



Blue Shield Rx Plus (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# 26290

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact Blue Shield Rx Plus 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.

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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 Plus.

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 Plus 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 Plus'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 Plus'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 116 . 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 Plus'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 116 .

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 Plus:

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)	\$9 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	\$27 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)	\$17.50 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$20 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	\$60 Copay
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

TIER	TIER	SUPPLY	TIER
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)	49% coinsurance	
	Preferred retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	49% coinsurance	
	Standard retail cost-sharing (in-network) (30-day supply)	49% coinsurance	
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 90-day supply)	49% 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)	25% 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	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. 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, even if you haven't paid your deductible.
VAC	\$0 Vaccine	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>cataflam 50 mg tab</i>	TIER 3	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 3	
<i>diclofenac sodium (1.5 % solution, 25 mg tab dr)</i>	TIER 3	
<i>diclofenac sodium (50 mg tab dr, 75 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium er 100 mg tab 24h</i>	TIER 3	
<i>diflunisal 500 mg tab</i>	TIER 4	
<i>ec-naproxen 375 mg tab dr</i>	TIER 2	
<i>ec-naproxen 500 mg tab dr</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 3	
<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 3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab)</i>	TIER 2	
<i>naproxen 500 mg tab dr</i>	TIER 4	
<i>naproxen dr 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
<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	TIER 4	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)</i>	TIER 4	PA, NDS
<i>methadone hcl 10 mg tab</i>	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg tab</i>	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er (er 100 mg tab er, er 200 mg tab er)</i>	TIER 4	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab</i>	TIER 3	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab</i>	TIER 3	QL (90 PER 30 OVER TIME), NDS
<i>morphine sulfate er 60 mg tab</i>	TIER 3	QL (60 PER 30 OVER TIME), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 2	QL (12 PER 1 DAYS), NDS
<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>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

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
hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)	TIER 3	QL (6 PER 1 DAYS), NDS
hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)	TIER 3	QL (8 PER 1 DAYS), NDS
hydromorphone hcl 2 mg tab	TIER 4	QL (154 PER 30 OVER TIME), NDS
hydromorphone hcl 4 mg tab	TIER 4	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl 8 mg tab	TIER 4	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)	TIER 3	QL (70 PER 30 OVER TIME), NDS
morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)	TIER 3	QL (630 PER 30 OVER TIME), NDS
morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)	TIER 3	QL (315 PER 30 OVER TIME), NDS
morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)	TIER 3	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl (15 mg tab, 30 mg tab)	TIER 4	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl 10 mg tab	TIER 4	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl 20 mg tab	TIER 4	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg tab	TIER 4	QL (168 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg/5ml solution	TIER 4	QL (840 PER 30 OVER TIME), NDS
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	TIER 3	QL (168 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 10-325 mg tab	TIER 3	QL (84 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 7.5-325 mg tab	TIER 3	QL (112 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>tramadol hcl 50 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 3	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 4	PA, QL (3 PER 1 DAYS)
LIDOCAINE HCL 4 % SOLUTION	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 4	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	TIER 4	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 4

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	

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>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 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)
<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	
ARIKAYCE 590 MG/8.4ML SUSPENSION	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	
STREPTOMYCYIN SULFATE 1 GM RECON SOLN	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	
CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 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>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 (2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	TIER 4	
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	TIER 4	
CLINDAMYCIN PHOSPHATE IN NACL (IN 300-0.9 MG/50ML-% SOLUTION, IN 600-0.9 MG/50ML-% SOLUTION, IN 900-0.9 MG/50ML-% SOLUTION)	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>	TIER 4	
<i>fosfomycin tromethamine 3 gm packet</i>	TIER 4	QL (1 PER 30 DAYS)
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % cream, metronidazole 500 mg/100ml solution)</i>	TIER 4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 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>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 3	
<i>rosadan 0.75 % cream</i>	TIER 4	
<i>rosadan 0.75 % gel</i>	TIER 2	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>	TIER 4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	TIER 2	
<i>vancomycin hcl (vancomycin hcl 250 mg cap, vancomycin hcl 2 gm recon soln, vancomycin hcl 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

CEFACLOR (250 MG CAP, 500 MG CAP)	TIER 3
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</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>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 4	
<i>cefdinir 300 mg cap</i>	TIER 3	
<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 (100 mg tab, 200 mg tab)</i>	TIER 4	
<i>cefprozil (125 mg/5ml, 250 mg/5ml)</i>	TIER 4	
<i>cefprozil (250 mg tab, 500 mg tab)</i>	TIER 3	
<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 3	
<i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>	TIER 4	
<i>cephalexin (125 mg/5ml, 250 mg/5ml)</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>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	
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	TIER 4	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml)</i>	TIER 3	
<i>amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)</i>	TIER 2	
<i>ampicillin 500 mg cap</i>	TIER 2	
<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	

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-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>pfizerpen (5000000 soln, 20000000 soln)</i>	TIER 4	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>	TIER 4	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	TIER 3	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem (1 gm soln, 500 mg soln)</i>	TIER 4	
MEROOPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	
MACROLIDES		
<i>azithromycin (100 mg/5ml susp, 200 mg/5ml susp, 500 mg soln)</i>	TIER 4	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 3	
<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>erythrococin lactobionate (erythrococin lactobionate 500 mg recon soln, erythrococin lactobionate 500 mg recon soln)</i>	TIER 4	
<i>erythromycin base (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	
<i>fidaxomicin 200 mg tab</i>	TIER 5	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
<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	

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>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 4	
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 4
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	TIER 3
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	TIER 2
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4

TETRACYCLINES

<i>avidoxy 100 mg tab</i>	TIER 3
<i>doxy 100 mg recon soln</i>	TIER 4
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 3
<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>monodoxine nl 100 mg cap</i>	TIER 2
<i>morgidox 100 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>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 tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium 125 mg cap dr</i>	TIER 3	
<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
FYCOMPA 0.5 MG/ML SUSPENSION	TIER 4	QL (24 PER 1 DAYS)
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	TIER 3	
<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)

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>perampanel 2 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	TIER 2	
<i>SPRITAM (250 MG TAB, 500 MG TAB)</i>	TIER 4	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>SPRITAM 1000 MG TAB</i>	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>SPRITAM 750 MG TAB</i>	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	
<i>XCOPRI (150 MG TAB, 200 MG TAB)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2
<i>methsuximide 300 mg cap</i>	TIER 4

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

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>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 4	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 4	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)
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

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
vigpoder 500 mg packet	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		
carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)	TIER 4	
carbamazepine (carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)	TIER 2	
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)	TIER 4	
DILANTIN 30 MG CAP	TIER 4	
epitol 200 mg tab	TIER 2	
eslicarbazepine acetate (200 mg tab, 400 mg tab)	TIER 4	QL (1 PER 1 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	TIER 4	QL (2 PER 1 DAYS)
lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)	TIER 4	QL (40 PER 1 DAYS)
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	TIER 4	QL (2 PER 1 DAYS)
lacosamide 200 mg/20ml solution	TIER 4	PA - PART B VS D DETERMINATION
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	TIER 3	
oxcarbazepine 300 mg/5ml suspension	TIER 4	
phenytek (200 mg cap, 300 mg cap)	TIER 2	
phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)	TIER 2	
phenytoin 50 mg chew tab	TIER 3	
phenytoin infatabs infas 50 mg chew	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>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

ERGOLOOID MESYLATES 1 MG TAB	TIER 3
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CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 2	
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	TIER 3	
<i>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</i>	TIER 4	
<i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>	TIER 4	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	

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
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml, 10 mg/5ml)</i>	TIER 4	
<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)
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	TIER 3	
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 2	
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	

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>tranylcypromine sulfate 10 mg tab</i>	TIER 4	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	TIER 3	
<i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab 24h</i>	TIER 4	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i>	TIER 4	
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
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 2	
<i>fluoxetine hcl 20 mg/5ml solution</i>	TIER 3	
<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)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 4	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	TIER 4	QL (30 PER 1 DAYS)
RALDESY 10 MG/ML SOLUTION	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	

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>sertraline hcl 20 mg/ml conc</i>	TIER 4	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<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 3	
<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 4	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 4	
<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, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 4	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

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
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, 5 mg/ml, 10 mg/10ml)</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 4	PA
<i>scopolamine 1 mg/3days 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

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>ondansetron hcl 8 mg tab</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>clotrimazole (1 % cream, 1 % solution)</i>	TIER 2	
<i>clotrimazole 10 mg troche</i>	TIER 4	
CRESEMBA 186 MG CAP	TIER 5	PA, QL (2 PER 1 DAYS)
CRESEMBA 74.5 MG CAP	TIER 5	PA, QL (5 PER 1 DAYS)
<i>fluconazole (10 mg/ml, 40 mg/ml)</i>	TIER 3	
<i>fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 200 mg tab)</i>	TIER 3	
<i>ketoconazole 2 % shampoo</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	

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 (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension)</i>	TIER 2	
<i>nystatin 500000 unit tab</i>	TIER 3	
<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 2	
<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	
<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)

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
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 4	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 3	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 prsyr)</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)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	TIER 3	
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	

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
rifampin (150 mg cap, 300 mg cap)	TIER 2	
rifampin 600 mg recon soln	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECATOR 250 MG TAB	TIER 4	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	TIER 3	PA - PART B VS D DETERMINATION
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

abiraterone acetate 250 mg tab	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abiraterone acetate 500 mg tab	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abirtega 250 mg tab	TIER 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tab	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	
nilutamide 150 mg tab	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	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
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
<i>POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>THALOMID (150 MG CAP, 200 MG CAP)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>THALOMID 100 MG CAP</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>THALOMID 50 MG CAP</i>	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	
<i>SOLTAMOX 10 MG/5ML SOLUTION</i>	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 3	
<i>ONUREG (200 MG TAB, 300 MG TAB)</i>	TIER 5	QL (14 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
TABLOID LOID 40 MG	TIER 4	
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
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 4	
<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

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
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
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

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
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
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

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>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
GILOTrif (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	TIER 5	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	TIER 5	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	TIER 5	LA, QL (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

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
IMBRUICA (140 MG CAP, 140 MG TAB)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUICA (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
IMBRUICA 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
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

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
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
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

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
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
<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

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
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
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

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>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
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

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
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
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

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
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
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	
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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>ivermectin 3 mg tab</i>	TIER 3	
<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 3	
<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)
<i>COARTEM 20-120 MG TAB</i>	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)
<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)
<i>IMPAVIDO 50 MG CAP</i>	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 3	
<i>pyrimethamine 25 mg tab</i>	TIER 4	PA
<i>quinine sulfate 324 mg cap</i>	TIER 4	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
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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>benztropine mesylate 1 mg/ml solution</i>	TIER 4	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	TIER 3	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 0.4 mg/ml solution)</i>	TIER 2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap)</i>	TIER 3	
<i>amantadine hcl 100 mg tab</i>	TIER 4	
<i>entacapone 200 mg tab</i>	TIER 4	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	TIER 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	TIER 2	
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 3	
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, 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 4	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	TIER 4	
<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 4	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 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>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 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 TITRATION 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
FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB	TIER 4	QL (8 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
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
<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

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 6 mg tab 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	TIER 2	
REXULTI (0.25 MG TAB, 1 MG TAB)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REXULTI (0.5 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	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 1 mg/ml solution, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	TIER 4	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 4	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

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, 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		
<i>clozapine (25 mg tab, 50 mg tab)</i>	TIER 3	
<i>clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	TIER 4	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTISPASTICITY AGENTS		
<i>baclofen (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>baclofen 5 mg tab</i>	TIER 2	QL (16 PER 1 DAYS)
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (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)
<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)
BARACLUD 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)

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
EPIVIR HBV 5 MG/ML SOLUTION	TIER 4	
<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)
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)

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
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)
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)

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
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 4	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 4	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)
<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)

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
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)
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)

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
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	
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)

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
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 3	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 3	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 4	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 4	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 4	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 tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	TIER 4	QL (60 PER 1 DAYS)
<i>diazepam 5 mg/ml conc</i>	TIER 3	QL (12 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 3	QL (12 PER 1 DAYS)
<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 2 mg tab</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
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 3	
<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 2	
<i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</i>	TIER 2	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 2	
<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	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	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
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	
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	
OZEMPIK (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIK (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIK (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>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)

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
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	
<i>glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln)</i>	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)

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

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
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
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

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 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

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)

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>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 3	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>rivaroxaban 1 mg/ml recon susp</i>	TIER 3	QL (20 ML PER 1 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>XARELTO 1 MG/ML RECON SUSP</i>	TIER 3	QL (20 PER 1 DAYS)
<i>XARELTO 2.5 MG TAB</i>	TIER 3	QL (2 PER 1 DAYS)
<i>XARELTO STARTER PACK 15 & 20 MG TAB THPK</i>	TIER 3	QL (51 PER 180 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
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 3	
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>eltrombopag olamine 12.5 mg packet</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>eltrombopag olamine 12.5 mg tab</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	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
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 2	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	TIER 3	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
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>		
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 4	
<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 4	
<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	
<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 2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 4	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 2	
<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 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>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 2	
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 3	
<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 2	
<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 3	
<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 2	
<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 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	

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
pacerone 200 mg tab	TIER 2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	TIER 2	
quinidine sulfate (quinidine sulfate 300 mg tab, quinidine sulfate 300 mg tab, quinidine sulfate 200 mg tab, quinidine sulfate 200 mg tab)	TIER 2	
sorine (80 mg tab, 120 mg tab, 160 mg tab)	TIER 2	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	TIER 2	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	TIER 2	

BETA-ADRENERGIC BLOCKING AGENTS

acebutolol hcl (200 mg cap, 400 mg cap)	TIER 3	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
betaxolol hcl (10 mg tab, 20 mg tab)	TIER 4	
bisoprolol fumarate (5 mg tab, 10 mg tab)	TIER 2	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	TIER 1	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	TIER 3	
metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)	TIER 2	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 3	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	TIER 2	
propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)	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>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 3	
<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 3	
<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 3	
<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 3	
<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 3	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 3	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 3	
<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 3	
<i>diltiazem hcl er (er 60 mg cap er, er 90 mg cap er, er 120 mg cap er)</i>	TIER 4	
<i>diltiazem hcl er beads 420 mg cap 24h</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>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 3	
<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 3	
<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 2	
<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	
VERAPAMIL HCL ER (ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	

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 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>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 2	
<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	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 2	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 3	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 2	
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	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 2	
<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 2	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 3	
<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>pentoxifylline er 400 mg tab</i>	TIER 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 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>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>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 3
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1
<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>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
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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>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 2	
<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)</i>	TIER 2	
<i>fenofibrate 200 mg cap</i>	TIER 3	
<i>fenofibrate micronized (43 mg cap, 130 mg cap, 200 mg cap)</i>	TIER 3	
<i>fenofibrate micronized (67 mg cap, 134 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 2	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 2	
<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 (1 gm tab, 5 gm granules, 5 gm packet)</i>	TIER 4	
<i>ezetimibe 10 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>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 4	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	TIER 4	QL (4 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 4	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)

DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2
<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 3
<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

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
NITRO-BID 2 % OINTMENT	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)</i>	TIER 3	
<i>nitroglycerin (0.3 mg tab, 0.4 mg tab, 0.6 mg tab)</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 (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	TIER 3	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	TIER 3	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	TIER 3	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	TIER 4	QL (6 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	TIER 4	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	TIER 4	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	TIER 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 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>methylphenidate hcl 5 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	TIER 3	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)
FIBROMYALGIA AGENTS		
<i>DRIZALMA SPRINKLE 20 MG CAP</i>	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>DRIZALMA SPRINKLE 30 MG CAP</i>	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>DRIZALMA SPRINKLE 40 MG CAP</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>DRIZALMA SPRINKLE 60 MG CAP</i>	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 4	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 4	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 4	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
<i>BETASERON 0.3 MG KIT</i>	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)

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>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)
<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)

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>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4
<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
<i>sulfacetamide sodium (acne) 10 % lotion</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>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 3	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	TIER 3	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i>	TIER 3	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % solution)</i>	TIER 4	
<i>clobetasol propionate 0.05 % liquid</i>	TIER 4	QL (250 PER 30 DAYS)
<i>clobetasol propionate e clobtasol propionat 0.05 % cream</i>	TIER 4	
<i>desoximetasone 0.25 % cream</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
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>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</i>	TIER 3	
<i>fluticasone propionate 0.05 % cream</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 4	QL (200 PER 28 DAYS)
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	TIER 2	
<i>hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)</i>	TIER 2	
<i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % ointment)</i>	TIER 4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 2	
<i>procto-med hc 2.5 % cream</i>	TIER 2	
<i>procto-pak 1 % cream</i>	TIER 2	
<i>proctosol hc 2.5 % cream</i>	TIER 2	
<i>proctozone-hc 2.5 % cream</i>	TIER 2	
<i>selenium sulfide 2.5 % lotion</i>	TIER 2	
<i>tacrolimus (0.03 %, 0.1 %)</i>	TIER 4	QL (100 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	TIER 2	
<i>triamcinolone acetonide (0.025 %, 0.1 %)</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 (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % solution)</i>	TIER 4	
<i>calcipotriene 0.005 % cream</i>	TIER 3	
<i>calcitrene 0.005 % ointment</i>	TIER 4	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 4	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	TIER 3	
<i>fluorouracil 5 % cream</i>	TIER 4	
<i>imiquimod 5 % cream</i>	TIER 4	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	
<i>OTEZLA (20 MG TAB, 30 MG TAB)</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	TIER 3	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>SANTYL 250 UNIT/GM OINTMENT</i>	TIER 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
<i>ssd 1 % cream</i>	TIER 2	
<i>TOLAK 4 % CREAM</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
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 3	
TOPICAL ANTI-INFECTIVES		
<i>cyclodan 8 % solution</i>	TIER 2	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 3	
<i>clindamycin phos (once-daily) 1 % gel</i>	TIER 4	
<i>clindamycin phos (twice-daily) 1 % gel</i>	TIER 4	
<i>clindamycin phosphate (1 % solution, 1 % swab)</i>	TIER 2	
<i>clindamycin phosphate 1 % lotion</i>	TIER 4	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % gel)</i>	TIER 4	
<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	
<i>DEXTROSE-NACL 5-0.9 % 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
<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	
<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	

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>nafrinse 2.2 (1f) mg chew tab</i>	TIER 2	
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 3	
<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 4	
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	

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

ELECTROLYTE/MINERAL/METAL MODIFIERS

<i>deferasirox (250 mg tab, 500 mg tab)</i>	TIER 5	
<i>deferasirox 125 mg tab sol</i>	TIER 3	
<i>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)</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>JYNARQUE 15 MG TAB</i>	TIER 5	PA, LA, QL (8 PER 1 DAYS)
<i>JYNARQUE 30 MG TAB</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>trientine hcl 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
<i>TRIENTINE HCL 500 MG CAP</i>	TIER 5	PA, QL (4 PER 1 DAYS)

POTASSIUM BINDERS

<i>kionex 15 gm/60ml suspension</i>	TIER 4	
<i>LOKELMA (5 GM PACKET, 10 GM PACKET)</i>	TIER 3	
<i>sodium polystyrene sulfonate powder</i>	TIER 3	
<i>SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)</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
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	
<i>LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>MOVANTIK (12.5 MG TAB, 25 MG TAB)</i>	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 3	
<i>loperamide hcl 2 mg cap</i>	TIER 2	
<i>XERMELO 250 MG TAB</i>	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>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 3	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 4	
<i>GAVILYTE-C 240 GM RECON SOLN</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>gavilyte-g 236 gm recon soln</i>	TIER 2	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	TIER 3	
<i>ursodiol 300 mg cap</i>	TIER 4	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 4	
<i>famotidine (20 mg tab, 40 mg tab)</i>	TIER 2	

PROTECTANTS

<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>sucralfate 1 gm tab</i>	TIER 2	

PROTON PUMP INHIBITORS

<i>lansoprazole 15 mg cap dr</i>	TIER 3	
<i>lansoprazole 30 mg cap dr</i>	TIER 3	QL (2 PER 1 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr)</i>	TIER 2	
<i>omeprazole 40 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 2	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 4	

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

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
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	
<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	

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 3	
<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

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>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 3	
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>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
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, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
<i>dexamethasone 0.5 mg/5ml elixir</i>	TIER 3	
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	

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>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 3	
<i>methylprednisolone 4 mg tab thpk</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	
<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 4	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	TIER 2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	TIER 2	
PREDNISONE 5 MG/5ML SOLUTION	TIER 3	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 4	

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

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>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

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 (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	TIER 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 4	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 4	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 4	
<i>apri 0.15-30 mg-mcg tab</i>	TIER 4	
<i>aranelle 0.5/1/0.5-35 mg-mcg 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
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 4	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 4	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 4	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 4	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 4	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 4	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 4	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	TIER 4	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 4	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 4	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 4	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 4	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 4	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 4	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 4	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 4	
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 4	
<i>desogestrel-ethynodiol dihydrogen phosphate (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 4	
<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)

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>drospirenone-ethynodiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 4	
<i>elinest 0.3-30 mg-mcg tab</i>	TIER 4	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 4	
<i>enilloring 0.12-0.015 mg/24hr</i>	TIER 3	
<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	TIER 4	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 4	
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 4	
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	TIER 4	
<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 4	QL (8 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>ESTRING (2 MG RING, 7.5 MCG/24HR RING)</i>	TIER 4	QL (1 PER 84 OVER TIME)
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	TIER 4	
<i>etonogestrel-ethynodiol (0.12-0.015 mg/24hr ring)</i>	TIER 3	
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 4	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>feirza 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>femynor 0.25-35 mg-mcg tab</i>	TIER 4	
<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 4	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>hailey fe 1/20 1-20 mg-mcg 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
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>iclevia 0.15-0.03 mg tab</i>	TIER 4	
<i>introvale 0.15-0.03 mg tab</i>	TIER 4	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 4	
<i>jasmiel 3-0.02 mg tab</i>	TIER 4	
<i>jintel i 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 4	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 4	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 4	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 4	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 4	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 4	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 4	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>larissa 0.1-20 mg-mcg tab</i>	TIER 4	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 4	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 4	
<i>levonest 50-30/75-40/125-30 mcg tab</i>	TIER 4	
<i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i>	TIER 4	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	TIER 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) 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
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 4	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 4	
<i>lillow 0.15-30 mg-mcg tab</i>	TIER 4	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 4	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 4	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 4	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>loryna 3-0.02 mg tab</i>	TIER 4	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 4	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>luizza 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>lutera 0.1-20 mg-mcg tab</i>	TIER 4	
<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 4	
<i>MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)</i>	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 4	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>mihi 0.25-35 mg-mcg tab</i>	TIER 4	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	TIER 4	
<i>mono-linyah 0.25-35 mg-mcg tab</i>	TIER 4	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 4	
<i>nikki 3-0.02 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
<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 4	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 4	
<i>norethindrone acet-ethynodiol est (1-20 tab, 1.5-30 tab)</i>	TIER 4	
<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 4	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 4	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 4	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 4	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 4	
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 4	
<i>nymyo 0.25-35 mg-mcg tab</i>	TIER 4	
<i>ocella 3-0.03 mg tab</i>	TIER 4	
<i>orsythia 0.1-20 mg-mcg tab</i>	TIER 4	
<i>philith 0.4-35 mg-mcg tab</i>	TIER 4	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 4	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 4	
<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 4	
<i>PREMARIN 0.625 MG/GM CREAM</i>	TIER 3	
<i>previfem 0.25-35 mg-mcg tab</i>	TIER 4	
<i>reclipsen 0.15-30 mg-mcg 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
<i>setlakin 0.15-0.03 mg tab</i>	TIER 4	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 4	
<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 4	
<i>syeda 3-0.03 mg tab</i>	TIER 4	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 4	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 4	
<i>tri-femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-estarrylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>trivora (28) 50-30/75-40/125-30 mcg tab</i>	TIER 4	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 4	
<i>valtya 1/35 1-35 mg-mcg tab</i>	TIER 4	
<i>valtya 1/50 1-50 mg-mcg tab</i>	TIER 4	
<i>VELIVET 0.1/0.125/0.15 -0.025 MG TAB</i>	TIER 4	
<i>vestura 3-0.02 mg tab</i>	TIER 4	
<i>vienna 0.1-20 mg-mcg tab</i>	TIER 4	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 4	
<i>volnea 0.15-0.02/0.01 mg (21/5) 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
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 4	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 4	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 4	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 4	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	TIER 4	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>yuvafem 10 mcg tab</i>	TIER 4	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 4	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	TIER 4	
<i>zumandimine 3-0.03 mg tab</i>	TIER 4	

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	
<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	
<i>LILETTA (52 MG) 20.1 MCG/DAY IUD</i>	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

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>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	

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

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>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 3	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 4	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	TIER 3	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	TIER 5	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	TIER 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 5	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (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

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
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	
<i>propylthiouracil 50 mg tab</i>	TIER 3	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 5	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</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
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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
AURANOFIN 3 MG CAP	TIER 3	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 /ML SOLN PRSYR	TIER 5	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	TIER 5	PA, LA
DUPIXENT (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)

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
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)
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 (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 4	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 ML PER 365 OVER TIME)
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

azathioprine 50 mg tab	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	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
cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)	TIER 4	PA - PART B VS D DETERMINATION
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	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)
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
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	TIER 5	PA - PART B VS D DETERMINATION
everolimus 0.25 mg tab	TIER 4	PA - PART B VS D DETERMINATION
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	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)
leflunomide (10 mg tab, 20 mg tab)	TIER 4	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	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>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	TIER 4	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 3	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
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

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
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 4	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
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 4	VAC
INFANRIX 25-58-10SUSPENSION	TIER 3	
IPOL SUSPENSION	TIER 3	VAC
IXIARO SUSPENSION	TIER 4	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
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	
PENTACEL RECONSUSP	TIER 3	
PRIORIX RECONSUSP	TIER 3	VAC
PROQUAD RECONSUSP	TIER 4	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECONSUSP	TIER 4	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	
ROTAQE 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

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
TRUMENBA SUSPPRSYR	TIER 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 4	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	
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)
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 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	
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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
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 3	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	TIER 2	
<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

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
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	
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 34GX3.5MMMMC	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 30GX5MMMMC	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	

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 3	
<i>neo-polycin hc 1 % ointment</i>	TIER 3	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000, 5-400-10000)</i>	TIER 3	
<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 3	
<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 4	
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 3	
<i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>	TIER 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
<i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>	TIER 2	

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
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 4	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 4	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 4	
NATACYN 5 % SUSPENSION	TIER 4	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulacetamide sodium (sulacetamide sodium 10 % ointment, sulacetamide sodium 10 % solution, sulacetamide 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>fluorometholone 0.1 % suspension</i>	TIER 3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine 0.4 % solution</i>	TIER 3	
<i>ketorolac tromethamine 0.5 % solution</i>	TIER 2	
<i>prednisolone acetate 1 % suspension</i>	TIER 3	
PREDNISOLONE SODIUM PHOSPHATE 1% SOLUTION	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
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i>	TIER 3	
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 4	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<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 3	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i>	TIER 1	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 PER 30 DAYS)
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	TIER 2	
<i>ciprofloxacin hcl 0.2 % solution</i>	TIER 4	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</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
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 4	
<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 3	

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)
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)
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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>cyproheptadine hcl 4 mg tab</i>	TIER 4	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 3	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	
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)
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)

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>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 ADRENACLICK)	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
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

CYSTIC FIBROSIS AGENTS

KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	TIER 5	PA, LA, QL (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
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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
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>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)
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)
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)

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
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)
<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 4	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)
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>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 4	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 4	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
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 4	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>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)
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.

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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។
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បុគ្គិយាយនៅការអ្នកម្នល់សេវាបាល់អ្នក។

فارسی

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به طور رایگان موجود می‌باشند. با شماره 1-800-776-4466 (تلہ تاپ: 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