4 PER 28 OVER TIME)
BETASERON 0.3 MG KIT	Tier 5	PA, QL (15 PER 30 OVER TIME)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 3	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 5	PA, QL (2 PER 1 DAYS)

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

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EXTAVIA 0.3 MG KIT	Tier 5	PA, QL (15 PER 30 OVER TIME)
GILENYA 0.5 MG CAP	Tier 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 5	PA, QL (30 PER 30 OVER TIME)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	Tier 5	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN	Tier 5	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	Tier 5	PA, LA, QL (1 PER 28 OVER TIME)
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	Tier 5	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	Tier 5	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	Tier 5	PA, QL (4.2 PER 28 OVER TIME)
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 5	PA, QL (4.2 PER 28 OVER TIME)
TYSABRI 300 MG/15ML CONC	Tier 5	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 5	PA
<i>pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)</i>	Tier 2	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 3	

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

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 4	
<i>adapalene gel 0.1%</i>	Tier 4	PA
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>	Tier 4	
<i>tazarotene cream 0.1%</i>	Tier 4	
TAZORAC 0.05 % CREAM	Tier 4	
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)</i>	Tier 3	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 3	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 3	
<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%, oint 0.05%)</i>	Tier 3	
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 3	
<i>clobetasol propionate gel 0.05%</i>	Tier 4	
<i>clobetasol propionate soln 0.05%</i>	Tier 2	
<i>desonide (cream 0.05%, oint 0.05%)</i>	Tier 4	
<i>desoximetasone (cream 0.25%, oint 0.25%)</i>	Tier 4	
<i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oint 0.025%)</i>	Tier 2	

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

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide (oil 0.01% (body oil), oil 0.01% (scalp oil), soln 0.01%)</i>	Tier 4	
<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	
<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 1%, 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 4	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 3	ST, QL (100 PER 30 OVER TIME)
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	Tier 2	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 3	
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (cream 0.005%, oint 0.005%)</i>	Tier 4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 3	

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

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 4	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 4	PA, QL (100 PER 30 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 4	
OTZLA 30 MG TAB	Tier 5	PA, QL (2 PER 1 DAYS)
<i>podofilox soln 0.5%</i>	Tier 2	
REGRANEX 0.01 % GEL	Tier 5	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 5	PA
STELARA 130 MG/26ML SOLUTION	Tier 5	PA
TOLAK 4 % CREAM	Tier 3	
PEDICULICIDES/SCABICIDES		
LINDANE 1 % SHAMPOO	Tier 4	
<i>malathion lotion 0.5%</i>	Tier 4	
<i>permethrin cream 5%</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	Tier 4	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	

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

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERY 2 % PAD	Tier 3	
<i>erythromycin gel 2%</i>	Tier 4	
<i>erythromycin pads 2%</i>	Tier 3	
<i>erythromycin soln 2%</i>	Tier 2	
<i>mupirocin oint 2%</i>	Tier 2	
SULFAMYLON 85 MG/GM CREAM	Tier 4	

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 4	PA
AMINOSYN (10 % SOLUTION, 8.5 % SOLUTION)	Tier 4	PA
AMINOSYN II (10 % SOLUTION, 8.5 % SOLUTION)	Tier 4	PA
AMINOSYN-PF 10 % SOLUTION	Tier 4	PA
AMINOSYN-RF 5.2 % SOLUTION	Tier 4	PA
AMINOSYN/ELECTROLYTES (7 % SOLUTION, 8.5 % SOLUTION)	Tier 4	PA
<i>carglumic acid soluble tab 200 mg</i>	Tier 5	PA, LA
CRYSVITA 10 MG/ML SOLUTION	Tier 5	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	Tier 5	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	Tier 5	PA, LA, QL (6 PER 28 OVER TIME)
FREAMINE III 10 % SOLUTION	Tier 4	PA
HEPATAMINE 8 % SOLUTION	Tier 4	PA
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 4	PA

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 4	
<i>magnesium sulfate (50 % solution, inj 50%)</i>	Tier 4	
NORMOSOL-M IN D5W SOLUTION	Tier 4	
NUTRILIPID 20 % EMULSION	Tier 4	PA
<i>potassium chloride (10 meq/100ml solution, 2 meq/ml solution, 20 meq/100ml solution, 40 meq/100ml solution, 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))</i>	Tier 4	
<i>potassium chloride (cap er 10 meq, cap er 8 meq, 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 4	
POTASSIUM CHLORIDE IN NACL (KCL 20 MEQ/L (0.15%) 0.9% J, KCL 40 MEQ/L (0.3%) 0.9% J, POTASSIUM CHLORIDE 40-0.9 MEQ/L-% SOLUTION)	Tier 4	
<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 5 meq (540 mg))</i>	Tier 2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 3	

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMASOL 10 % SOLUTION	Tier 4	PA
<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 4	
SYNTHAMIN 17 10 % SOLUTION	Tier 4	PA
TRAVASOL 10 % SOLUTION	Tier 4	PA
TROPHAMINE 10 % SOLUTION	Tier 4	PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox (tab 180 mg, tab 360 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)</i>	Tier 5	
<i>deferasirox tab 90 mg</i>	Tier 4	
<i>deferasirox tab for oral susp 125 mg</i>	Tier 3	
<i>deferiprone tab 1000 mg</i>	Tier 5	PA
<i>deferiprone tab 500 mg</i>	Tier 5	PA, LA
FERRIPROX 100 MG/ML SOLUTION	Tier 5	PA, LA
FERRIPROX TWICE-A-DAY 1000 MG TAB	Tier 5	PA, LA
<i>trientine hcl cap 250 mg</i>	Tier 5	PA, QL (8 PER 1 DAYS)
PHOSPHATE BINDERS		
AURYXIA 1 GM 210 MG(Fe) TAB	Tier 4	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 (*sodium powder**, sodium 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	

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITAMINS		
<i>dextrose (inj 10%, inj 5%)</i>	Tier 4	
<i>dextrose 5% in lactated ringers</i>	Tier 4	
<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 4	
DEXTROSE-NACL (10-0.2 % SOLUTION, 10-0.45 % SOLUTION, 2.5-0.45 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 4	
DEXTROSE-SODIUM CHLORIDE (5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 4	
<i>lactated ringer's for irrigation</i>	Tier 2	
<i>lactated ringer's solution</i>	Tier 4	
LACTATED RINGERS SOLUTION	Tier 4	
<i>levocarnitine tab 330 mg</i>	Tier 2	
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%) 5% J, 40-5 MEQ/L-% SOLUTION)	Tier 4	
<i>prenatal vitamins</i>	Tier 3	
<i>ringer's solution</i>	Tier 4	
<i>ringer's solution for irrigation</i>	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 4	PA
<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	
TPN ELECTROLYTES CONC	Tier 4	PA

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

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-CONSTIPATION AGENTS		
<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)
NULYTELY LEMON-LIME 420 GM RECON SOLN	Tier 3	
NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN	Tier 3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 2	
PLENVU 140 GM RECON SOLN	Tier 3	
RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)	Tier 5	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 3	
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 5	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 4	
<i>loperamide hcl cap 2 mg</i>	Tier 2	
XERMELO 250 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)

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

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 5	PA, LA
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
GOLYTELY (227.1 GM RECON SOLN, 236 GM RECON SOLN)	Tier 3	
MYALEPT 11.3 MG RECON SOLN	Tier 5	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 5	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	
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)

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

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 3	

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 5	
ALDURAZyme 2.9 MG/5ML SOLUTION	Tier 5	PA, LA
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 5	PA, LA
BYLVAY (PELLETS) 200 MCG CAP SPRINK	Tier 5	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	Tier 5	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	Tier 5	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	Tier 5	PA, LA, QL (15 PER 1 DAYS)
CERDELGA 84 MG CAP	Tier 5	PA, LA, QL (2 PER 1 DAYS)
CEREZYME 400 UNIT RECON SOLN	Tier 5	PA, LA
CHOLBAM 250 MG CAP	Tier 5	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAP	Tier 5	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	

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 4	
CYSTAGON (150 MG CAP, 50 MG CAP)	Tier 4	PA, LA
CYSTARAN 0.44 % SOLUTION	Tier 5	PA, LA, QL (60 PER 28 OVER TIME)
FABRAZYME 35 MG RECON SOLN	Tier 5	PA, LA
<i>miglustat cap 100 mg</i>	Tier 5	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	Tier 5	PA, LA
<i>nitisinone (cap 10 mg, cap 2 mg, cap 5 mg)</i>	Tier 5	PA
PROCYSBI (25 MG CAP DR, 300 MG PACKET, 75 MG CAP DR, 75 MG PACKET)	Tier 5	PA, LA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	Tier 5	PA, LA
RAVICTI 1.1 GM/ML LIQUID	Tier 5	PA, LA, QL (525 PER 30 OVER TIME)
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)</i>	Tier 5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 5	PA
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	Tier 5	PA
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)	Tier 5	PA, LA
STRENSIQ 80 MG/0.8ML SOLUTION	Tier 5	PA, LA, QL (38.4 PER 28 OVER TIME)
VYNDAQEL 20 MG CAP	Tier 5	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 xiv - xv and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 4	

GENITOURINARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTISPASMODICS, URINARY		
GEMTESA 75 MG TAB	Tier 4	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	Tier 4	
<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 3	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	ST
<i>trospium 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 4	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	

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

GENITOURINARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 5	PA
THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR)	Tier 5	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)		
<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	
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 3	
CORTISONE ACETATE 25 MG TAB	Tier 4	
CORTROPHIN 80 UNIT/ML GEL	Tier 5	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 (4 mg/ml solution, inj 120 mg/30ml, inj 20 mg/5ml, inj 4 mg/ml)</i>	Tier 4	
<i>dexamethasone sodium phosphate (sod phosphate preservative free inj 10 mg/ml, sodium phosphate inj 10 mg/ml, sodium phosphate inj 100 mg/10ml)</i>	Tier 4	PA

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

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>fludrocortisone acetate tab 0.1 mg</i>	Tier 2	
HEMADY 20 MG TAB	Tier 4	PA, QL (2 PER 1 DAYS)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 4	ST
<i>hydrocortisone valerate oint 0.2%</i>	Tier 2	
KORLYM 300 MG TAB	Tier 5	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 4	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Tier 4	PA
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Tier 4	
<i>mometasone furoate (cream 0.1%, oint 0.1%)</i>	Tier 2	
PREDNISOLONE (15 MG/5ML SOLUTION, 15 MG/5ML SYRUP)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE), SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	Tier 2	
<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 3	

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)</i>	Tier 4	

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 4	
EGRIFTA 1 MG RECON SOLN	Tier 5	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV 2 MG RECON SOLN	Tier 5	PA, LA, QL (30 PER 30 OVER TIME)
INCRELEX 40 MG/4ML SOLUTION	Tier 5	PA, LA
NORDITROPIN FLEXPRO (10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN, 5 MG/1.5ML SOLN PEN)	Tier 5	PA

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 5	
<i>oxandrolone (tab 10 mg, tab 2.5 mg)</i>	Tier 3	
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 4	
<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 3	PA, QL (300 PER 30 OVER TIME)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 4	QL (5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL 5 MG/ML OIL	Tier 4	
<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</i>	Tier 3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 2	
<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 diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 3	

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

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>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 4	QL (1 PER 28 OVER TIME)
<i>levonorgestrel & eth estradiol (tab 0.1 mg-20 mcg, 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 4	PA
<i>norethin acet & estrad-fe (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)</i>	Tier 2	
<i>norethindrone & eth estradiol (tab 0.4 mg-35 mcg, tab 1 mg-35 mcg)</i>	Tier 2	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	Tier 3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 2	
<i>norethindrone acet & eth estra (tab 1 mg-20 mcg, 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 4	PA
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	Tier 2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	Tier 3	
<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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 2	
PROGESTINS		
DEPO-PROVERA 400 MG/ML SUSPENSION	Tier 4	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	Tier 5	
<i>medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)</i>	Tier 4	
<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 4	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 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl tab 60 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 xiv - xv 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
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	
<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 5	
FIRMAGON 80 MG RECON SOLN	Tier 4	
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	Tier 5	PA
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 5	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	Tier 5	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	Tier 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	Tier 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	Tier 5	

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

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

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	

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

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propylthiouracil tab 50 mg</i>	Tier 2	

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	Tier 5	PA, LA
CINRYZE 500 UNIT RECON SOLN	Tier 5	PA, LA
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 5	PA, LA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 5	PA, QL (36 PER 60 OVER TIME)
RUCONEST 2100 UNIT RECON SOLN	Tier 5	PA, LA
IMMUNOGLOBULINS		
BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 5	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 5	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 5	PA
GAMMAGARD S/D LESS IGA (10 GM RECON SOLN, 5 GM RECON SOLN)	Tier 5	PA
GAMMAKED (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 5	PA

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAPLEX (10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 5	PA, LA
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 5	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 5	PA, LA
PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 5	PA
VARIZIG 125 UNIT/1.2ML SOLUTION	Tier 5	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	Tier 5	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 5	PA, LA, QL (4 PER 28 OVER TIME)
ILARIS 150 MG/ML SOLUTION	Tier 5	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	Tier 5	PA, QL (55 PER 28 OVER TIME)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 5	PA
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 5	PA
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 5	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	Tier 5	PA
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	Tier 5	PA, LA, QL (1 PER 28 OVER TIME)
XELJANZ (10 MG TAB, 5 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XELJANZ 1 MG/ML SOLUTION	Tier 5	PA, QL (10 PER 1 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 5	PA, LA
IMMUNOSTIMULANTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	Tier 5	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 5	LA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	Tier 5	PA, QL (2 PER 30 OVER TIME)
PEGASYS 180 MCG/ML SOLUTION	Tier 5	PA, QL (4 PER 30 OVER TIME)
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	Tier 5	PA, QL (2 PER 30 OVER TIME)
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	Tier 5	LA
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 4	PA
<i>azathioprine tab 50 mg</i>	Tier 2	PA
<i>cyclosporine (cap 100 mg, cap 25 mg)</i>	Tier 4	PA
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 2	PA
<i>cyclosporine modified (for microemulsion) (cap 100 mg, cap 25 mg, cap 50 mg, oral soln 100 mg/ml)</i>	Tier 3	PA
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	Tier 5	PA
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 5	PA

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 4	PA
<i>everolimus (immunosuppressant)</i> (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)	Tier 5	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 5	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 5	PA
HUMIRA PEN (PEN 40 MG/0.4ML PEN KIT, PEN 40 MG/0.8ML PEN KIT, PEN 80 MG/0.8ML PEN KIT)	Tier 5	PA
HUMIRA PEN-CD/UC/HS STARTER (40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 5	PA
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	Tier 5	PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	Tier 5	PA
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Tier 5	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	PA
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 2	
<i>mycophenolate mofetil (cap 250 mg, tab 500 mg)</i>	Tier 2	PA
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 5	PA

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	Tier 4	PA
<i>mycophenolate sodium (tab dr 180 mg (mycophenolic acid equiv), tab dr 360 mg (mycophenolic acid equiv))</i>	Tier 4	PA
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 4	PA
REZUROCK 200 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 5	PA, QL (56 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	Tier 4	PA
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg)</i>	Tier 4	PA
<i>sirolimus tab 2 mg</i>	Tier 5	PA
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	Tier 2	PA
XATMEP 2.5 MG/ML SOLUTION	Tier 4	PA
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 5	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	
BOOSTRIX (SUSP PRSYR, SUSPENSION)	Tier 3	
DAPTACEL 23-15-5 SUSPENSION	Tier 3	
DENG VAXIA RECON SUSP	Tier 3	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	Tier 3	PA

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IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	Tier 4	
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 4	
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	PA
PRIORIX RECON SUSP	Tier 3	
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	PA
ROTARIX RECON SUSP	Tier 3	

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	PA
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 4	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	Tier 3	
VARIVAX 1350 PFU/0.5ML INJECTABLE	Tier 3	
YF-VAX INJECTABLE	Tier 4	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	Tier 4	QL (1 PER 365 OVER TIME)

INFLAMMATORY BOWEL DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSALICYLATES		
<i>balsalazide disodium cap 750 mg</i>	Tier 2	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 3	QL (4 PER 1 DAYS)
<i>mesalamine enema 4 gm</i>	Tier 2	
<i>mesalamine suppos 1000 mg</i>	Tier 4	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 4	QL (4 PER 1 DAYS)
<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</i>	Tier 2	

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

INFLAMMATORY BOWEL DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 4	PA, QL (3 PER 1 DAYS)
<i>budesonide tab er 24hr 9 mg</i>	Tier 5	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 3	

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 (cap 0.25 mcg, cap 0.5 mcg)</i>	Tier 2	PA
CALCITRIOL 1 MCG/ML SOLUTION	Tier 4	PA
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 3	PA
<i>cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv))</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 5	PA
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))</i>	Tier 4	PA
FORTEO 600 MCG/2.4ML SOLN PEN	Tier 5	PA
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Tier 4	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 2	

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METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE)	Tier 5	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 4	PA
PROLIA 60 MG/ML SOLN PRSYR	Tier 4	PA
<i>risedronate sodium (tab 150 mg, tab 35 mg, tab 5 mg)</i>	Tier 4	
TYMLOS 3120 MCG/1.56ML SOLN PEN	Tier 5	PA, QL (1.56 PER 28 OVER TIME)
XGEVA 120 MG/1.7ML SOLUTION	Tier 5	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 4	PA

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL 70% PADS	Tier 2	
ALCOHOL WIPES 70 % 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 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	

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

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CVS ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
<i>gauze pads 2</i>	Tier 2	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
INSULIN PEN NEEDLES	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	
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 4	
<i>novofine 32g x 6 mm misc</i>	Tier 2	
<i>novotwist 32g x 5 mm misc</i>	Tier 2	
RA ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
RUZURGI 10 MG TAB	Tier 5	PA, LA, QL (10 PER 1 DAYS)
<i>water for irrigation, sterile irrigation soln</i>	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 3	
<i>atropine sulfate ophth soln 1%</i>	Tier 3	

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

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 3	
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 4	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	
XIIDRA 5 % SOLUTION	Tier 3	

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 ophth soln 0.1% (base equivalent)</i>	Tier 2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 3	

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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 4	
<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	
<i>levofloxacin ophth soln 0.5%</i>	Tier 3	
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 3	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	Tier 2	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (3 PER 30 OVER TIME)
<i>ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)</i>	Tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 3	

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OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	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 4	
ALPHAGAN P 0.1 % SOLUTION	Tier 3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 3	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 4	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 2	
<i>brinzolamide ophth susp 1%</i>	Tier 3	
<i>dorzolamide hcl (2 % solution, ophth soln 2%)</i>	Tier 2	
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	Tier 4	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	Tier 4	
<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)

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OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	Tier 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost (0.005 % solution, ophth soln 0.005%)</i>	Tier 2	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 DAYS)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	Tier 4	

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 4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 4	
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 3	
<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	

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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
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
<i>budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)</i>	Tier 3	PA
FLOVENT DISKUS (100 MCG/ACT AER POW BA, 50 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	Tier 3	QL (240 PER 30 DAYS)
FLOVENT HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	Tier 3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG/ACT AEROSOL	Tier 3	QL (22 PER 30 DAYS)
<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 4	QL (2 PER 30 DAYS)
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 nasal spray 0.1% (137 mcg/spray)</i>	Tier 2	QL (30 PER 25 OVER TIME)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 3	QL (30 PER 25 OVER TIME)
<i>cycloheptadine 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)</i>	Tier 4	PA
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 2	PA

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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
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 DAYS)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 2	PA
<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 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 DAYS)
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	PA
<i>albuterol sulfate (tab 2 mg, tab 4 mg)</i>	Tier 4	

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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
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 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 3	QL (30 PER 30 OVER TIME)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
CYSTIC FIBROSIS AGENTS		
CAYSTON 75 MG RECON SOLN	Tier 5	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO (150 MG TAB, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 5	PA, QL (150 PER 30 OVER TIME)
SYMDEKO (100-150 & 150 MG TAB THPK, 50-75 & 75 MG TAB THPK)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER 28 MG CAP	Tier 5	PA, LA, QL (224 PER 28 OVER TIME)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 5	PA, QL (224 PER 28 OVER TIME)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)	Tier 5	PA, LA, QL (3 PER 1 DAYS)

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TAB	Tier 4	PA, QL (28 PER 180 OVER TIME)
DALIRESP 500 MCG TAB	Tier 4	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 3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
<i>ambrisentan (tab 10 mg, tab 5 mg)</i>	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan tab 125 mg</i>	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan tab 62.5 mg</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Tier 5	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate tab 20 mg</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	Tier 5	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	Tier 5	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	Tier 5	PA, LA, QL (270 PER 30 OVER TIME)
VENTAVIS 20 MCG/ML SOLUTION	Tier 5	PA, LA, QL (90 PER 30 OVER TIME)
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	Tier 5	PA, LA, QL (9 PER 1 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 5	PA, QL (5 PER 1 DAYS)

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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>pirfenidone tab 267 mg</i>	Tier 5	PA, QL (9 PER 1 DAYS)
<i>pirfenidone tab 801 mg</i>	Tier 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (soln 10%, soln 20%)</i>	Tier 2	PA
ADVAIR DISKUS (100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
ADVAIR HFA (115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 45-21 MCG/ACT AEROSOL)	Tier 3	QL (12 PER 30 OVER TIME)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 28 DAYS)
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 30 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 DAYS)
<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 DAYS)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	PA
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	Tier 5	PA, LA, QL (3 PER 30 OVER TIME)
NUCALA 40 MG/0.4ML SOLN PRSYR	Tier 5	PA, LA, QL (0.4 PER 28 OVER TIME)

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you(tier level)	Necessary actions, restrictions, or limits on use
<i>ribavirin for inhal soln 6 gm</i>	Tier 5	PA
SYMBICORT (160-4.5 MCG/ACT AEROSOL, 80-4.5 MCG/ACT AEROSOL)	Tier 3	QL (10.2 PER 30 DAYS)
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 DAYS)

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 4	QL (1 PER 1 DAYS)
<i>eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)</i>	Tier 3	QL (1 PER 1 DAYS)
HETLIOZ 20 MG CAP	Tier 5	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)
<i>temazepam cap 30 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>triazolam tab 0.125 mg</i>	Tier 3	QL (4 PER 1 DAYS)
<i>triazolam tab 0.25 mg</i>	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 xiv - xv 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>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>armodafinil (tab 150 mg, tab 200 mg, tab 250 mg, tab 50 mg)</i>	Tier 4	PA, QL (1 PER 1 DAYS)
<i>modafinil tab 100 mg</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>modafinil tab 200 mg</i>	Tier 3	PA, QL (2 PER 1 DAYS)
XYREM 500 MG/ML SOLUTION	Tier 5	PA, LA, QL (540 PER 30 OVER TIME)

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

Index of Covered Drugs

A

abacavir sulfate.....	45	ALDURAZYME.....	80
abacavir sulfate-lamivudine.....	45	ALECENSA.....	30
abacavir sulfate-lamivudine-zidovudine....	45	alendronate sodium.....	98
ABELCET.....	22	alfuzosin hcl.....	82
ABILIFY MAINTENA.....	39	ALINIA.....	36
abiraterone acetate.....	27	aliskiren fumarate.....	61
acamprosate calcium.....	4	allopurinol.....	24
acarbose.....	50	alosetron hcl.....	78
acebutolol hcl.....	59	ALPHAGAN P.....	103
acetaminophen w/ codeine.....	2	alprazolam.....	49
acetazolamide.....	61,103	ALREX.....	102
acetic acid (otic).....	6	ALUNBRIG.....	30
acetylcysteine.....	109	amantadine hcl.....	37
acitretin.....	71	AMBISOME.....	22
ACTHIB.....	95	ambrisentan.....	108
ACTIMMUNE.....	93	amikacin sulfate.....	6
acyclovir.....	48	amiloride & hydrochlorothiazide.....	61
acyclovir sodium.....	48	amiloride hcl.....	64
acyclovir topical.....	73	amino acid electrolyte infusion.....	74
ADACEL.....	95	AMINOSYN.....	74
adapalene.....	71	AMINOSYN II.....	74
adefovir dipivoxil.....	43	AMINOSYN-PF.....	74
ADEMPAS.....	108	AMINOSYN-RF.....	74
ADVAIR DISKUS.....	109	AMINOSYN/ELECTROLYTES.....	74
ADVAIR HFA.....	109	amiodarone hcl.....	58
AIMOVIG.....	24	amitriptyline hcl.....	20
AIMOVIG (140 MG DOSE).....	24	amlodipine besylate.....	60
albendazole.....	36	amlodipine besylate-benazepril hcl.....	61
albuterol 90mcg hfa inhaler (generic proair).....	106	amlodipine besylate-olmesartan medoxomil.....	61
albuterol 90mg hfa inhaler (generic proair)	106	amlodipine besylate-valsartan.....	61
albuterol 90mg hfa inhaler (generic proventil).....	106	amlodipine-valsartan-hydrochlorothiazide..	61
Albuterol 90mg HFA inhaler (Generic Ventolin).....	106	AMOXAPINE.....	20
albuterol sulfate.....	106	AMOXICILLIN.....	10
alclometasone dipropionate.....	71,83	amoxicillin & pot clavulanate.....	9
ALCOHOL 70% PADS.....	99	AMOXICILLIN-POT CLAVULANATE.....	10
ALCOHOL WIPES.....	99	amphetamine-dextroamphetamine.....	67
		AMPHOTERICIN B.....	22
		amphotericin b liposome.....	22
		AMPICILLIN.....	10
		ampicillin & sulbactam sodium.....	10

ampicillin sodium.....	10	azelastine hcl.....	105
AMPICILLIN-SULBACTAM SODIUM.....	10	azelastine hcl (ophth).....	101
ANADROL-50.....	85	azithromycin.....	11
anagrelide hcl.....	55	AZITHROMYCIN.....	11
anastrozole.....	30	aztreonam.....	6
ANDRODERM.....	85		
ANORO ELLIPTA.....	109	B	
apomorphine hydrochloride.....	37	BACITRACIN.....	102
apraclonidine hcl.....	103	bacitracin-poly-neomycin-hc.....	101
aprepitant.....	21	bacitracin-polymyxin b (ophth).....	101
APRETUDE.....	44	baclofen.....	42
APTIOM.....	16	balsalazide disodium.....	97
APTIVUS.....	47	BALVERSA.....	30
ARALAST NP.....	80	BAQSIMI ONE PACK.....	52
ARANESP (ALBUMIN FREE).....	55	BAQSIMI TWO PACK.....	52
ARCALYST.....	92	BARACLUDE.....	43
aripiprazole.....	39	BCG VACCINE.....	95
ARISTADA.....	39	BD INSULIN SYRINGE.....	99
ARISTADA INITIO.....	40	BD Pen Needle Mini U/F 31G X 5 MM MISC.....	99
armodafinil.....	111	BD Pen Needle Nano U/F 32G X 4 MM	
asenapine maleate.....	40	MISC.....	99
aspirin-dipyridamole.....	56	BD Pen Needle Original U/F 29G X 12.7MM	
atazanavir sulfate.....	47	MISC.....	99
atenolol.....	59	BD Pen Needle Short U/F 31G X 8 MM MISC.....	99
atenolol & chlorthalidone.....	62	benazepril & hydrochlorothiazide.....	62
atomoxetine hcl.....	68	benazepril hcl.....	58
atorvastatin calcium.....	65	BENAZEPRIL-HYDROCHLOROTHIAZIDE.....	62
atovaquone.....	36	BENLYSTA.....	92
atovaquone-proguanil hcl.....	36	BENZNIDAZOLE.....	36
ATROPINE SULFATE.....	100	benztropine mesylate.....	37
atropine sulfate (ophthalmic).....	100	BERINERT.....	91
ATROVENT HFA.....	106	BESIVANCE.....	12
AUBAGIO.....	69	BESREMI.....	28
AURYXIA.....	76	betaine.....	80
AUSTEDO.....	68	betamethasone dipropionate (topical).....	71,83
AVONEX.....	69	BETAMETHASONE DIPROPIONATE AUG.....	71
AVONEX PEN.....	69	betamethasone dipropionate	
AVONEX PREFILLED.....	69	augmented.....	71,83
AYVAKIT.....	28	betamethasone valerate.....	71
azathioprine.....	93	BETASERON.....	69
AZATHIOPRINE SODIUM.....	93	betaxolol hcl.....	59

betaxolol hcl (ophth).....	103
bethanechol chloride.....	83
BEVESPI AEROSPHERE.....	109
bexarotene.....	35
bexarotene (topical).....	35
BEXSERO.....	95
bicalutamide.....	27
BICILLIN L-A.....	10
BIKTARVY.....	44
bimatoprost.....	104
BIOGUARD GAUZE SPONGES.....	99
bisoprolol & hydrochlorothiazide.....	62
bisoprolol fumarate.....	59
BIVIGAM.....	91
BOOSTRIX.....	95
bosentan.....	108
BOSULIF.....	30
BRAFTOVI.....	31
BREO ELLIPTA.....	109
BREZTRI AEROSPHERE.....	109
BRILINTA.....	56
brimonidine tartrate.....	103
brimonidine tartrate-timolol maleate.....	101
brinzolamide.....	103
BRIVIACT.....	13
bromocriptine mesylate.....	37
BRUKINSA.....	28
budesonide.....	98
budesonide (inhalation).....	105
bumetanide.....	63,64
buprenorphine hcl.....	4
buprenorphine hcl-naloxone hcl dihydrate.....	5
bupropion hcl.....	18
bupropion hcl (smoking deterrent).....	5
bupirone hcl.....	49
butalbital-acetaminophen-caffeine.....	68
butalbital-acetaminophen-caffeine w/ codeine.....	2
BYLVAY.....	80
BYLVAY (PELLETS).....	80

C

CABENUVA.....	46
cabergoline.....	89
CABLIVI.....	56
CABOMETYX.....	31
calcipotriene.....	72
calcitonin (salmon).....	98
calcitriol.....	98
CALCITRIOL.....	98
calcium acetate (phosphate binder).....	76
CALQUENCE.....	31
candesartan cilexetil.....	57
candesartan cilexetil-hydrochlorothiazide.....	62
CAPASTAT SULFATE.....	26
CAPLYTA.....	40
CAPRELSA.....	31
captopril.....	58
CAPTOPRIL-HYDROCHLOROTHIAZIDE.....	62
carbamazepine.....	16
carbidopa.....	38
CARBIDOPA-LEVODOPA.....	38
carbidopa-levodopa.....	38
carbidopa-levodopa-entacapone.....	37
carglumic acid.....	74
carisoprodol.....	110
CARTEOLOL HCL.....	103
carvedilol.....	59
caspofungin acetate.....	22
CAYSTON.....	107
cefaclor.....	8
cefadroxil.....	8
cefazolin sodium.....	8
cefdinir.....	8
cefepime hcl.....	8
cefixime.....	8
cefotaxime sodium.....	8
cefotetan disodium.....	8
cefoxitin sodium.....	9
cefpodoxime proxetil.....	9
cefprozil.....	9

ceftazidime.....	9	clindamycin phosphate in d5w.....	6
ceftriaxone sodium.....	9	CLINDAMYCIN PHOSPHATE IN NACL.....	6
cefuroxime axetil.....	9	clindamycin phosphate vaginal.....	6
cefuroxime sodium.....	9	clobazam.....	15
celecoxib.....	1	clobetasol propionate.....	71
CELONTIN.....	15	clobetasol propionate emollient base... 71,83	
cephalexin.....	9	clomipramine hcl.....	20
CERDELGA.....	80	clonazepam.....	49
CEREZYME.....	80	clonidine.....	56
chlordiazepoxide hcl.....	49	clonidine hcl.....	57
chlorhexidine gluconate (mouth-throat) ...	70	clonidine hcl (adhd).....	68
chloroquine phosphate.....	36	clopidogrel bisulfate.....	56
chlorothiazide.....	64	clorazepate dipotassium.....	49
chlorpromazine hcl.....	38	clotrimazole.....	22
chlorthalidone.....	64	clotrimazole (topical).....	22
CHOLBAM.....	80	clotrimazole w/ betamethasone.....	73
cholestyramine.....	65	clozapine.....	42
cholestyramine light.....	65	COARTEM.....	36
choline fenofibrate.....	64	codeine sulfate.....	2
ciclopirox.....	73	CODEINE SULFATE.....	2
ciclopirox olamine.....	22	colchicine.....	24
cilostazol.....	56	colchicine w/ probenecid.....	24
CILOXAN.....	12	colesevelam hcl.....	65
CIMDUO.....	45	colestipol hcl.....	65
cimetidine.....	79	colistimethate sodium.....	7
cimetidine hcl.....	79	COLY-MYCIN S.....	104
cinacalcet hcl.....	98	COMBIVENT RESPIMAT.....	109
CINRYZE.....	91	COMETRIQ (100 MG DAILY DOSE).....	31
ciprofloxacin.....	12	COMETRIQ (140 MG DAILY DOSE).....	31
ciprofloxacin hcl.....	12	COMETRIQ (60 MG DAILY DOSE).....	31
CIPROFLOXACIN HCL.....	12,104	COMPLERA.....	44
ciprofloxacin hcl (ophth).....	12	COPIKTRA.....	31
ciprofloxacin in d5w.....	12	CORLANOR.....	62
ciprofloxacin-dexamethasone.....	104	CORTISONE ACETATE.....	83
citalopram hydrobromide.....	18,19	CORTISPORIN-TC.....	104
CLARITHROMYCIN.....	11	CORTROPHIN.....	83
clarithromycin.....	11	COTELLIC.....	31
clindamycin hcl.....	6	CREON.....	80
clindamycin palmitate hydrochloride.....	6	CRESEMBA.....	22
clindamycin phosphate.....	6	CRIVAN.....	47
clindamycin phosphate (topical).....	6,73	cromolyn sodium.....	108

cromolyn sodium (mastocytosis).....	81
cromolyn sodium (ophth).....	101
CRYSVITA.....	74
CVS ISOPROPYL ALCOHOL WIPES.....	100
cyclobenzaprine hcl.....	110
cyclophosphamide.....	26
cyclosporine.....	93
cyclosporine modified (for microemulsion) ..	93
cyproheptadine hcl.....	105
CYSTAGON.....	81
CYSTARAN.....	81

D

dabigatran etexilate mesylate.....	54
dalfampridine.....	69
DALIRESP.....	108
danazol.....	85
dantrolene sodium.....	42
dapsone.....	26
DAPTACEL.....	95
daptomycin.....	7
DAURISMO.....	31
deferasirox.....	76
deferiprone.....	76
DELSTRIGO.....	44
DENGVAZIA.....	95
DEPO-ESTRADIOL.....	86
DEPO-PROVERA.....	88
DERMOTIC.....	104
DESCOVY.....	45
desipramine hcl.....	20
desmopressin acetate.....	84,85
desmopressin acetate spray.....	85
desmopressin acetate spray refrigerated...	85
desogestrel & ethinyl estradiol.....	86
desogestrel-ethinyl estradiol (biphasic).....	86
desogestrel-ethinyl estradiol (triphasic).....	86
desonide.....	71
desoximetasone.....	71
desvenlafaxine succinate.....	19
dexamethasone.....	83
dexamethasone sodium phosphate.....	83
DEXAMETHASONE SODIUM PHOSPHATE.....	102
dexmethylphenidate hcl.....	68
dextroamphetamine sulfate.....	67
dextrose.....	77
dextrose in lactated ringers.....	77
dextrose w/ sodium chloride.....	77
DEXTROSE-NACL.....	77
DEXTROSE-SODIUM CHLORIDE.....	77
DIACOMIT.....	13
DIAZEPAM.....	15
diazepam.....	49
diazoxide.....	52
diclofenac potassium.....	1
diclofenac sodium.....	1
diclofenac sodium (actinic keratoses).....	73
diclofenac sodium (ophth).....	102
diclofenac sodium (topical).....	1
dicloxacillin sodium.....	10
dicyclomine hcl.....	79
DIDANOSINE.....	45
DIFICID.....	11
diflunisal.....	1
digoxin.....	62
dihydroergotamine mesylate.....	24
DILANTIN.....	16
DILANTIN INFATABS.....	16
diltiazem hcl.....	60
diltiazem hcl coated beads.....	60
diltiazem hcl extended release beads.....	61
dimethyl fumarate.....	69
diphenoxylate w/ atropine.....	78
DIPHENOXYLATE-ATROPINE.....	78
DIPHThERIA-TETANUS TOXOIDS DT.....	95
dipyridamole.....	56
disulfiram.....	4
divalproex sodium.....	13
dofetilide.....	58
donepezil hydrochloride.....	17
donepezil hydrochloride orally disintegrating tab 10 mg.....	17

donepezil hydrochloride orally disintegrating tab 5 mg.....	17
dorzolamide hcl.....	103
DORZOLAMIDE HCL-TIMOLOL MAL.....	101
dorzolamide hcl-timolol maleate.....	101
DOVATO.....	44
doxazosin mesylate.....	57
doxepin hcl.....	20
doxercalciferol.....	98
doxycycline (monohydrate).....	13
doxycycline hyclate.....	13
DRIZALMA SPRINKLE.....	69
dronabinol.....	21
drospirenone-ethinyl estradiol.....	86
DROXIA.....	28
droxidopa.....	57
duloxetine hcl.....	69
dutasteride.....	82

E

E.E.S. 400.....	11	ENERGIX-B.....	95
econazole nitrate.....	22	enoxaparin sodium.....	54
EDURANT.....	44	entacapone.....	37
efavirenz.....	44	entecavir.....	43
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	44	ENTRESTO.....	62
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	44	ENVARUSUS XR.....	94
EGRIFTA.....	85	EPCLUSA.....	43
EGRIFTA SV.....	85	EPIDIOLEX.....	13
ELIQUIS.....	54	EPINEPHRINE.....	107
ELIQUIS DVT/PE STARTER PACK.....	54	epinephrine (anaphylaxis).....	107
EMCYT.....	27	EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick).....	107
EMSAM.....	18	EPIVIR HBV.....	43
emtricitabine.....	45	eplerenone.....	64
emtricitabine-tenofovir disoproxil fumarate.....	45	EPRONTIA.....	14
EMTRIVA.....	45	EPROSARTAN MESYLATE.....	57
enalapril maleate.....	58	ERGOLOID MESYLATES.....	17
enalapril maleate & hydrochlorothiazide... ..	62	ERIVEDGE.....	31
ENBREL.....	93	ERLEADA.....	27
ENBREL SURECLICK.....	93	erlotinib hcl.....	31
		ertapenem sodium.....	11
		ERY.....	74
		ERYTHROCIN LACTOBIONATE.....	11
		erythromycin (acne aid).....	74
		erythromycin (ophth).....	102
		erythromycin base.....	12
		ERYTHROMYCIN ETHYLSUCCINATE.....	12
		erythromycin lactobionate.....	12
		ESBRIET.....	108
		escitalopram oxalate.....	19
		estazolam.....	110
		estradiol.....	86
		estradiol vaginal.....	86
		ESTRING.....	86
		eszopiclone.....	110
		ethambutol hcl.....	26
		ethosuximide.....	15
		ethynodiol diacet & eth estrad.....	86
		etodolac.....	1
		etonogestrel-ethinyl estradiol.....	87
		etravirine.....	44,45

everolimus	31
everolimus (immunosuppressant)	94
EVOTAZ	47
exemestane	30
EXKIVITY	28
EXTAVIA	70
ezetimibe	65
ezetimibe-simvastatin	65

F

FABRAZYME	81
famciclovir	48
famotidine	79
FANAPT	40
FANAPT TITRATION PACK	40
FARXIGA	50
felbamate	14
felodipine	60
fenofibrate	64
fenofibrate micronized	64
fentanyl	1
fentanyl citrate	2,3
FERRIPROX	76
FERRIPROX TWICE-A-DAY	76
FETZIMA	19
FETZIMA TITRATION	19
finasteride	82
FINTEPLA	14
FIRDAPSE	68
FIRMAGON	89
FIRMAGON (240 MG DOSE)	89
FLEBOGAMMA DIF	91
flecainide acetate	58
FLOVENT DISKUS	105
FLOVENT HFA	105
fluconazole	23
fluconazole in nacl	23
flucytosine	23
fludrocortisone acetate	84
flunisolide (nasal)	105
fluocinolone acetonide	71,72

fluocinonide	72
fluocinonide emulsified base	72
fluorometholone (ophth)	102
FLUOROURACIL	73
fluorouracil (topical)	73
fluoxetine hcl	19
FLUOXETINE HCL	19
FLUOXETINE HCL (PMDD)	19
fluphenazine decanoate	38
fluphenazine hcl	38
flurbiprofen	1
flurbiprofen sodium	102
flutamide	27
fluticasone propionate	72
fluticasone propionate (nasal)	105
FLUTICASONE-SALMETEROL	109
fluticasone-salmeterol	109
fluvastatin sodium	65
fluvoxamine maleate	19
fondaparinux sodium	54,55
FORTEO	98
fosamprenavir calcium	47
fosfomycin tromethamine	7
fosinopril sodium	58
fosinopril sodium & hydrochlorothiazide	62
FOTIVDA	28
FREAMINE III	74
fulvestrant	28
furosemide	64
FUZEON	46
FYCOMPA	14

G

gabapentin	15
GAMMAGARD	91
GAMMAGARD S/D LESS IGA	91
GAMMAKED	91
GAMMAPLEX	92
GAMUNEX-C	92
GARDASIL 9	96
GATTEX	79

gauze pads 2.....	100	HAVRIX.....	96
GAVILYTE-C.....	79	HEMADY.....	84
GAVRETO.....	31	heparin sodium (porcine).....	55
gemfibrozil.....	64	HEPATAMINE.....	74
GEMTESA.....	82	HETLIOZ.....	110
GENTAK.....	102	HIBERIX.....	96
gentamicin sulfate.....	6	HIZENTRA.....	92
gentamicin sulfate (ophth).....	102	HUMALOG.....	52
gentamicin sulfate (topical).....	6	HUMALOG JUNIOR KWIKPEN.....	52
GENVOYA.....	44	HUMALOG KWIKPEN.....	52
GILENYA.....	70	HUMALOG MIX 50/50.....	52
GILOTRIF.....	31	HUMALOG MIX 50/50 KWIKPEN.....	52
glatiramer acetate.....	70	HUMALOG MIX 75/25.....	52
GLEOSTINE.....	26,27	HUMALOG MIX 75/25 KWIKPEN.....	53
glimepiride.....	50	HUMIRA.....	94
glipizide.....	50	HUMIRA PEDIATRIC CROHNS START.....	94
glipizide-metformin hcl.....	50	HUMIRA PEN.....	94
GLUCAGEN HYPOKIT.....	52	HUMIRA PEN-CD/UC/HS STARTER.....	94
glucagon (rdna).....	52	HUMIRA PEN-PEDIATRIC UC START.....	94
GLUCAGON EMERGENCY.....	52	HUMIRA PEN-PS/UV/ADOL HS START.....	94
glyburide.....	50	HUMIRA PEN-PSOR/UVEIT STARTER.....	94
glyburide micronized.....	50	HUMULIN 70/30.....	53
glyburide-metformin.....	50	HUMULIN 70/30 KWIKPEN.....	53
glycopyrrolate.....	79	HUMULIN N.....	53
GLYXAMBI.....	50	HUMULIN N KWIKPEN.....	53
GNP ISOPROPYL ALCOHOL WIPES.....	100	HUMULIN R.....	53
GOLYTELY.....	79	HUMULIN R U-500 (CONCENTRATED).....	53
granisetron hcl.....	22	HUMULIN R U-500 KWIKPEN.....	53
griseofulvin microsize.....	23	hydralazine hcl.....	66
griseofulvin ultramicrosize.....	23	hydrochlorothiazide.....	64
guanfacine hcl.....	57	hydrocodone-acetaminophen.....	3
guanfacine hcl (adhd).....	68	hydrocortisone.....	98
GUANIDINE HCL.....	25	hydrocortisone (intrarectal).....	98
H		hydrocortisone (rectal).....	72
HAEGARDA.....	91	hydrocortisone (topical).....	72
halobetasol propionate.....	72	hydrocortisone butyrate.....	72,84
haloperidol.....	39	hydrocortisone valerate.....	72,84
haloperidol decanoate.....	39	hydrocortisone w/acetic acid.....	104
haloperidol lactate.....	39	hydromorphone hcl.....	3
HARVONI.....	43	HYDROXYCHLOROQUINE SULFATE.....	36
		hydroxychloroquine sulfate.....	36

HYDROXYPROGESTERONE CAPROATE.....	88
hydroxyurea.....	28
hydroxyzine hcl.....	105
I	
ibandronate sodium.....	98
IBRANCE.....	32
ibuprofen.....	1
icatibant acetate.....	91
ICLUSIG.....	32
icosapent ethyl.....	65
IDHIFA.....	28
ILARIS.....	92
ILEVRO.....	102
imatinib mesylate.....	32
IMBRUVICA.....	32
imipenem-cilastatin.....	11
imipramine hcl.....	20
imiquimod.....	73
IMOVAX RABIES.....	96
INCRELEX.....	85
INCRUSE ELLIPTA.....	106
indapamide.....	64
indomethacin.....	1
INFANRIX.....	96
INGREZZA.....	68
INLYTA.....	32
INQOVI.....	28
INREBIC.....	28
INSULIN LISPRO.....	53
INSULIN LISPRO (1 UNIT DIAL).....	53
INSULIN LISPRO JUNIOR KWIKPEN.....	53
INSULIN LISPRO PROT & LISPRO.....	53
INSULIN PEN NEEDLES.....	100
INSULIN PEN NEEDLES.....	100
INSULIN SYRINGE 0.3 ML.....	100
INSULIN SYRINGE 0.5 ML.....	100
INSULIN SYRINGE 1 ML.....	100
INTELENCE.....	45
INTRALIPID.....	74
INTRON A.....	93

INVEGA HAFYERA.....	40
INVEGA SUSTENNA.....	40
INVEGA TRINZA.....	40
IPOL.....	96
ipratropium bromide.....	106
ipratropium bromide (nasal).....	106
ipratropium-albuterol.....	109
irbesartan.....	57
irbesartan-hydrochlorothiazide.....	62
IRESSA.....	32
ISENTRESS.....	44
ISENTRESS HD.....	44
isoniazid.....	26
ISONIAZID.....	26
ISOPROPYL ALCOHOL.....	100
ISOPROPYL ALCOHOL WIPES.....	100
isosorbide dinitrate.....	66
ISOSORBIDE DINITRATE ER.....	66
isosorbide mononitrate.....	66
isotretinoin.....	71
itraconazole.....	23
ivermectin.....	36
IXIARO.....	96

J

JAKAFI.....	32
JANUMET.....	50
JANUMET XR.....	50
JANUVIA.....	51
JARDIANCE.....	51
JENTADUETO.....	51
JENTADUETO XR.....	51
JULUCA.....	44
JUXTAPID.....	65,66

K

KALYDECO.....	107
KCL IN DEXTROSE-NACL.....	75
KCL-LACTATED RINGERS-D5W.....	77
KEPIVANCE.....	70
KERENDIA.....	51

ketoconazole.....	23
ketoconazole (topical).....	23
ketorolac tromethamine (ophth).....	102
KINRIX.....	96
KISQALI (200 MG DOSE).....	32
KISQALI (400 MG DOSE).....	32
KISQALI (600 MG DOSE).....	32
KISQALI FEMARA (400 MG DOSE).....	28
KISQALI FEMARA (600 MG DOSE).....	28
KISQALI FEMARA(200 MG DOSE).....	28
KORLYM.....	84
KOSELUGO.....	29

L

labetalol hcl.....	59	LENVIMA (24 MG DAILY DOSE).....	33
lacosamide.....	16	LENVIMA (4 MG DAILY DOSE).....	33
lactated ringer's.....	77	LENVIMA (8 MG DAILY DOSE).....	33
lactated ringer's (irrigation).....	77	letrozole.....	30
LACTATED RINGERS.....	77	leucovorin calcium.....	29
lactic acid (ammonium lactate).....	72	LEUKERAN.....	27
lactulose.....	78	leuprolide acetate.....	89
lactulose (encephalopathy).....	78	levabuterol hcl.....	107
lamivudine.....	45,46	LEVALBUTEROL TARTRATE.....	107
lamivudine (hbv).....	43	levetiracetam.....	14
lamivudine-zidovudine.....	46	levobunolol hcl.....	103
lamotrigine.....	14	levocarnitine (metabolic modifiers).....	77
LANREOTIDE ACETATE.....	89	levocetirizine dihydrochloride.....	105
lansoprazole.....	79	levofloxacin.....	12
LANTUS.....	53	levofloxacin (ophth).....	102
LANTUS SOLOSTAR.....	53	levofloxacin in d5w.....	12
lapatinib ditosylate.....	32	levonorgestrel & eth estradiol.....	87
latanoprost.....	104	levonorgestrel-eth estradiol (triphasic).....	87
LATUDA.....	40,41	levonorgestrel-ethinyl estradiol (91-day).....	87
LEDIPASVIR-SOFOSBUVIR.....	43	levothyroxine sodium.....	89
leflunomide.....	94	LEXIVA.....	47
lenalidomide.....	27	lidocaine.....	4
LENVIMA (10 MG DAILY DOSE).....	32	lidocaine hcl.....	4
LENVIMA (12 MG DAILY DOSE).....	32	lidocaine hcl (mouth-throat).....	4
LENVIMA (14 MG DAILY DOSE).....	32	lidocaine-prilocaine.....	4
LENVIMA (18 MG DAILY DOSE).....	32	LINDANE.....	73
LENVIMA (20 MG DAILY DOSE).....	32	linezolid.....	7
		LINEZOLID IN SODIUM CHLORIDE.....	7
		LINZESS.....	78
		liothyronine sodium.....	89
		lisinopril.....	58
		lisinopril & hydrochlorothiazide.....	62
		LITHIUM.....	50
		lithium carbonate.....	50
		LONSURF.....	29
		loperamide hcl.....	78
		lopinavir-ritonavir.....	47
		lorazepam.....	49
		LORBRENA.....	33
		losartan potassium.....	57
		losartan potassium & hydrochlorothiazide..	62

loteprednol etabonate.....	102
lovastatin.....	65
loxapine succinate.....	39
LUBIPROSTONE.....	78
LUMAKRAS.....	29
LUMIGAN.....	104
LUPRON DEPOT (1-MONTH).....	89
LUPRON DEPOT (3-MONTH).....	89
LUPRON DEPOT (4-MONTH).....	89
LUPRON DEPOT (6-MONTH).....	89
LUPRON DEPOT-PED (1-MONTH).....	90
LUPRON DEPOT-PED (3-MONTH).....	90
LYBALVI.....	18
LYNPARZA.....	33
LYSODREN.....	29
LYUMJEV.....	53
LYUMJEV KWIKPEN.....	53

M

M-M-R II.....	96	MENQUADFI.....	96
magnesium sulfate.....	75	MENVEO.....	96
malathion.....	73	meprobamate.....	49
MAPROTILINE HCL.....	18	mercaptapurine.....	28
maraviroc.....	46	meropenem.....	11
MARPLAN.....	18	mesalamine.....	97
MATULANE.....	27	mesna.....	35
MAVYRET.....	43	MESNEX.....	35
meclizine hcl.....	21	metformin hcl.....	51
MEDPURA ALCOHOL PADS.....	100	methadone hcl.....	1,2
medroxyprogesterone acetate.....	88	methazolamide.....	103
medroxyprogesterone acetate (contraceptive).....	88	methenamine hippurate.....	7
mefloquine hcl.....	36	methimazole.....	90
megestrol acetate.....	88	methocarbamol.....	110
megestrol acetate (appetite).....	88	methotrexate sodium.....	94
MEKINIST.....	33	methyldopa.....	57
MEKTOVI.....	33	methylergonovine maleate.....	100
meloxicam.....	1	methylphenidate hcl.....	68
memantine hcl.....	17,18	methylprednisolone.....	84
MENACTRA.....	96	methylprednisolone acetate.....	84
MENEST.....	87	methylprednisolone sod succ.....	84
		METIPRANOLOL.....	103
		metoclopramide hcl.....	21
		metolazone.....	64
		metoprolol & hydrochlorothiazide.....	63
		metoprolol succinate.....	59
		metoprolol tartrate.....	59
		metronidazole.....	7
		metronidazole (topical).....	7
		metronidazole vaginal.....	7
		metyrosine.....	63
		mexiletine hcl.....	58
		micafungin sodium.....	23
		MICONAZOLE 3.....	23
		midodrine hcl.....	57
		MIGERGOT.....	24
		miglitol.....	51
		miglustat.....	81
		minocycline hcl.....	13
		minoxidil.....	66
		mirtazapine.....	18

misoprostol.....	79
modafinil.....	111
moexipril hcl.....	58
MOLINDONE HCL.....	39
mometasone furoate.....	72,84
montelukast sodium.....	106
morphine sulfate.....	2,3
MOVANTIK.....	78
moxifloxacin hcl.....	12
MOXIFLOXACIN HCL (2X DAY).....	102
moxifloxacin hcl (ophth).....	102
MOZOBIL.....	55
MULTAQ.....	58
mupirocin.....	74
MYALEPT.....	79
mycophenolate mofetil.....	94
mycophenolate mofetil hcl.....	95
mycophenolate sodium.....	95
MYRBETRIQ.....	82

N

nabumetone.....	1
nadolol.....	59
nafcillin sodium.....	10
NAGLAZYME.....	81
naloxone hcl.....	5
naltrexone hcl.....	5
naproxen.....	1
naratriptan hcl.....	25
NATACYN.....	102
nateglinide.....	51
NATPARA.....	99
NAYZILAM.....	4
nebivolol hcl.....	59
NEFAZODONE HCL.....	19
neomycin sulfate.....	6
neomycin-bacitracin zn-polymyxin.....	101
neomycin-polymy-dexameth.....	101
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	101
neomycin-polymyxin-hc (otic).....	104
NERLYNX.....	33

NEVIRAPINE.....	45
nevirapine.....	45
NEVIRAPINE ER.....	45
niacin (antihyperlipidemic).....	66
NIACIN (ANTIHYPERTENSIVE).....	66
NIACOR.....	66
nicardipine hcl.....	60
NICOTROL.....	5
NICOTROL NS.....	5
nifedipine.....	60
nilutamide.....	27
nimodipine.....	60
NINLARO.....	29
nitazoxanide.....	36
nitisinone.....	81
NITRO-BID.....	66
nitrofurantoin macrocrystal.....	7
nitrofurantoin monohyd macro.....	7
nitroglycerin.....	66,67
NITROSTAT.....	67
nizatidine.....	79
NORDITROPIN FLEXPEN.....	85
norethin acet & estrad-fe.....	87
norethindrone & eth estradiol.....	87
norethindrone & ethinyl estradiol-fe.....	87
norethindrone (contraceptive).....	88
norethindrone acet & eth estra.....	87
norethindrone acetate.....	88
norethindrone acetate-ethinyl estradiol.....	87
norethindrone-eth estradiol (triphasic).....	87
norgestimate-ethinyl estradiol.....	87
norgestimate-ethinyl estradiol (triphasic).....	87
norgestrel & ethinyl estradiol.....	87
NORMOSOL-M IN D5W.....	75
nortriptyline hcl.....	20
NORTRIPTYLINE HCL.....	20
NORVIR.....	47
NovoFine 32G X 6 MM MISC.....	100
NOVOLIN 70/30.....	53
NOVOLIN 70/30 RELION.....	53
NOVOLIN N.....	53

NOVOLIN N RELION.....	53
NOVOLIN R.....	54
NOVOLIN R RELION.....	54
NovoTwist 32G X 5 MM MISC.....	100
NOXAFIL.....	23
NUBEQA.....	27
NUCALA.....	109
NULYTELY LEMON-LIME.....	78
NULYTELY WITH FLAVOR PACKS.....	78
NUPLAZID.....	41
NUTRILIPID.....	75
NYMALIZE.....	60
nystatin.....	23
nystatin (mouth-throat).....	23
nystatin (topical).....	23
nystatin-triamcinolone.....	73

O

octreotide acetate.....	90
ODEFSEY.....	45
ODOMZO.....	33
OFEV.....	108
ofloxacin.....	12
ofloxacin (ophth).....	102
ofloxacin (otic).....	104
olanzapine.....	41
olmesartan medoxomil.....	57
olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	63
olmesartan medoxomil-hydrochlorothiazide.....	63
olopatadine hcl.....	101
omega-3-acid ethyl esters.....	66
omeprazole.....	80
ondansetron.....	22
ondansetron hcl.....	22
ONUREG.....	29
OPSUMIT.....	108
ORBACTIV.....	7
ORGOVYX.....	90
oseltamivir phosphate.....	48
OSPHENA.....	88

OTEZLA.....	73,92
oxandrolone.....	85
oxcarbazepine.....	16
oxybutynin chloride.....	82
oxycodone hcl.....	3
oxycodone w/ acetaminophen.....	3,4
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	51
OZEMPIC (1 MG/DOSE).....	51
OZEMPIC (2 MG/DOSE).....	51

P

paliperidone.....	41
PANRETIN.....	35
pantoprazole sodium.....	80
paricalcitol.....	99
paromomycin sulfate.....	6
paroxetine hcl.....	19
PASER.....	26
PEDIARIX.....	96
PEDVAX HIB.....	96
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	79
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	78
PEGANONE.....	16
PEGASYS.....	93
PEGASYS PROCLICK.....	93
PEMAZYRE.....	33
penicillamine.....	83
penicillin g potassium.....	10
PENICILLIN G SODIUM.....	10
penicillin v potassium.....	10
PENTACEL.....	96
pentamidine isethionate.....	36
pentoxifylline.....	63
perindopril erbumine.....	58
permethrin.....	73
perphenazine.....	21
PERSERIS.....	41
PFIZERPEN.....	11
phenelzine sulfate.....	18

phenobarbital.....	15	PREDNISOLONE ACETATE.....	103
PHENYTEK.....	16	PREDNISOLONE SODIUM PHOSPHATE....	84,103
phenytoin.....	16	prednisone.....	84
phenytoin sodium extended.....	16	PREDNISONE INTENSOL.....	84
PHOSPHOLINE IODIDE.....	103	pregabalin.....	69
PIFELTRO.....	45	PREHEVBRIO.....	96
pilocarpine hcl.....	103	PREMARIN.....	87,88
pilocarpine hcl (oral).....	70	PREMASOL.....	76
PIMOZIDE.....	39	PREMPHASE.....	88
pindolol.....	59	PREMPRO.....	88
pioglitazone hcl.....	51	prenatal vitamins.....	77
piperacillin sodium-tazobactam sodium....	11	PREVYMIS.....	43
PIQRAY (200 MG DAILY DOSE).....	33	PREZCOBIX.....	47
PIQRAY (250 MG DAILY DOSE).....	33	PREZISTA.....	47
PIQRAY (300 MG DAILY DOSE).....	33	PRIFTIN.....	26
PIRFENIDONE.....	108	primaquine phosphate.....	36
pirfenidone.....	109	primidone.....	15
piroxicam.....	1	PRIORIX.....	96
PLEGRIDY.....	70	PRIVIGEN.....	92
PLEGRIDY STARTER PACK.....	70	probenecid.....	24
PLENVU.....	78	prochlorperazine.....	21
podofilox.....	73	prochlorperazine maleate.....	21
polymyxin b-trimethoprim.....	102	PROCYSBI.....	81
POMALYST.....	27	progesterone.....	88
posaconazole.....	23	PROGRAF.....	95
potassium chloride.....	75	PROLASTIN-C.....	81
POTASSIUM CHLORIDE ER.....	75	PROLENSA.....	103
POTASSIUM CHLORIDE IN DEXTROSE.....	77	PROLIA.....	99
potassium chloride in dextrose & sodium chloride.....	75	PROMACTA.....	55,56
POTASSIUM CHLORIDE IN NACL.....	75	promethazine hcl.....	21,105
potassium chloride microencapsulated crystals er.....	75	propafenone hcl.....	59
potassium citrate (alkalinizer).....	75	propranolol hcl.....	59,60
PRADAXA.....	55	PROPRANOLOL-HCTZ.....	63
pramipexole dihydrochloride.....	37	propylthiouracil.....	91
prasugrel hcl.....	56	PROQUAD.....	96
pravastatin sodium.....	65	protriptyline hcl.....	21
praziquantel.....	36	PULMICORT FLEXHALER.....	105
prazosin hcl.....	57	PULMOZYME.....	107
PREDNISOLONE.....	84	PURIXAN.....	28
		pyrazinamide.....	26
		pyridostigmine bromide.....	25

pyrimethamine.....37

Q

QINLOCK.....29

QUADRACEL.....96

quetiapine fumarate.....41

quinapril hcl.....58

quinapril-hydrochlorothiazide.....63

quinidine sulfate.....59

quinine sulfate.....37

QVAR REDIHALER.....105

R

RA ISOPROPYL ALCOHOL WIPES.....100

RABAVERT.....96

rabeprazole sodium.....80

raloxifene hcl.....88

ramelteon.....110

ramipril.....58

ranolazine.....63

rasagiline mesylate.....38

RAVICTI.....81

REBIF.....70

REBIF REBIDOSE.....70

REBIF REBIDOSE TITRATION PACK.....70

REBIF TITRATION PACK.....70

RECOMBIVAX HB.....96

RECTIV.....67

REGRANEX.....73

RELENZA DISKHALER.....48

RELISTOR.....78

repaglinide.....51

REPATHA.....66

REPATHA PUSHTRONEX SYSTEM.....66

REPATHA SURECLICK.....66

RESCRIPTOR.....45

RESTASIS.....101

RESTASIS MULTIDOSE.....101

RETACRIT.....56

RETEVMO.....29

REVLIMID.....27

REXULTI.....41

REYATAZ.....48

REZUROCK.....95

RHOPRESSA.....103

RIBASPHERE.....43

ribavirin.....110

ribavirin (hepatitis c).....43

rifabutin.....26

rifampin.....26

RIFATER.....26

riluzole.....68

RIMANTADINE HCL.....48

ringer's.....77

ringer's irrigation.....77

RINVOQ.....95

risedronate sodium.....99

RISPERDAL CONSTA.....41

risperidone.....41,42

ritonavir.....48

rivastigmine.....17

rivastigmine tartrate.....17

rizatriptan benzoate.....25

ROCKLATAN.....101

ropinirole hydrochloride.....37

rosuvastatin calcium.....65

ROTARIX.....96

ROTATEQ.....97

ROZLYTREK.....29

RUBRACA.....33

RUCONEST.....91

rufinamide.....17

RUKOBIA.....46

RUZURGI.....100

RYBELSUS.....51

RYDAPT.....33

S

SANDIMMUNE.....95

SANDOSTATIN LAR DEPOT.....90

SANTYL.....73

sapropterin dihydrochloride.....81

tacrolimus	95	tigecycline	7
tacrolimus (topical)	72	timolol maleate	24
tadalafil (pulmonary hypertension)	108	TIMOLOL MALEATE	103
TAFINLAR	34	timolol maleate (ophth)	103
TAGRISSO	34	TIVICAY	44
TALTZ	92	TIVICAY PD	44
TALZENNA	34	tizanidine hcl	42
tamoxifen citrate	28	TOBI PODHALER	107
tamsulosin hcl	82	tobramycin	107
TASIGNA	34	tobramycin (ophth)	102
TAVALISSE	56	tobramycin sulfate	6
tazarotene	71	tobramycin-dexamethasone	101
TAZICEF	9	TOLAK	73
TAZORAC	71	tolterodine tartrate	82
TAZVERIK	29	topiramate	14
TDVAX	97	toremifene citrate	28
TEFLARO	9	torsemide	64
telmisartan	57	TOUJEO MAX SOLOSTAR	54
telmisartan-hydrochlorothiazide	63	TOUJEO SOLOSTAR	54
temazepam	110	TPN ELECTROLYTES	77
TEMIXYS	46	TRACLEER	108
TENIVAC	97	TRADJENTA	52
tenofovir disoproxil fumarate	46	tramadol hcl	4
TEPMETKO	34	tramadol-acetaminophen	4
terazosin hcl	57	trandolapril	58
terbinafine hcl	23	tranexamic acid	56
terconazole vaginal	23	tranylcypromine sulfate	18
testosterone	85	TRAVASOL	76
testosterone cypionate	86	travoprost	104
testosterone enanthate	86	trazodone hcl	19,20
tetrabenazine	68,69	TRECTOR	26
tetracycline hcl	13	TRELEGY ELLIPTA	110
THALOMID	27	TRELSTAR MIXJECT	90
theophylline	108	tretinoin	71
THIOLA EC	83	tretinoin (chemotherapy)	35
thioridazine hcl	39	triamcinolone acetonide (mouth)	70
thiotepa	27	triamcinolone acetonide (topical)	72
thiothixene	39	triamterene & hydrochlorothiazide	63
tiagabine hcl	15	triazolam	110
TIBSOVO	34	trientine hcl	76
TICOVAC	97	trifluoperazine hcl	39

TRIFLURIDINE.....	48	VALTOCO 5 MG DOSE.....	16
trihexyphenidyl hcl.....	37	vancomycin hcl.....	8
TRIKAFTA.....	107	VANDAZOLE.....	8
trimethoprim.....	7	VAQTA.....	97
trimipramine maleate.....	21	VARENICLINE TARTRATE.....	5
TRINTELLIX.....	20	VARIVAX.....	97
TRIUMEQ.....	46	VARIZIG.....	92
TRIUMEQ PD.....	46	VASCEPA.....	66
TRIZIVIR.....	46	VELIVET.....	88
TROPHAMINE.....	76	VELTASSA.....	76
tropium chloride.....	82	VEMLIDY.....	43
TRULICITY.....	52	VENCLEXTA.....	34
TRUMENBA.....	97	VENCLEXTA STARTING PACK.....	34
TRUSELTIQ (100MG DAILY DOSE).....	34	venlafaxine hcl.....	20
TRUSELTIQ (125MG DAILY DOSE).....	34	VENTAVIS.....	108
TRUSELTIQ (50MG DAILY DOSE).....	34	verapamil hcl.....	61
TRUSELTIQ (75MG DAILY DOSE).....	34	VERAPAMIL HCL ER.....	61
TUKYSA.....	34	VERSACLOZ.....	42
TURALIO.....	34	VERZENIO.....	35
TWINRIX.....	97	VICTOZA.....	52
TYBOST.....	47	VIDEX.....	46
TYMLOS.....	99	VIDEX EC.....	46
TYPHIM VI.....	97	vigabatrin.....	16
TYSABRI.....	70	VIIBRYD STARTER PACK.....	20
U		vilazodone hcl.....	20
UBRELVY.....	24	VIRACEPT.....	48
UKONIQ.....	34	VIREAD.....	46
ursodiol.....	79	VITRAKVI.....	35
V		VIZIMPRO.....	35
valacyclovir hcl.....	48	VONJO.....	35
VALCHLOR.....	27	voriconazole.....	23,24
valganciclovir hcl.....	43	VOSEVI.....	44
valproate sodium.....	14	VOTRIENT.....	35
valproic acid.....	14	VRAYLAR.....	42
valsartan.....	58	VYNDAMAX.....	63
valsartan-hydrochlorothiazide.....	63	VYNDAQEL.....	81
VALTOCO 10 MG DOSE.....	15	VYZULTA.....	104
VALTOCO 15 MG DOSE.....	16	W	
VALTOCO 20 MG DOSE.....	16	warfarin sodium.....	55
		water for irrigation, sterile.....	100

WELIREG.....29

X

XALKORI.....35

XARELTO.....55

XARELTO STARTER PACK.....55

XATMEP.....95

XCOPRI.....14,15

XCOPRI (250 MG DAILY DOSE).....14

XCOPRI (350 MG DAILY DOSE).....15

XELJANZ.....92,93

XELJANZ XR.....95

XERMELO.....78

XGEVA.....99

XIFAXAN.....8

XIGDUO XR.....52

XIIDRA.....101

XOFLUZA (40 MG DOSE).....48

XOFLUZA (80 MG DOSE).....48

XOLAIR.....93

XOSPATA.....35

XPOVIO (100 MG ONCE WEEKLY).....29

XPOVIO (40 MG ONCE WEEKLY).....29

XPOVIO (40 MG TWICE WEEKLY).....30

XPOVIO (60 MG ONCE WEEKLY).....30

XPOVIO (60 MG TWICE WEEKLY).....30

XPOVIO (80 MG ONCE WEEKLY).....30

XPOVIO (80 MG TWICE WEEKLY).....30

XTANDI.....27

XYREM.....111

Y

YF-VAX.....97

Z

zafirlukast.....106

zaleplon.....111

ZARXIO.....56

ZEJULA.....35

ZELBORAF.....35

ZENPEP.....82

ZERIT.....46

zidovudine.....46

ziprasidone hcl.....42

ziprasidone mesylate.....42

ZIRGAN.....43

zoledronic acid.....99

ZOLINZA.....30

zolmitriptan.....25

zolpidem tartrate.....111

ZONISADE.....17

zonisamide.....17

ZONTIVITY.....55

ZOSTAVAX.....97

ZTALMY.....15

ZUBSOLV.....5

ZYDELIG.....35

ZYKADIA.....35

ZYPREXA RELPREVV.....42



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Discrimination is against the law. Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California provides:

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

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

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

MULTI-LANGUAGE INSERT

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-452-4413. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-452-4413. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-452-4413。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-452-4413。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-452-4413. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-452-4413. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-452-4413 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-452-4413. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-452-4413 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-452-4413. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول

ليس عليك سوى الاتصال بنا على 1-800-452-4413. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-452-4413 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E' disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-452-4413. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. E' un servizio gratuito.

Português Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-452-4413. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-452-4413. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-452-4413. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-452-4413 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm pab li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau pab ntawm 1-800-452-4413. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo]. D77 t'11 j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਆਰੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մենք մոտ հասնում ենք ԵՄ ԲՆԱԿԱՐԺ Ժառանգական Զանգերի Ժամանակը ընդհատելու և մեր առողջապահական կազմակերպության հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Ժառանգական և ընդհատելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեր կողմից հարցեր են ինքնուրույն ժառանգական և ԲՆԱԿԱՐԺ Ժամանակը ընդհատելու և ԵՄ ԲՆԱԿԱՐԺ:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافایت با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



LANGUAGE ASSISTANCE NOTICE

English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

中文 Chinese 请注意：如果您说中文，可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线：711)，每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

한국어 Korean 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

Русский Russian ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

فارسى Farsi

توجه: گربه زيارفارسى صحبت ميکشد، خدمات امداد زيارفارسى بدون اخذ هونہ در اعشارشما مييش دباشماره 1-800-452-4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در فمت روز فمت ماسيگي دي. طرنت ماس ريگان ملت.

भाषा Hindi ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

Lus Hmoob Hmong LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

Español Spanish ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

Tiếng Việt Vietnamese LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

Tagalog PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية فتوفر لك خدمات المساعدة باللغة العربية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحاً إلى 8:00 مساءً طوال أيام الأسبوع. لم يتم الرد على هذه الخدمة.

ພາສາລາວ Laotian ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-800-452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

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。1-800-452-4413 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

ภาษาไทย Thai

เรียน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

ਪੰਜਾਬੀ Punjabi ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

ខ្មែរ Khmer ចាប់អារម្មណ៍៖ បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-800-452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ គឺឥតគិតថ្លៃទេ។

Հայերեն Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Չանգահարեք 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

Українська Ukrainian ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

Mienh Mien TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungh ndorm mingh taux 8:00 ziangh hoc lungh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

This list of covered drugs (Formulary) was updated on **10/04/2022** . For more recent information or other questions, contact Customer Care at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week or visit blueshieldca.com/medformulary2023.



If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2023.