



Blue Shield Rx Enhanced (PDP)

2026 Formulary

(List of Covered Drugs or "Drug List")

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

Formulary ID# 26294

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact Blue Shield Rx Enhanced Customer Service, at (888) 239-6469 (TTY users should call 711), 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/medformulary2026.

A53840MAD-B (10/25)
Y0118_25_386B2_C 08222025
10/15/2025

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us", or "our," it means Blue Shield of California. When it refers to "plan" or "our plan," it means Blue Shield Rx Enhanced.

This document includes Drug List (formulary) for our plan which is current as of 10/15/2025 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Blue Shield Rx Enhanced formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: blueshieldca.com/medformulary2026.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year: "

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions .

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original

biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Blue Shield Rx Enhanced's formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Blue Shield Rx Enhanced's formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as

described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/15/2025 . To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/medformulary2026.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 124 . The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological

products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the plan's formulary?" on page vi for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Shield Rx Enhanced's formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue Shield Rx Enhanced limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,
- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by our plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact our plan Customer Service for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website, and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS approved coverage criteria and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in our plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case

we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days during the first 90 days you are enrolled in our Plan, beginning on your effective date of coverage.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

For more information

For more detailed information about your plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Plan formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 124 .

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield Rx Enhanced:

TIER	SUPPLY	COST SHARE
1: Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$0 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	\$0 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$11 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	\$33 Copay
2: Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$7 Copay
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	\$14 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$14 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	\$42 Copay

TIER	SUPPLY	COST SHARE
3: Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	19% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	19% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	19% coinsurance
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	19% coinsurance
3: Covered Insulins	Preferred retail cost-sharing (in-network) (30-day supply)	The lesser of \$35 Copay or 19% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	The lesser of \$105 Copay or 19% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	The lesser of \$35 Copay or 19% coinsurance
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	The lesser of \$105 Copay or 19% coinsurance
4: Non-Preferred Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	37% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	37% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	37% coinsurance
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	37% coinsurance

TIER	SUPPLY	COST SHARE
4: Covered Insulins	Preferred retail cost-sharing (in-network) (30-day supply)	The lesser of \$35 Copay or 25% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	The lesser of \$105 Copay or 25% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	The lesser of \$35 Copay or 25% coinsurance
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	The lesser of \$105 Copay or 25% coinsurance
5: Specialty Tier Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's home delivery cost-sharing (30-day supply)	33% coinsurance
	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's home delivery cost-sharing	A long-term supply is not available for drugs in Tier 5.

- Cost-sharing for drugs obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for drugs on Tiers 1 through 5 obtained from network long-term care pharmacies (31- day supply) is the same as the in-network standard retail cost-sharing (30-day supply).

LEGEND

TIER	NAME	
1	Preferred Generic Drugs	
2	Generic Drugs	
3	Preferred Brand Drugs	
3	Covered Insulins	
4	Non-Preferred Drugs	
4	Covered Insulins	
5	Specialty Tier Drugs	
SYMBOL	NAMESPACE	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
INS	Covered Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
VAC	\$0 Vaccine	Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	TIER 2	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 1.5 % solution</i>	TIER 3	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen 375 mg tab dr</i>	TIER 2	
<i>ec-naproxen 500 mg tab dr</i>	TIER 3	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	TIER 4	
<i>etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)</i>	TIER 4	
FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 2	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	
<i>indomethacin er 75 mg cap</i>	TIER 3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nabumetone (500 mg tab, 750 mg tab)	TIER 2	
naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab)	TIER 2	
naproxen 500 mg tab dr	TIER 3	
naproxen dr 500 mg tab	TIER 3	
oxaprozin 600 mg tab	TIER 4	
piroxicam (10 mg cap, 20 mg cap)	TIER 3	
relafen (500 mg tab, 750 mg tab)	TIER 2	
sulindac (150 mg tab, 200 mg tab)	TIER 2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)	TIER 4	PA, NDS
methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
methadone hcl 10 mg tab	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl 5 mg tab	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
morphine sulfate er (er 100 mg tab er, er 200 mg tab er)	TIER 4	QL (60 PER 30 OVER TIME), NDS
morphine sulfate er 15 mg tab	TIER 3	QL (180 PER 30 OVER TIME), NDS
morphine sulfate er 30 mg tab	TIER 3	QL (90 PER 30 OVER TIME), NDS
morphine sulfate er 60 mg tab	TIER 3	QL (60 PER 30 OVER TIME), NDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)	TIER 2	QL (12 PER 1 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen- codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen- codeine 300-30 mg/12.5ml solution)</i>	TIER 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>butilbital-apap-caff-cod 50-325- 40-30 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 3	QL (15 PER 28 OVER TIME), NDS
<i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i>	TIER 4	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	TIER 4	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5- 108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	TIER 4	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (7.5- 325 mg tab, 10-325 mg tab)</i>	TIER 3	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone- acetaminophen 2.5-325 mg tab)</i>	TIER 3	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	TIER 4	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 4 mg tab</i>	TIER 4	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	TIER 4	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	TIER 3	QL (70 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>	TIER 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i>	TIER 3	QL (315 PER 30 OVER TIME), NDS
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 4	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	TIER 4	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 20 mg tab</i>	TIER 4	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg tab</i>	TIER 4	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 4	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl 50 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>lidocaine hcl 4 % solution</i>	TIER 4	
<i>LIDOCAINE HCL 4 % SOLUTION</i>	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocan 5 % patch</i>	TIER 3	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	TIER 4	QL (10 PER 30 DAYS)
<i>premium lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

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

OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	TIER 4	QL (2 PER 30 OVER TIME)
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	TIER 2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	TIER 3	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl 50 mg tab</i>	TIER 2	

SMOKING CESSATION AGENTS

<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 4	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	TIER 4	QL (53 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 4	
<i>ARIKAYCE 590 MG/8.4ML SUSPENSION</i>	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 40 mg/ml solution)</i>	TIER 4	
<i>gentamicin sulfate 0.1 % ointment</i>	TIER 2	
<i>neomycin sulfate 500 mg tab</i>	TIER 2	
<i>STREPTOMYCYIN SULFATE 1 GM RECON SOLN</i>	TIER 4	
<i>tobramycin sulfate (tobramycin sulfate 2 gm/50ml solution, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution)</i>	TIER 4	
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm soln, 2 gm soln)</i>	TIER 4	
<i>CAYSTON 75 MG RECON SOLN</i>	TIER 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 4	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)</i>	TIER 4	
<i>clindamycin phosphate 2 % cream</i>	TIER 2	
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINDAMYCIN PHOSPHATE IN NACL (IN 300-0.9 MG/50ML-% SOLUTION, IN 600-0.9 MG/50ML-% SOLUTION, IN 900-0.9 MG/50ML-% SOLUTION)	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>	TIER 4	
<i>fosfomycin tromethamine 3 gm packet</i>	TIER 4	QL (1 PER 30 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 4	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % cream, metronidazole 0.75 % lotion, metronidazole 1 % gel, metronidazole 500 mg/100ml solution)</i>	TIER 4	
<i>metronidazole 0.75 % gel</i>	TIER 3	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 3	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>polymyxin b sulfate 500000 unit recon soln</i>	TIER 4	
<i>rosadan 0.75 % cream</i>	TIER 4	
<i>rosadan 0.75 % gel</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>	TIER 4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	TIER 2	
<i>vancomycin hcl (vancomycin hcl 250 mg cap, vancomycin hcl 2 gm recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 125 mg cap, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1.75 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 100 gm recon soln, vancomycin hcl 250 mg recon soln, vancomycin hcl 500 mg recon soln)</i>	TIER 4	
<i>vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION
XIFAXAN 200 MG TAB	TIER 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
<i>CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)</i>	TIER 3	
<i>cefadroxil (250 mg/5ml, 500 mg/5ml)</i>	TIER 3	
<i>cefadroxil 500 mg cap</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 3 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	TIER 4	
<i>cefdinir (125 mg/5ml, 250 mg/5ml)</i>	TIER 3	
<i>cefdinir 300 mg cap</i>	TIER 2	
<i>CEFEPIME HCL (CEFEPIME HCL 1 GM RECON SOLN, CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM RECON SOLN, CEFEPIME HCL 2 GM/100ML SOLUTION)</i>	TIER 4	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	TIER 4	
<i>cefotetan disodium (1 gm soln, 2 gm soln)</i>	TIER 4	
<i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	TIER 4	
<i>CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)</i>	TIER 4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 2	
<i>CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)</i>	TIER 4	
<i>ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)</i>	TIER 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>	TIER 4	
<i>cephalexin (125 mg/5ml, 250 mg/5ml)</i>	TIER 3	
<i>cephalexin (250 mg cap, 500 mg cap)</i>	TIER 2	
TAZICEF (TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN)	TIER 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	TIER 5	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	TIER 2	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 875-125 mg tab, amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i>	TIER 2	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB 12H	TIER 4	
<i>ampicillin 500 mg cap</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	TIER 4	
<i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i>	TIER 4	
<i>BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)</i>	TIER 4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 2	
<i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	TIER 4	
<i>penicillin g potassium (5000000 soln, 20000000 soln)</i>	TIER 4	
<i>PENICILLIN G SODIUM 5000000 UNIT RECON SOLN</i>	TIER 4	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	TIER 2	
<i>pzierpen (5000000 soln, 20000000 soln)</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>	TIER 4	
CARBAPENEMS		
<i>ertapenem sodium 1gm recon soln</i>	TIER 3	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	TIER 4	
<i>meropenem (1 gm soln, 500 mg soln)</i>	TIER 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
<i>azithromycin 500 mg recon soln</i>	TIER 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>clarithromycin er 500 mg tab 24h</i>	TIER 4	
DIFICID 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)
<i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i>	TIER 4	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg cp dr part, erythromycin base 500 mg tab)</i>	TIER 4	
<i>erythromycin ethylsuccinate (200 mg/5ml, 400 mg/5ml)</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	
<i>fidaxomicin 200 mg tab</i>	TIER 5	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin (250 mg/5ml (5%), 500 mg/5ml (10%))</i>	TIER 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	TIER 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 25 mg/ml solution)</i>	TIER 4	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	TIER 4	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	TIER 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxy 100 mg recon soln</i>	TIER 4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 4	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 2	
<i>monodoxe nl 100 mg cap</i>	TIER 2	
<i>morgidox 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	TIER 4	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	TIER 4	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i>	TIER 3	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FYCOMPA 0.5 MG/ML SUSPENSION	TIER 4	QL (24 PER 1 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>perampanel 2 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	TIER 2	
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 4	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate (15 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 3	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate 25 mg/ml solution</i>	TIER 4	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml, 500 mg/5ml)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2	
<i>methylsuximide 300 mg cap</i>	TIER 3	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam 10 mg tab</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 DAYS)
DIAZEPAM 2.5 MG GEL	TIER 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 DAYS)
<i> gabapentin (250 mg/5ml, 300 mg/6ml)</i>	TIER 3	QL (72 PER 1 DAYS)
<i> gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i> gabapentin 100 mg cap</i>	TIER 2	QL (12 PER 1 DAYS)
<i> gabapentin 300 mg cap</i>	TIER 2	QL (8 PER 1 DAYS)
<i> gabapentin 400 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i> phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i> primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)</i>	TIER 2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i> tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	TIER 4	
VALTOCO 10 MG DOSE /0.1ML LIQUID	TIER 4	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK	TIER 4	QL (10 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK	TIER 4	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE /0.1ML LIQUID	TIER 4	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadron 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadron 500 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	TIER 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	TIER 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	TIER 3	
<i>carbamazepine (carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	TIER 2	
<i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>	TIER 3	
DILANTIN 30 MG CAP	TIER 4	
<i>epitol 200 mg tab</i>	TIER 2	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2	
<i>phenytoin infatabs infas 50 mg chew</i>	TIER 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2	
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 4	ST, QL (8 PER 1 DAYS)
<i>XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)</i>	TIER 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK</i>	TIER 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ZONISADE 100 MG/5ML SUSPENSION</i>	TIER 4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 2	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 3
-----------------------------	--------

CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 1
--	--------

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil hcl 23 mg tab</i>	TIER 4	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 2	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	TIER 2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 4	
<i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 4	

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	TIER 3
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	TIER 2
<i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</i>	TIER 4

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab 12h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab 12h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab 12h</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab 24h</i>	TIER 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	TIER 2	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	TIER 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	TIER 4	
<i>phenelzine sulfate (phenelzine sulfate 15 mg tab, phenelzine sulfate 15 mg tab)</i>	TIER 3	
<i>tranylcypromine sulfate 10 mg tab</i>	TIER 4	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)	TIER 3	
desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)	TIER 4	QL (1 PER 1 DAYS)
desvenlafaxine succinate er 100 mg tab 24h	TIER 4	QL (4 PER 1 DAYS)
escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)	TIER 1	
escitalopram oxalate (5 mg/5ml, 10 mg/10ml)	TIER 2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	TIER 4	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (10 mg cap, 20 mg cap)</i>	TIER 1	
<i>fluoxetine hcl (20 mg/5ml solution, 40 mg cap)</i>	TIER 2	
<i>fluvoxamine maleate 100 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	TIER 4	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)</i>	TIER 4	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>PAROXETINE HCL 10 MG/5ML SUSPENSION</i>	TIER 4	QL (30 PER 1 DAYS)
<i>RALDESY 10 MG/ML SOLUTION</i>	TIER 5	QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>sertraline hcl 20 mg/ml conc</i>	TIER 3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>trazodone hcl 300 mg tab</i>	TIER 3	
<i>TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)</i>	TIER 4	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 2	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er 75 mg cap 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 4	ST, QL (1 PER 1 DAYS)
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 4	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>doxepin hcl 10 mg/ml conc</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 2	
<i>nortriptyline hcl 10 mg/5ml solution</i>	TIER 4	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	TIER 4	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

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

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>scopolamine 1 mg/3 days patch 72hr</i>	TIER 4	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (80 & 125 mg cap, 80 mg cap, 125 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	TIER 4	PA, QL (1 PER 30 DAYS)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 4	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ONDANSETRON HCL 24 MG TAB</i>	TIER 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ANTIFUNGALS		
<i>ABELCET 5 MG/ML SUSPENSION</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>AMPHOTERICIN B 50 MG RECON SOLN</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>clotrimazole (1% cream, 1% solution, 10 mg troche)</i>	TIER 2	
<i>CRESEMBA 186 MG CAP</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>CRESEMBA 74.5 MG CAP</i>	TIER 5	PA, QL (5 PER 1 DAYS)
<i>econazole nitrate 1% cream</i>	TIER 4	
<i>fluconazole (10 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole 40 mg/ml recon susp</i>	TIER 3	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln)</i>	TIER 4	
MICONAZOLE 3 200 MG SUPPOS	TIER 3	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>posaconazole 100 mg tab dr</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 %, 0.8 %)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine 0.6 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>febuxostat (40 mg tab, 80 mg tab)</i>	TIER 4	ST, QL (1 PER 1 DAYS)
<i>probenecid 500 mg tab</i>	TIER 3	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
<i>AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)</i>	TIER 3	PA, QL (1 PER 28 DAYS)
<i>EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)</i>	TIER 3	PA, QL (2 PER 30 DAYS)
<i>EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR</i>	TIER 3	PA, QL (3 PER 30 DAYS)
<i>NURTEC 75 MG TAB DISP</i>	TIER 5	PA, QL (16 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 5	PA, QL (8 PER 30 DAYS)
<i>ERGOTAMINE-CAFFEINE 1-100 MG TAB</i>	TIER 3	QL (40 PER 28 DAYS)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	TIER 4	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution, sumatriptan succinate 6 mg/0.5ml soln prsy)</i>	TIER 4	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate refill (sumatriptan succinate refill 4 mg/0.5ml soln cart, sumatriptan succinate refill 6 mg/0.5ml soln cart, sumatriptan succinate refill 6 mg/0.5ml soln cart)</i>	TIER 4	QL (8 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	TIER 3	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	TIER 4	
<i>pyridostigmine bromide er 180 mg tab</i>	TIER 4	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 3	
<i>rifabutin 150 mg cap</i>	TIER 4	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 2	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	TIER 2	
<i>isoniazid 50 mg/5ml syrup</i>	TIER 4	
<i>PRIFTIN 150 MG TAB</i>	TIER 4	
<i>pyrazinamide 500 mg tab</i>	TIER 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 2	
<i>rifampin 600 mg recon soln</i>	TIER 4	
<i>SIRTURO (20 MG TAB, 100 MG TAB)</i>	TIER 5	PA
<i>TRECATOR 250 MG TAB</i>	TIER 4	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)</i>	TIER 3	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	TIER 4	
LEUKERAN 2 MG TAB	TIER 4	
MATULANE 50 MG CAP	TIER 5	LA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	TIER 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	TIER 2	
ERLEADA 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	TIER 3	
FLUTAMIDE 125 MG CAP	TIER 3	
<i>nilutamide 150 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIESTROGENS/MODIFIERS

<i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i>	TIER 5	
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	

ANTIMETABOLITES

<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 2	
ONUREG (200 MG TAB, 300 MG TAB)	TIER 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID LOID 40 MG	TIER 3	

ANTINEOPLASTICS, OTHER

AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IWILFIN 192 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg soln, 350 mg soln)</i>	TIER 4	
<i>leucovorin calcium (15 mg tab, 25 mg tab)</i>	TIER 3	
<i>leucovorin calcium (5 mg tab, 10 mg tab)</i>	TIER 2	
LONSURF 15-6.14 MG TAB	TIER 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 5	
MODEYSO 125 MG CAP	TIER 5	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole 1 mg tab</i>	TIER 2
<i>exemestane 25 mg tab</i>	TIER 4
<i>letrozole 2.5 mg tab</i>	TIER 2

MOLECULAR TARGET INHIBITORS

ALECENSA 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER	TIER 5	LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab, 3 mg tab, 5 mg tab)</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GOMEKLI 1 MG CAP	TIER 5	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	TIER 5	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	TIER 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ITOVEBI 9 MG TAB	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) (TAB THPK	TIER 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 TAB THPK	TIER 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 TAB THPK	TIER 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	TIER 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	TIER 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	TIER 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) (CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	TIER 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	TIER 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	TIER 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	TIER 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) (TAB THPK	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVUFORJ 25 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAFINLAR 10 MG TAB SOL	TIER 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSO (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	TIER 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	TIER 5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	TIER 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	TIER 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 200 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITRAKVI 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	TIER 5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	TIER 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYDELIG (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

RETINOIDS

<i>bexarotene 1 % gel</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoiin 10 mg cap</i>	TIER 5	

TREATMENT ADJUNCTS

<i>mesna 400 mg tab</i>	TIER 4	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	TIER 4	
<i>ivermectin 3 mg tab</i>	TIER 2	
<i>praziquantel 600 mg tab</i>	TIER 3	

ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	TIER 4	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 2	
<i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i>	TIER 3	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfate 100 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 3	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxychloroquine sulfate 300 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
IMPAVIDO 50 MG CAP	TIER 5	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)</i>	TIER 2	
<i>pyrimethamine 25 mg tab</i>	TIER 4	PA
<i>quinine sulfate 324 mg cap</i>	TIER 3	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2
<i>benztropine mesylate 1 mg/ml solution</i>	TIER 4
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	TIER 2

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap)</i>	TIER 2
<i>amantadine hcl 100 mg tab</i>	TIER 4
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	TIER 4
<i>entacapone 200 mg tab</i>	TIER 4

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	TIER 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	TIER 2	
<i>ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab 24h</i>	TIER 4	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab 24h</i>	TIER 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>selegiline hcl 5 mg cap</i>	TIER 2	
<i>selegiline hcl 5 mg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 50 mg/2ml solution, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	TIER 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 4	
<i>FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/ML SOLUTION, FLUPHENAZINE HCL 1 MG TAB, FLUPHENAZINE HCL 2.5 MG TAB, FLUPHENAZINE HCL 5 MG TAB, FLUPHENAZINE HCL 10 MG TAB, FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)</i>	TIER 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	TIER 3	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	TIER 3	
<i>loxpipamine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</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 (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 3	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 10 mg tab)</i>	TIER 2	
<i>trifluoperazine hcl 5 mg tab</i>	TIER 3	
2ND GENERATION/ATYPICAL		
ABILITY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 4	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	TIER 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	TIER 5	QL (4.5 ML PER 365 OVER TIME), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB	TIER 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TA	TIER 4	QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB	TIER 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 5	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl 80 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 4	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
OPIPZA (5 MG FILM, 10 MG FILM)	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>PERSERIS (90 MG PRSYR, 120 MG PRSYR)</i>	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>	TIER 4	
<i>REXULTI (0.25 MG TAB, 1 MG TAB)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>REXULTI (0.5 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone (risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	TIER 4	
<i>risperidone 1 mg/ml solution</i>	TIER 3	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>VRAYLAR 1.5 & 3 MG CAP THPK</i>	TIER 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	TIER 3	
ziprasidone mesylate 20 mg recon soln	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION
ANTIPSYCHOTICS, OTHER		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	TIER 5	QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	TIER 2	
clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)	TIER 4	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTISPASTICITY AGENTS		
baclofen (10 mg tab, 20 mg tab)	TIER 2	
baclofen 5 mg tab	TIER 2	QL (16 PER 1 DAYS)
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	TIER 3	
tizanidine hcl (2 mg tab, 4 mg tab)	TIER 2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	TIER 5	QL (4 PER 1 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	TIER 5	QL (200 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 3	
<i>lamivudine 100 mg tab</i>	TIER 3	
ANTI-HEPATITIS C (HCV) AGENTS		
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)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 3	
<i>ribavirin 6 gm recon soln</i>	TIER 5	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	TIER 5	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
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)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	TIER 5	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	TIER 5	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	TIER 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	TIER 4	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>	TIER 5	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB 24H	TIER 4	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab 24h</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)

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

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<i>emtricitabine 200 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
<i>lamivudine (10 mg/ml, 300 mg/30ml)</i>	TIER 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	TIER 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</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 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 5	QL (2 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 DAYS)
<i>zidovudine 100 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 3	QL (60 PER 1 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>maraviroc 150 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>maraviroc 300 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)
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)
SUNLENCA 300 MG TAB	TIER 5	LA, QL (24 PER 168 OVER TIME)
SUNLENCA 4 X 300 MG TAB THPK	TIER 5	QL (4 PER 180 OVER TIME)
SUNLENCA 463.5 MG/1.5ML SOLUTION	TIER 5	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	TIER 5	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	TIER 3	QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 250 MG CAP	TIER 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	TIER 4	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	TIER 4	
NORVIR 100 MG PACKET	TIER 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	TIER 5	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZISTA 100 MG/ML SUSPENSION	TIER 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	TIER 5	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 4	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
<i>ritonavir 100 mg tab</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 30 mg cap</i>	TIER 3	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 3	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 4	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	TIER 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	TIER 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	TIER 4	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	TIER 4	QL (1 PER 30 OVER TIME)

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 4	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100) MG & 0MG TAB THPK	TIER 2	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	TIER 2	QL (30 PER 30 OVER TIME)
PAXLOVID 6 150 MG & 5 100MG TAB THPK	TIER 2	QL (11 PER 30 OVER TIME)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 2	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>clonazepam 0.5 mg tab</i>	TIER 2	QL (40 PER 1 DAYS)
<i>clonazepam 1 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>clonazepam 1 mg tab disp</i>	TIER 4	QL (20 PER 1 DAYS)
<i>clonazepam 2 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>clonazepam 2 mg tab disp</i>	TIER 4	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 3	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 3	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	TIER 2	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tab</i>	TIER 2	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	TIER 2	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 2	QL (12 PER 1 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	TIER 2	QL (5 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lorazepam 0.5 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	TIER 2	QL (5 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lithium 8 meq/5ml solution</i>	TIER 2
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	TIER 2
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	TIER 2

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1
<i>glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)</i>	TIER 1
<i>glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 1
<i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</i>	TIER 1
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	TIER 4
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	TIER 4
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 4

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 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, 40 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>	TIER 1	
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 25 mg tab, miglitol 100 mg tab, miglitol 100 mg tab, miglitol 50 mg tab)</i>	TIER 4	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	TIER 4	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	TIER 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 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 50 mg/ml suspension</i>	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG/ML RECON SOLN)	TIER 3	QL (2 PER 2 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULINS		
FIASP 100 UNIT/ML SOLUTION	TIER 3	INS
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	INS
FIASP PENFILL 100 UNIT/ML SOLN CART	TIER 3	INS
FIASP PUMPCART 100 UNIT/ML SOLN	TIER 3	INS
HUMALOG 100 UNIT/ML SOLN CART	TIER 3	INS
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 3	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	INS
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	TIER 3	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	TIER 3	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN 70/30 KWIKPEN KWIK(70-30) 100 UNIT/ML SUSP	TIER 3	INS
HUMULIN N 100 UIT/ML SUSPESIO	TIER 3	INS
HUMULIN N KWIKPEN KWIK100 UIT/ML SUSP	TIER 3	INS
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	INS
HUMULIN R U-500 (CONCENTRATED) (CONCENTRATED) UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	TIER 3	INS
INSULIN ASPART 100 UNIT/ML SOLUTION	TIER 3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	INS
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	TIER 3	INS
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 3	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	INS
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 3	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 DAYS), INS
NOVOLIN R FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	INS
NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN	TIER 3	INS
NOVOLOG 100 UNIT/ML SOLUTION	TIER 3	INS
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	INS
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	TIER 3	INS
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	TIER 3	INS
NOVOLOG RELION 100 UNIT/ML SOLUTION	TIER 3	INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 DAYS), INS

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 TAB SOL	TIER 3	QL (12 PER 1 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 TAB SOL	TIER 3	QL (16 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
ELIQUIS 0.15 MG CAP SPRINK	TIER 3	QL (2 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	TIER 3	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	TIER 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i>	TIER 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	TIER 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	TIER 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	TIER 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 4	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 4	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 4	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	TIER 1	
rivaroxaban 1 mg/ml recon susp	TIER 3	QL (20 ML PER 1 DAYS)
rivaroxaban 2.5 mg tab	TIER 3	QL (2 PER 1 DAYS)
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (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)

BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl (0.5 mg cap, 1 mg cap)	TIER 3	
eltrombopag olamine (25 mg tab, 50 mg tab)	TIER 5	PA, QL (3 PER 1 DAYS)
eltrombopag olamine 12.5 mg packet	TIER 5	PA, QL (1 PER 1 DAYS)
eltrombopag olamine 12.5 mg tab	TIER 5	PA, QL (1 PER 1 DAYS)
eltrombopag olamine 25 mg packet	TIER 5	PA, QL (6 PER 1 DAYS)
eltrombopag olamine 75 mg tab	TIER 5	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	TIER 5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	TIER 5	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	TIER 4	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	TIER 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 5	PA
HEMOSTASIS AGENTS		
<i>tranexamic acid 650 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap 12h</i>	TIER 4	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 2	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 4	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	TIER 3	QL (2 PER 1 DAYS)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>droxidopa 100 mg cap</i>	TIER 4	PA, QL (18 PER 1 DAYS)
<i>droxidopa 200 mg cap</i>	TIER 4	PA, QL (9 PER 1 DAYS)
<i>droxidopa 300 mg cap</i>	TIER 4	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 3	
<i>METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB, METHYLDOPA 250 MG TAB)</i>	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	TIER 2	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 3	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 2	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	TIER 2	
<i>perindopril erbumine (perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab, perindopril erbumine 2 mg tab, perindopril erbumine 4 mg tab, perindopril erbumine 8 mg tab)</i>	TIER 2	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 2	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>amiodarone hcl 200 mg tab</i>	TIER 2	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 3	
<i>pacerone (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>pacerone 200 mg tab</i>	TIER 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 2	
<i>quinidine sulfate (quinidine sulfate 300 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate 200 mg tab, quinidine sulfate 200 mg tab)</i>	TIER 2	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 4	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 2	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 2	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 4	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 3	
<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 3	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	TIER 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	TIER 3	
<i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>	TIER 2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 4	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1
<i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 2
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 4
<i>nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 4
<i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 2

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nimodipine 30 mg cap</i>	TIER 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 2	
<i>cartia xt 300 mg cap er 24h</i>	TIER 4	
<i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 4	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 4	
<i>diltiazem hcl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)</i>	TIER 2	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg tab er 24h, er 180 mg tab er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	TIER 4	
<i>diltiazem hcl er beads 420 mg cap 24h</i>	TIER 4	
<i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>	TIER 4	
<i>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 2	
<i>taztia xt (300 mg cap er, 360 mg cap er)</i>	TIER 4	
<i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tiadylt er (er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>	TIER 4	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
<i>verapamil hcl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)</i>	TIER 3	
<i>verapamil hcl er (er 120 mg tab er, er 180 mg tab er, er 240 mg tab er)</i>	TIER 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 4	
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)</i>	TIER 2	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	TIER 1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 2	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 4	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 2	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 3	
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)</i>	TIER 1	
<i>CORLANOR 5 MG/5ML SOLUTION</i>	TIER 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
<i>ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)</i>	TIER 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 2	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB)</i>	TIER 3	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metyrosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 3	
<i>olmesartanamlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 4	
<i>pentoxifylline er 400 mg tab</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	TIER 2	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	TIER 2	
<i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>telmisartan-amlodipine (telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab)</i>	TIER 4	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 3	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 2	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>furosemide 10 mg/ml solution</i>	TIER 4	
FUROSEMIDE 8 MG/ML SOLUTION	TIER 2	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	TIER 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	TIER 2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 3	
<i>gemfibrozil 600 mg tab</i>	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	TIER 4	
<i>colestipol hcl 1 gm tab</i>	TIER 3	
<i>ezetimibe 10 mg tab</i>	TIER 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 3	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	TIER 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 4	
<i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 3	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
REPATHA 140 MG/ML SOLN PRSYR	TIER 3	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 3	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 3	PA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
<i>DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 MG TAB)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>FARXIGA (5 MG TAB, 10 MG TAB)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>JARDIANCE (10 MG TAB, 25 MG TAB)</i>	TIER 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)</i>	TIER 2	
NITRO-BID 2 % OINTMENT	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	TIER 2	
<i>nitroglycerin 0.4 % ointment</i>	TIER 4	QL (30 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	TIER 4	QL (6 PER 1 DAYS)
dextroamphetamine sulfate 15 mg tab	TIER 4	QL (4 PER 1 DAYS)
dextroamphetamine sulfate 20 mg tab	TIER 4	QL (3 PER 1 DAYS)
dextroamphetamine sulfate 30 mg tab	TIER 4	QL (2 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)	TIER 4	QL (4 PER 1 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	TIER 4	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	TIER 4	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 3	QL (2 PER 1 DAYS)
guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)	TIER 3	QL (1 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)	TIER 4	QL (3 PER 1 DAYS)
methylphenidate hcl 10 mg chew tab	TIER 4	QL (6 PER 1 DAYS)
methylphenidate hcl 10 mg tab	TIER 2	QL (6 PER 1 DAYS)
methylphenidate hcl 20 mg tab	TIER 2	QL (3 PER 1 DAYS)
methylphenidate hcl 5 mg tab	TIER 2	QL (12 PER 1 DAYS)
methylphenidate hcl er 10 mg tab	TIER 3	QL (6 PER 1 DAYS)
methylphenidate hcl er 20 mg tab	TIER 3	QL (3 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

bac (butalbital-acetamin-caff) 50-325-40 mg tab	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caffeine 50-325-40 mg cap	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caffeine 50-325-40 mg tab	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esgc 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>riluzole 50 mg tab</i>	TIER 3	
<i>tetrabenazine 12.5 mg tab</i>	TIER 4	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	TIER 4	PA, LA, QL (4 PER 1 DAYS)
<i>VEOZAH 45 MG TAB</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>zebutal 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE 20 MG CAP	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg dr, 60 mg dr)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 3	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)

MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab 12h</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 4
<i>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	TIER 4
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	TIER 4
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	TIER 3
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 3	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	TIER 4	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort (1 %, 2.5 %)</i>	TIER 2	
<i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>	TIER 3	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	TIER 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i>	TIER 2	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	TIER 3	
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>betamethasone valerate (betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % lotion)</i>	TIER 3	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>clobetasol propionate 0.05 % liquid</i>	TIER 4	QL (250 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>	TIER 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	TIER 4	
<i>desoximetasone 0.25 % cream</i>	TIER 3	
EUCRISA 2 % OINTMENT	TIER 4	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	TIER 3	
<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>fluocinonide 0.1 % cream</i>	TIER 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 4	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 4	QL (200 PER 28 DAYS)
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	TIER 2	
<i>hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)</i>	TIER 2	
<i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % ointment)</i>	TIER 4	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	TIER 4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>procto-med hc 2.5 % cream</i>	TIER 2	
<i>procto-pak 1 % cream</i>	TIER 2	
<i>proctosol hc 2.5 % cream</i>	TIER 2	
<i>protozone-hc 2.5 % cream</i>	TIER 2	
<i>selenium sulfide 2.5 % lotion</i>	TIER 2	
<i>tacrolimus (0.03 %, 0.1 %)</i>	TIER 3	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	TIER 2	
<i>triamcinolone acetonide 0.025 % lotion</i>	TIER 3	
<i>triderm (0.1 %, 0.5 %)</i>	TIER 2	

DERMATOLOGICAL AGENTS, OTHER

<i>alcohol wipes 70 % misc</i>	TIER 2	
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	TIER 3	
<i>calcipotriene (calcipotriene 0.005 % solution, calcipotriene 0.005 % solution)</i>	TIER 4	
<i>calcitrene 0.005 % ointment</i>	TIER 3	
<i>clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % lotion)</i>	TIER 4	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	TIER 2	
<i>fluorouracil 5 % cream</i>	TIER 3	
<i>imiquimod 5 % cream</i>	TIER 2	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	TIER 2	
<i>isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>medpura alcohol pads 70 % misc</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	TIER 4	
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
<i>ssd 1 % cream</i>	TIER 2	
TOLAK 4 % CREAM	TIER 3	
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

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

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	TIER 4	
<i>dextrose in lactated ringers in 5 % solution</i>	TIER 4	
DEXTROSE-NACL 5-0.9 % SOLUTION	TIER 4	
<i>dextrose-sodium chloride (dextrose- sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5- 0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose- sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5- 0.3 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose- sodium chloride 5-0.9 % solution, dextrose-sodium chloride 2.5-0.45 % solution)</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
<i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i>	TIER 2	
KLOR-CON 8 MEQ TAB ER	TIER 2	
<i>klor-con m10 meq tab er</i>	TIER 2	
<i>klor-con m15 meq tab er</i>	TIER 2	
<i>klor-con m20 meq tab er</i>	TIER 2	
<i>lactated ringers (lactated ringers solution, lactated ringers solution)</i>	TIER 4	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	TIER 4	
<i>nafrinse 2.2 (1f) mg chew tab</i>	TIER 2	
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 % solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	TIER 4	
<i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>	TIER 2	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	TIER 2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	TIER 4	
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	TIER 4	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	TIER 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	TIER 4	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	TIER 3	
<i>ringers solution</i>	TIER 4	
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 2.5 meq/ml solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution)	TIER 4	
sodium fluoride (sodium fluoride 1.1 (0.5 f) mg/ml solution, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab)	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

deferasirox (250 mg tab, 500 mg tab)	TIER 5	
deferasirox 125 mg tab sol	TIER 3	
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
JYNARQUE 15 MG TAB	TIER 5	PA, LA, QL (8 PER 1 DAYS)
JYNARQUE 30 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
trientine hcl 250 mg cap	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)

POTASSIUM BINDERS

kionex 15 gm/60ml suspension	TIER 3	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3	
sodium polystyrene sulfonate powder	TIER 3	
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	TIER 2	
<i>enulose 10 gm/15ml solution</i>	TIER 2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 2	
<i>generlac 10 gm/15ml solution</i>	TIER 2	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	TIER 2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 2	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
<i>loperamide hcl 2 mg cap</i>	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	TIER 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	TIER 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 100 mg/5ml conc	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
gavilyte-g 236 gm recon soln	TIER 2	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
peg-3350/electrolytes 236 gm recon soln	TIER 2	
ursodiol (250 mg tab, 500 mg tab)	TIER 3	
ursodiol 300 mg cap	TIER 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	TIER 4	
famotidine (20 mg tab, 40 mg tab)	TIER 2	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	TIER 2	
PROTECTANTS		
misoprostol (100 mcg tab, 200 mcg tab)	TIER 2	
sucralfate 1 gm tab	TIER 2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium 20 mg cap dr	TIER 4	
esomeprazole magnesium 40 mg cap dr	TIER 4	QL (2 PER 1 DAYS)
lansoprazole 15 mg cap dr	TIER 2	
lansoprazole 30 mg cap dr	TIER 2	QL (2 PER 1 DAYS)
omeprazole (10 mg cap dr, 20 mg cap dr)	TIER 1	
omeprazole 40 mg cap dr	TIER 2	QL (2 PER 1 DAYS)
pantoprazole sodium (pantoprazole sodium 40 mg recon soln, pantoprazole sodium 40 mg recon soln)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pantoprazole sodium 20 mg tab dr	TIER 2	
pantoprazole sodium 40 mg tab dr	TIER 2	QL (2 PER 1 DAYS)
rabeprazole sodium 20 mg tab dr	TIER 2	

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

ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 5	
<i>carglumic acid 200 mg tab sol</i>	TIER 5	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
ELAPRASE 6 MG/3ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	TIER 3	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
REVCovi 2.4 MG/1.5ML SOLUTION	TIER 5	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	TIER 5	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
GEMTESA 75 MG TAB	TIER 3	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 3	
MYRBETRIQ 8 MG/ML SRER	TIER 3	QL (10 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	TIER 2	
<i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>	TIER 2	
<i>solifenacain succinate (5 mg tab, 10 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 4	ST
<i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>	TIER 4	ST
<i>trospium chloride 20 mg tab</i>	TIER 2	
BENIGN PROSTATIC HYPERPLASIA AGENTS		
<i>alfuzosin hcl er 10 mg tab 24h</i>	TIER 2	
<i>dutasteride 0.5 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	TIER 2	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	TIER 2	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	
<i>penicillamine 250 mg tab</i>	TIER 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	TIER 4	
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	TIER 4	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	
<i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension, methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i>	TIER 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 4	
<i>prednisolone 15 mg/5ml solution</i>	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution)</i>	TIER 3	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	TIER 2	
<i>prednisone (prednisone 5 mg/5ml solution, prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i>	TIER 2	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, desmopressin acetate spray 0.01 % solution)</i>	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 4	
<i>depo-testosterone (100 mg/ml, 200 mg/ml)</i>	TIER 3	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	TIER 4	PA, QL (150 PER 30 DAYS)
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 12.5 mg/act (1%) gel)</i>	TIER 3	PA, QL (300 PER 30 DAYS)
<i>testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)</i>	TIER 4	PA, QL (37.5 PER 30 DAYS)
<i>testosterone (testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	TIER 4	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	TIER 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 3	QL (5 PER 30 DAYS)
ESTROGENS		
<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 3	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>amethia 0.15-0.03 &0.01 mg tab</i>	TIER 4	
<i>apri 0.15-30 mg-mcg tab</i>	TIER 3	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ashlyna</i> 0.15-0.03 & 0.01 mg tab	TIER 4	
<i>aubra</i> 0.1-20 mg-mcg tab	TIER 3	
<i>aubra eq</i> 0.1-20 mg-mcg tab	TIER 3	
<i>aurovela</i> 1.5/30 1.5-30 mg-mcg tab	TIER 3	
<i>aurovela</i> 1/20 1-20 mg-mcg tab	TIER 3	
<i>aurovela fe</i> 1.5/30 1.5-30 mg-mcg tab	TIER 3	
<i>aurovela fe</i> 1/20 1-20 mg-mcg tab	TIER 3	
<i>aviane</i> 0.1-20 mg-mcg tab	TIER 3	
<i>ayuna</i> 0.15-30 mg-mcg tab	TIER 3	
<i>azurette</i> 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
<i>balziva</i> 0.4-35 mg-mcg tab	TIER 3	
<i>blisovi fe</i> 1.5/30 1.5-30 mg-mcg tab	TIER 3	
<i>blisovi fe</i> 1/20 1-20 mg-mcg tab	TIER 3	
<i>briellyn</i> 0.4-35 mg-mcg tab	TIER 3	
<i>camrese</i> 0.15-0.03 & 0.01 mg tab	TIER 4	
<i>camrese lo</i> 0.1-0.02 & 0.01 mg tab	TIER 3	
<i>caziant</i> 0.1/0.125/0.15 - 0.025 mg tab	TIER 3	
<i>chateal</i> 0.15-30 mg-mcg tab	TIER 3	
<i>chateal eq</i> 0.15-30 mg-mcg tab	TIER 3	
<i>cryselle-28</i> 0.3-30 mg-mcg tab	TIER 3	
<i>cyclafem</i> 1/35 1-35 mg-mcg tab	TIER 3	
<i>cyclafem</i> 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
<i>cyred</i> 0.15-30 mg-mcg tab	TIER 3	
<i>cyred eq</i> 0.15-30 mg-mcg tab	TIER 3	
<i>dasetta</i> 1/35 1-35 mg-mcg tab	TIER 3	
<i>dasetta</i> 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
<i>daysee</i> 0.15-0.03 & 0.01 mg tab	TIER 4	
<i>delyla</i> 0.1-20 mg-mcg tab	TIER 3	
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desogestrel-ethynodiol diacetate (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 4	QL (16 PER 28 DAYS)
<i>drospirenone-ethynodiol diacetate (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 3	
<i>elonest 0.3-30 mg-mcg tab</i>	TIER 3	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 3	
<i>enilloring 0.12-0.015 mg/24hr</i>	TIER 3	
<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	TIER 3	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 3	
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 3	
<i>estradiol (0.01 % cream, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 4	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	TIER 3	QL (8 PER 28 DAYS)
<i>estradiol 10 mcg tab</i>	TIER 3	
<i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>	TIER 4	
<i>ESTRING (2 MG RING, 7.5 MCG/24HR RING)</i>	TIER 3	QL (1 PER 84 OVER TIME)
<i>ethynodiol diacetate estradiol (1-35 tab, 1-50 tab)</i>	TIER 3	
<i>etonogestrel-ethynodiol diacetate 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>feirza 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>femynor 0.25-35 mg-mcg tab</i>	TIER 3	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>iclevia 0.15-0.03 mg tab</i>	TIER 3	
<i>introvale 0.15-0.03 mg tab</i>	TIER 3	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 3	
<i>jaimiess 0.15-0.03 &0.01 mg tab</i>	TIER 4	
<i>jasmiel 3-0.02 mg tab</i>	TIER 3	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 3	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>larissa 0.1-20 mg-mcg tab</i>	TIER 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>levonest 50-30/75-40/125-30 mcg tab</i>	TIER 3	
<i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i>	TIER 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	TIER 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>levonorgestrel-ethynodiol-estradiol (0.1-20 tab, 0.15-30 tab)</i>	TIER 3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 3	
<i>lillow 0.15-30 mg-mcg tab</i>	TIER 3	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>lojaimies 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>loryna 3-0.02 mg tab</i>	TIER 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 3	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>luizza 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>lutera 0.1-20 mg-mcg tab</i>	TIER 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 4	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>mihi 0.25-35 mg-mcg tab</i>	TIER 3	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>mono-linyah 0.25-35 mg-mcg tab</i>	TIER 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nikki 3-0.02 mg tab</i>	TIER 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>norethindrone acet-ethynodiol est (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nymyo</i> 0.25-35 mg-mcg tab	TIER 3	
<i>ocella</i> 3-0.03 mg tab	TIER 3	
<i>orsythia</i> 0.1-20 mg-mcg tab	TIER 3	
<i>philith</i> 0.4-35 mg-mcg tab	TIER 3	
<i>pimtrea</i> 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
<i>pirmella</i> 1/35 1-35 mg-mcg tab	TIER 3	
<i>pirmella</i> 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
<i>portia-28</i> 0.15-30 mg-mcg tab	TIER 3	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	TIER 4	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
<i>previfem</i> 0.25-35 mg-mcg tab	TIER 3	
<i>reclipsen</i> 0.15-30 mg-mcg tab	TIER 3	
<i>setlakin</i> 0.15-0.03 mg tab	TIER 3	
<i>simliya</i> 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
<i>simpesse</i> 0.15-0.03 &0.01 mg tab	TIER 4	
<i>sprintec</i> 28 0.25-35 mg-mcg tab	TIER 3	
<i>sronyx</i> 0.1-20 mg-mcg tab	TIER 3	
<i>syeda</i> 3-0.03 mg tab	TIER 3	
<i>tarina fe</i> 1/20 1-20 mg-mcg tab	TIER 3	
<i>tarina fe</i> 1/20 eq 1-20 mg-mcg tab	TIER 3	
<i>tri-femynor</i> 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
<i>tri-estarrylla</i> 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
<i>tri-linyah</i> 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
<i>tri-mili</i> 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
<i>tri-nymyo</i> 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
<i>tri-previfem</i> 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>trivora (28) 50-30/75-40/125-30 mcg tab</i>	TIER 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 3	
<i>valtya 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>valtya 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>VELIVET 0.1/0.125/0.15 -0.025 MG TAB</i>	TIER 3	
<i>vestura 3-0.02 mg tab</i>	TIER 3	
<i>vienna 0.1-20 mg-mcg tab</i>	TIER 3	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 3	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>yuvafem 10 mcg tab</i>	TIER 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zumandimine 3-0.03 mg tab</i>	TIER 3	

PROGESTINS

<i>camila 0.35 mg tab</i>	TIER 3
<i>deblitane 0.35 mg tab</i>	TIER 3
<i>DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR</i>	TIER 3
<i>emzahh 0.35 mg tab</i>	TIER 3

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>errin 0.35 mg tab</i>	TIER 3	
<i>gallifrey 5 mg tab</i>	TIER 2	
<i>heather 0.35 mg tab</i>	TIER 3	
<i>incassia 0.35 mg tab</i>	TIER 3	
<i>jencycla 0.35 mg tab</i>	TIER 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	
<i>lyleq 0.35 mg tab</i>	TIER 3	
<i>lyza 0.35 mg tab</i>	TIER 3	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	TIER 3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>megestrol acetate (megestrol acetate 625 mg/5ml suspension, megestrol acetate 625 mg/5ml suspension)</i>	TIER 4	PA
<i>meleya 0.35 mg tab</i>	TIER 3	
NEXPLANON 68 MG IMPLANT	TIER 3	
<i>nora-be 0.35 mg tab</i>	TIER 3	
<i>norethindrone 0.35 mg tab</i>	TIER 3	
<i>norethindrone acetate 5 mg tab</i>	TIER 2	
<i>norlyda 0.35 mg tab</i>	TIER 3	
<i>norlyroc 0.35 mg tab</i>	TIER 3	
<i>orquidea 0.35 mg tab</i>	TIER 3	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 2	
<i>sharobel 0.35 mg tab</i>	TIER 3	
<i>tulana 0.35 mg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
<i>SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)</i>	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	TIER 3	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	TIER 5	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	TIER 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 5	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsyr, octreotide acetate 100 mcg/ml soln prsyr)</i>	TIER 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	TIER 5	PA
ORGOVYX 120 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	TIER 5	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	TIER 5	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	TIER 5	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propylthiouracil 50 mg tab</i>	TIER 2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 5	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyrr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyrr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)
IMMUNOGLOBULINS		
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	TIER 5	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	TIER 5	PA, LA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	TIER 5	PA, LA
AURANOFIN 3 MG CAP	TIER 3	
BENLYSTA (200 MG/ML SOLN A- INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 /ML SOLN PRSYR	TIER 5	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	TIER 5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	TIER 5	PA, QL (55 PER 28 OVER TIME)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB TH	TIER 5	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	TIER 3	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	TIER 5	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	TIER 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 /0.83ML PREF SY KT	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (6 PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLUTION	TIER 5	PA, QL (0.5 ML PER 28 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	TIER 5	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	TIER 5	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	TIER 4	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 ML PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	TIER 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (8 PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 ML PER 365 OVER TIME)
YESINTEK 45 MG/0.5ML SOLN PRSYR	TIER 4	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 45 MG/0.5ML SOLUTION	TIER 4	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 ML PER 28 DAYS)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	TIER 5	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	TIER 5	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	TIER 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	TIER 5	PA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA, QL (8 PER 28 DAYS)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>everolimus 0.25 mg tab</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 2	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	TIER 2	
<i>mycophenolate mofetil (200 mg/ml susp, 500 mg soln)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	TIER 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) RINGE) 80 MG/0.8ML PREF KT	TIER 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	TIER 5	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY

VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	TIER 3	VAC
ACTHIB RECONSOLN	TIER 3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 3	VAC
BEXZERO SUSPPRSYR	TIER 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAPTACEL 23-15-5SUSPENSION	TIER 3	
DENGVAXIA RECONSUSP	TIER 4	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	TIER 4	VAC
HAVRIX (1440 U/ML SUSP PRSYR, 1440 U/ML SUSPENSION)	TIER 3	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	TIER 3	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	TIER 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 3	VAC
INFANRIX 25-58-10SUSPENSION	TIER 3	
IPOL SUSPENSION	TIER 3	VAC
IXIARO SUSPENSION	TIER 4	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 3	VAC
KINRIX 0.5 ML SUSP PRSYR	TIER 3	
M-M-R II RECONSOLN	TIER 3	VAC
MENACTRA SOLUTION	TIER 3	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	TIER 3	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
PEDIARIX SUSPPRSYR	TIER 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	TIER 3	
PENMENVY RECONSUSP	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTACEL RECONSUSP	TIER 3	
PRIORIX RECONSUSP	TIER 3	VAC
PROQUAD RECONSUSP	TIER 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECONSUSP	TIER 3	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	TIER 3	
ROTATEQ SOLUTION	TIER 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	TIER 3	QL (2 PER 365 OVER TIME), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	TIER 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
TRUMENBA SUSPPRSYR	TIER 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 4	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	TIER 3	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	TIER 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	TIER 3	VAC
VAXCHORA RECONSUSP	TIER 4	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIVOTIF CAPDR	TIER 4	
YF-VAX RECONSUSP	TIER 4	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	TIER 3	
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	TIER 4	
<i>mesalamine 1.2 gm tab dr</i>	TIER 4	QL (4 PER 1 DAYS)
<i>mesalamine er 0.375 gm cap 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 2	

GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	TIER 4	PA, QL (3 PER 1 DAYS)
<i>budesonide er 9 mg tab 24h</i>	TIER 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 %	TIER 4	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>hydrocortisone 100 mg/60ml enema</i>	TIER 3	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
<i>alendronate sodium 70 mg/75ml solution</i>	TIER 4	
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxercalciferol 4 mcg/2ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	TIER 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>	TIER 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 5	PA, QL (1.56 PER 28 DAYS)
WYOST 120 MG/1.7ML SOLUTION	TIER 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC	TIER 3
ALCOHOL 70% PADS	TIER 2
ALCOHOL PREP PAD	TIER 2
ALCOHOL PREP PADS S 70 %	TIER 2
ALCOHOL SWABS 70 % PAD	TIER 2
ALCOHOL SWABSTICK PAD	TIER 2
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3
<i>argyle sterile water solution</i>	TIER 2
ASSURE ID DUO PRO PEN NEEDLES 31GX5MMMISC	TIER 3

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASSURE ID PRO PEN NEEDLES 30GX5MMMISC	TIER 3	
AUM ALCOHOL PREP PADS S 70 %	TIER 2	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 3	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	TIER 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 3	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 3	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 3	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 3	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 3	
BIOGUARD GAUZE SPONGES 2"X2"PAD	TIER 2	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
COMFORT EZ INSULIN SYRINGE (15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC)	TIER 3	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 3	
CVS ALCOHOL PREP PADS S 70 %	TIER 2	
CVS ANTIBACTERIAL GAUZE 2"X2"PAD	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
DROPLET MICRON 34GX3.5MMMMISC	TIER 3	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	TIER 3	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC)	TIER 3	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	TIER 3	
EMBECTA AUTOSHIELD DUO 30GX5MMMMISC	TIER 3	
EMBECTA INS SYR U/F 1/2 UNIT (5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE U-100 (27G 5/8" 1 ML MISC, 28G 1/2" 1 ML MISC)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	TIER 3	
EMBECTA INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
EMBECTA PEN NEEDLE NANO 2 GEN 3GX4MMMISC	TIER 3	
EMBECTA PEN NEEDLE NANO 32GX4MMMISC	TIER 3	
EMBECTA PEN NEEDLE U/F (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
<i>gauze pads 2</i>	TIER 2	
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	TIER 3	
GOODSENSE ALCOHOL SWABS 70 % PAD	TIER 2	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN SYRINGE 0.3 ML	TIER 3	
INSULIN SYRINGE 0.5 ML	TIER 3	
INSULIN SYRINGE 1 ML	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
INSUPEN32G EXTR3ME 6MMMISC	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 3	
NOVOTWIST 32G X 5 MM MISC	TIER 3	
NUTRILIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	TIER 4	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PENBRAYA RECONSUSP	TIER 3	VAC
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	TIER 3	
<i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
SILIGENTLE FOAM DRESSING 2"X2"PAD	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
TECHLITE PLUS PEN NEEDLES 32GX4MMMISC	TIER 3	
<i>tis-u-sol solution</i>	TIER 2	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	TIER 3	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
TRUE COMFORT PRO PEN NEEDLES 32GX4MMMISC	TIER 3	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE PENTIPS 32GX4MMMISC	TIER 3	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	TIER 3	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
VOWST CAP	TIER 5	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	TIER 2	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 2	
<i>atropine sulfate (atropine sulfate 1% solution, atropine sulfate 1% solution)</i>	TIER 3	
<i>bacitra-neomycin-polymyxin-hc 1% ointment</i>	TIER 3	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	TIER 2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 4	
COMBIGAN 0.2-0.5 % SOLUTION	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)</i>	TIER 2	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 2	
<i>neo-polycin hc 1 % ointment</i>	TIER 3	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000, 5-400-10000)</i>	TIER 2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 2	
NEOMYCIN-POLYMYXIN- GRAMICIDIN 1.75-10000- .025SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5- 10000-1SUSPENSION	TIER 4	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 3	
XDEMVY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	TIER 2	
<i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>	TIER 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>	TIER 2	
GENTAK 0.3 % OINTMENT	TIER 2	
<i>gentamicin sulfate 0.3 % solution</i>	TIER 2	
LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION)	TIER 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 2	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 4	
NATACYN 5 % SUSPENSION	TIER 3	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	TIER 2	
<i>tobramycin 0.3 % solution</i>	TIER 2	
TRIFLURIDINE 1% SOLUTION	TIER 3	
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 DAYS)

OPHTHALMIC ANTI-INFLAMMATORIES

DEXAMETHASONE SODIUM PHOSPHATE 0.1% SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>diluprednate 0.05 % emulsion</i>	TIER 4	
<i>fluorometholone 0.1 % suspension</i>	TIER 3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
FML 0.1 % OINTMENT	TIER 4	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine 0.4 % solution</i>	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ketorolac tromethamine 0.5 % solution</i>	TIER 2	
<i>prednisolone acetate 1 % suspension</i>	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1% SOLUTION	TIER 2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i>	TIER 2	
CARTEOLOL HCL 1% SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel soln, 0.5 % gel soln)</i>	TIER 4	
<i>timolol maleate (0.25 %, 0.5 %)</i>	TIER 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap 12h</i>	TIER 4	
<i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 4	
<i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i>	TIER 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	TIER 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	TIER 4	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	

OTIC AGENTS

<i>acetic acid 2 % solution</i>	TIER 2
<i>ciprofloxacin hcl 0.2 % solution</i>	TIER 3
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 4
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3
DERMOTIC 0.01 % OIL	TIER 3
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 3
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 2
<i>ofloxacin 0.3 % solution</i>	TIER 2

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	TIER 3	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)
ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	TIER 3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 4	PA - PART B VS D DETERMINATION
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	TIER 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	TIER 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	TIER 2	
<i>cyproheptadine hcl 4 mg tab</i>	TIER 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i>	TIER 3	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 2	
<i>promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)</i>	TIER 2	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>montelukast sodium 4 mg packet</i>	TIER 4	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	TIER 4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	TIER 3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	TIER 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 2	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	TIER 3	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap</i>	TIER 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 2	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	TIER 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	TIER 4	
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 2	QL (17 PER 30 DAYS)
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACCLICK)	TIER 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	TIER 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>tobramycin 300 mg/4ml nebu soln</i>	TIER 5	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	TIER 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 250 mcg tab</i>	TIER 4	QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	TIER 3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 5	PA, LA, QL (1 PER 1 DAYS)
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	TIER 3	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	TIER 5	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UPTRAVI 200 & 800 MCG TAB THPK	TIER 5	PA, LA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	TIER 5	PA, QL (1 PER 21 OVER TIME)
PULMONARY FIBROSIS AGENTS		
OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 %, 20 %)</i>	TIER 4	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>breyna (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 3	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5- 25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act, 250- 50 mcg/act, 500-50 mcg/act)</i>	TIER 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	TIER 4	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 4	PA
<i>vanadom 350 mg tab</i>	TIER 4	PA, QL (4 PER 1 DAYS)

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>temazepam 30 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zolpidem tartrate er 12.5 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate er 6.25 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	TIER 3	PA, QL (2 PER 1 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	TIER 5	PA, LA, QL (540 PER 30 DAYS)
Uncategorized		
Unclassified		
OTEZLA XR 75 MG TAB ER 24H	TIER 5	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page xiv.

INDEX OF DRUGS

A

abacavir sulfate.....	48
abacavir sulfate-lamivudine.....	48
abacavir-lamivudine-zidovudine.....	48
ABELCET.....	23
ABILIFY MAINTENA.....	43
abiraterone acetate.....	27
abirtega.....	27
ABRYSVO.....	103
acamprosate calcium.....	5
acarbose.....	53
accutane.....	73
acebutolol hcl.....	62
acetaminophen-codeine.....	2,3
acetazolamide.....	65
acetazolamide er.....	116
acetic acid.....	117
acetylcysteine.....	121
acitretin.....	73
ACTHIB.....	103
ACTIMMUNE.....	101
acyclovir.....	51,77
acyclovir sodium.....	51
ADACEL.....	103
adefovir dipivoxil.....	47
ADEMPAS.....	120
ADVAIR HFA.....	121
ADVOCATE INSULIN PEN NEEDLE.....	107
afirmelle.....	88
AIMOVIG.....	25
ak-poly-bac.....	113
AKEEGA.....	28
ala-cort.....	74
albendazole.....	39
ALBUTEROL 90MCG HFA INHALER (GENERIC PROAIR).....	119
Albuterol 90mg HFA inhaler (Generic Proair).....	119
Albuterol 90mg HFA inhaler (Generic Proventil).....	119

Albuterol 90mg HFA inhaler (Generic Ventolin).....	119
albuterol sulfate.....	119
albuterol sulfate hfa.....	119
alclometasone dipropionate.....	74
ALCOHOL 70% PADS.....	107
ALCOHOL PREP.....	107
ALCOHOL PREP PADS.....	107
ALCOHOL SWABS.....	107
ALCOHOL SWABSTICK.....	107
alcohol wipes.....	76
ALDURAZYME.....	84
ALECENSA.....	29
alendronate sodium.....	106
ALENDRONATE SODIUM.....	106
alfuzosin hcl er.....	85
aliskiren fumarate.....	65
allopurinol.....	24
alosetron hcl.....	82
alprazolam.....	52
altavera.....	88
ALUNBRIG.....	29
alyacen 1/35.....	88
alyacen 7/7/7.....	88
alyq.....	120
amantadine hcl.....	40
ambrisentan.....	120
amethia.....	88
amikacin sulfate.....	6
amiloride hcl.....	68
amiloride-hydrochlorothiazide.....	65
amiodarone hcl.....	62
amitriptyline hcl.....	21
amlodipine besy-benazepril hcl.....	65
amlodipine besylate.....	63
amlodipine besylate-valsartan.....	65
amlodipine-olmesartan.....	65
amlodipine-valsartan-hctz.....	65
ammonium lactate.....	74
amnesteem.....	73
amoxapine.....	21

amoxicillin.....	10	atenolol-chlorthalidone.....	65
amoxicillin-pot clavulanate.....	10	atomoxetine hcl.....	.71
AMOXICILLIN-POT CLAVULANATE ER.....	10	atorvastatin calcium.....	68
amphetamine-dextroamphetamine.....	70	atovaquone.....	39
amphetamine-dextroamphetamine.....	70	atovaquone-proguanil hcl.....	.39
AMPHOTERICIN B.....	23	atropine sulfate.....	113
amphotericin b liposome.....	23	ATROVENT HFA.....	118
ampicillin.....	10	aubra.....	.89
ampicillin sodium.....	11	aubra eq.....	.89
ampicillin-sulbactam sodium.....	11	AUGTYRO.....	.28
anagrelide hcl.....	59	AUM ALCOHOL PREP PADS.....	108
anastrozole.....	29	AUM INSULIN SAFETY PEN NEEDLE.....	108
ANORO ELLIPTA.....	121	AUM PEN NEEDLE.....	108
apraclonidine hcl.....	116	AURANOFIN.....	99
aprepitant.....	.23	aurovela 1.5/30.....	.89
apri.....	88	aurovela 1/20.....	.89
APТИVUS.....	50	aurovela fe 1.5/30.....	.89
AQ INSULIN SYRINGE.....	107	aurovela fe 1/20.....	.89
AQINJECT PEN NEEDLE.....	107	AUVELITY.....	.19
ARALAST NP.....	84	aviane.....	.89
aranelle.....	88	avidoxy.....	.13
ARCALYST.....	99	AVMAPKI FAKZYNJA CO-PACK.....	30
AREXVY.....	103	ayuna.....	.89
argyle sterile water.....	107	AYVAKIT.....	.30
ARIKAYCE.....	6	azathioprine.....	101
ariPIPRAZOLE.....	43	AZATHIOPRINE SODIUM.....	.101
armodafinil.....	123	azelastine hcl.....	.114,.118
ARNURITY ELLIPTA.....	117	azithromycin.....	.12
asenapine maleate.....	43	AZITHROMYCIN.....	.12
ashlyna.....	.89	aztreonam.....	.6
ASMANEX (120 METERED DOSES).....	117	azurette.....	.89
ASMANEX (14 METERED DOSES).....	117		
ASMANEX (30 METERED DOSES).....	117		
ASMANEX (60 METERED DOSES).....	117		
ASMANEX (7 METERED DOSES).....	117		
ASMANEX HFA.....	118		
aspirin-dipyridamole er.....	60		
ASSURE ID DUO PRO PEN NEEDLES.....	107		
ASSURE ID PRO PEN NEEDLES.....	108		
atazanavir sulfate.....	50		
atenolol.....	62		
		B	
		bac (butalbital-acetamin-caff).....	.71
		bacitra-neomycin-polymyxin-hc.....	.113
		BACITRACIN.....	.114
		bacitracin-polymyxin b.....	.113
		baclofen.....	.46
		balsalazide disodium.....	.106
		BALVERSA.....	.30
		balziva.....	.89

BAQSIMI ONE PACK.....	55	BREO ELLIPTA.....	121
BAQSIMI TWO PACK.....	55	breyna.....	121
BARACLUDE.....	47	BREZTRI AEROSPHERE.....	121
BCG VACCINE.....	103	briellyn.....	89
BD INSULIN SYRINGE.....	108	brimonidine tartrate.....	116
BD Pen Needle Mini U/F 31G X 5 MM		brimonidine tartrate-timolol.....	113
MISC.....	108	brinzolamide.....	116
BD Pen Needle Nano U/F 32G X 4 MM		BRIVIACT.....	14
MISC.....	108	bromocriptine mesylate.....	41
BD Pen Needle Original U/F 29G X 12.7MM		BRUKINSA.....	30
MISC.....	108	budesonide.....	106,118
BD Pen Needle Short U/F 31G X 8 MM		budesonide er.....	106
MISC.....	108	budesonide-formoterol fumarate.....	121
benazepril hcl.....	61	bumetanide.....	67
benazepril-hydrochlorothiazide.....	65	buprenorphine hcl.....	5
BENLYSTA.....	99	buprenorphine hcl-naloxone hcl.....	5
benzoyl peroxide-erythromycin.....	73	bupropion hcl.....	19
benztropine mesylate.....	40	bupropion hcl er (smoking det).....	5
BESIVANCE.....	13	bupropion hcl er (sr).....	19
BESREMI.....	101	bupropion hcl er (xl).....	19
betaine.....	84	buspirone hcl.....	52
betamethasone dipropionate.....	74	butalbital-apap-caff-cod.....	3
betamethasone dipropionate aug.....	74	butalbital-apap-caffeine.....	71
betamethasone valerate.....	74	butalbital-aspirin-caffeine.....	1
BETASERON.....	72	butorphanol tartrate.....	3
betaxolol hcl.....	63,116	C	
bethanechol chloride.....	85	CABENUVA.....	49
bexarotene.....	39	cabergoline.....	98
BEXSERO.....	103	CABOMETYX.....	30
bicalutamide.....	27	calcipotriene.....	76
BICILLIN L-A.....	11	calcitonin (salmon).....	106
BIKTARVY.....	47	calcitrene.....	76
bimatoprost.....	116	calcitriol.....	106
BIOGUARD GAUZE SPONGES.....	108	CALCITRIOL.....	106
bisoprolol fumarate.....	63	CALQUENCE.....	30
bisoprolol-hydrochlorothiazide.....	66	camila.....	95
blisovi fe 1.5/30.....	89	camrese.....	89
blisovi fe 1/20.....	89	camrese lo.....	89
BOOSTRIX.....	103	candesartan cilexetil.....	61
BOSULIF.....	30	candesartan cilexetil-hctz.....	66
BRAFTOVI.....	30		

CAPLYTA	43	chlorthalidone	68
CAPRELSA	30	cholestyramine	69
captopril	61	cholestyramine light	69
CAPTOPRIL-HYDROCHLOROTHIAZIDE	66	cyclodan	77
carbamazepine	17	ciclopirox	77
carbamazepine er	17	ciclopirox olamine	77
carbidopa	41	cilostazol	60
carbidopa-levodopa	41	CILOXAN	13
carbidopa-levodopa er	41	CIMDUO	49
carbidopa-levodopa-entacapone	40	cimetidine	83
CARETOUCH ALCOHOL PREP	108	cinacalcet hcl	106
carglumic acid	84	ciprofloxacin	13
carisoprodol	122	ciprofloxacin hcl	13,117
CARTEOLOL HCL	116	ciprofloxacin in d5w	13
cartia xt	64	ciprofloxacin-dexamethasone	117
carvedilol	63	citalopram hydrobromide	20
cataflam	1	claravis	73
CAYSTON	6	CLARITHROMYCIN	12
caziant	89	clarithromycin	12
CEFACLOR	8	clarithromycin er	12
cefadroxil	8	clindamycin hcl	6
cefazolin sodium	9	clindamycin palmitate hcl	6
cefdinir	9	clindamycin phos (once-daily)	77
CEFEPIME HCL	9	clindamycin phos (twice-daily)	77
cefixime	9	clindamycin phos-benzoyl perox	73
cefotetan disodium	9	clindamycin phosphate	6,77
cefoxitin sodium	9	clindamycin phosphate in d5w	6
CEFPODOXIME PROXETIL	9	CLINDAMYCIN PHOSPHATE IN NACL	7
cefprozil	9	clobazam	16
CEFTAZIDIME	9	clobetasol prop emollient base	74
ceftriaxone sodium	9	clobetasol propionate	74
cefuroxime axetil	9	clobetasol propionate e	75
cefuroxime sodium	10	clomipramine hcl	22
celecoxib	1	clonazepam	52
cephalexin	10	clonidine	60
cetirizine hcl	118	clonidine hcl	60
chateal	89	clopidogrel bisulfate	60
chateal eq	89	clorazepate dipotassium	52
chlorhexidine gluconate	73	clotrimazole	23
chloroquine phosphate	39	clotrimazole-betamethasone	76
chlorpromazine hcl	42	clozapine	46

COARTEM	39	cyclosporine modified	101
COBENFY	46	cyproheptadine hcl	118
COBENFY STARTER PACK	46	cyred	89
codeine sulfate	3	cyred eq	89
CODEINE SULFATE	3	D	
colchicine	24	dabigatran etexilate mesylate	58
colchicine-probenecid	24	dalfampridine er	72
colestipol hcl	69	danazol	88
colistimethate sodium (cba)	7	dantrolene sodium	46
COMBIGAN	113	DAPAGLIFLOZIN PROPANEDIOL	69
COMBIVENT RESPIMAT	121	dapsone	26
COMETRIQ (100 MG DAILY DOSE)	30	DAPTACEL	104
COMETRIQ (140 MG DAILY DOSE)	30	daptomycin	7
COMETRIQ (60 MG DAILY DOSE)	30	darunavir	50
COMFORT EZ INSULIN SYRINGE	108	dasatinib	31
COMFORT EZ PRO PEN NEEDLES	108	dasetta 1/35	89
compro	22	dasetta 7/7/7	89
constulose	82	DAURISMO	31
COPIKTRA	31	daysee	89
CORLANOR	66	deblitane	95
CORTIFOAM	106	decadron	86
CORTISONE ACETATE	86	deferasirox	81
CORTISPORIN-TC	117	DELSTRIGO	48
COSENTYX	99	delyla	89
COSENTYX (300 MG DOSE)	99	DENGVAXIA	104
COSENTYX SENSOREADY (300 MG)	99	DEPO-ESTRADIOL	89
COSENTYX SENSOREADY PEN	99	DEPO-SUBQ PROVERA 104	95
COSENTYX UNOREADY	99	depo-testosterone	88
COTELLIC	31	DERMOTIC	117
CREON	84	DESCOVY	49
CRESEMDBA	23	desipramine hcl	22
cromolyn sodium	83,114,120	desmopressin ace spray refriger	87
cryselle-28	89	desmopressin acetate	87
CVS ALCOHOL PREP PADS	108	desmopressin acetate pf	87
CVS ANTIBACTERIAL GAUZE	108	desmopressin acetate spray	87
cvs isopropyl alcohol wipes	76	desogestrel-ethinyl estradiol	90
cyclafem 1/35	89	desonide	75
cyclafem 7/7/7	89	desoximetasone	75
cyclobenzaprine hcl	122	desvenlafaxine succinate er	20
CYCLOPHOSPHAMIDE	26	dexamethasone	86
cyclosporine	101		

DEXAMETHASONE.....	86	diltiazem hcl er.....	64
DEXAMETHASONE SOD PHOS +RFID.....	86	diltiazem hcl er beads.....	64
dexamethasone sod phosphate pf.....	86	dimethyl fumarate.....	72
DEXAMETHASONE SODIUM PHOSPHATE.....	86,115	dimethyl fumarate starter pack.....	72
dexmethylphenidate hcl.....	71	diphenoxylate-atropine.....	82
dextroamphetamine sulfate.....	71	DIPHENOXYLATE-ATROPINE.....	82
dextrose.....	78	DIPHTHERIA-TETANUS TOXOIDS DT.....	104
dextrose in lactated ringers.....	78	dipyridamole.....	60
DEXTROSE-NACL.....	78	disulfiram.....	5
dextrose-sodium chloride.....	78	divalproex sodium.....	14
DIACOMIT.....	14	divalproex sodium er.....	14
diazepam.....	16,52	dofetilide.....	62
DIAZEPAM.....	16	donepezil hcl.....	18,19
diazepam intensol.....	52	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG.....	19
diazoxide.....	55	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG.....	19
diclofenac potassium.....	1	dorzolamide hcl.....	116
diclofenac sodium.....	1,115	dorzolamide hcl-timolol mal.....	114
diclofenac sodium er.....	1	dotti.....	90
dicloxacillin sodium.....	11	DOVATO.....	47
dicyclomine hcl.....	82	doxazosin mesylate.....	60
DIFICID.....	12	doxepin hcl.....	22
diflunisal.....	1	doxercalciferol.....	107
difluprednate.....	115	doxy 100.....	14
digitek.....	62	doxycycline hyclate.....	14
digox.....	62	doxycycline monohydrate.....	14
digoxin.....	62	DRIZALMA SPRINKLE.....	72
dihydroergotamine mesylate.....	25	dronabinol.....	23
DILANTIN.....	17	DROPLET INSULIN SYRINGE.....	109
dilt-xr.....	64	DROPLET MICRON.....	109
diltiazem hcl.....	64	DROPLET PEN NEEDLES.....	109
DILTIAZEM HCL 120 MG EXTENDED RELEASE 24HR CAPSULE	64	DROPSAFE SAFETY SYRINGE/NEEDLE.....	109
DILTIAZEM HCL 180 MG EXTENDED RELEASE 24HR CAPSULE	64	drospirenone-ethinyl estradiol.....	90
DILTIAZEM HCL 240 MG EXTENDED RELEASE 24HR CAPSULE	64	DROXIA.....	84
DILTIAZEM HCL 300 MG EXTENDED RELEASE 24HR CAPSULE	64	droxidopa.....	60
DILTIAZEM HCL 360 MG EXTENDED RELEASE 24HR CAPSULE	64	duloxetine hcl.....	72

E

EASY COMFORT INSULIN SYRINGE	109	enalapril-hydrochlorothiazide	66
EASY COMFORT PEN NEEDLES	109	ENBREL	101
EASY TOUCH INSULIN BARRELS	109	ENBREL MINI	101
ec-naproxen	1	ENBREL SURECLICK	102
econazole nitrate	23	endocet	3
EDURANT	48	ENGERIX-B	104
EDURANT PED	48	enilloring	90
EFAVIRENZ	48	enoxaparin sodium	58
efavirenz	48	enpresse-28	90
efavirenz-emtricitab-tenofo df	48	ENSACOVE	31
efavirenz-lamivudine-tenofovir	48	enskyce	90
ELAPRASE	84	entacapone	40
elinest	90	entecavir	47
ELIQUIS	58	ENTRESTO	66
ELIQUIS (1.5 MG PACK)	58	enulose	82
ELIQUIS (2 MG PACK)	58	ENVARSUS XR	102
ELIQUIS DVT/PE STARTER PACK	58	EPIDIOLEX	14
eltrombopag olamine	59	epinephrine	119
eluryng	90	EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick)	119
EMBECTA AUTOSHIELD DUO	109	epitol	17
EMBECTA INS SYR U/F 1/2 UNIT	109	EPIVIR HBV	47
EMBECTA INSULIN SYRINGE	109	eplerenone	68
EMBECTA INSULIN SYRINGE U-100	109	ERGOLOID MESYLATES	18
EMBECTA INSULIN SYRINGE U-500	110	ERGOTAMINE-CAFFEINE	25
EMBECTA INSULIN SYRINGE U/F	110	ERIVEDGE	31
EMBECTA PEN NEEDLE NANO	110	ERLEADA	27
EMBECTA PEN NEEDLE NANO 2 GEN	110	erlotinib hcl	31
EMBECTA PEN NEEDLE U/F	110	errin	96
EMBRACE PEN NEEDLES	110	ertapenem sodium	12
EMGALITY	25	ERY	77
EMGALITY (300 MG DOSE)	25	erythrocin lactobionate	12
emoquette	90	erythromycin	77,78,115
EMSAM	20	erythromycin base	12
emtricitab-rilpivir-tenofov df	48	erythromycin ethylsuccinate	12
emtricitabine	49	erythromycin lactobionate	13
emtricitabine-tenofovir df	49	ERZOFRI	43
EMTRIVA	49	escitalopram oxalate	20
emzahh	95	esgc	72
enalapril maleate	61	eslicarbazepine acetate	17
		esomeprazole magnesium	83

estarylla.....	90	FETZIMA TITRATION.....	20
estradiol.....	90	FIASP.....	56
estradiol valerate.....	90	FIASP FLEXTOUCH.....	56
ESTRING.....	90	FIASP PENFILL.....	56
eszopiclone.....	122	FIASP PUMPCART.....	56
ethambutol hcl.....	26	fidaxomicin.....	13
ethosuximide.....	16	finasteride.....	85
ethynodiol diac-eth estradiol.....	90	fingolimod hcl.....	72
etodolac.....	1	FINTEPLA.....	14
etodolac er.....	1	flecainide acetate.....	62
etonogestrel-ethinyl estradiol.....	90	fluconazole.....	23,24
etravirine.....	48	fluconazole in sodium chloride.....	24
EUCRISA.....	75	flucytosine.....	24
EULEXIN.....	27	fludrocortisone acetate.....	86
euthyrox.....	97	flunisolide.....	121
everolimus.....	31,102	fluocinolone acetonide.....	75
EVOTAZ.....	50	fluocinolone acetonide body.....	75
exemestane.....	29	fluocinolone acetonide scalp.....	75
ezetimibe.....	69	fluocinonide.....	75
ezetimibe-simvastatin.....	69	fluocinonide emulsified base.....	75
F		fluorometholone.....	115
falmina.....	90	fluorouracil.....	76
famciclovir.....	51	fluoxetine hcl.....	21
famotidine.....	83	fluphenazine decanoate.....	42
FANAPT.....	43	FLUPHENAZINE HCL.....	42
FANAPT TITRATION PACK A.....	43	FLURBIPROFEN.....	1
FANAPT TITRATION PACK B.....	43	FLURBIPROFEN SODIUM.....	115
FANAPT TITRATION PACK C.....	44	FLUTAMIDE.....	27
FARXIGA.....	69	fluticasone propionate.....	75,121
febuxostat.....	25	fluticasone-salmeterol.....	121
feirza 1.5/30.....	91	FLUTICASONE-SALMETEROL.....	122
feirza 1/20.....	91	fluvoxamine maleate.....	21
felbamate.....	14	FML.....	115
felodipine er.....	63	fondaparinux sodium.....	58
femynor.....	91	fosamprenavir calcium.....	50
fenofibrate.....	68	fosfomycin tromethamine.....	7
fenofibrate micronized.....	68	fosinopril sodium.....	61
fenofibric acid.....	68	fosinopril sodium-hctz.....	66
fentanyl.....	2	FOTIVDA.....	31
FETZIMA.....	20	FRUZAQLA.....	28
		FULPHILA.....	59

fulvestrant.....	28
furosemide.....	67,68
FUROSEMIDE.....	68
fyavolv.....	91
FYCOMPA.....	15

G

gabapentin.....	16
galantamine hydrobromide.....	19
GALANTAMINE HYDROBROMIDE.....	19
galantamine hydrobromide er.....	19
gallifrey.....	96
GAMUNEX-C.....	99
GARDASIL 9.....	104
GAUZE PADS 2.....	110
GAVILYTE-C.....	83
gavilyte-g.....	83
gavilyte-n with flavor pack.....	82
GAVRETO.....	31
gefitinib.....	31
gemfibrozil.....	68
GEMTESA.....	85
generlac.....	82
genograf.....	102
GENTAK.....	115
gentamicin sulfate.....	6,115
GENVOYA.....	47
GILOTRIF.....	31
glatiramer acetate.....	72,73
glatopa.....	73
GLEOSTINE.....	27
glimepiride.....	53
glipizide.....	53
glipizide er.....	53
glipizide xl.....	53
glipizide-metformin hcl.....	53
GLUCAGEN HYPOKIT.....	55
GLUCAGON EMERGENCY.....	55
glyburide.....	53
GLYBURIDE MICRONIZED.....	53
glyburide-metformin.....	53

glycopyrrolate.....	82
GLYXAMBI.....	54
GNP PEN NEEDLES.....	110
GOMEKLI.....	32
GOODSENSE ALCOHOL SWABS.....	110
granisetron hcl.....	23
griseofulvin microsize.....	24
griseofulvin ultramicrosize.....	24
guanfacine hcl.....	60
guanfacine hcl er.....	71

H

HADLIMA.....	102
HADLIMA PUSH TOUCH.....	102
HAEGARDA.....	99
hailey 1.5/30.....	91
hailey fe 1.5/30.....	91
hailey fe 1/20.....	91
halobetasol propionate.....	75
haloette.....	91
haloperidol.....	42
haloperidol decanoate.....	42
haloperidol lactate.....	42
HAVRIX.....	104
heather.....	96
heparin sodium (porcine).....	58
heparin sodium (porcine) pf.....	58
HEPLISAV-B.....	104
HERNEXEOS.....	32
HIBERIX.....	104
HIZENTRA.....	99
HUMALOG.....	56
HUMALOG JUNIOR KWIKPEN.....	56
HUMALOG KWIKPEN.....	56
HUMALOG MIX 50/50 KWIKPEN.....	56
HUMALOG MIX 75/25.....	56
HUMALOG MIX 75/25 KWIKPEN.....	56
HUMULIN 70/30.....	56
HUMULIN 70/30 KWIKPEN.....	56
HUMULIN N.....	56
HUMULIN N KWIKPEN.....	56

HUMULIN R.....	56	indomethacin.....	1
HUMULIN R U-500 (CONCENTRATED).....	56	indomethacin er.....	1
HUMULIN R U-500 KWIKPEN.....	56	INFANRIX.....	104
hydralazine hcl.....	70	INLYTA.....	32
hydrochlorothiazide.....	68	INQOVI.....	28
hydrocodone-acetaminophen.....	3	INREBIC.....	32
hydrocortisone.....	75,106	INSULIN ASPART.....	56
hydrocortisone (perianal).....	75	INSULIN ASPART FLEXPEN.....	57
hydrocortisone butyrate.....	75	INSULIN ASPART PENFILL.....	57
hydrocortisone valerate.....	75	INSULIN LISPRO.....	57
hydrocortisone-acetic acid.....	117	INSULIN LISPRO (1 UNIT DIAL).....	57
hydromorphone hcl.....	3	INSULIN LISPRO JUNIOR KWIKPEN.....	57
hydroxychloroquine sulfate.....	39,40	INSULIN LISPRO PROT & LISPRO.....	57
hydroxyurea.....	28	INSULIN PEN NEEDLES.....	110
hydroxyzine hcl.....	118	INSULIN PEN NEEDLES	110
hydroxyzine pamoate.....	118	INSULIN SYRINGE 0.3 ML.....	110
I		INSULIN SYRINGE 0.5 ML.....	110
ibandronate sodium.....	107	INSULIN SYRINGE 1 ML.....	110
IBRANCE.....	32	INSULIN SYRINGE-NEEDLE U-100.....	111
IBTROZI.....	32	INSUPEN PEN NEEDLES.....	111
ibu.....	1	INSUPEN32G EXTR3ME.....	111
ibuprofen.....	1	INTELENCE.....	48
icatibant acetate.....	99	INTRALIPID.....	111
iclevia.....	91	introvale.....	91
ICLUSIG.....	32	INVEGA HAFYERA.....	44
icosapent ethyl.....	69	INVEGA SUSTENNA.....	44
IDHIFA.....	32	INVEGA TRINZA.....	44
ILEVRO.....	115	IPOL.....	104
imatinib mesylate.....	32	ipratropium bromide.....	118
IMBRUVICA.....	32	ipratropium-albuterol.....	122
imipenem-cilastatin.....	12	irbesartan.....	61
imipramine hcl.....	22	irbesartan-hydrochlorothiazide.....	66
imiquimod.....	76	ISENTRESS.....	47
IMKELDI.....	32	ISENTRESS HD.....	47
IMOVAZ RABIES.....	104	isibloom.....	91
IMPAVIDO.....	40	isoniazid.....	26
incassia.....	96	isopropyl alcohol.....	76
INCRELEX.....	87	isopropyl alcohol wipes.....	76
INCRUSE ELLIPTA.....	118	isosorbide dinitrate.....	70
indapamide.....	68	isosorbide mononitrate.....	70
		isosorbide mononitrate er.....	70

isotretinoin	73
isradipine	63
ITOVEBI	32,33
itraconazole	24
ivabradine hcl	66
ivermectin	39
IWILFIN	29
IXIARO	104

J

jaimiess	91
JAKAFI	33
jantoven	59
JANUMET	54
JANUMET XR	54
JANUVIA	54
JARDIANCE	69
jasmiel	91
JAYPIRCA	33
jencycla	96
JENTADUETO	54
JENTADUETO XR	54
jinteli	91
jolessa	91
joyeaux	91
JUBBONTI	107
juleber	91
JULUCA	47
junel 1.5/30	91
junel 1/20	91
junel fe 1.5/30	91
junel fe 1/20	91
JYNARQUE	81
JYNNEOS	104

K

KALETRA	50
kalliga	91
KALYDECO	120
kariva	91
kcl in dextrose-nacl	79

KCL-LACTATED RINGERS-D5W	79
kelnor 1/35	91
kelnor 1/50	91
KERENDIA	54
ketoconazole	24
ketorolac tromethamine	115,116
KINRIX	104
kionex	81
KISQALI (200 MG DOSE)	33
KISQALI (400 MG DOSE)	33
KISQALI (600 MG DOSE)	33
KISQALI FEMARA (200 MG DOSE)	33
KISQALI FEMARA (400 MG DOSE)	33
KISQALI FEMARA (600 MG DOSE)	33
KLOR-CON	79
klor-con 10	79
klor-con m10	79
klor-con m15	79
klor-con m20	79
KLOXXADO	5
KOSELUGO	33
kourzeq	73
KRAZATI	33
kurvelo	91

L

l-glutamine	84
labetalol hcl	63
lacosamide	17,18
lactated ringers	79,111
lactulose	82
lactulose encephalopathy	82
lamivudine	47,49
lamivudine-zidovudine	49
lamotrigine	15
lansoprazole	83
LANTUS	57
LANTUS SOLOSTAR	57
lapatinib ditosylate	33
larin 1.5/30	91
larin 1/20	91

larin fe 1.5/30.....	91	lidocaine.....	4
larin fe 1/20.....	91	lidocaine hcl.....	4
larissia.....	92	LIDOCAINE HCL.....	4
latanoprost.....	116	lidocaine viscous hcl.....	4
LAZCLUZE.....	33	lidocaine-prilocaine.....	4
leena.....	92	lidocan.....	5
leflunomide.....	102	LILETTA (52 MG).....	96
lenalidomide.....	27	lillow.....	92
LENVIMA (10 MG DAILY DOSE).....	33	lincomycin hcl.....	7
LENVIMA (12 MG DAILY DOSE).....	33	linezolid.....	7
LENVIMA (14 MG DAILY DOSE).....	33	LINEZOLID IN SODIUM CHLORIDE.....	7
LENVIMA (18 MG DAILY DOSE).....	34	LINZESS.....	82
LENVIMA (20 MG DAILY DOSE).....	34	liothyronine sodium.....	97
LENVIMA (24 MG DAILY DOSE).....	34	lisinopril.....	61
LENVIMA (4 MG DAILY DOSE).....	34	lisinopril-hydrochlorothiazide.....	66
LENVIMA (8 MG DAILY DOSE).....	34	lithium.....	53
lessina.....	92	lithium carbonate.....	53
letrozole.....	29	lithium carbonate er.....	53
leucovorin calcium.....	29	LIVTENCITY.....	46
LEUKERAN.....	27	lo-zumandimine.....	92
leuprolide acetate.....	98	loestrin 1.5/30 (21).....	92
levalbuterol hcl.....	119	loestrin 1/20 (21).....	92
LEVALBUTEROL TARTRATE.....	119	loestrin fe 1.5/30.....	92
levetiracetam.....	15	loestrin fe 1/20.....	92
levetiracetam er.....	15	lojaimiess.....	92
levo-t.....	97	LOKELMA.....	81
LEVOBUNOLOL HCL.....	116	LONSURF.....	29
levocarnitine.....	84	loperamide hcl.....	82
levocetirizine dihydrochloride.....	118	lopinavir-ritonavir.....	50
levofloxacin.....	13	lorazepam.....	52,53
LEVOFLOXACIN.....	115	lorazepam intensol.....	53
levofloxacin in d5w.....	13	LORBRENA.....	34
levonest.....	92	loryna.....	92
levonorg-eth estrad triphasic.....	92	losartan potassium.....	61
levonorgest-eth estrad 91-day.....	92	losartan potassium-hctz.....	66
levonorgest-eth estradiol-iron.....	92	lovastatin.....	68
levonorgestrel-ethynodiol estrad.....	92	low-ogestrel.....	92
levora 0.15/30 (28).....	92	loxapine succinate.....	42
levothyroxine sodium.....	97	lubiprostone.....	82
levoxyl.....	97	luizza 1.5/30.....	92
LEXIVA.....	50	luizza 1/20.....	92

LUMAKRAS.....	.34
LUMIGAN.....	117
LUPRON DEPOT (1-MONTH).....	98
LUPRON DEPOT (3-MONTH).....	98
LUPRON DEPOT (4-MONTH).....	98
LUPRON DEPOT (6-MONTH).....	98
lurasidone hcl.....	44
lutera.....	92
lyeq.....	96
lyllana.....	92
LYNPARZA.....	34
LYSODREN.....	29
LYTGOBI (12 MG DAILY DOSE).....	34
LYTGOBI (16 MG DAILY DOSE).....	34
LYTGOBI (20 MG DAILY DOSE).....	34
lyza.....	96

M

M-M-R II.....	104
magnesium sulfate.....	79
malathion.....	77
maraviroc.....	49,50
marlissa.....	92
MARPLAN.....	20
MATULANE.....	27
matzim la.....	64
MAVYRET.....	47
meclizine hcl.....	22
medpura alcohol pads.....	76
medroxyprogesterone acetate.....	96
mefloquine hcl.....	40
megestrol acetate.....	96
MEKINIST.....	34
MEKTOVI.....	34
meleya.....	96
meloxicam.....	1
memantine hcl.....	19
memantine hcl er.....	19
MENACTRA.....	104
MENEST.....	.93
MENQUADFI.....	104

MENVEO.....	104
mercaptopurine.....	28
meropenem.....	12
MEROPENEM-SODIUM CHLORIDE.....	12
mesalamine.....	106
mesalamine er.....	106
mesna.....	39
metformin hcl.....	54
metformin hcl er.....	54
methadone hcl.....	2
methazolamide.....	116
methenamine hippurate.....	7
methergine.....	111
methimazole.....	98
methocarbamol.....	122
METHOTREXATE SODIUM.....	102
methotrexate sodium.....	102
methotrexate sodium (pf).....	102
methsuximide.....	16
METHYLDOPA.....	60
METHYLDOPA-	
HYDROCHLOROTHIAZIDE.....	66
methylergonovine maleate.....	111
methylphenidate hcl.....	71
methylphenidate hcl er.....	71
methylprednisolone.....	86
methylprednisolone acetate.....	86
methylprednisolone sodium succ.....	86
metoclopramide hcl.....	22
metolazone.....	68
metoprolol succinate er.....	63
metoprolol tartrate.....	63
metoprolol-hydrochlorothiazide.....	66
metronidazole.....	7
metyrosine.....	66
mexiletine hcl.....	62
micafungin sodium.....	24
MICONAZOLE 3.....	24
microgestin 1.5/30.....	93
microgestin 1/20.....	93
microgestin fe 1.5/30.....	93

microgestin fe 1/20.....	93	nafcillin sodium.....	11
midodrine hcl.....	60	nafrinse.....	79
mifepristone.....	98	NAGLAZYME.....	.84
miglitol.....	54	naloxone hcl.....	5
mili.....	93	naltrexone hcl.....	5
minocycline hcl.....	14	naproxen.....	2
minoxidil.....	.70	naproxen dr.....	2
minzoya.....	93	naratriptan hcl.....	25
mirtazapine.....	20	NATACYN.....	115
misoprostol.....	83	nateglinide.....	54
modafinil.....	123	NAYZILAM.....	5
MODEYSO.....	29	nebivolol hcl.....	63
moexipril hcl.....	61	necon 0.5/35 (28).....	93
MOLINDONE HCL.....	42	NEFAZODONE HCL.....	21
mometasone furoate.....	75	neo-polycin.....	114
monodoxine nl.....	14	neo-polycin hc.....	114
mono-linyah.....	93	neomycin sulfate.....	6
montelukast sodium.....	118	neomycin-bacitracin zn-polymyx.....	114
morgidox.....	14	neomycin-polymyxin-dexameth.....	114
morphine sulfate.....	4	NEOMYCIN-POLYMYXIN-GRAMICIDIN ..	114
morphine sulfate (concentrate).....	3	NEOMYCIN-POLYMYXIN-HC.....	114
morphine sulfate er.....	2	neomycin-polymyxin-hc.....	117
MOUNJARO.....	54	NERLYNX.....	34
MOVANTIK.....	82	nevirapine.....	48
moxifloxacin hcl.....	13,115	NEVIRAPINE.....	48
MOXIFLOXACIN HCL.....	13	NEVIRAPINE ER.....	48
MOXIFLOXACIN HCL (2X DAY).....	115	nevirapine er.....	48
MOXIFLOXACIN HCL IN NACL.....	13	NEXPLANON.....	96
MRESVIA.....	104	NIACIN (ANTIHYPERLIPIDEMIC).....	69
mupirocin.....	78	niacin er (antihyperlipidemic).....	69
mycophenolate mofetil.....	102	NIACOR.....	69
mycophenolate mofetil hcl.....	102	NICOTROL.....	5
mycophenolate sodium.....	102	NICOTROL NS.....	5
mycophenolic acid.....	103	nifedipine er.....	63
myorisan.....	73	nifedipine er osmotic release.....	63
MYRBETRIQ.....	85	nikki.....	93
N		nilotinib hcl.....	35
na sulfate-k sulfate-mg sulf.....	82	nilutamide.....	27
nabumetone.....	2	nimodipine.....	64
nadolol.....	63	NINLARO.....	35
		nitazoxanide.....	40

nitisinone	84	nystatin	24
NITRO-BID	70	nystatin-triamcinolone	77
nitrofurantoin macrocrystal	7		
nitrofurantoin monohyd macro	7		
nitroglycerin	70	O	
NIVESTYM	59	ocella	94
NIZATIDINE	83	octreotide acetate	98
nora-be	96	OCTREOTIDE ACETATE	98
norelgestromin-eth estradiol	93	ODEFSEY	48
norethin ace-eth estrad-fe	93	ODOMZO	35
norethin-eth estradiol-fe	93	OFEV	121
norethindrone	96	ofloxacin	115,117
norethindrone acet-ethinyl est	93	OGSIVEO	35
norethindrone acetate	96	OJEMDA	35
norethindrone-eth estradiol	93	OJJAARA	29
norgestim-eth estrad triphasic	93	olanzapine	44
norgestimate-eth estradiol	93	olmesartan medoxomil	61
norlyda	96	olmesartan medoxomil-hctz	66
norlyroc	96	olmesartan-amlodipine-hctz	66
nortrel 0.5/35 (28)	93	omega-3-acid ethyl esters	69
nortrel 1/35 (21)	93	omeprazole	83
nortrel 1/35 (28)	93	OMNITROPE	83,87
nortrel 7/7/7	93	ondansetron	23
nortriptyline hcl	22	ONDANSETRON HCL	23
NORVIR	50	ondansetron hcl	23
NovoFine 32G X 6 MM MISC	111	ONUREG	28
NOVOLIN R FLEXPEN	57	OPIPZA	44
NOVOLIN R FLEXPEN RELION	57	OPSUMIT	120
NOVOLOG	57	OPVEE	111
NOVOLOG FLEXPEN	57	oralone	73
NOVOLOG FLEXPEN RELION	57	ORGOVYX	98
NOVOLOG PENFILL	57	orquidea	96
NOVOLOG RELION	57	ORSERDU	27
NovoTwist 32G X 5 MM MISC	111	orsythia	94
NUBEQA	27	oseltamivir phosphate	51
NUPLAZID	44	OSPHENA	97
NURTEC	25	OTEZLA	77,100
NUTRILIPID	111	OTEZLA XR	123
nylia 1/35	93	OTEZLA/OTEZLA XR INITIATION PK	100
nylia 7/7/7	93	oxaprozin	2
nymyo	94	oxcarbazepine	18
		oxybutynin chloride	85

oxybutynin chloride er.....	85	PERPHENAZINE-AMITRIPTYLINE.....	20
oxycodone hcl.....	4	PERSERIS.....	45
oxycodone-acetaminophen.....	4	pfizerpen.....	11
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	54	phenelzine sulfate.....	20
OZEMPIC (1 MG/DOSE).....	54	phenobarbital.....	16
OZEMPIC (2 MG/DOSE).....	54	phenytek.....	18
P		phenytoin.....	18
pacerone.....	62	phenytoin infatabs.....	18
paliperidone er.....	45	phenytoin sodium extended.....	18
PANRETIN.....	39	philith.....	94
pantoprazole sodium.....	83,84	PIFELTRO.....	48
paricalcitol.....	107	pilocarpine hcl.....	73,116
paroxetine hcl.....	21	PIMOZIDE.....	42
PAROXETINE HCL.....	21	pimtrea.....	94
PAXLOVID.....	52	pindolol.....	63
PAXLOVID (150/100).....	52	pioglitazone hcl.....	55
PAXLOVID (300/100).....	52	pioglitazone hcl-glimepiride.....	55
pazopanib hcl.....	35	pioglitazone hcl-metformin hcl.....	55
PEDIARIX.....	104	piperacillin sod-tazobactam so.....	12
PEDVAX HIB.....	104	PIQRAY (200 MG DAILY DOSE).....	35
peg 3350-kcl-na bicarb-nacl.....	82	PIQRAY (250 MG DAILY DOSE).....	35
peg-3350/electrolytes.....	83	PIQRAY (300 MG DAILY DOSE).....	35
PEGASYS.....	101	pirfenidone.....	121
PEMAZYRE.....	35	PIRFENIDONE.....	121
PEN NEEDLE/5-BEVEL TIP.....	111	pirmella 1/35.....	94
PEN NEEDLES.....	111	pirmella 7/7/7.....	94
PENBRAYA.....	111	piroxicam.....	2
penicillamine.....	85	PNV 27-CA/FE/FA.....	79
penicillin g potassium.....	11	podofilox.....	77
PENICILLIN G SODIUM.....	11	polycin.....	114
penicillin v potassium.....	11	polymyxin b sulfate.....	7
PENMENVY.....	104	polymyxin b-trimethoprim.....	115
PENTACEL.....	105	POMALYST.....	27
pentamidine isethionate.....	40	portia-28.....	94
pentoxifylline er.....	66	posaconazole.....	24
perampanel.....	15	potassium chloride.....	80
perindopril erbumine.....	61	potassium chloride crys er.....	80
periogard.....	73	potassium chloride er.....	80
permethrin.....	77	potassium chloride in dextrose.....	80
perphenazine.....	22	potassium chloride in nacl.....	80
		potassium citrate er.....	80

POTASSIUM CL IN DEXTROSE 5%.....	80	PROPRANOLOL-HCTZ.....	67
pramipexole dihydrochloride.....	41	propylthiouracil.....	99
prasugrel hcl.....	60	PROQUAD.....	105
pravastatin sodium.....	68	protriptyline hcl.....	22
praziquantel.....	39	PULMOZYME.....	120
prazosin hcl.....	61	PURE COMFORT SAFETY PEN NEEDLE ..	111
prednisolone.....	86	pyrazinamide.....	26
prednisolone acetate.....	116	pyridostigmine bromide.....	26
prednisolone sodium phosphate.....	87	pyridostigmine bromide er.....	26
PREDNISOLONE SODIUM PHOSPHATE.	116	pyrimethamine.....	40
prednisone.....	87		
PREDNISONE INTENSOL.....	87		
pregabalin.....	72	Q	
PREMARIN.....	94	qc alcohol.....	77
PREMASOL.....	80	QINLOCK.....	29
premium lidocaine.....	5	QUADRACEL.....	105
Prenatal vitamins.....	80	quetiapine fumarate.....	45
prevalite.....	69	quetiapine fumarate er.....	45
previfem.....	94	QUICK TOUCH INSULIN PEN NEEDLE ...	112
PREVYMIS.....	46	quinapril hcl.....	61
PREZCOBIX.....	50	quinapril-hydrochlorothiazide.....	67
PREZISTA.....	51	quinidine sulfate.....	62
PRIFTIN.....	26	quinine sulfate.....	40
primaquine phosphate.....	40	QVAR REDIHALER.....	118
primidone.....	16		
PRIORIX.....	105	R	
PRO COMFORT INSULIN SYRINGE.....	111	ra isopropyl alcohol wipes.....	77
probenecid.....	25	RABAVERT.....	105
prochlorperazine.....	22	rabeprazole sodium.....	84
prochlorperazine maleate.....	22	RALDESY.....	21
procto-med hc.....	76	raloxifene hcl.....	97
procto-pak.....	76	ramelteon.....	122
proctosol hc.....	76	ramipril.....	62
protozone-hc.....	76	ranolazine er.....	67
progesterone.....	96	rasagiline mesylate.....	41
PROGRAF.....	103	reclipsen.....	94
promethazine hcl.....	22,118	RECOMBIVAX HB.....	105
propafenone hcl.....	62	relafen.....	2
propranolol hcl.....	63	RELENZA DISKHALER.....	51
PROPRANOLOL HCL.....	63	repaglinide.....	55
propranolol hcl er.....	63	REPATHA.....	69
		REPATHA PUSHTRONEX SYSTEM.....	69

REPATHA SURECLICK.....	69	RUKOBIA.....	50
RESTASIS.....	114	RYBELSUS.....	55
RETACRIT.....	59	RYDAPT.....	36
RETEVMO.....	35	S	
REVCORI.....	84	sacubitril-valsartan.....	67
REVUFORJ.....	35,36	sajazir.....	99
REXULTI.....	45	SANDIMMUNE.....	103
REYATAZ.....	51	SANTYL.....	77
REZDIFFRA.....	97	sapropterin dihydrochloride.....	84
REZLIDHIA.....	36	SCEMBLIX.....	36
RHOPRESSA.....	116	scopolamine.....	23
RIBAVIRIN.....	47	SECUADO.....	45
ribavirin.....	47	SECURESAFE INSULIN SYRINGE.....	112
RIDAURA.....	100	selegiline hcl.....	41
rifabutin.....	26	selenium sulfide.....	76
rifampin.....	26	SELZENTRY.....	50
riluzole.....	72	SEREVENT DISKUS.....	119
RIMANTADINE HCL.....	51	sertraline hcl.....	21
ringers.....	80	setlakin.....	94
ringers irrigation.....	112	sharobel.....	96
RINVOQ.....	100	SHINGRIX.....	105
RINVOQ LQ.....	100	SIGNIFOR.....	98
risperidone.....	45	sildenafil citrate.....	120
risperidone microspheres er.....	45	SILIGENTLE FOAM DRESSING.....	112
ritonavir.....	51	silodosin.....	85
rivaroxaban.....	59	silver sulfadiazine.....	77
rivastigmine tartrate.....	19	SIMBRINZA.....	116
rizatriptan benzoate.....	25	SIMLANDI (1 PEN).....	103
ROCKLATAN.....	114	SIMLANDI (1 SYRINGE).....	103
roflumilast.....	120	SIMLANDI (2 PEN).....	103
ROMVIMZA.....	36	SIMLANDI (2 SYRINGE).....	103
ropinirole hcl.....	41	simliya.....	94
ropinirole hcl er.....	41	simpesse.....	94
rosadan.....	7	simvastatin.....	69
rosuvastatin calcium.....	68	sirolimus.....	103
ROTARIX.....	105	SIRTURO.....	26
ROTATEQ.....	105	SKYRIZI.....	100
roweepra.....	15	SKYRIZI (150 MG DOSE).....	100
ROZLYTREK.....	36	SKYRIZI PEN.....	100
RUBRACA.....	36	SMOFLIPID.....	112
rufinamide.....	18		

sodium chloride.....	81	SUNLENCA.....	50
sodium chloride (pf).....	80	SURE COMFORT PEN NEEDLES.....	112
sodium fluoride.....	81	syeda.....	94
SODIUM OXYBATE.....	123	SYMPAZAN.....	16
sodium phenylbutyrate.....	84	SYMTUZA.....	51
sodium polystyrene sulfonate.....	81	SYNAREL.....	98
solifenacin succinate.....	85	SYNJARDY.....	55
SOLTAMOX.....	28	SYNJARDY XR.....	55
SOMAVERT.....	98	SYNRIBO.....	36
sorafenib tosylate.....	36	SYNTHROID.....	97
sorine.....	62		
sotalol hcl.....	62		
sotalol hcl (af).....	62	TABLOID.....	28
SPIRIVA RESPIMAT.....	119	TABRECTA.....	36
spironolactone.....	68	tacrolimus.....	76,103
spironolactone-hctz.....	67	tadalafil.....	85
sprintec 28.....	94	tadalafil (pah).....	120
SPRITAM.....	15	TAFINLAR.....	36,37
SPS (SODIUM POLYSTYRENE SULF).....	81	TAGRISSO.....	37
sronyx.....	94	TALZENNA.....	37
ssd.....	77	tamoxifen citrate.....	28
STAVUDINE.....	49	tamsulosin hcl.....	85
STELARA.....	100	tarina fe 1/20.....	94
sterile water for irrigation.....	112	tarina fe 1/20 eq.....	94
STIOLTO RESPIMAT.....	122	tasimelteon.....	122
STIVARGA.....	36	tazarotene.....	74
STREPTOMYCIN SULFATE.....	6	TAZICEF.....	10
STRIBILD.....	47	taztia xt.....	64
subvenite.....	15	TAZVERIK.....	37
sucralfate.....	83	TDVAX.....	105
sulfacetamide sodium.....	115	TECHLITE PLUS PEN NEEDLES.....	112
sulfacetamide sodium (acne).....	74	TEFLARO.....	10
SULFACETAMIDE-PREDNISOLONE.....	114	telmisartan.....	61
sulfadiazine.....	13	telmisartan-amlodipine.....	67
sulfamethoxazole-trimethoprim.....	13	telmisartan-hctz.....	67
sulfasalazine.....	106	temazepam.....	122
sulindac.....	2	TEMIXYS.....	49
sumatriptan.....	25	TENIVAC.....	105
sumatriptan succinate.....	25	tenofovir disoproxil fumarate.....	49
sumatriptan succinate refill.....	25	TEPMETKO.....	37
sunitinib malate.....	36	terazosin hcl.....	61

terbinafine hcl.....	.24	trandolapril.....	62
terconazole.....	.24	tranexamic acid.....	60
teriflunomide.....	.73	tranylcypromine sulfate.....	20
teriparatide.....	.107	travoprost (bak free).....	.117
testosterone.....	.88	trazodone hcl.....	.21
testosterone cypionate.....	.88	TRECATOR.....	.26
TESTOSTERONE ENANTHATE.....	.88	TRELEGY ELLIPTA.....	.122
tetrabenazine.....	.72	TRESIBA.....	.57
tetracycline hcl.....	.14	TRESIBA FLEXTOUCH.....	.57
THALOMID.....	.28	tretinoin.....	.39,74
theophylline er.....	.120	tri-femynor.....	.94
thioridazine hcl.....	.42	tri-estarrylla.....	.94
thiothixene.....	.42	tri-linyah.....	.94
tiadylt er.....	.64,65	tri-mili.....	.94
tiagabine hcl.....	.16	tri-nymyo.....	.94
TIBSOVO.....	.37	tri-previfem.....	.94
ticagrelor.....	.60	tri-sprintec.....	.95
TICOVAC.....	.105	tri-vylibra.....	.95
tigecycline.....	.8	triamcinolone acetonide.....	.73,76
timolol maleate.....	.63,116	triamterene-hctz.....	.67
tinidazole.....	.8	triderm.....	.76
tiotropium bromide.....	.119	trientine hcl.....	.81
tis-u-sol.....	.112	TRIENTINE HCL.....	.81
TIVICAY.....	.47	trifluoperazine hcl.....	.43
TIVICAY PD.....	.47	TRIFLURIDINE.....	.115
tizanidine hcl.....	.46	trihexyphenidyl hcl.....	.40
tobramycin.....	.115,120	TRIKAFTA.....	.120
tobramycin sulfate.....	.6	trimethoprim.....	.8
tobramycin-dexamethasone.....	.114	trimipramine maleate.....	.22
TOLAK.....	.77	TRINTELLIX.....	.21
tolterodine tartrate.....	.85	TRIUMEQ.....	.49
tolterodine tartrate er.....	.85	TRIUMEQ PD.....	.49
topiramate.....	.15	trivora (28).....	.95
toremifene citrate.....	.28	TRIZIVIR.....	.49
torsemide.....	.68	trospium chloride.....	.85
TOUJEO MAX SOLOSTAR.....	.57	TRUE COMFORT INSULIN SYRINGE.....	.112
TOUJEO SOLOSTAR.....	.57	TRUE COMFORT PEN NEEDLES.....	.112
TPN ELECTROLYTES.....	.81	TRUE COMFORT PRO PEN NEEDLES.....	.112
TRADJENTA.....	.55	TRUE COMFORT SAFETY PEN NEEDLE.....	.112
tramadol hcl.....	.4	TRULICITY.....	.55
tramadol-acetaminophen.....	.4	TRUMENBA.....	.105

TRUQAP.....	37	VAQTA.....	105
TUKYSA.....	37	varenicline tartrate.....	5
tulana.....	96	varenicline tartrate (starter).....	5
TURALIO.....	37	varenicline tartrate(continue).....	6
turqoz.....	95	VARIVAX.....	105
TWINRIX.....	105	VAXCHORA.....	105
TYBOST.....	50	VELIVET.....	95
TYENNE.....	100	VENCLEXTA.....	37
TYMLOS.....	107	VENCLEXTA STARTING PACK.....	37
TYPHIM VI.....	105	venlafaxine hcl.....	21

U

UDENYCA.....	59
ULTIGUARD SAFEPACK PEN NEEDLE	112
UNIFINE OTC PEN NEEDLES.....	113
UNIFINE PENTIPS.....	113
UNIFINE PROTECT PEN NEEDLE.....	113
UNIFINE SAFECONTROL PEN NEEDLE	113
unithroid.....	97
UPTRAVI.....	120,121
ursodiol.....	83
USTEKINUMAB.....	100
USTEKINUMAB-AEKN.....	100

V

valacyclovir hcl.....	51
VALCHLOR.....	77
valganciclovir hcl.....	47
valproate sodium.....	15
valproic acid.....	15
valsartan.....	61
valsartan-hydrochlorothiazide.....	67
VALTOCO 10 MG DOSE.....	16
VALTOCO 15 MG DOSE.....	16
VALTOCO 20 MG DOSE.....	17
VALTOCO 5 MG DOSE.....	17
valtya 1/35.....	95
valtya 1/50.....	95
vanadom.....	122
vancomycin hcl.....	8
VANFLYTA.....	37

VAQTA.....	105
varenicline tartrate.....	5
varenicline tartrate (starter).....	5
varenicline tartrate(continue).....	6
VARIVAX.....	105
VAXCHORA.....	105
VELIVET.....	95
VENCLEXTA.....	37
VENCLEXTA STARTING PACK.....	37
venlafaxine hcl.....	21
venlafaxine hcl er.....	21
VEOZAH.....	72
verapamil hcl.....	65
VERAPAMIL HCL ER.....	65
verapamil hcl er.....	65
VERIFINE INSULIN PEN NEEDLE.....	113
VERIFINE INSULIN SYRINGE.....	113
VERIFINE PLUS PEN NEEDLE.....	113
VERQUVO.....	67
VERSACLOZ.....	46
VERZENIO.....	37
vestura.....	95
vienna.....	95
vigabatrin.....	17
vigadrone.....	17
VIGAFYDE.....	17
vigpoder.....	17
vilazodone hcl.....	21
VIMKUNYA.....	105
viorele.....	95
VIRACEPT.....	51
VIREAD.....	49
VITRAKVI.....	38
VIVOTIF.....	106
VIZIMPRO.....	38
volnea.....	95
VONJO.....	39
VORANIGO.....	38
voriconazole.....	24
VOSEVI.....	47
VOWST.....	113

VRAYLAR	45
vyfemla	95
vylibra	95
VYZULTA	117

W

warfarin sodium	59
WEBCOL ALCOHOL PREP LARGE	113
WELIREG	29
wera	95
WINREVAIR	121
wixela inhub	122
wymzya fe	95
WYOST	107

X

XALKORI	38
XARELTO	59
XARELTO STARTER PACK	59
XATMEP	103
XCOPRI	15,18
XCOPRI (250 MG DAILY DOSE)	18
XCOPRI (350 MG DAILY DOSE)	18
XDEMVY	114
XELJANZ	100
XELJANZ XR	100
xelria fe	95
XERMELO	82
XIFAXAN	8
XIGDUO XR	55
XiIDRA	114
XOFLUZA (40 MG DOSE)	51
XOFLUZA (80 MG DOSE)	51
XOLAIR	101
XOSPATA	38
XPOVIO (100 MG ONCE WEEKLY)	38
XPOVIO (40 MG ONCE WEEKLY)	38
XPOVIO (40 MG TWICE WEEKLY)	38
XPOVIO (60 MG ONCE WEEKLY)	38
XPOVIO (60 MG TWICE WEEKLY)	38
XPOVIO (80 MG ONCE WEEKLY)	38

XPOVIO (80 MG TWICE WEEKLY)	38
XTANDI	27
xulane	95

Y

YESINTEK	101
YF-VAX	106
yuvafem	95

Z

zafemy	95
zaflurkast	118
zaleplon	122
ZARXIO	60
zebutal	72
ZEJULA	38
ZELBORAF	38
zenatane	74
ZENPEP	84
zidovudine	49
ziprasidone hcl	46
ziprasidone mesylate	46
ZIRGAN	115
zoledronic acid	107
ZOLINZA	29
zolpidem tartrate	122
zolpidem tartrate er	122,123
ZONISADE	18
zonisamide	18
zovia 1/35 (28)	95
zovia 1/35e (28)	95
ZTALMY	17
zumandimine	95
ZURZUVAE	20
ZYDELIG	39
ZYKADIA	39
ZYPREXA RELPREVV	46



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak [insert language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-776-4466 (TTY: 711) or speak to your provider.

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-800-776-4466 (TTY: 711) أو تحدث إلى مقدم الخدمة.

ՀԱՅԵՐԵՆ

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-776-4466 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-776-4466（文本电话：711）或咨询您的服务提供商。

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं।
1-800-776-4466 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Lus Hmoob

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-776-4466 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-776-4466 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-776-4466 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

ລາວ

ເຊື່ອງຈາກ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີປໍ່ວິການຈຸ່ວຍດ້ານພາສາແບບປໍ່ຮະພາຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຈ່າຍ ເພີ້ມ
ການປໍ່ວິການແບບປໍ່ຮະພາຍຄ່າທີ່ເຫັນຈະເສີມເຜື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດຂຶ້ນຕົງໄດ້. ໂທທາເບີ
1-800-776-4466 (TTY: 711) ຫຼື ເສີມກັບຜູ້ໃຫ້ປໍ່ວິການຂອງທ່ານ.

ភាសាខ្មែរ

សូមយកចិត្តការដាក់៖ ប្រសិទ្ធភីអ្នកនិយាយ ភាសាខ្មែរសេវាអ្នកម្នល់ខ្លួនព័ត៌មានសម្រាប់អ្នក។
ខ្លួនយកចិត្តសេវាអ្នកម្នល់ខ្លួនព័ត៌មានការដាក់ខ្លួនដែលអាចចូលរួមបាន។ លេខទូរសព្ទទី 1-800-776-4466 (TTY: 711)
បុគ្គិយាយនៅការអ្នកម្នល់សេវាបាល់អ្នក។

فارسی

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-776-4466 (تلہ تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ਪੰਜਾਬੀ

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-776-4466 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-776-4466 (TTY: 711) или обратитесь к своему поставщику услуг.

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-776-4466 (TTY: 711) o hable con su proveedor.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-776-4466 (TTY: 711) o makipag-usap sa iyong provider.

ไทย

หมายเหตุ: หากคุณใช้ภาษา ไทย เรา มีบริการความช่วยเหลือด้านภาษาฟรี นอกจานี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-776-4466 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

українська мова

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-776-4466 (TTY: 711) або зверніться до свого постачальника».

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-776-4466 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



NONDISCRIMINATION NOTICE

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, pregnancy or related conditions, sex characteristics, sex stereotypes, 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, pregnancy or related conditions, sex characteristics, sex stereotypes, 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 Blue Shield of California Customer Service using the number on the back of your member ID card.

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, pregnancy or related conditions, sex characteristics, sex stereotypes, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California Civil Rights Coordinator
P.O. Box 5588, El Dorado Hills, CA 95762-0011
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
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

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

This formulary was updated on 10/15/2025 . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/medformulary2026.

Blue Shield of California's pharmacy network includes limited lower-cost, pharmacies with preferred cost-sharing in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at 888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week or consult the online pharmacy directory at blueshieldca.com/medformulary2026.

Amazon Pharmacy is independent of Blue Shield of California and is contracted by Blue Shield to provide home delivery of prescription medications to Blue Shield members. Members are responsible for their share of costs, as stated in their benefit plan details.

Blue Shield of California is an independent member of the Blue Shield Association