



**Medicare Blue Choice® Access (PPO)**  
**Medicare Blue Choice® Advanced (HMO-POS)**  
**Medicare Blue Choice® Extra (HMO)**  
**Medicare Blue Choice® Optimum (HMO-POS)**  
**Medicare Blue Choice® Select (HMO)**  
**Medicare Blue Choice® Value Plus (HMO-POS)**

**2024 Formulary  
(List of Covered Drugs)**

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

This formulary was updated on . For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 (TTY users should call 711), Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit [ExcellusMedicare.com/Formulary](https://ExcellusMedicare.com/Formulary).

**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.

Excellus BlueCross BlueShield is an HMO and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.





When this drug list (formulary) refers to “we,” “us,” or “our,” it means Excellus BlueCross BlueShield. When it refers to “plan” or “our plan,” it means Excellus BlueCross BlueShield.

This document includes a list of the drugs (formulary) for our plan which is current as of . For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2024, and from time to time during the year.

## **What is the Medicare Blue Choice<sup>®</sup> Access (PPO), Medicare Blue Choice<sup>®</sup> Advanced (HMO-POS), Medicare Blue Choice<sup>®</sup> Extra (HMO), Medicare Blue Choice<sup>®</sup> Optimum (HMO-POS), Medicare Blue Choice<sup>®</sup> Select (HMO), and Medicare Blue Choice<sup>®</sup> Value Plus (HMO-POS) Formulary?**

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.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Medicare Blue Choice<sup>®</sup> Access (PPO), Medicare Blue Choice<sup>®</sup> Advanced (HMO-POS), Medicare Blue Choice<sup>®</sup> Extra (HMO), Medicare Blue Choice<sup>®</sup> Optimum (HMO-POS), Medicare Blue Choice<sup>®</sup> Select (HMO), and Medicare Blue Choice<sup>®</sup> Value Plus (HMO-POS) Formulary?”.
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a new generic drug to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 Medicare Blue Choice® Access (PPO), Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Extra (HMO), Medicare Blue Choice® Optimum (HMO-POS), Medicare Blue Choice® Select (HMO), and Medicare Blue Choice® Value Plus (HMO-POS) Formulary?”.

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of . 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. An updated copy of the formulary book will be on our website and a printed copy can be requested on our website or by calling us at the telephone numbers found on the front and back covers of this book.

## 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 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 . 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 cost less than brand-name drugs.

## 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 physician 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 60 tablets per prescription for ENTRESTO. 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 Web site. 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 Medicare Blue Choice<sup>®</sup> Access (PPO), Medicare Blue Choice<sup>®</sup> Advanced (HMO-POS), Medicare Blue Choice<sup>®</sup> Extra (HMO), Medicare Blue Choice<sup>®</sup> Optimum (HMO-POS), Medicare Blue Choice<sup>®</sup> Select (HMO), and Medicare Blue Choice<sup>®</sup> Value Plus (HMO-POS) Formulary?" on page IV for more 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 Care 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 Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her 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 Medicare Blue Choice® Access (PPO), Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Extra (HMO), Medicare Blue Choice® Optimum (HMO-POS), Medicare Blue Choice® Select (HMO), and Medicare Blue Choice® Value Plus (HMO-POS) 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 cover a formulary drug at a 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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.

Any member experiencing a level of care change, such as a change in their treatment setting, will be provided a one time, up to 31-day supply of medication. This includes emergency supplies of non-formulary drugs and most Part D drugs which require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose.

## For more information

For more detailed information about your Excellus BlueCross BlueShield 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>.

## Excellus BlueCross BlueShield Formulary

The formulary that begins on the next page 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 .

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

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

<b>EXPLANATION OF REQUIREMENTS/LIMITS</b>	
<b>QUANTITY LIMITS (QL)</b>	For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for ENTRESTO.
<b>PRIOR AUTHORIZATION (PA)</b>	Certain medications require prior authorization. This means that you need approval before you fill your prescription. If you don't get approval, the drug may not be covered.
<b>STEP THERAPY (ST)</b>	In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
<b>VERIFICATION FOR PART B OR PART D (B/D PA)</b>	These medications require prior authorization only to determine whether they qualify for payment under Part B or Part D.
<b>RECOMMENDED VACCINE (RV)</b>	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.
<b>INSULIN (I)</b>	Member cost is no more than \$35 for a 30-day supply of each insulin product covered by our plan, regardless of tier.

## PREFERRED PHARMACY EXPLANATION OF TIERS: 30-DAY SUPPLY

In our network. You will pay a lower price on Tier 1 through Tier 4 prescriptions when you fill them at Preferred pharmacies.

	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
<b>Medicare Blue Choice® Access (PPO)</b>	\$0	\$12	\$42 <sup>+</sup>	\$95 <sup>+</sup>	27% <sup>+</sup>
<b>Medicare Blue Choice® Advanced (HMO-POS)</b>	\$0	\$15	\$42 <sup>◇</sup>	\$95 <sup>◇</sup>	28% <sup>◇</sup>
<b>Medicare Blue Choice® Extra (HMO)</b>	\$0	\$15	\$42 <sup>°</sup>	21% <sup>°</sup>	27% <sup>°</sup>
<b>Medicare Blue Choice® Optimum (HMO-POS)</b>	\$0	\$12	\$42	\$95	33%
<b>Medicare Blue Choice® Select (HMO)</b>	\$0	\$15	\$42 <sup>*</sup>	\$95 <sup>*</sup>	27% <sup>*</sup>
<b>Medicare Blue Choice® Value Plus (HMO-POS)</b>	\$0	\$15	\$42	\$95	33%
<p>◇ \$300 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      + \$350 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5                      * \$380 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      ° \$400 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5</p>					
<b>Recommended Vaccines (RV)</b>	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.				
<b>Insulin (I)</b>	Member cost for a 30-day supply of each formulary insulin product covered by our plan at <b>preferred</b> pharmacies, regardless of tier, is no more than: - <b>\$25</b> for Medicare Blue Choice® Access (PPO), Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Optimum (HMO-POS) and Medicare Blue Choice® Value Plus (HMO-POS) - <b>\$30</b> for Medicare Blue Choice® Extra (HMO) and Medicare Blue Choice® Select (HMO)				



## STANDARD PHARMACY EXPLANATION OF TIERS: 30-DAY SUPPLY

In our network. You will pay more to fill your Tier 1 through Tier 4 prescriptions when you use Standard pharmacies.

	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
<b>Medicare Blue Choice® Access (PPO)</b>	\$5	\$17	\$47 <sup>+</sup>	\$100 <sup>+</sup>	27% <sup>+</sup>
<b>Medicare Blue Choice® Advanced (HMO-POS)</b>	\$5	\$20	\$47 <sup>◇</sup>	\$100 <sup>◇</sup>	28% <sup>◇</sup>
<b>Medicare Blue Choice® Extra (HMO)</b>	\$5	\$20	\$47 <sup>°</sup>	21% <sup>°</sup>	27% <sup>°</sup>
<b>Medicare Blue Choice® Optimum (HMO-POS)</b>	\$5	\$17	\$47	\$100	33%
<b>Medicare Blue Choice® Select (HMO)</b>	\$5	\$20	\$47 <sup>*</sup>	\$100 <sup>*</sup>	27% <sup>*</sup>
<b>Medicare Blue Choice® Value Plus (HMO-POS)</b>	\$5	\$20	\$47	\$100	33%
<p>◇ \$300 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      + \$350 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5                      * \$380 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      ° \$400 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5</p>					
<b>Recommended Vaccines (RV)</b>	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.				
<b>Insulin (I)</b>	Member cost for a 30-day supply of each formulary insulin product covered by our plan at <b>standard</b> pharmacies, regardless of tier, is no more than: <ul style="list-style-type: none"> <li>- <b>\$30</b> for Medicare Blue Choice® Access (PPO), Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Optimum (HMO-POS) and Medicare Blue Choice® Value Plus (HMO-POS)</li> <li>- <b>\$35</b> for Medicare Blue Choice® Extra (HMO) and Medicare Blue Choice® Select (HMO)</li> </ul>				

## PREFERRED PHARMACY EXPLANATION OF TIERS: 90-DAY SUPPLY

In our network. You will pay a lower price on Tier 1 through Tier 4 prescriptions when you fill them at Preferred pharmacies.

Available through Mail Order and many Retail Pharmacies	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
<b>Medicare Blue Choice® Access (PPO)</b>	\$0	\$24	\$84 <sup>+</sup>	\$190 <sup>+</sup>	\$27% <sup>+</sup>
<b>Medicare Blue Choice® Advanced (HMO-POS)</b>	\$0	\$30	\$84 <sup>◇</sup>	\$190 <sup>◇</sup>	28% <sup>◇</sup>
<b>Medicare Blue Choice® Extra (HMO)</b>	\$0	\$30	\$84 <sup>°</sup>	21% <sup>°</sup>	27% <sup>°</sup>
<b>Medicare Blue Choice® Optimum (HMO-POS)</b>	\$0	\$24	\$84	\$190	33%
<b>Medicare Blue Choice® Select (HMO)</b>	\$0	\$30	\$84 <sup>*</sup>	\$190 <sup>*</sup>	27% <sup>*</sup>
<b>Medicare Blue Choice® Value Plus (HMO-POS)</b>	\$0	\$30	\$84	\$190	33%
<p>◇ \$300 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      + \$350 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5                      * \$380 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      ° \$400 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5</p>					
<b>Recommended Vaccines (RV)</b>	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.				
<b>Insulin (I)</b>	Member cost for a 90-day supply of each formulary insulin product covered by our plan at <b>preferred</b> pharmacies, regardless of tier, is no more than: <ul style="list-style-type: none"> <li>- <b>\$50</b> for Medicare Blue Choice® Access (PPO), Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Optimum (HMO-POS) and Medicare Blue Choice® Value Plus (HMO-POS)</li> <li>- <b>\$60</b> for Medicare Blue Choice® Extra (HMO) and Medicare Blue Choice® Select (HMO)</li> </ul>				

## STANDARD PHARMACY EXPLANATION OF TIERS: 90-DAY SUPPLY

In our network. You will pay more to fill your Tier 1 through Tier 4 prescriptions when you use Standard pharmacies.

Available through Mail Order and many Retail Pharmacies	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
<b>Medicare Blue Choice® Access (PPO)</b>	\$10	\$34	\$94 <sup>+</sup>	\$200 <sup>+</sup>	27% <sup>+</sup>
<b>Medicare Blue Choice® Advanced (HMO-POS)</b>	\$10	\$40	\$94 <sup>◇</sup>	\$200 <sup>◇</sup>	28% <sup>◇</sup>
<b>Medicare Blue Choice® Extra (HMO)</b>	\$10	\$40	\$94 <sup>°</sup>	21% <sup>°</sup>	27% <sup>°</sup>
<b>Medicare Blue Choice® Optimum (HMO-POS)</b>	\$10	\$34	\$94	\$200	33%
<b>Medicare Blue Choice® Select (HMO)</b>	\$10	\$40	\$94 <sup>*</sup>	\$200 <sup>*</sup>	27% <sup>*</sup>
<b>Medicare Blue Choice® Value Plus (HMO-POS)</b>	\$10	\$40	\$94	\$200	33%
<p>◇ \$300 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      + \$350 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5                      * \$380 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5.                      ° \$400 Deductible per year for Part D prescription drugs in Tier 3, Tier 4 and Tier 5</p>					
<b>Recommended Vaccines (RV)</b>	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.				
<b>Insulin (I)</b>	Member cost for a 90-day supply of each formulary insulin product covered by our plan at <b>standard</b> pharmacies, regardless of tier, is no more than: - <b>\$60</b> for Medicare Blue Choice® Access (PPO), Medicare Blue Choice® Advanced (HMO-POS), Medicare Blue Choice® Optimum (HMO-POS) and Medicare Blue Choice® Value Plus (HMO-POS) - <b>\$70</b> for Medicare Blue Choice® Extra (HMO) and Medicare Blue Choice® Select (HMO)				

## DESCRIPTION OF TIERS

<b>TIER 1</b>	<b>Preferred Generic:</b> Select generic drugs that are used for maintenance of health for chronic conditions and offer clinical and cost savings advantages. Includes many of the preventive vaccines recommended for adult immunization.
<b>TIER 2</b>	<b>Generic:</b> Most other generic drugs on our formulary.
<b>TIER 3</b>	<b>Preferred Brand:</b> Preferred brand-name drugs that have unique significant clinical advantages and offer overall greater value over the other products in the same drug class. Certain generic drugs may appear in Tier 3 due to the high cost of the drug or the potential safety concerns for our Part D members.
<b>TIER 4</b>	<b>Non-Preferred Drug:</b> All other brand-name drugs on our formulary. Certain generic drugs may appear in Tier 4 due to the high cost of the drug or the potential safety concerns for our Part D members.
<b>TIER 5</b>	<b>Specialty:</b> High cost specialty generic and brand-name drugs that exceed \$950 per month. For drugs in Tier 5, you pay a percentage of the cost through coinsurance.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALGESICS (CONTINUED)</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib</i>	Tier 2	QL (60 per 30 days)
<i>diclofenac epolamine 1.3% patch</i>	Tier 4	PA, QL (60 per 30 days)
<i>diclofenac pot 50 mg tablet</i>	Tier 2	
<i>diclofenac sodium (1% gel, 1.5% topical soln, sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab)</i>	Tier 2	
<i>diclofenac sodium er</i>	Tier 2	
<i>diclofenac sodium-misoprostol</i>	Tier 3	
<i>diflunisal</i>	Tier 2	
<i>ec-naproxen</i>	Tier 4	
<i>etodolac</i>	Tier 2	
<i>etodolac er</i>	Tier 2	
<i>fenoprofen 600 mg tablet</i>	Tier 4	
<i>flurbiprofen</i>	Tier 2	
<b>IBU</b>	Tier 2	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Tier 2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	Tier 2	
<i>indomethacin er</i>	Tier 2	
<i>ketoprofen 50 mg capsule</i>	Tier 4	
<i>ketoprofen 75 mg capsule</i>	Tier 3	
<i>ketoprofen er 200 mg capsule</i>	Tier 4	QL (30 per 30 days)
<i>ketorolac 10 mg tablet</i>	Tier 2	QL (20 per 30 days)
<i>meclofenamate sodium</i>	Tier 2	
<i>meloxicam 15 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>nabumetone</i>	Tier 2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	Tier 2	
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	Tier 4	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	Tier 2	
<i>naproxen sodium ds</i>	Tier 2	
<i>naproxen-esomeprazole mag</i>	Tier 5	PA, QL (60 per 30 days)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	Tier 2	
<i>piroxicam</i>	Tier 2	
<i>sulindac</i>	Tier 2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<b>BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM)</b>	Tier 4	QL (60 per 30 days)

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

LAST UPDATED: 06/20/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALGESICS (CONTINUED)</b>		
BELBUCA (750 MCG FILM, 900 MCG FILM)	Tier 5	
BELBUCA 600 MCG FILM	Tier 4	
<i>buprenorphine patch</i>	Tier 3	
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	Tier 2	
<i>fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch)</i>	Tier 4	
<i>fentanyl 87.5 mcg/hr patch</i>	Tier 5	
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	Tier 4	
<i>hydromorphone er</i>	Tier 4	
<i>levorphanol tartrate</i>	Tier 5	
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)</i>	Tier 2	
METHADONE INTENSOL	Tier 2	
METHADOSE (10 MG/ML ORAL CONC, 40 MG TABLET DISPR)	Tier 2	
<i>morphine sulfate er (10 mg cap, 20 mg cap, 30 mg cap, 50 mg cap, 60 mg cap, 75 mg cap, 80 mg cap, 90 mg cap, 100 mg cap, sulf er 100 mg tablet, sulf er 200 mg tablet)</i>	Tier 4	
<i>morphine sulfate er (40 mg cap, 45 mg cap, 120 mg cap)</i>	Tier 3	
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)</i>	Tier 2	
<i>oxycodone hcl er</i>	Tier 4	
<i>oxymorphone hcl er</i>	Tier 4	
<i>tramadol hcl er (100 mg capsule, 100 mg tablet, er 100 mg tablet, 200 mg capsule, 200 mg tablet, er 200 mg tablet, 300 mg capsule, 300 mg tablet, er 300 mg tablet)</i>	Tier 3	
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)</i>	Tier 2	
<i>asa-butalb-caffeine-codeine</i>	Tier 4	
ASCOMP WITH CODEINE	Tier 4	
<i>butalb-acetamin-caff 50-325-40 tab</i>	Tier 4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALGESICS (CONTINUED)</b>		
<i>butalb-apap-caf-cod 50-325-40-30 cap</i>	Tier 4	
<i>butalbital compound-codeine</i>	Tier 4	
<i>butalbital-acetaminophen 50-325 tab</i>	Tier 4	
<i>butalbital-aspirin-caffeine</i>	Tier 4	
<i>butorphanol 10 mg/ml spray</i>	Tier 4	
<i>codeine sulfate (15 mg tablet, 30 mg tablet)</i>	Tier 2	
<i>codeine sulfate 60 mg tablet</i>	Tier 3	
<b>ENDOCET</b>	Tier 2	
<i>fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit ofc 1,200 mcg, cit ofc 1,600 mcg, ofc 400 mcg, ofc 600 mcg, ofc 800 mcg)</i>	Tier 5	PA
<i>fentanyl citrate ofc 200 mcg</i>	Tier 4	PA
<i>hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)</i>	Tier 3	
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 10-325/15, hydrocodone-acetamin 7.5-325/15)</i>	Tier 2	
<i>hydrocodone-ibuprofen (5-200 mg, 7.5-200)</i>	Tier 3	
<i>hydrocodone-ibuprofen 10-200</i>	Tier 4	
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpject, 1 mg/ml solution, 1 mg/ml syringe, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpject, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpject, 5 mg/5 ml soln, 8 mg tablet)</i>	Tier 2	
<b>LAZANDA (100 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)</b>	Tier 5	PA
<i>morphine sulfate (2 mg/ml carpject, 2 mg/ml syringe, 4 mg/ml carpject, 4 mg/ml syringe, 4 mg/ml vial, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml vial, 10 mg/10 ml vial, 10 mg/ml carpject, 10 mg/ml syringe, 10 mg/ml vial)</i>	Tier 3	
<i>morphine sulfate (ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)</i>	Tier 2	
<i>nalbuphine hcl</i>	Tier 2	
<i>oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, 15 mg tablet, (ir) 20 mg tab, 20 mg tablet, (ir) 30 mg tab, 30 mg tablet)</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALGESICS (CONTINUED)</b>		
<i>oxycodone hcl 100 mg/5 ml conc</i>	Tier 4	
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)</i>	Tier 2	
<i>oxymorphone hcl</i>	Tier 3	
<i>pentazocine-naloxone hcl</i>	Tier 3	
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Tier 5	PA
<i>tramadol hcl 100 mg tablet</i>	Tier 3	
<i>tramadol hcl 50 mg tablet</i>	Tier 2	
<i>tramadol hcl-acetaminophen</i>	Tier 2	
<b>ANESTHETICS (CONTINUED)</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine 5% ointment</i>	Tier 3	
<i>lidocaine 5% patch</i>	Tier 3	PA, QL (90 per 30 days)
<i>lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% abboject, 1% ampul, 1% syringe, 1% vial, 1.5% ampul, 2% 100 mg/5 ml, 2% 1000 mg/50 ml, 2% 200 mg/10 ml, 2% 40 mg/2 ml, 2% 40 mg/2 ml vl, 2% abboject, 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 2% luer-jet, 2% syringe, 2% vial, 4% ampul, 4% solution, 100 mg/5 ml (2%) syr)</i>	Tier 2	
<i>lidocaine hcl viscous</i>	Tier 2	
<i>lidocaine-prilocaine</i>	Tier 2	
PLIAGLIS	Tier 4	
SYNERA	Tier 4	
ZTLIDO	Tier 4	PA, QL (90per 30 days)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)</b>		
<b>ALCOHOL DETERRENENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium</i>	Tier 3	
<i>disulfiram</i>	Tier 3	
<i>naltrexone hcl</i>	Tier 2	
<b>OPIOID DEPENDENCE</b>		
<i>buprenorphine hcl (2 mg tablet sl, 8 mg tablet sl)</i>	Tier 2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)</b>		
<i>buprenorphine-naloxone</i>	Tier 2	
LUCEMYRA	Tier 5	
VIVITROL	Tier 5	
<b>OPIOID REVERSAL AGENTS</b>		
KLOXXADO	Tier 3	QL (2 per 30 days)
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	Tier 2	
NARCAN	Tier 3	
OPVEE	Tier 3	
ZIMHI	Tier 3	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl sr 150 mg tablet</i>	Tier 2	
NICOTROL	Tier 4	
NICOTROL NS	Tier 4	
<i>varenicline starting month box</i>	Tier 4	QL (336 per 365 days)
<i>varenicline starting month box</i>	Tier 4	QL (336 per 365 days)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i>	Tier 3	QL (336 per 365 days)
<b>ANTIBACTERIALS (CONTINUED)</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	Tier 2	
ARIKAYCE	Tier 5	PA, QL (236 per 28 days)
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	Tier 2	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml, isoton 100 mg/50 ml)</i>	Tier 2	
<i>neomycin sulfate</i>	Tier 2	
<i>paromomycin sulfate</i>	Tier 2	
<i>streptomycin sulfate</i>	Tier 4	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	Tier 3	
<b>ANTIBACTERIALS, OTHER</b>		
<i>acetic acid 0.25% irrig soln</i>	Tier 4	
<i>acetic acid 2% ear solution</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIBACTERIALS (CONTINUED)</b>		
<i>aztreonam</i>	Tier 2	
CLEOCIN 100 MG VAGINAL OVULE	Tier 4	
CLINDACIN ETZ 1% PLEDGET	Tier 4	
CLINDACIN P	Tier 4	
<i>clindamycin (pediatric)</i>	Tier 2	
<i>clindamycin hcl</i>	Tier 2	
<i>clindamycin pediatric</i>	Tier 2	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget)</i>	Tier 2	
<i>clindamycin phosphate-d5w</i>	Tier 2	
<i>colistimethate</i>	Tier 4	
DALVANCE	Tier 5	
<i>daptomycin</i>	Tier 5	
<i>daptomycin-0.9% nacl</i>	Tier 5	
FIRVANQ (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	Tier 3	
<i>fosfomycin tromethamine</i>	Tier 3	
<i>linezolid 100 mg/5 ml susp</i>	Tier 5	
<i>linezolid 600 mg tablet</i>	Tier 4	QL (60 per 30 days)
<i>linezolid-0.9% nacl</i>	Tier 4	
<i>linezolid-d5w</i>	Tier 4	
<i>methenamine hippurate</i>	Tier 2	
METRO IV	Tier 2	
<i>metronidazole (0.75% cream, topical 0.75% gl, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	Tier 2	
<i>metronidazole (0.75% lotion, top 1% gel pump, topical 1% gel)</i>	Tier 3	
<i>metronidazole 375 mg capsule</i>	Tier 4	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	Tier 2	
<i>nitrofurantoin mcr 25 mg cap</i>	Tier 3	
<i>nitrofurantoin mono-macro</i>	Tier 2	
NUVESSA	Tier 4	
PRIMSOL	Tier 4	
ROSADAN (CREAM, GEL)	Tier 2	
SIVEXTRO	Tier 5	PA, QL (6 per 6 days)
SOLOSEC	Tier 4	
<i>tigecycline</i>	Tier 5	
<i>tinidazole</i>	Tier 2	
<i>trimethoprim</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIBACTERIALS (CONTINUED)</b>		
<i>vancomycin 750 mg/150 ml bag</i>	Tier 2	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gm/250 ml bag, 1.75 gm/350 ml bag, 5 gm vial, 10 gm vial, 25 mg/ml oral soln, 100 gm smartpak)</i>	Tier 3	
<i>vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gram vial, 1.5 gram vial, 250 mg vial, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	Tier 2	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	Tier 4	
<i>vancomycin in 0.9 % sodium chloride</i>	Tier 2	
<i>vancomycin-d5w 500 mg/100 ml</i>	Tier 2	
<b>XENLETA 600 MG TABLET</b>	Tier 5	PA, QL (14 per 7 days)
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	Tier 2	
<i>cefaclor er</i>	Tier 3	
<i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	Tier 2	
<i>cefadroxil 1 gm tablet</i>	Tier 3	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	Tier 2	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	Tier 2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	Tier 2	
<i>cefepime</i>	Tier 4	
<i>cefepime hcl</i>	Tier 4	
<i>cefepime-dextrose</i>	Tier 4	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	Tier 3	
<b>CEFOTAN 2 GM VIAL</b>	Tier 2	
<i>cefotaxime sodium</i>	Tier 2	
<i>cefotetan &amp; dextrose</i>	Tier 2	
<i>cefotetan 10 gm vial</i>	Tier 2	
<i>cefoxitin</i>	Tier 2	
<i>cefoxitin sodium</i>	Tier 2	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	Tier 2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIBACTERIALS (CONTINUED)</b>		
<i>cefepodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp)</i>	Tier 3	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	Tier 2	
<i>ceftazidime</i>	Tier 2	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	Tier 2	
<i>cefuroxime</i>	Tier 2	
<i>cefuroxime sodium</i>	Tier 2	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)</i>	Tier 2	
<i>cephalexin 750 mg capsule</i>	Tier 4	
<b>FETROJA</b>	Tier 5	
<b>TEFLARO</b>	Tier 5	
<b>ZERBAXA</b>	Tier 5	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	Tier 2	
<i>amoxicillin-clavulanate pot er</i>	Tier 3	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	Tier 3	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)</i>	Tier 2	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial)</i>	Tier 3	
<i>ampicillin sodium (2 gm add-vantage vl, 2 gm vial, 250 mg vial, 500 mg vial)</i>	Tier 2	
<i>ampicillin trihydrate</i>	Tier 2	
<i>ampicillin-sulbactam</i>	Tier 3	
<b>BICILLIN C-R</b>	Tier 4	
<b>BICILLIN L-A</b>	Tier 4	
<i>dicloxacillin sodium</i>	Tier 2	
<b>EXTENCILLINE</b>	Tier 4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIBACTERIALS (CONTINUED)</b>		
<i>nafcillin</i>	Tier 4	
<i>nafcillin sodium</i>	Tier 4	
<i>oxacillin</i>	Tier 4	
<i>oxacillin sodium</i>	Tier 4	
<i>pen g 1.2 million unit/2 ml</i>	Tier 4	
<i>penicillin g 600,000 unit/1 ml</i>	Tier 2	
<i>penicillin g sodium</i>	Tier 4	
<i>penicillin gk-iso-osm dextrose</i>	Tier 4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	Tier 2	
<b>PFIZERPEN</b>	Tier 4	
<i>piperacillin-tazobactam</i>	Tier 3	
<b>CARBAPENEMS</b>		
<i>ertapenem</i>	Tier 4	
<i>imipenem-cilastatin 500 mg vl</i>	Tier 4	
<i>meropenem iv 1 gm vial</i>	Tier 4	
<i>meropenem iv 500 mg vial</i>	Tier 3	
<i>meropenem-0.9% nacl 1 gram/50</i>	Tier 4	
<i>meropenem-0.9% nacl 500 mg/50</i>	Tier 3	
<b>RECARBRIO</b>	Tier 5	
<b>VABOMERE</b>	Tier 4	
<b>MACROLIDES</b>		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	Tier 2	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	Tier 4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	Tier 2	
<i>clarithromycin er</i>	Tier 3	
<b>DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)</b>	Tier 5	
<b>E.E.S. 400</b>	Tier 3	
<b>ERYTHROCIN STEARATE</b>	Tier 4	
<i>erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	Tier 3	
<i>erythromycin es 400 mg tab</i>	Tier 3	
<b>QUINOLONES</b>		
<b>BAXDELA</b>	Tier 5	QL (28 per 14 days)
<i>ciprofloxacin (250 mg/5 ml susp, 400 mg/40 ml vl)</i>	Tier 2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIBACTERIALS (CONTINUED)</b>		
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 2	
<i>ciprofloxacin hcl 100 mg tab</i>	Tier 4	
<i>ciprofloxacin-d5w</i>	Tier 2	
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)</i>	Tier 3	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	Tier 2	
<i>levofloxacin-d5w (250 mg/50, 500 mg/100)</i>	Tier 2	
<i>moxifloxacin 400 mg/250 ml bag</i>	Tier 4	
<i>moxifloxacin hcl</i>	Tier 2	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	Tier 3	
<b>SULFONAMIDES</b>		
<i>sodium sulfacetamide 10% lot</i>	Tier 2	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	Tier 2	
<i>sulfadiazine</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	Tier 2	
<b>SULFATRIM</b>	Tier 2	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	Tier 3	
<b>DOXY 100</b>	Tier 4	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	Tier 2	
<i>doxycycline hyclate (50 mg tablet, hyc dr 50 mg tab, 75 mg tab, 100 mg vl, 150 mg tab)</i>	Tier 4	
<i>doxycycline hyclate (dr 75 mg tab, dr 100 mg tab, dr 150 mg tab, dr 200 mg tab)</i>	Tier 3	
<i>doxycycline ir-dr</i>	Tier 4	
<i>doxycycline mono 150 mg tablet</i>	Tier 3	
<i>doxycycline mono 75 mg capsule</i>	Tier 4	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	Tier 2	
<i>minocycline er (105 mg tablet, 135 mg tablet)</i>	Tier 4	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	Tier 2	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	Tier 3	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIBACTERIALS (CONTINUED)</b>		
<i>minocycline hcl er</i>	Tier 4	
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	Tier 5	PA, QL (30 per 14 days)
ORACEA	Tier 4	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	Tier 2	
VIBRAMYCIN 50 MG/5 ML SYRUP	Tier 4	
<b>ANTICONVULSANTS (CONTINUED)</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 5	QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	Tier 5	QL (600 per 30 days)
DIACOMIT	Tier 4	
EPIDIOLEX	Tier 5	PA
EPRONTIA	Tier 4	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	Tier 4	
<i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	Tier 5	
FINTEPLA	Tier 5	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 5	
FYCOMPA 2 MG TABLET	Tier 4	
<i>lamotrigine (green)</i>	Tier 4	
<i>lamotrigine (orange)</i>	Tier 4	
<i>lamotrigine er</i>	Tier 4	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	Tier 2	
<i>levetiracetam er 500 mg tablet</i>	Tier 2	QL (180 per 30 days)
<i>levetiracetam er 750 mg tablet</i>	Tier 2	QL (120 per 30 days)
SPRITAM (250 MG TABLET, 500 MG TABLET, 1,000 MG TABLET)	Tier 4	QL (60 per 30 days)
SPRITAM 750 MG TABLET	Tier 4	QL (120 per 30 days)
SUBVENITE (GREEN)	Tier 4	
SUBVENITE (ORANGE)	Tier 4	
<i>topiramate er (25 mg capsule, 50 mg capsule)</i>	Tier 4	QL (30 per 30 days)
<i>topiramate er 100 mg capsule</i>	Tier 5	QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS (CONTINUED)</b>		
<i>topiramate er 150 mg capsule</i>	Tier 4	
<i>topiramate er 200 mg capsule (generic qudexy xr)</i>	Tier 5	
<i>topiramate er 200 mg capsule (generic trokendi xr)</i>	Tier 4	QL (90per 30 days)
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	Tier 2	
XCOPRI (150 MG TABLET, 200 MG TABLET)	Tier 5	QL (60 per 30 days)
XCOPRI (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 5	QL (30 per 30 days)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	Tier 5	QL (56 per 28 days)
XCOPRI (50-100 MG PAK, 150-200 MG PK)	Tier 5	QL (28 per 28 days)
XCOPRI 12.5-25 MG TITRATION PK	Tier 3	QL (28 per 28 days)
ZTALMY	Tier 5	PA
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	Tier 2	
<i>methsuximide</i>	Tier 4	
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	Tier 3	
<i>clonazepam</i>	Tier 2	
<i>clorazepate dipotassium</i>	Tier 3	
DIASTAT	Tier 4	
DIASTAT ACUDIAL	Tier 4	
<i>diazepam (10 mg/2 ml carpject, 50 mg/10 ml vial)</i>	Tier 2	
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	Tier 4	
<i>gabapentin (100 mg capsule, 600 mg tablet)</i>	Tier 2	
NAYZILAM	Tier 4	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	Tier 2	
<i>pregabalin 20 mg/ml solution</i>	Tier 3	
<i>pregabalin 200 mg capsule</i>	Tier 3	QL (90per 30 days)

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS (CONTINUED)</b>		
<i>pregabalin 300 mg capsule</i>	Tier 3	QL (60 per 30 days)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	Tier 2	
<i>primidone 125 mg tablet</i>	Tier 4	
SYMPAZAN 10 MG FILM	Tier 5	QL (60 per 30 days)
SYMPAZAN 20 MG FILM	Tier 5	
SYMPAZAN 5 MG FILM	Tier 4	QL (60 per 30 days)
<i>tiagabine hcl</i>	Tier 4	
VALTOCO	Tier 4	
<i>vigabatrin</i>	Tier 5	
VIGADRONE	Tier 5	
VIGPODER	Tier 5	
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM (200 MG TABLET, 400 MG TABLET, 800 MG TABLET)	Tier 5	QL (30 per 30 days)
APTIOM 600 MG TABLET	Tier 5	QL (60 per 30 days)
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	Tier 2	
<i>carbamazepine er (100 mg cap, 200 mg cap, 200 mg tablet, 300 mg cap, 400 mg tablet)</i>	Tier 2	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	Tier 4	
EPITOL	Tier 2	
EQUETRO	Tier 4	
<i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i>	Tier 4	
<i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 3	QL (60 per 30 days)
MOTPOLY XR 100 MG CAPSULE	Tier 4	PA, QL (30 per 30 days)
MOTPOLY XR 150 MG CAPSULE	Tier 4	PA, QL (60 per 30 days)
MOTPOLY XR 200 MG CAPSULE	Tier 4	PA
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	Tier 2	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	Tier 2	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	Tier 2	
<i>rufinamide 200 mg tablet</i>	Tier 4	QL (480 per 30 days)
<i>rufinamide 40 mg/ml suspension</i>	Tier 5	QL (2400 per 30 days)
<i>rufinamide 400 mg tablet</i>	Tier 5	QL (240 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS (CONTINUED)</b>		
TEGRETOL 200 MG TABLET	Tier 4	
TEGRETOL XR	Tier 4	
ZONISADE	Tier 4	
<i>zonisamide</i>	Tier 2	
<b>ANTIDEMENTIA AGENTS (CONTINUED)</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
<i>ergoloid mesylates</i>	Tier 3	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	Tier 4	PA, QL (30 per 30 days)
NAMZARIC TITRATION PACK	Tier 4	PA, QL (28 per 28 days)
<b>CHOLINESTERASE INHIBITORS</b>		
ADLARITY 10MG/DAY WEEKLY PATCH	Tier 4	ST
ADLARITY 5 MG/DAY WEEKLY PATCH	Tier 4	ST, QL (4 per 28 days)
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>donepezil hcl 23 mg tablet</i>	Tier 3	QL (30 per 30 days)
<i>donepezil hcl odt</i>	Tier 2	
<i>galantamine 4 mg/ml oral soln</i>	Tier 2	
<i>galantamine er</i>	Tier 2	QL (30 per 30 days)
<i>galantamine hbr</i>	Tier 2	QL (60 per 30 days)
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	Tier 2	QL (60 per 30 days)
<i>rivastigmine (9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	Tier 3	
<i>rivastigmine 4.6 mg/24hr patch</i>	Tier 3	QL (30 per 30 days)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine 5-10 mg titration pk</i>	Tier 2	QL (49 per 28 days)
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i>	Tier 3	QL (300 per 30 days)
<i>memantine hcl er</i>	Tier 3	QL (30 per 30 days)
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
ABILIFY MYCITE (15 MG KIT, 15 MG MAINT KIT, 15 MG START KIT)	Tier 5	PA
APLENZIN	Tier 5	QL (30 per 30 days)
AUVELITY	Tier 5	PA, QL (60 per 30 days)
<i>bupropion hcl</i>	Tier 2	
<i>bupropion hcl sr (100 mg tablet, 200 mg tablet)</i>	Tier 2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<i>bupropion hcl xl 450 mg tablet</i>	Tier 4	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	Tier 2	
<i>chlordiazepoxide-amitriptyline</i>	Tier 4	
<i>mirtazapine</i>	Tier 2	
<i>olanzapine-fluoxetine hcl</i>	Tier 4	
<i>perphenazine-amitriptyline</i>	Tier 3	
<i>quetiapine er 400 mg tablet</i>	Tier 3	QL (60 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet)</i>	Tier 3	QL (30 per 30 days)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	Tier 5	PA, QL (28 per 365 days)
ZURZUVAE 30 MG CAPSULE	Tier 5	PA, QL (14 per 365 days)
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	Tier 5	QL (30 per 30 days)
MARPLAN	Tier 4	
<i>phenelzine sulfate</i>	Tier 2	
<i>tranlycypromine sulfate</i>	Tier 2	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS</b>		
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	Tier 1	
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	Tier 2	
<i>desvenlafaxine er</i>	Tier 4	QL (30 per 30 days)
<i>desvenlafaxine succinate er</i>	Tier 2	QL (30 per 30 days)
DRIZALMA SPRINKLE	Tier 4	
<i>duloxetine hcl dr 40 mg cap</i>	Tier 4	QL (60 per 30 days)
<i>escitalopram 10 mg tablet</i>	Tier 1	
<i>escitalopram oxalate 5 mg/5 ml</i>	Tier 4	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Tier 4	QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	Tier 4	QL (28 per 28 days)
<i>fluoxetine dr 90 mg capsule (weekly)</i>	Tier 4	QL (8 per 28 days)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	Tier 1	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 60 mg tablet)</i>	Tier 4	
<i>fluvoxamine maleate</i>	Tier 2	
<i>fluvoxamine maleate er</i>	Tier 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<i>nefazodone hcl</i>	Tier 2	
<i>paroxetine cr 37.5 mg tablet</i>	Tier 3	
<i>paroxetine er 37.5 mg tablet</i>	Tier 3	
<i>paroxetine hcl 10 mg/5 ml susp</i>	Tier 4	
<i>paroxetine hcl 40 mg tablet</i>	Tier 2	
PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Tier 4	
<i>sertraline 20 mg/ml oral conc</i>	Tier 2	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>trazodone 300 mg tablet</i>	Tier 2	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	Tier 1	
TRINTELLIX	Tier 4	QL (30 per 30 days)
<i>venlafaxine hcl</i>	Tier 2	
<i>venlafaxine hcl er (37.5 mg cap, 150 mg cap)</i>	Tier 2	QL (90 per 30 days)
<i>vilazodone hcl</i>	Tier 2	QL (30 per 30 days)
<b>TRICYCLICS</b>		
<i>amitriptyline hcl</i>	Tier 3	
<i>amoxapine</i>	Tier 3	
<i>clomipramine hcl</i>	Tier 3	
<i>desipramine hcl</i>	Tier 3	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	Tier 2	
<i>imipramine hcl</i>	Tier 3	
<i>imipramine pamoate</i>	Tier 4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 20 mg/10 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 3	
<i>protriptyline hcl</i>	Tier 3	
<i>trimipramine maleate</i>	Tier 3	
<b>ANTIEMETICS (CONTINUED)</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	Tier 4	
COMPRO	Tier 2	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	Tier 2	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIEMETICS (CONTINUED)</b>		
<i>perphenazine</i>	Tier 2	
<b>PHENADOZ</b>	Tier 4	
<i>prochlorperazine</i>	Tier 2	
<i>prochlorperazine maleate</i>	Tier 2	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 50 mg tablet, 50 mg/ml ampul, 50 mg/ml vial)</i>	Tier 4	
<b>PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)</b>	Tier 4	
<i>scopolamine</i>	Tier 3	
<i>trimethobenzamide hcl</i>	Tier 3	B/D PA
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<b>AKYNZEO 300-0.5 MG CAPSULE</b>	Tier 4	B/D PA
<b>ANZEMET</b>	Tier 4	B/D PA
<i>aprepitant</i>	Tier 4	B/D PA
<b>CINVANTI</b>	Tier 4	
<i>dronabinol</i>	Tier 4	PA
<i>granisetron hcl 1 mg tablet</i>	Tier 2	B/D PA
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	Tier 2	B/D PA
<i>ondansetron hcl (4 mg/2 ml amp, 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	Tier 2	
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	Tier 3	B/D PA
<i>ondansetron odt</i>	Tier 2	B/D PA
<i>palonosetron hcl</i>	Tier 4	
<b>SANCUSO</b>	Tier 5	QL (4 per 28 days)
<b>SYNDROS</b>	Tier 5	PA
<b>VARUBI (90 MG TABLET, 180 MG DOSE(2X 90MG TB))</b>	Tier 4	B/D PA
<b>VARUBI 166.5 MG/92.5 ML VIAL</b>	Tier 4	
<b>ANTIFUNGALS (CONTINUED)</b>		
<b>ANTIFUNGALS</b>		
<b>ABELCET</b>	Tier 4	B/D PA
<i>amphotericin b</i>	Tier 2	B/D PA
<i>caspofungin acetate</i>	Tier 4	
<b>CICLODAN 0.77% CREAM</b>	Tier 4	
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo, 8% solution)</i>	Tier 2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIFUNGALS (CONTINUED)</b>		
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	Tier 2	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	Tier 5	
<i>econazole nitrate</i>	Tier 2	
ERAXIS	Tier 4	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 2	
<i>fluconazole in saline</i>	Tier 4	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	Tier 4	
<i>flucytosine</i>	Tier 5	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	Tier 3	
<i>griseofulvin ultramicrosize</i>	Tier 3	
<i>itraconazole (10 mg/ml solution, 100 mg/10 ml cup)</i>	Tier 4	
<i>itraconazole 100 mg capsule</i>	Tier 3	
JUBLIA	Tier 4	PA
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	Tier 2	
<i>ketoconazole 2% foam</i>	Tier 4	
KETODAN 2% FOAM	Tier 4	
KLAYESTA	Tier 2	
<i>miconazole 3 200 mg vag supp</i>	Tier 2	
<i>naftifine hcl (1% cream, 1% gel, 2% cream)</i>	Tier 4	
NOXAFIL 300 MG/16.7 ML VIAL	Tier 5	
NYAMYC	Tier 2	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	Tier 2	
NYSTOP	Tier 2	
<i>oxiconazole nitrate</i>	Tier 4	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl)</i>	Tier 5	
<i>tavaborole</i>	Tier 4	PA
<i>terbinafine hcl</i>	Tier 2	
<i>terconazole (0.4% cream, 0.8% cream)</i>	Tier 2	
<i>terconazole 80 mg suppository</i>	Tier 4	
VIVJOA	Tier 4	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIFUNGALS (CONTINUED)</b>		
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	Tier 4	
<i>voriconazole 200 mg vial</i>	Tier 5	PA
<i>voriconazole 40 mg/ml susp</i>	Tier 5	
<b>ANTIGOUT AGENTS (CONTINUED)</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>colchicine 0.6 mg capsule</i>	Tier 3	QL (60 per 30 days)
<i>colchicine 0.6 mg tablet</i>	Tier 2	QL (120 per 30 days)
<i>febuxostat 40 mg tablet</i>	Tier 3	QL (30 per 30 days)
<i>febuxostat 80 mg tablet</i>	Tier 3	
<i>probenecid</i>	Tier 2	
<i>probenecid-colchicine</i>	Tier 2	
<b>ANTIMIGRAINE AGENTS (CONTINUED)</b>		
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine 4 mg/ml spry</i>	Tier 5	PA, QL (8 per 28 days)
<b>ERGOMAR</b>	Tier 4	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	Tier 3	QL (40 per 30 days)
<b>MIGERGOT</b>	Tier 4	QL (20 per 28 days)
<b>PROPHYLACTIC</b>		
<b>AIMOVIG AUTOINJECTOR (1-PACK)</b>	Tier 3	PA, QL (1 per 28 days)
<b>AJOVY AUTOINJECTOR</b>	Tier 3	PA, QL (1.5 per 28 days)
<b>AJOVY SYRINGE</b>	Tier 3	PA, QL (1.5 per 28 days)
<b>BOTOX</b>	Tier 4	PA
<i>divalproex sodium</i>	Tier 2	
<i>divalproex sodium er</i>	Tier 2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>topiramate</i>	Tier 2	
<b>SEROTONIN (5-HT) RECEPTOR AGONISTS</b>		
<i>naratriptan hcl</i>	Tier 2	QL (18 per 30 days)
<i>rizatriptan</i>	Tier 2	QL (24 per 30 days)
<i>sumatriptan 20 mg nasal spray</i>	Tier 4	QL (12 per 30 days)
<i>sumatriptan 5 mg nasal spray</i>	Tier 4	QL (18 per 30 days)
<i>sumatriptan succ-naproxen sod</i>	Tier 4	QL (9 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 2	QL (18 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	Tier 4	QL (10 per 30 days)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	Tier 2	QL (12 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIMIGRAINE AGENTS (CONTINUED)</b>		
<i>zolmitriptan odt</i>	Tier 2	QL (12 per 30 days)
<b>ANTIMYASTHENIC AGENTS (CONTINUED)</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine br 30 mg tablet</i>	Tier 3	
<i>pyridostigmine br 60 mg tablet</i>	Tier 2	
<i>pyridostigmine bromide er</i>	Tier 2	
<b>ANTIMYCOBACTERIALS (CONTINUED)</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Tier 2	
<i>rifabutin</i>	Tier 4	
<b>ANTITUBERCULARS</b>		
<i>cycloserine</i>	Tier 5	
<i>ethambutol hcl</i>	Tier 2	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>isoniazid 50 mg/5 ml solution</i>	Tier 2	
<b>PRIFTIN</b>	Tier 4	
<i>pyrazinamide</i>	Tier 2	
<i>rifampin</i>	Tier 2	
<b>SIRTURO</b>	Tier 5	
<b>TRECTOR</b>	Tier 4	
<b>ANTINEOPLASTICS (CONTINUED)</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	Tier 3	B/D PA
<b>GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)</b>	Tier 4	
<b>GLEOSTINE 100 MG CAPSULE</b>	Tier 5	
<b>LEUKERAN</b>	Tier 4	
<b>MATULANE</b>	Tier 5	
<b>VALCHLOR</b>	Tier 5	PA, QL (60 per 30 days)
<b>ANTIANDROGENS</b>		
<i>abiraterone acetate</i>	Tier 5	
<i>bicalutamide</i>	Tier 2	
<b>ERLEADA 240 MG TABLET</b>	Tier 5	PA
<b>ERLEADA 60 MG TABLET</b>	Tier 5	PA, QL (120 per 30 days)
<i>flutamide</i>	Tier 2	
<i>nilutamide</i>	Tier 5	
<b>NUBEQA</b>	Tier 5	PA
<i>toremifene citrate</i>	Tier 5	
<b>XTANDI (40 MG CAPSULE, 40 MG TABLET)</b>	Tier 5	PA, QL (120 per 30 days)

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTICS (CONTINUED)</b>		
XTANDI 80 MG TABLET	Tier 5	PA, QL (60 per 30 days)
YONSA	Tier 5	PA, QL (120 per 30 days)
<b>ANTIANGIOGENIC AGENTS</b>		
<i>lenalidomide</i>	Tier 5	QL (30 per 30 days)
POMALYST	Tier 5	PA, QL (21 per 28 days)
REVLIMID	Tier 5	QL (30 per 30 days)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	Tier 5	PA, QL (30 per 30 days)
THALOMID 200 MG CAPSULE	Tier 5	PA, QL (60 per 30 days)
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	Tier 4	
ORSERDU 345 MG TABLET	Tier 5	PA
ORSERDU 86 MG TABLET	Tier 5	PA, QL (90 per 30 days)
SOLTAMOX	Tier 5	
<i>tamoxifen citrate</i>	Tier 2	
<b>ANTIMETABOLITES</b>		
BESREMI	Tier 5	PA
DROXIA	Tier 4	
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)</i>	Tier 2	B/D PA
<i>hydroxyurea</i>	Tier 2	
<i>melfhalan 2mg tablet</i>	Tier 2	B/D PA
<i>mercaptopurine</i>	Tier 2	
ONUREG	Tier 5	PA
PURIXAN	Tier 4	
TABLOID	Tier 4	
<b>ANTINEOPLASTICS, OTHER</b>		
IDHIFA	Tier 5	PA, QL (30 per 30 days)
INQOVI	Tier 5	PA
KISQALI FEMARA 200 MG CO-PACK	Tier 5	PA, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	Tier 5	PA, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	Tier 5	PA, QL (91 per 28 days)
LONSURF 15 MG-6.14 MG TABLET	Tier 5	PA, QL (100 per 28 days)
LONSURF 20 MG-8.19 MG TABLET	Tier 5	PA, QL (80 per 28 days)
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	Tier 2	
NINLARO	Tier 5	PA, QL (3 per 28 days)
SYNRIBO	Tier 5	PA
XPOVIO (40 MG ONCE, 60 MG ONCE, 60 MG TWICE, 80 MG TWICE, 100 MG ONCE)	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTICS (CONTINUED)</b>		
XPOVIO (40 MG TWICE, 80 MG ONCE)	Tier 5	PA, QL (16 per 28 days)
ZOLINZA	Tier 5	PA, QL (120 per 30 days)
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole</i>	Tier 2	
<i>exemestane</i>	Tier 3	
<i>letrozole</i>	Tier 2	
<b>ENZYME INHIBITORS</b>		
IWILFIN	Tier 5	PA
<b>MOLECULAR TARGET INHIBITORS</b>		
AKEEGA	Tier 5	PA
ALECENSA	Tier 5	PA, QL (240 per 30 days)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	Tier 5	PA, QL (60 per 30 days)
AUGTYRO	Tier 5	PA, QL (240 per 30 days)
AYVAKIT (200 MG TABLET, 300 MG TABLET)	Tier 5	PA
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
BALVERSA 3 MG TABLET	Tier 5	PA, QL (84 per 28 days)
BALVERSA 4 MG TABLET	Tier 5	PA, QL (56 per 28 days)
BALVERSA 5 MG TABLET	Tier 5	PA
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	Tier 5	QL (30 per 30 days)
BOSULIF 100 MG CAPSULE	Tier 5	QL (150 per 30 days)
BOSULIF 100 MG TABLET	Tier 5	QL (120 per 30 days)
BRAFTOVI 50 MG CAPSULE	Tier 5	PA, QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE	Tier 5	PA, QL (180 per 30 days)
BRUKINSA	Tier 5	PA, QL (120 per 30 days)
CABOMETYX	Tier 5	PA, QL (30 per 30 days)
CALQUENCE	Tier 5	PA, QL (60 per 30 days)
CAPRELSA 100 MG TABLET	Tier 5	PA, QL (60 per 30 days)
CAPRELSA 300 MG TABLET	Tier 5	PA, QL (30 per 30 days)
COMETRIQ	Tier 5	PA
COPIKTRA	Tier 5	PA, QL (60 per 30 days)
COTELLIC	Tier 5	PA, QL (63 per 28 days)
DAURISMO 100 MG TABLET	Tier 5	PA, QL (30 per 30 days)
DAURISMO 25 MG TABLET	Tier 5	PA, QL (60 per 30 days)
ELREXFIO	Tier 5	PA
EPKINLY	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTICS (CONTINUED)</b>		
ERIVEDGE	Tier 5	PA, QL (30 per 30 days)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	Tier 5	
<i>erlotinib hcl 25 mg tablet</i>	Tier 5	QL (30 per 30 days)
<i>everolimus (2 mg tab susp, 3 mg tab susp)</i>	Tier 5	PA
<i>everolimus (2.5 mg tablet, 5 mg tablet)</i>	Tier 5	PA, QL (30 per 30 days)
<i>everolimus (7.5 mg tablet, 10 mg tablet)</i>	Tier 5	PA, QL (60 per 30 days)
<i>everolimus 5 mg tab for susp</i>	Tier 5	PA, QL (112 per 28 days)
EXKIVITY	Tier 5	PA
FOTIVDA	Tier 5	PA
FRUZAQLA 1 MG CAPSULE	Tier 5	PA, QL (84 per 28 days)
FRUZAQLA 5 MG CAPSULE	Tier 5	PA, QL (21 per 28 days)
GAVRETO	Tier 5	PA
<i>gefitinib</i>	Tier 5	QL (30 per 30 days)
GILOTRIF	Tier 5	PA, QL (30 per 30 days)
IBRANCE	Tier 5	PA, QL (21 per 28 days)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	Tier 5	PA
<i>imatinib mesylate 100 mg tab</i>	Tier 5	PA, QL (120 per 30 days)
<i>imatinib mesylate 400 mg tab</i>	Tier 5	PA, QL (60 per 30 days)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	Tier 5	PA, QL (120 per 30 days)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 5	PA, QL (216 per 27 days)
INLYTA 1 MG TABLET	Tier 5	PA, QL (180 per 30 days)
INLYTA 5 MG TABLET	Tier 5	PA, QL (120 per 30 days)
INREBIC	Tier 5	PA
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
JAKAFI 25 MG TABLET	Tier 5	PA
JAYPIRCA 100 MG TABLET	Tier 5	PA
JAYPIRCA 50 MG TABLET	Tier 5	PA, QL (30 per 30 days)
KISQALI	Tier 5	PA, QL (63 per 28 days)
KOSELUGO	Tier 5	PA
KRAZATI	Tier 5	PA
<i>lapatinib</i>	Tier 5	PA, QL (150 per 30 days)
LENVIMA (18 MG DAILY, 24 MG DAILY)	Tier 5	PA, QL (90 per 30 days)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	Tier 5	PA, QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTICS (CONTINUED)</b>		
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	Tier 5	PA, QL (60 per 30 days)
LENVIMA 12 MG DAILY DOSE	Tier 5	PA, QL (90per 30 days)
LORBRENA 100 MG TABLET	Tier 5	PA, QL (30 per 30 days)
LORBRENA 25 MG TABLET	Tier 5	PA, QL (90per 30 days)
LUMAKRAS	Tier 5	PA
LYNPARZA	Tier 5	PA, QL (120 per 30 days)
LYTGOBI 12 MG DOSE (3X 4MG TB)	Tier 5	PA, QL (84 per 28 days)
LYTGOBI 16 MG DOSE (4X 4MG TB)	Tier 5	PA, QL (112 per 28 days)
LYTGOBI 20 MG DOSE (5X 4MG TB)	Tier 5	PA, QL (140 per 28 days)
MEKINIST 0.05 MG/ML SOLUTION	Tier 5	PA
MEKINIST 0.5 MG TABLET	Tier 5	PA, QL (90 per 30 days)
MEKINIST 2 MG TABLET	Tier 5	PA, QL (30 per 30 days)
MEKTOVI	Tier 5	PA, QL (180 per 30 days)
NERLYNX	Tier 5	PA, QL (180 per 30 days)
ODOMZO	Tier 5	PA, QL (30 per 30 days)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
OGSIVEO 50 MG TABLET	Tier 5	PA, QL (180 per 30 days)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	Tier 5	PA
OJJAARA (150 MG TABLET, 200 MG TABLET)	Tier 5	PA
OJJAARA 100 MG TABLET	Tier 5	PA, QL (30 per 30 days)
<i>pazopanib hcl</i>	Tier 5	PA, QL (120 per 30 days)
PEMAZYRE	Tier 5	PA, QL (14 per 21 days)
PHESGO	Tier 5	PA
PIQRAY	Tier 5	PA
QINLOCK	Tier 5	PA, QL (90per 30 days)
RETEVMO 40 MG CAPSULE	Tier 5	PA, QL (180 per 30 days)
RETEVMO 80 MG CAPSULE	Tier 5	PA, QL (120 per 30 days)
REZLIDHIA	Tier 5	PA, QL (60 per 30 days)
REZUROCK	Tier 5	PA, QL (60 per 30 days)
ROZLYTREK 100 MG CAPSULE	Tier 5	PA, QL (150 per 30 days)
ROZLYTREK 200 MG CAPSULE	Tier 5	PA
ROZLYTREK 50 MG PELLET PACKET	Tier 5	PA, QL (360 per 30 days)
RUBRACA	Tier 5	PA, QL (120 per 30 days)
RYDAPT	Tier 5	PA, QL (240 per 30 days)
SCEMBLIX 20 MG TABLET	Tier 5	PA, QL (60 per 30 days)
SCEMBLIX 40 MG TABLET	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTICS (CONTINUED)</b>		
<i>sorafenib</i>	Tier 5	QL (120 per 30 days)
SPRYCEL (20 MG TABLET, 70 MG TABLET)	Tier 5	QL (60 per 30 days)
SPRYCEL (50 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	Tier 5	QL (30 per 30 days)
STIVARGA	Tier 5	PA
<i>sunitinib malate</i>	Tier 5	QL (30 per 30 days)
TABRECTA	Tier 5	PA, QL (112 per 28 days)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	Tier 5	PA, QL (120 per 30 days)
TAFINLAR 10 MG TABLET FOR SUSP	Tier 5	PA
TAGRISSE	Tier 5	PA, QL (30 per 30 days)
TALZENNA	Tier 5	PA, QL (30 per 30 days)
TASIGNA	Tier 5	QL (120 per 30 days)
TAZVERIK	Tier 5	PA, QL (240 per 30 days)
TEPMETKO	Tier 5	PA
TIBSOVO	Tier 5	PA, QL (60 per 30 days)
TRUQAP	Tier 5	PA, QL (64 per 28 days)
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	Tier 5	PA, QL (42 per 28 days)
TRUSELTIQ 100 MG DAILY DOSE PK	Tier 5	PA, QL (21 per 28 days)
TRUSELTIQ 75 MG DAILY DOSE PK	Tier 5	PA, QL (63 per 28 days)
TUKYSA 150 MG TABLET	Tier 5	PA, QL (120 per 30 days)
TUKYSA 50 MG TABLET	Tier 5	PA, QL (240 per 30 days)
TURALIO	Tier 5	PA
UKONIQ	Tier 5	PA
VANFLYTA	Tier 5	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	Tier 3	PA, QL (42 per 28 days)
VENCLEXTA 100 MG TABLET	Tier 5	PA, QL (224 per 28 days)
VENCLEXTA 50 MG TABLET	Tier 5	PA, QL (28 per 28 days)
VENCLEXTA STARTING PACK	Tier 5	PA, QL (42 per 28 days)
VERZENIO	Tier 5	PA, QL (60 per 30 days)
VIJOICE (50 MG TABLET, 125 MG TABLET)	Tier 5	PA, QL (28 per 28 days)
VIJOICE 250 MG DAILY DOSE PACK	Tier 5	PA
VITRAKVI 100 MG CAPSULE	Tier 5	PA, QL (60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION	Tier 5	PA, QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE	Tier 5	PA, QL (90 per 30 days)
VIZIMPRO	Tier 5	PA, QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTICS (CONTINUED)</b>		
VONJO	Tier 5	PA
WELIREG	Tier 5	PA
XALKORI	Tier 5	PA
XOSPATA	Tier 5	PA, QL (90per 30 days)
ZEJULA (200 MG TABLET, 300 MG TABLET)	Tier 5	PA
ZEJULA 100 MG CAPSULE	Tier 5	PA, QL (90per 30 days)
ZEJULA 100 MG TABLET	Tier 5	PA, QL (30 per 30 days)
ZELBORAF	Tier 5	PA
ZYDELIG	Tier 5	PA, QL (60 per 30 days)
ZYKADIA	Tier 5	PA
<b>RETINOIDS</b>		
<i>bexarotene 1% gel</i>	Tier 5	PA
<i>bexarotene 75 mg capsule</i>	Tier 5	
PANRETIN	Tier 5	
<i>tretinoin 10 mg capsule</i>	Tier 5	
<b>TREATMENT ADJUNCTS</b>		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab)</i>	Tier 2	
<i>leucovorin calcium 25 mg tab</i>	Tier 3	
MESNEX 400 MG TABLET	Tier 5	
<b>ANTIPARASITICS (CONTINUED)</b>		
<b>ANTHELMINTHICS</b>		
<i>albendazole</i>	Tier 4	
EMVERM	Tier 5	
<i>ivermectin 3 mg tablet</i>	Tier 2	
<i>praziquantel</i>	Tier 3	
<b>ANTIPROTOZOALS</b>		
<i>atovaquone</i>	Tier 4	
<i>atovaquone-proguanil hcl</i>	Tier 4	
<i>chloroquine phosphate</i>	Tier 2	QL (90per 30 days)
COARTEM	Tier 4	
<i>hydroxychloroquine 200 mg tab</i>	Tier 2	QL (90per 30 days)
KRINTAFEL	Tier 3	
<i>mefloquine hcl</i>	Tier 2	
<i>nitazoxanide</i>	Tier 5	
<i>pentamidine 300 mg inhal powdr</i>	Tier 4	B/D PA
<i>pentamidine 300 mg inject vial</i>	Tier 4	
<i>primaquine</i>	Tier 2	
<i>pyrimethamine</i>	Tier 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARASITICS (CONTINUED)</b>		
<i>quinine sulfate</i>	Tier 3	PA
<b>ANTIPARKINSON AGENTS (CONTINUED)</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	Tier 2	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	Tier 2	
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	Tier 2	
<i>carbidopa-levodopa-entacapone</i>	Tier 2	
<i>entacapone</i>	Tier 2	QL (240 per 30 days)
GOCOVRI ER 137 MG CAPSULE	Tier 5	PA, QL (60 per 30 days)
GOCOVRI ER 68.5 MG CAPSULE	Tier 5	PA, QL (30 per 30 days)
NOURIANZ	Tier 5	PA
ONGENTYS	Tier 4	
<i>tolcapone</i>	Tier 5	
<b>DOPAMINE AGONISTS</b>		
<i>apomorphine hcl</i>	Tier 5	PA
<i>bromocriptine 5 mg capsule</i>	Tier 2	
KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM)	Tier 5	PA, QL (150 per 30 days)
NEUPRO	Tier 4	QL (30 per 30 days)
<i>pramipexole dihydrochloride</i>	Tier 2	
<i>pramipexole er</i>	Tier 4	QL (30 per 30 days)
<i>ropinirole er</i>	Tier 3	QL (60 per 30 days)
<i>ropinirole hcl</i>	Tier 2	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	Tier 4	
<i>carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)</i>	Tier 3	
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	Tier 2	
<i>carbidopa-levodopa er</i>	Tier 2	
INBRIJA	Tier 5	PA
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate</i>	Tier 4	QL (30 per 30 days)
<i>selegiline hcl</i>	Tier 2	
XADAGO 100 MG TABLET	Tier 5	ST, QL (30 per 30 days)
XADAGO 50 MG TABLET	Tier 5	ST, QL (46 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARKINSON AGENTS (CONTINUED)</b>		
ZELAPAR	Tier 5	ST
<b>ANTIPSYCHOTICS (CONTINUED)</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>fluphenazine decanoate</i>	Tier 3	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	Tier 3	
<i>haloperidol</i>	Tier 2	
<i>haloperidol decanoate</i>	Tier 2	
<i>haloperidol decanoate 100</i>	Tier 2	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)</i>	Tier 2	
<i>loxapine</i>	Tier 2	
<i>molindone hcl</i>	Tier 4	
<i>pimozide</i>	Tier 3	
<i>thioridazine hcl</i>	Tier 2	
<i>thiothixene</i>	Tier 2	
<i>trifluoperazine hcl</i>	Tier 2	
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY ASIMTUFII	Tier 5	
ABILIFY MAINTENA	Tier 5	
ABILIFY MYCITE (30 MG KIT, 30 MG MAINT KIT, 30 MG START KIT)	Tier 5	PA
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Tier 2	
<i>aripiprazole 1 mg/ml solution</i>	Tier 3	
<i>aripiprazole odt</i>	Tier 3	
ARISTADA	Tier 5	
ARISTADA INITIO	Tier 5	QL (2.4 per 180 days)
<i>asenapine 5 mg tablet sl</i>	Tier 4	PA, QL (60 per 30 days)
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	Tier 5	PA, QL (30 per 30 days)
CAPLYTA 42 MG CAPSULE	Tier 5	PA
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
FANAPT TITRATION PACK	Tier 4	PA, QL (60 per 30 days)
INVEGA HAFYERA	Tier 5	

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPSYCHOTICS (CONTINUED)</b>		
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	Tier 5	
INVEGA SUSTENNA 39 MG/0.25 ML	Tier 4	
INVEGA TRINZA	Tier 5	
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet)</i>	Tier 4	QL (30 per 30 days)
<i>lurasidone hcl 80 mg tablet</i>	Tier 4	QL (60 per 30 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
LYBALVI 20-10 MG TABLET	Tier 5	PA
NUPLAZID	Tier 5	PA, QL (30 per 30 days)
<i>olanzapine (2.5 mg tablet, 7.5 mg tablet, 15 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>olanzapine 10 mg vial</i>	Tier 4	
<i>olanzapine odt</i>	Tier 3	
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	Tier 4	QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i>	Tier 4	QL (60 per 30 days)
PERSERIS	Tier 5	
<i>quetiapine fumarate</i>	Tier 2	
REXULTI (0.25 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
REXULTI (0.5 MG TABLET, 1 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	Tier 4	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	Tier 5	
<i>risperidone (0.25 mg tablet, 3 mg tablet)</i>	Tier 1	
<i>risperidone er (12.5 mg vial, 25 mg vial)</i>	Tier 4	
<i>risperidone er (37.5 mg vial, 50 mg vial)</i>	Tier 5	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt)</i>	Tier 3	
SECUADO	Tier 5	PA, QL (30 per 30 days)
UZEDY	Tier 5	
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	Tier 5	PA, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	Tier 4	PA
<i>ziprasidone hcl</i>	Tier 2	
<i>ziprasidone mesylate</i>	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPSYCHOTICS (CONTINUED)</b>		
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VL KIT, 405 MG VL KIT)	Tier 4	
<b>TREATMENT-RESISTANT</b>		
<i>clozapine</i>	Tier 2	
<i>clozapine odt (12.5 mg tablet, 25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	Tier 4	
<i>clozapine odt 200 mg tablet</i>	Tier 5	
VERSACLOZ	Tier 4	QL (540 per 30 days)
<b>ANTISPASTICITY AGENTS (CONTINUED)</b>		
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	Tier 2	
<i>methylergonovine 0.2 mg tablet</i>	Tier 4	
<i>tizanidine hcl</i>	Tier 2	
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
LIVTENCITY	Tier 5	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Tier 5	QL (30 per 30 days)
<i>valganciclovir 450 mg tablet</i>	Tier 3	
<i>valganciclovir hcl 50 mg/ml</i>	Tier 5	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	Tier 4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 4	QL (600 per 30 days)
<i>entecavir</i>	Tier 2	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML SOLN	Tier 4	
<i>lamivudine 100 mg tablet</i>	Tier 4	
<i>lamivudine hbv</i>	Tier 4	
<i>tenofovir disoproxil fumarate</i>	Tier 2	
VEMLIDY	Tier 5	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
MAVYRET 100-40 MG TABLET	Tier 5	PA, QL (90 per 30 days)
MAVYRET 50-20 MG PELLETT PACKET	Tier 5	PA, QL (150 per 30 days)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Tier 2	
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY	Tier 5	QL (30 per 30 days)
CABENUVA	Tier 5	
DOVATO	Tier 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIVIRALS (CONTINUED)</b>		
GENVOYA	Tier 5	QL (30 per 30 days)
ISENTRESS (100 MG TABLET CHEW, 400 MG TABLET)	Tier 5	QL (60 per 30 days)
ISENTRESS 100 MG POWDER PACKET	Tier 4	
ISENTRESS 25 MG TABLET CHEW	Tier 3	
ISENTRESS HD	Tier 5	QL (60 per 30 days)
JULUCA	Tier 5	QL (30 per 30 days)
STRIBILD	Tier 5	
TIVICAY 10 MG TABLET	Tier 3	QL (30 per 30 days)
TIVICAY 25 MG TABLET	Tier 5	QL (30 per 30 days)
TIVICAY 50 MG TABLET	Tier 5	
TIVICAY PD	Tier 4	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA	Tier 5	
DELSTRIGO	Tier 5	QL (30 per 30 days)
EDURANT	Tier 5	
<i>efavirenz</i>	Tier 4	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	Tier 5	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	Tier 5	QL (30 per 30 days)
<i>etravirine 100 mg tablet</i>	Tier 5	QL (60 per 30 days)
<i>etravirine 200 mg tablet</i>	Tier 4	QL (60 per 30 days)
INTELENCE 25 MG TABLET	Tier 4	QL (120 per 30 days)
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	Tier 2	
<i>nevirapine er</i>	Tier 2	QL (30 per 30 days)
PIFELTRO	Tier 5	QL (60 per 30 days)
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	Tier 4	
<i>abacavir-lamivudine</i>	Tier 4	
CIMDUO	Tier 5	QL (30 per 30 days)
DESCOVY 120-15 MG TABLET	Tier 5	
DESCOVY 200-25 MG TABLET	Tier 5	QL (30 per 30 days)
<i>emtricitabine</i>	Tier 4	
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	Tier 5	
<i>emtricitabine-tenofovir 200-300mg</i>	Tier 4	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	Tier 4	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	Tier 2	
<i>lamivudine-zidovudine</i>	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIVIRALS (CONTINUED)</b>		
ODEFSEY	Tier 5	QL (30 per 30 days)
TRIUMEQ	Tier 5	QL (30 per 30 days)
TRIUMEQ PD	Tier 5	
TRIZIVIR	Tier 5	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Tier 5	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	Tier 2	
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON	Tier 5	
<i>maraviroc 150 mg tablet</i>	Tier 5	QL (60 per 30 days)
<i>maraviroc 300 mg tablet</i>	Tier 5	
RUKOBIA	Tier 5	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET)	Tier 4	
SELZENTRY 75 MG TABLET	Tier 5	
SUNLENCA 4- 300 MG TABLET	Tier 5	QL (4 per 196 days)
SUNLENCA 463.5 MG/1.5 ML VIAL	Tier 5	
SUNLENCA 5- 300 MG TABLET	Tier 5	QL (5 per 196 days)
TROGARZO	Tier 5	
TYBOST	Tier 3	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS 250 MG CAPSULE	Tier 5	
<i>atazanavir sulfate</i>	Tier 4	
CRIXIVAN	Tier 4	
<i>darunavir</i>	Tier 5	
EVOTAZ	Tier 5	QL (30 per 30 days)
<i>fosamprenavir calcium</i>	Tier 5	
LEXIVA 50 MG/ML SUSPENSION	Tier 4	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	Tier 4	
NORVIR 100 MG POWDER PACKET	Tier 4	
PREZCOBIX	Tier 5	QL (30 per 30 days)
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET)	Tier 5	
PREZISTA 75 MG TABLET	Tier 4	
REYATAZ 50 MG POWDER PACKET	Tier 5	
<i>ritonavir</i>	Tier 3	
SYMTUZA	Tier 5	QL (30 per 30 days)
VIRACEPT	Tier 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTI-INFLUENZA AGENTS</b>		
<i>amantadine (100 mg capsule, 100 mg tablet)</i>	Tier 2	
<i>oseltamivir phosphate (6 mg/ml suspension, phos 30 mg capsule, phos 45 mg capsule, phos 75 mg capsule)</i>	Tier 2	
<b>RELENZA</b>	Tier 4	
<i>rimantadine hcl</i>	Tier 2	
<b>XOFLUZA</b>	Tier 3	QL (4 per 30 days)
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	Tier 2	
<i>acyclovir 200 mg/5 ml susp</i>	Tier 4	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	Tier 2	
<i>famciclovir</i>	Tier 2	QL (90 per 30 days)
<i>trifluridine</i>	Tier 2	
<i>valacyclovir</i>	Tier 2	
<b>ANXIOLYTICS (CONTINUED)</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>bupirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet)</i>	Tier 1	
<i>bupirone hcl (7.5 mg tablet, 30 mg tablet)</i>	Tier 2	
<i>hydroxyzine pamoate</i>	Tier 3	
<b>BENZODIAZEPINES</b>		
<i>alprazolam</i>	Tier 2	
<i>alprazolam er</i>	Tier 2	
<i>alprazolam odt</i>	Tier 3	
<i>alprazolam xr</i>	Tier 2	
<i>chlordiazepoxide hcl</i>	Tier 2	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral cup, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet, 25 mg/5 ml oral conc)</i>	Tier 2	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml carpject, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	Tier 2	
<i>oxazepam</i>	Tier 2	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS</b>		
<i>duloxetine hcl dr 60 mg cap</i>	Tier 2	QL (60 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 20 mg tablet)</i>	Tier 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANXIOLYTICS (CONTINUED)</b>		
<i>paroxetine cr (12.5 mg tablet, 25 mg tablet)</i>	Tier 3	
<i>paroxetine er (12.5 mg tablet, 25 mg tablet)</i>	Tier 3	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Tier 2	
<i>venlafaxine hcl er 75 mg cap</i>	Tier 2	QL (90 per 30 days)
<b>BIPOLAR AGENTS (CONTINUED)</b>		
<b>BIPOLAR AGENTS, OTHER</b>		
ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 2 MG START KIT, 5 MG KIT, 5 MG MAINT KIT, 5 MG START KIT, 10 MG KIT, 10 MG MAINT KIT, 10 MG START KIT, 20 MG KIT, 20 MG MAINT KIT, 20 MG START KIT)	Tier 5	PA
<i>asenapine maleate (2.5 mg tablet sl, 10 mg tablet sl)</i>	Tier 4	PA, QL (60 per 30 days)
<i>lurasidone hcl 120 mg tablet</i>	Tier 4	QL (30 per 30 days)
<i>olanzapine (5 mg tablet, 10 mg tablet)</i>	Tier 2	
<i>quetiapine er 300 mg tablet</i>	Tier 3	QL (60 per 30 days)
<i>risperidone (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	Tier 1	
<i>risperidone 1 mg/ml solution</i>	Tier 2	
<i>risperidone odt (2 mg odt, 3 mg odt, 4 mg odt)</i>	Tier 3	
<b>MOOD STABILIZERS</b>		
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	Tier 3	
<i>lamotrigine (blue)</i>	Tier 4	
<i>lamotrigine 25 mg tb start kit</i>	Tier 4	
<i>lamotrigine odt</i>	Tier 3	
<i>lamotrigine odt (blue)</i>	Tier 3	
<i>lamotrigine odt (green)</i>	Tier 3	
<i>lamotrigine odt (orange)</i>	Tier 3	
<i>lithium carbonate (150 mg cap, 300 mg tab, 600 mg cap)</i>	Tier 1	
<i>lithium carbonate 300 mg cap</i>	Tier 2	
<i>lithium carbonate er</i>	Tier 2	
<i>lithium citrate</i>	Tier 2	
SUBVENITE	Tier 2	
SUBVENITE (BLUE)	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BLOOD GLUCOSE REGULATORS (CONTINUED)</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose</i>	Tier 2	
<i>colesevelam hcl 3.75 g packet</i>	Tier 3	
<i>glimepiride</i>	Tier 1	
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>glipizide 2.5 mg tablet</i>	Tier 3	QL (60 per 30 days)
<i>glipizide er</i>	Tier 1	
<i>glipizide xl</i>	Tier 1	
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide</i>	Tier 3	
<i>glyburide micronized</i>	Tier 3	
<i>glyburide-metformin hcl</i>	Tier 3	
GLYXAMBI 10 MG-5 MG TABLET	Tier 3	QL (30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET	Tier 3	
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-500 MG TABLET)	Tier 3	QL (60 per 30 days)
INVOKAMET 150-1,000 MG TABLET	Tier 3	
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET)	Tier 3	QL (60 per 30 days)
INVOKAMET XR 150-1,000 MG TAB	Tier 3	
INVOKANA 100 MG TABLET	Tier 3	QL (30 per 30 days)
INVOKANA 300 MG TABLET	Tier 3	
JANUMET 50-1,000 MG TABLET	Tier 3	
JANUMET 50-500 MG TABLET	Tier 3	QL (60 per 30 days)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	Tier 3	QL (60 per 30 days)
JANUMET XR 100-1,000 MG TABLET	Tier 3	
JANUVIA (25 MG TABLET, 50 MG TABLET)	Tier 3	QL (30 per 30 days)
JANUVIA 100 MG TABLET	Tier 3	
JARDIANCE 10 MG TABLET	Tier 3	QL (30 per 30 days)
JARDIANCE 25 MG TABLET	Tier 3	
JENTADUETO	Tier 3	
JENTADUETO XR	Tier 3	
<i>metformin er 1000 mg osmotic tablet (generic for fortamet)</i>	Tier 4	PA
<i>metformin er 500 mg osmotic tablet (generic for fortamet)</i>	Tier 4	PA
<i>metformin hcl 1000mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl 500 mg tablet (immediate-release)</i>	Tier 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BLOOD GLUCOSE REGULATORS (CONTINUED)</b>		
<i>metformin hcl 850 mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl er 1000 mg tablet (generic for glumetza)</i>	Tier 4	PA
<i>metformin hcl er 500mg (generic for glucophage xr)</i>	Tier 1	
<i>metformin hcl er 500mg (generic for glumetza)</i>	Tier 4	PA
<i>metformin hcl er 750 mg (generic for glucophage xr)</i>	Tier 1	
<i>miglitol</i>	Tier 2	
<i>nateglinide</i>	Tier 2	
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	Tier 3	PA
<i>pioglitazone hcl</i>	Tier 1	
<i>pioglitazone-glimepiride</i>	Tier 2	
<i>pioglitazone-metformin</i>	Tier 2	
<i>repaglinide</i>	Tier 2	
RYBELSUS	Tier 3	PA
SOLIQUA 100-33	Tier 3	I
SYMLINPEN 120	Tier 5	
SYMLINPEN 60	Tier 5	
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-500 MG TABLET)	Tier 3	QL (60 per 30 days)
SYNJARDY 12.5-1,000 MG TABLET	Tier 3	
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	Tier 3	QL (60 per 30 days)
SYNJARDY XR 10-1,000 MG TABLET	Tier 3	QL (30 per 30 days)
SYNJARDY XR 25-1,000 MG TABLET	Tier 3	
<i>tolbutamide</i>	Tier 2	
TRADJENTA	Tier 3	
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	Tier 3	QL (60 per 30 days)
TRIJARDY XR 10-5-1,000 MG TAB	Tier 3	QL (30 per 30 days)
TRIJARDY XR 25-5-1,000 MG TAB	Tier 3	
TRULICITY	Tier 3	PA
VICTOZA 2-PAK	Tier 3	PA
VICTOZA 3-PAK	Tier 3	PA
XULTOPHY 100-3.6	Tier 3	I
<b>BLOOD GLUCOSE REGULATORS</b>		
<i>alcohol pads</i>	Tier 3	

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BLOOD GLUCOSE REGULATORS (CONTINUED)</b>		
<i>autopen</i>	Tier 4	
<i>gauze pads 2 x 2</i>	Tier 3	
<i>inpen (for humalog)</i>	Tier 4	
<i>inpen (for novolog or fiasp)</i>	Tier 4	
INSULIN PEN NEEDLE	Tier 3	
INSULIN SYRINGE	Tier 3	
KORLYM	Tier 5	PA, QL (120 per 30 days)
<i>mifepristone 300 mg tablet</i>	Tier 5	PA, QL (120 per 30 days)
<i>novopen echo</i>	Tier 4	
<i>omnipod 5 g6 intro kit (gen 5)</i>	Tier 4	
<i>omnipod 5 g6 pods (gen 5)</i>	Tier 4	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	Tier 4	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	Tier 4	
<i>omnipod classic pods (gen 3)</i>	Tier 4	
<i>omnipod dash intro kit (gen 4)</i>	Tier 4	
<i>omnipod dash pdm kit (gen 4)</i>	Tier 4	
<i>omnipod dash pods (gen 4)</i>	Tier 4	
<i>v-go 20 disposable device</i>	Tier 4	
<i>v-go 30 disposable device</i>	Tier 4	
<i>v-go 40 disposable device</i>	Tier 4	
<b>GLYCEMIC AGENTS</b>		
BAQSIMI	Tier 3	QL (2 per 30 days)
<i>diazoxide</i>	Tier 4	
GLUCAGEN	Tier 3	QL (2 per 30 days)
GLUCAGON EMERGENCY KIT	Tier 3	QL (2 per 30 days)
GVOKE	Tier 3	QL (0.4 per 30 days)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	Tier 3	QL (0.4 per 30 days)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	Tier 3	QL (0.4 per 30 days)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	Tier 3	QL (0.4 per 30 days)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	Tier 3	QL (0.4 per 30 days)
<b>INSULINS</b>		
HUMALOG 100 UNIT/ML CARTRIDGE	Tier 3	I
HUMALOG 100 UNIT/ML VIAL	Tier 3	B/D PA, I
HUMALOG JUNIOR KWIKPEN	Tier 3	I
HUMALOG KWIKPEN U-100	Tier 3	I
HUMALOG KWIKPEN U-200	Tier 3	I
HUMALOG MIX 50-50	Tier 3	I
HUMALOG MIX 50-50 KWIKPEN	Tier 3	I
HUMALOG MIX 75-25	Tier 3	I
HUMALOG MIX 75-25 KWIKPEN	Tier 3	I

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BLOOD GLUCOSE REGULATORS (CONTINUED)</b>		
HUMALOG TEMPO PEN U-100	Tier 3	I
HUMULIN 70-30	Tier 3	I
HUMULIN 70/30 KWIKPEN	Tier 3	I
HUMULIN N	Tier 3	I
HUMULIN N KWIKPEN	Tier 3	I
HUMULIN R	Tier 3	B/D PA, I
HUMULIN R U-500	Tier 3	B/D PA, I
HUMULIN R U-500 KWIKPEN	Tier 3	I
<i>insulin glargine</i>	Tier 3	I
<i>insulin glargine max solostar</i>	Tier 3	I
<i>insulin glargine solostar</i>	Tier 3	I
<i>insulin lispro</i>	Tier 3	B/D PA, I
<i>insulin lispro junior kwikpen</i>	Tier 3	I
<i>insulin lispro kwikpen u-100</i>	Tier 3	I
<i>insulin lispro protamine mix</i>	Tier 3	I
LANTUS	Tier 3	I
LANTUS SOLOSTAR	Tier 3	I
TOUJEO MAX SOLOSTAR	Tier 3	I
TOUJEO SOLOSTAR	Tier 3	I
<b>BLOOD PRODUCTS AND MODIFIERS (CONTINUED)</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>	Tier 4	QL (60 per 30 days)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	Tier 3	QL (74 per 30 days)
ELIQUIS 2.5 MG TABLET	Tier 3	QL (60 per 30 days)
<i>enoxaparin 300 mg/3 ml vial</i>	Tier 3	
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)</i>	Tier 4	
<i>fondaparinux sodium (2.5 mg/0.5 ml syr, 5 mg/0.4 ml syr)</i>	Tier 4	
<i>fondaparinux sodium (7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)</i>	Tier 5	
FRAGMIN (5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/4 ML VIAL, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	Tier 5	
FRAGMIN 2,500 UNIT/0.2 ML SYR	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BLOOD PRODUCTS AND MODIFIERS (CONTINUED)</b>		
<i>heparin sodium</i>	Tier 2	
<i>heparin sodium in 0.45% nacl (heparin-1/2ns units/500, heparin unit/250-1/2 ns)</i>	Tier 2	
<i>heparin sodium-0.45% nacl</i>	Tier 2	
<i>heparin sodium-0.9% nacl (1,000 unit/500 ml-ns, 2,000 unit/1,000 ml-ns)</i>	Tier 2	
JANTOVEN	Tier 1	
PRADAXA 110 MG CAPSULE	Tier 4	QL (60 per 30 days)
<i>warfarin sodium</i>	Tier 1	
XARELTO (10 MG TABLET, 20 MG TABLET)	Tier 3	QL (30 per 30 days)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	Tier 3	QL (60 per 30 days)
XARELTO 1 MG/ML SUSPENSION	Tier 3	QL (900 per 30 days)
XARELTO DVT-PE TREAT START 30D	Tier 3	QL (51 per 30 days)
ZONTIVITY	Tier 4	PA, QL (30 per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide hcl</i>	Tier 2	
LEUKINE	Tier 5	
MULPLETA	Tier 5	PA, QL (7 per 30 days)
NEULASTA	Tier 5	QL (2 per 30 days)
NEULASTA ONPRO	Tier 5	QL (2 per 30 days)
PROCRIT (10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	Tier 5	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	Tier 4	PA
PROMACTA (50 MG TABLET, 75 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
PROMACTA 12.5 MG SUSPEN PACKET	Tier 5	PA
PROMACTA 12.5 MG TABLET	Tier 5	PA, QL (30 per 30 days)
PROMACTA 25 MG SUSPENSION PCKT	Tier 5	PA, QL (90per 30 days)
PROMACTA 25 MG TABLET	Tier 5	PA, QL (90 per 30 days)
<i>protamine sulfate</i>	Tier 4	
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	Tier 5	PA, QL (14 per 28 days)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	Tier 5	PA, QL (60 per 30 days)
PYRUKYND 5 MG TAPER PACK	Tier 5	PA, QL (7 per 28 days)
RETACRIT	Tier 4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BLOOD PRODUCTS AND MODIFIERS (CONTINUED)</b>		
UDENYCA	Tier 5	QL (2 per 30 days)
UDENYCA AUTOINJECTOR	Tier 5	QL (2 per 30 days)
UDENYCA ONBODY	Tier 5	QL (2 per 30 days)
ZARXIO	Tier 5	
<b>HEMOSTASIS AGENTS</b>		
<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	Tier 4	
<i>tranexamic acid 650 mg tablet</i>	Tier 2	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er</i>	Tier 4	QL (60 per 30 days)
BRILINTA	Tier 3	QL (60 per 30 days)
CABLIVI	Tier 5	PA, QL (31 per 30 days)
<i>cilostazol</i>	Tier 2	
<i>clopidogrel 300 mg tablet</i>	Tier 2	QL (1 per 30 days)
<i>clopidogrel 75 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Tier 2	
DOPTELET	Tier 5	PA, QL (90 per 30 days)
<i>prasugrel hcl</i>	Tier 3	QL (30 per 30 days)
TAVALISSE	Tier 5	PA, QL (60 per 30 days)
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Tier 1	
<i>clonidine patch</i>	Tier 3	QL (8 per 28 days)
<i>droxidopa</i>	Tier 5	PA, QL (180 per 30 days)
<i>finasteride 5 mg tablet</i>	Tier 2	
<i>guanfacine hcl</i>	Tier 2	
<i>midodrine hcl</i>	Tier 2	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 8 mg tab)</i>	Tier 2	
<i>phenoxylbenzamine hcl</i>	Tier 5	
<i>prazosin hcl</i>	Tier 2	
<i>terazosin hcl (1 mg capsule, 5 mg capsule, 10 mg capsule)</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	Tier 2	
EDARBI	Tier 4	ST, QL (30 per 30 days)
FILSPARI 200 MG TABLET	Tier 5	PA, QL (30 per 30 days)
FILSPARI 400 MG TABLET	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
<i>irbesartan</i>	Tier 1	
<i>losartan potassium</i>	Tier 1	
<i>olmesartan medoxomil</i>	Tier 1	
<i>telmisartan</i>	Tier 2	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	Tier 1	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl</i>	Tier 1	
<i>captopril</i>	Tier 2	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>moexipril hcl</i>	Tier 2	
<i>perindopril erbumine</i>	Tier 2	
<i>quinapril hcl</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 2	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i>	Tier 2	
<i>amiodarone hcl 200 mg tablet</i>	Tier 1	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	Tier 2	
<i>digoxin 0.05 mg/ml solution</i>	Tier 4	
<i>dofetilide</i>	Tier 3	
<i>flecainide acetate</i>	Tier 2	
LANOXIN (125 MCG TABLET, 250 MCG TABLET)	Tier 4	
<i>mexiletine hcl</i>	Tier 2	
MULTAQ	Tier 3	QL (60 per 30 days)
PACERONE	Tier 2	
<i>propafenone hcl</i>	Tier 2	
<i>propafenone hcl er</i>	Tier 3	
<i>propranolol er 120 mg capsule</i>	Tier 2	
<i>quinidine gluconate</i>	Tier 3	
<i>quinidine sulfate</i>	Tier 2	
SORINE	Tier 2	
<i>sotalol</i>	Tier 2	
SOTALOL AF	Tier 2	
SOTYLIZE	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
<i>verapamil er (120 mg tablet, 180 mg tablet, 240 mg tablet)</i>	Tier 1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	Tier 1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	Tier 2	
<i>atenolol</i>	Tier 1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>bisoprolol fumarate</i>	Tier 2	
<i>carvedilol</i>	Tier 1	
<i>carvedilol er</i>	Tier 3	QL (30 per 30 days)
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	Tier 2	
<i>metoprolol succinate er</i>	Tier 1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	Tier 1	
<i>nadolol</i>	Tier 2	
<i>nebivolol 20 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>pindolol</i>	Tier 2	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	Tier 2	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 160 mg capsule)</i>	Tier 2	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine besylate</i>	Tier 1	
<i>felodipine er</i>	Tier 2	
<i>isradipine</i>	Tier 2	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	Tier 2	
<i>nifedipine er</i>	Tier 2	
<i>nimodipine</i>	Tier 4	
<i>nisoldipine (er 25.5 mg tablet, er 30 mg tablet, er 40 mg tablet)</i>	Tier 2	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 20 mg tablet, er 34 mg tablet)</i>	Tier 3	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<b>CARTIA XT</b>	Tier 2	
<b>DILT-XR</b>	Tier 2	
<i>diltiazem 12hr er (60 mg cap, 90 mg cap)</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
<i>diltiazem 12hr er 120 mg cap</i>	Tier 3	
<i>diltiazem 24h er(cd) 360 mg cp</i>	Tier 3	
<i>diltiazem 24hr er (120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 420 mg cap)</i>	Tier 2	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)</i>	Tier 2	
<i>diltiazem 24hr er (la) (24h er(la) 120 mg tb, 24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)</i>	Tier 2	
<i>diltiazem 24hr er (xr)</i>	Tier 2	
<i>diltiazem 24hr er 360 mg cap</i>	Tier 3	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	Tier 2	
<b>MATZIM LA</b>	Tier 2	
<b>TAZTIA XT</b>	Tier 2	
<b>TIADYLT ER</b>	Tier 2	
<i>verapamil er (120 mg capsule, 180 mg capsule, 240 mg capsule)</i>	Tier 2	
<i>verapamil er pm</i>	Tier 3	
<i>verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule)</i>	Tier 2	
<i>verapamil sr 360 mg capsule</i>	Tier 3	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide 250 mg tablet</i>	Tier 2	
<i>aliskiren 150 mg tablet</i>	Tier 3	QL (30 per 30 days)
<i>aliskiren 300 mg tablet</i>	Tier 3	
<i>amiloride-hydrochlorothiazide</i>	Tier 2	
<i>amlodipine besylate-benazepril</i>	Tier 1	
<i>amlodipine-atorvastatin</i>	Tier 3	QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	Tier 2	QL (30 per 30 days)
<i>amlodipine-valsartan</i>	Tier 2	QL (30 per 30 days)
<i>amlodipine-valsartan-hctz</i>	Tier 2	QL (30 per 30 days)
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 2	
<b>CAMZYOS</b>	Tier 5	PA, QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	Tier 2	
<b>CORLANOR (5 MG TABLET, 7.5 MG TABLET)</b>	Tier 4	QL (60 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
CORLANOR 5 MG/5 ML ORAL SOLN	Tier 4	
DIGITEK	Tier 2	
EDARBYCLOR	Tier 4	ST, QL (30 per 30 days)
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
ENTRESTO	Tier 3	QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	Tier 2	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>isosorbide dinit-hydralazine</i>	Tier 4	QL (180 per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide</i>	Tier 2	
<i>metyrosine</i>	Tier 5	
<i>olmesartan-amlodipine-hctz</i>	Tier 2	QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>pentoxifylline</i>	Tier 2	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ranolazine er</i>	Tier 2	
<i>spironolactone-hctz</i>	Tier 2	
<i>telmisartan-amlodipine</i>	Tier 3	
<i>telmisartan-hydrochlorothiazid</i>	Tier 2	
<i>trandolapril-verapamil er</i>	Tier 3	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
VECAMYL	Tier 5	
VERQUVO (2.5 MG TABLET, 5 MG TABLET)	Tier 4	PA, QL (30 per 30 days)
VERQUVO 10 MG TABLET	Tier 4	PA
<b>DIURETICS, LOOP</b>		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	Tier 2	
<i>ethacrynic acid</i>	Tier 4	
<i>furosemide (10 mg/ml solution, 20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml syringe, 100 mg/10 ml vial)</i>	Tier 2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	Tier 1	
<i>toremide</i>	Tier 1	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl</i>	Tier 2	

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
<i>eplerenone</i>	Tier 2	
<b>KERENDIA</b>	Tier 4	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>triamterene</i>	Tier 4	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 2	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (40 mg tablet, 90 mg capsule, 120 mg tablet)</i>	Tier 4	QL (30 per 30 days)
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	Tier 2	QL (30 per 30 days)
<i>fenofibrate (50 mg capsule, 130 mg capsule, 150 mg capsule)</i>	Tier 3	QL (30 per 30 days)
<i>fenofibric acid (35 mg tablet, 105 mg tablet)</i>	Tier 2	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	Tier 2	QL (30 per 30 days)
<i>gemfibrozil</i>	Tier 1	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	Tier 1	
<i>fluvastatin er</i>	Tier 2	QL (30 per 30 days)
<i>fluvastatin sodium 20 mg cap</i>	Tier 2	QL (30 per 30 days)
<i>fluvastatin sodium 40 mg cap</i>	Tier 2	QL (60 per 30 days)
<b>LIVALO</b>	Tier 4	QL (30 per 30 days)
<i>lovastatin</i>	Tier 1	
<i>pitavastatin calcium</i>	Tier 2	QL (30 per 30 days)
<i>pravastatin sodium</i>	Tier 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	Tier 1	QL (45 per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	Tier 1	QL (30 per 30 days)
<i>simvastatin</i>	Tier 1	
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine (packet, powder)</i>	Tier 2	
<i>cholestyramine light (packet, powder)</i>	Tier 2	
<i>colesevelam 625 mg tablet</i>	Tier 3	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	Tier 2	
<i>ezetimibe</i>	Tier 1	QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS (CONTINUED)</b>		
<i>ezetimibe-simvastatin</i>	Tier 2	QL (30 per 30 days)
<i>icosapent ethyl</i>	Tier 3	QL (120 per 30 days)
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	Tier 5	PA, QL (60 per 30 days)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	Tier 5	PA, QL (30 per 30 days)
<i>niacin 500 mg tablet (rx version only)</i>	Tier 3	
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>niacin er 500 mg tablet</i>	Tier 2	QL (90 per 30 days)
<i>omega-3 acid ethyl esters</i>	Tier 2	QL (120 per 30 days)
PREVALITE (PACKET, POWDER)	Tier 2	
REPATHA PUSHTRONEX	Tier 3	QL (4 per 30 days)
REPATHA SURECLICK	Tier 3	QL (2 per 28 days)
REPATHA SYRINGE	Tier 3	QL (2 per 28 days)
<i>rosuvastatin-ezetimibe</i>	Tier 1	
VASCEPA	Tier 3	QL (120 per 30 days)
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 2	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	Tier 2	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	Tier 2	
<i>isosorbide dinitrate 40 mg tab</i>	Tier 5	
<i>isosorbide mononit er 120 mg</i>	Tier 2	
<i>isosorbide mononitrate</i>	Tier 2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)</i>	Tier 1	
NITRO-BID	Tier 4	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)</i>	Tier 2	
<i>nitroglycerin 0.4% ointment</i>	Tier 4	
<i>nitroglycerin 400 mcg lingual spray</i>	Tier 4	
<i>nitroglycerin patch</i>	Tier 2	
NITROMIST	Tier 4	
RECTIV	Tier 4	
<b>CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	Tier 4	PA
<i>dextroamp-amphet er 30 mg cap</i>	Tier 3	QL (60 per 30 days)
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5 ml, 10 mg tab)</i>	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)</b>		
<i>dextroamphetamine sulfate er</i>	Tier 4	
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap)</i>	Tier 3	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine</i>	Tier 3	
<i>lisdexamfetamine dimesylate</i>	Tier 4	QL (30 per 30 days)
<i>methamphetamine hcl</i>	Tier 4	PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl</i>	Tier 3	
<i>clonidine hcl er 0.1 mg tablet</i>	Tier 3	QL (120 per 30 days)
<b>DAYTRANA</b>	Tier 4	QL (30 per 30 days)
<i>dexmethylphenidate hcl</i>	Tier 3	
<i>dexmethylphenidate hcl er (er 15 mg cp, er 20 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	Tier 3	QL (30 per 30 days)
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp)</i>	Tier 3	QL (60 per 30 days)
<i>guanfacine hcl er (1 mg tablet, 2 mg tablet)</i>	Tier 3	QL (60 per 30 days)
<i>guanfacine hcl er (3 mg tablet, 4 mg tablet)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate</i>	Tier 4	QL (30 per 30 days)
<i>methylphenidate cd 30 mg cap</i>	Tier 3	QL (60 per 30 days)
<i>methylphenidate er (10 mg cap, 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	Tier 4	QL (30 per 30 days)
<i>methylphenidate er (10 mg tab, 20 mg tab)</i>	Tier 2	
<i>methylphenidate er (18 mg tab, 27 mg tab)</i>	Tier 3	QL (90 per 30 days)
<i>methylphenidate er (36 mg tab, 54 mg tab)</i>	Tier 3	QL (60 per 30 days)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp)</i>	Tier 3	QL (90per 30 days)
<i>methylphenidate er 72 mg tab</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate er(cd) 30mg cp</i>	Tier 3	QL (60 per 30 days)
<i>methylphenidate er(la) 30mg cp</i>	Tier 3	QL (60 per 30 days)
<i>methylphenidate er(la) 40mg cp</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 10 mg chew tab)</i>	Tier 3	
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap)</i>	Tier 3	QL (90 per 30 days)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp)</i>	Tier 3	QL (90 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)</b>		
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate la (10 mg cap, 20 mg cap)</i>	Tier 3	QL (90per 30 days)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	Tier 3	QL (30 per 30 days)
<i>methylphenidate la 30 mg cap</i>	Tier 3	QL (60 per 30 days)
RELEXXII ER 72 MG TABLET	Tier 4	QL (30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET	Tier 5	PA, QL (60 per 30 days)
AUSTEDO XR (6 MG TABLET, 12 MG TABLET)	Tier 5	PA, QL (30 per 30 days)
AUSTEDO XR 24 MG TABLET	Tier 5	PA, QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4)	Tier 5	PA
<i>carbamazepine er 100 mg tablet</i>	Tier 2	
EXSERVAN	Tier 5	
FIRDAPSE	Tier 5	PA
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	Tier 3	
<i>gabapentin (300 mg capsule, 400 mg capsule, 800 mg tablet)</i>	Tier 2	
<i>gabapentin er 300 mg tablet</i>	Tier 4	PA, QL (60 per 30 days)
<i>gabapentin er 600 mg tablet</i>	Tier 4	PA, QL (90 per 30 days)
GRALISE (ER 750 MG TABLET, ER 900 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK	Tier 5	PA
GRALISE ER 300 MG TABLET	Tier 4	PA, QL (60 per 30 days)
GRALISE ER 450 MG TABLET	Tier 4	PA, QL (30 per 30 days)
GRALISE ER 600 MG TABLET	Tier 4	PA, QL (90per 30 days)
HORIZANT ER 300 MG TABLET	Tier 4	PA, QL (90per 30 days)
HORIZANT ER 600 MG TABLET	Tier 4	PA, QL (60 per 30 days)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	Tier 5	PA
INGREZZA 40 MG CAPSULE	Tier 5	PA, QL (30 per 30 days)
INGREZZA 40 MG SPRINKLE CAP	Tier 5	PA, QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	Tier 5	PA
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	Tier 5	PA
NUEDEXTA	Tier 5	PA, QL (60 per 30 days)
NURTEC ODT	Tier 5	PA, QL (18 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)</b>		
RADICAVA ORS	Tier 5	PA, QL (70 per 28 days)
RELYVRIO	Tier 5	PA, QL (56 per 28 days)
<i>riluzole</i>	Tier 2	
TEGLUTIK	Tier 5	
<i>tetrabenazine 12.5 mg tablet</i>	Tier 5	PA, QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i>	Tier 5	PA, QL (120 per 30 days)
TIGLUTIK	Tier 5	
UBRELVY	Tier 5	PA, QL (16 per 30 days)
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl dr 20 mg cap</i>	Tier 2	QL (120 per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	Tier 2	QL (90 per 30 days)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 150 mg capsule)</i>	Tier 3	QL (120 per 30 days)
<i>pregabalin 100 mg capsule</i>	Tier 3	QL (180 per 30 days)
<i>pregabalin 225 mg capsule</i>	Tier 3	QL (90 per 30 days)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 4	ST, QL (60 per 30 days)
SAVELLA TITRATION PACK	Tier 4	ST
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	Tier 5	QL (4 per 28 days)
AVONEX PEN	Tier 5	QL (4 per 30 days)
COPAXONE 40 MG/ML SYRINGE	Tier 5	QL (12 per 28 days)
<i>dalfampridine er</i>	Tier 3	QL (60 per 30 days)
<i>dimethyl fumarate</i>	Tier 5	QL (60 per 30 days)
<i>fingolimod</i>	Tier 5	QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i>	Tier 5	QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i>	Tier 5	QL (12 per 28 days)
GLATOPA 20 MG/ML SYRINGE	Tier 5	QL (30 per 30 days)
GLATOPA 40 MG/ML SYRINGE	Tier 5	QL (12 per 28 days)
KESIMPTA PEN	Tier 5	
PLEGRIDY	Tier 5	QL (1 per 28 days)
PLEGRIDY PEN	Tier 5	QL (1 per 28 days)
REBIF	Tier 5	QL (12 per 28 days)
REBIF REBIDOSE	Tier 5	QL (12 per 28 days)
<i>teriflunomide</i>	Tier 2	QL (30 per 30 days)
<b>DENTAL AND ORAL AGENTS (CONTINUED)</b>		
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl</i>	Tier 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DENTAL AND ORAL AGENTS (CONTINUED)</b>		
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	Tier 2	
DENTA 5000 PLUS	Tier 2	
DENTA 5000 PLUS SENSITIVE	Tier 2	
DENTAGEL	Tier 2	
<i>doxycycline hyclate 20 mg tab</i>	Tier 2	
FLUORIMAX 5000	Tier 4	
JUST RIGHT 5000	Tier 4	
KOURZEQ	Tier 2	
ORALONE	Tier 2	
PERIOGARD	Tier 2	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Tier 3	
PREVIDENT 5000 1.1% DRY MOUTH	Tier 4	
PREVIDENT 5000 BOOSTER PLUS	Tier 4	
PREVIDENT 5000 ENAMEL PROTECT	Tier 4	
PREVIDENT 5000 ORTHO DEFENSE	Tier 4	
PREVIDENT 5000 SENSITIVE	Tier 4	
SF 1.1% GEL	Tier 2	
SF 5000 PLUS	Tier 2	
<i>sodium fluoride (0.2% rinse, 1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 2	
SODIUM FLUORIDE 5000 PLUS	Tier 2	
<i>sodium fluoride enamel protect</i>	Tier 2	
<i>sodium fluoride sensitive</i>	Tier 2	
<i>triamcinolone 0.1% paste</i>	Tier 2	
<b>DERMATOLOGICAL AGENTS (CONTINUED)</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	Tier 4	
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	Tier 4	PA
<i>adapalene (solution, swab)</i>	Tier 5	PA
<i>adapalene-bnzyl perox 0.1-2.5%</i>	Tier 3	
<i>adapalene-bnzyl perox 0.3-2.5%</i>	Tier 4	
ALTRENO	Tier 4	PA
AMNESTEEM	Tier 3	
ARAZLO	Tier 4	PA
AVITA 0.025% CREAM	Tier 4	PA
<i>azelaic acid</i>	Tier 3	
AZELEX	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DERMATOLOGICAL AGENTS (CONTINUED)</b>		
CLARAVIS	Tier 3	
<i>clind ph-benzoyl pero 1.2-2.5%</i>	Tier 4	
<i>clind ph-benzoyl perox 1.2-5%</i>	Tier 3	
<i>clindamyc-bnz perox 1.2-3.75%</i>	Tier 4	
<i>clindamycin-benzoyl perox 1-5%</i>	Tier 3	
DIFFERIN 0.1% LOTION	Tier 4	PA
<i>erythromycin-benzoyl peroxide</i>	Tier 3	
FABIOR	Tier 4	PA
FINACEA 15% FOAM	Tier 4	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	Tier 3	
<i>isotretinoin (25 mg capsule, 35 mg capsule)</i>	Tier 5	
<i>ivermectin 1% cream</i>	Tier 4	
MYORISAN	Tier 3	
ONEXTON (1.2%-3.75% GEL, GEL PUMP)	Tier 4	
<i>tazarotene (0.05% gel, 0.1% foam, 0.1% gel)</i>	Tier 4	PA
<i>tazarotene 0.1% cream</i>	Tier 3	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	Tier 4	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	Tier 3	PA
<i>tretinoin 0.05% gel</i>	Tier 4	PA
ZENATANE	Tier 3	
<b>DERMATITIS AND PRURITUS AGENTS</b>		
ALA-CORT	Tier 2	
<i>alclometasone dipropionate</i>	Tier 2	
<i>amcinonide (lotion, ointment)</i>	Tier 4	
<i>amcinonide 0.1% cream</i>	Tier 3	
<i>ammonium lactate</i>	Tier 2	
<i>betamethasone diprop augmented (crm, gel, lot, oin)</i>	Tier 2	
<i>betamethasone dipropionate (crm, lot, oint)</i>	Tier 2	
<i>betamethasone valer 0.12% foam</i>	Tier 3	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	Tier 2	
<i>clobetasol emollient 0.05% crm</i>	Tier 2	
<i>clobetasol emollnt 0.05% foam</i>	Tier 4	
<i>clobetasol emulsion</i>	Tier 4	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DERMATOLOGICAL AGENTS (CONTINUED)</b>		
<i>clobetasol propionate (prop foam, prop spray, shampoo, topical lotn)</i>	Tier 4	
<i>desonide (gel, lotion, ointment)</i>	Tier 4	
<i>desonide 0.05% cream</i>	Tier 3	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment, 0.25% spray)</i>	Tier 4	
<b>DESRX</b>	Tier 4	
<i>diflorasone diacetate</i>	Tier 4	
<i>doxepin 5% cream</i>	Tier 4	PA, QL (90 per 30 days)
<b>DUOBRII</b>	Tier 5	PA, QL (200 per 28 days)
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	Tier 3	
<i>fluocinolone acetonide (body oil, scalp oil)</i>	Tier 2	
<i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.1% cream)</i>	Tier 3	
<i>fluocinonide-e</i>	Tier 3	
<i>flurandrenolide (cream, lotion)</i>	Tier 4	
<i>fluticasone prop 0.05% lotion</i>	Tier 4	
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	Tier 2	
<i>halcinonide</i>	Tier 4	
<i>halobetasol prop 0.05% cream</i>	Tier 2	
<i>halobetasol prop 0.05% ointmnt</i>	Tier 3	
<i>hydrocortisone (1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment)</i>	Tier 2	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint, hydrocortisone butyr soln)</i>	Tier 2	
<i>hydrocortisone val 0.2% cream</i>	Tier 2	
<i>hydrocortisone val 0.2% ointmt</i>	Tier 3	
<i>mometasone furoate (cream, oint, soln)</i>	Tier 2	
<b>OPZELURA</b>	Tier 5	PA
<i>pimecrolimus</i>	Tier 4	QL (100 per 30 days)
<b>PRAMOSONE 1% LOTION</b>	Tier 2	
<i>prednicarbate 0.1% ointment</i>	Tier 2	
<b>PRUDOXIN</b>	Tier 4	
<i>selenium sulfide 2.5% lotion</i>	Tier 2	
<b>SERNIVO</b>	Tier 5	
<i>tacrolimus (0.03% ointment, 0.1% ointment)</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 V.



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DERMATOLOGICAL AGENTS (CONTINUED)</b>		
<i>triamcinolone 0.05% ointment</i>	Tier 4	
<i>triamcinolone 0.147 mg/g topical spray</i>	Tier 4	QL (100 per 30 days)
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	Tier 2	
TRIANEX	Tier 4	
TRIDERM	Tier 2	
TRITOCIN	Tier 4	
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)	Tier 2	
<i>calcipotriene (cream, ointment, solution)</i>	Tier 4	
<i>calcipotriene-betamethasone</i>	Tier 4	PA
<i>calcipotriene-betamethasone dp</i>	Tier 4	PA
<i>calcitriol 3 mcg/g ointment</i>	Tier 4	
CARAC	Tier 5	
<i>clotrimazole-betamethasone (crm, lot)</i>	Tier 2	
CONDYLOX	Tier 4	
CORTIFOAM	Tier 4	
<i>diclofenac sodium 3% gel</i>	Tier 4	PA, QL (100 per 30 days)
ENSTILAR	Tier 5	PA
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	Tier 2	
<i>fluorouracil 0.5% cream</i>	Tier 5	
<i>hydrocort-pramoxine 1%-1% crm</i>	Tier 3	
HYFTOR	Tier 5	PA
<i>imiquimod 5% cream packet</i>	Tier 2	
KLISYRI	Tier 5	PA
<i>methoxsalen</i>	Tier 5	
NEO-SYNALAR 0.5%-0.025% CREAM	Tier 4	
<i>nystatin-triamcinolone</i>	Tier 2	
OTEZLA	Tier 5	PA, QL (60 per 30 days)
PICATO	Tier 5	
<i>podofilox 0.5% gel</i>	Tier 4	
<i>podofilox 0.5% topical soln</i>	Tier 2	
PRAMOSONE (1%-1% CREAM, 2.5%-1% LOTION)	Tier 2	
REGRANEX	Tier 5	
SANTYL	Tier 4	
<i>silver sulfadiazine</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DERMATOLOGICAL AGENTS (CONTINUED)</b>		
SSD	Tier 2	
<i>sterile water for irrigation</i>	Tier 2	
TIS-U-SOL PENTALYTE	Tier 2	
XERESE	Tier 5	
<b>PEDICULICIDES/SCABICIDES</b>		
CROTAN	Tier 5	
<i>malathion</i>	Tier 3	
<i>permethrin</i>	Tier 3	
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir 5% ointment</i>	Tier 3	QL (30 per 30 days)
CICLODAN 8% SOLUTION	Tier 4	
CLINDACIN	Tier 4	
<i>clindamycin phosphate (ph solution, phosp lotion)</i>	Tier 2	
<i>clindamycin phosphate 1% foam</i>	Tier 4	
<i>clindamycin phosphate 1% gel (alternative to clindagel)</i>	Tier 4	
<i>clindamycin phosphate 1% gel (generic for cleocin t)</i>	Tier 4	
CLINDESSE	Tier 4	
<i>dapsone (5% gel, 7.5% gel pump)</i>	Tier 4	
ERY 2% PADS	Tier 2	
<i>erythromycin (gel, solution)</i>	Tier 2	
<i>mupirocin 2% ointment</i>	Tier 2	
SULFAMYLON 8.5% CREAM	Tier 4	
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)</b>		
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
<i>carglumic acid</i>	Tier 5	PA
CLINISOL	Tier 4	B/D PA
CLINOLIPID	Tier 4	B/D PA
<i>dextrose 10%-0.2% nacl</i>	Tier 2	
<i>dextrose 10%-0.45% nacl</i>	Tier 2	
<i>dextrose 2.5%-0.45% nacl</i>	Tier 2	
<i>dextrose 5%-0.2% nacl</i>	Tier 2	
<i>dextrose 5%-0.225% nacl</i>	Tier 2	
<i>dextrose 5%-0.3% nacl</i>	Tier 2	
<i>dextrose 5%-0.33% nacl</i>	Tier 2	
<i>dextrose 5%-0.45% nacl</i>	Tier 2	
<i>dextrose 5%-0.9% nacl</i>	Tier 2	
<i>dextrose 5%-electrolyte #48</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)</b>		
<i>dextrose in lactated ringers</i>	Tier 2	
<i>dextrose in water</i>	Tier 2	
EFFER-K 25 MEQ TABLET EFF	Tier 2	
<i>fluoride</i>	Tier 2	
<i>glucose in water</i>	Tier 2	
INTRALIPID	Tier 4	B/D PA
IONOSOL MB-DEXTROSE 5%	Tier 4	
ISOLYTE P WITH DEXTROSE	Tier 4	
ISOLYTE S	Tier 4	
KABIVEN	Tier 4	B/D PA
<i>kcl 30 meq/l in d5w solution</i>	Tier 2	
<i>kcl 40 meq in d5w-lact ringer</i>	Tier 4	
<i>kcl-d5w-0.2% nacl</i>	Tier 2	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl, 30 meq/l-d5w-0.225% nacl, 40 meq/l-d5w-0.225% nacl)</i>	Tier 2	
<i>kcl-d5w-0.3% nacl</i>	Tier 2	
<i>kcl-d5w-0.45% nacl</i>	Tier 2	
<i>kcl-d5w-0.9% nacl</i>	Tier 2	
KLOR-CON 10	Tier 2	
KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY)	Tier 4	
KLOR-CON 8	Tier 2	
KLOR-CON M10	Tier 2	
KLOR-CON M15	Tier 2	
KLOR-CON M20	Tier 2	
KLOR-CON-EF	Tier 2	
<i>lactated ringers</i>	Tier 2	
<i>levocarnitine 330 mg tablet</i>	Tier 4	
<i>magnesium chl 200 mg/ml vial</i>	Tier 4	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	Tier 2	
<i>magnesium sulfate (4 g/100 ml bag, 4 g/50 ml bag, 20 g/500 ml bag, 40 g/1,000 ml)</i>	Tier 4	
<i>multiple electrolytes t1 ph5.5</i>	Tier 2	
<i>multiple electrolytes t1 ph7.4</i>	Tier 2	
OMEGAVEN	Tier 4	B/D PA
PERIKABIVEN	Tier 4	B/D PA
PLASMA-LYTE 148	Tier 4	
PLASMA-LYTE A PH 7.4	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)</b>		
<i>potassium chloride (cl10%(20meq/15ml) cup, cl10%(40meq/30ml) cup, cl20%(40meq/15ml) cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20% (40 meq/15ml))</i>	Tier 4	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 15 tablet, er 20 tablet)</i>	Tier 2	
<i>potassium citrate er</i>	Tier 2	
<i>potassium cl 20 meq packet (select manufacturers only)</i>	Tier 4	
<b>PREMASOL</b>	Tier 4	B/D PA
<b>PROSOL</b>	Tier 4	B/D PA
<b>RENACIDIN</b>	Tier 4	
<i>ringers injection</i>	Tier 2	
<i>ringers irrigation</i>	Tier 2	
<b>SMOFLIPID</b>	Tier 4	B/D PA
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	Tier 2	
<i>sodium chloride-water</i>	Tier 2	
<i>sodium fluoride oral tablet</i>	Tier 2	
<b>TRAVASOL</b>	Tier 4	B/D PA
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
<b>CHEMET</b>	Tier 4	
<b>CUVRIOR</b>	Tier 5	PA, QL (300 per 30 days)
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	Tier 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)</b>		
<i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>	Tier 4	
<i>deferiprone</i>	Tier 5	
<i>deferiprone (3 times a day)</i>	Tier 5	
<i>deferoxamine mesylate</i>	Tier 2	
FERRIPROX (100 MG/ML SOLUTION, 1,000 MG TABLET)	Tier 5	
FERRIPROX (2 TIMES A DAY)	Tier 5	
FERRIPROX (3 TIMES A DAY)	Tier 5	
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Tier 5	PA, QL (56 per 28 days)
JYNARQUE 15 MG TABLET	Tier 5	PA, QL (120 per 30 days)
JYNARQUE 30 MG TABLET	Tier 5	PA
<i>penicillamine 250 mg capsule</i>	Tier 5	ST
<i>penicillamine 250 mg tablet</i>	Tier 5	
<i>tolvaptan 15 mg tablet</i>	Tier 5	PA, QL (30 per 30 days)
<i>tolvaptan 30 mg tablet</i>	Tier 5	PA
<i>trientine hcl 250 mg capsule</i>	Tier 5	ST
<i>trientine hcl 500 mg capsule</i>	Tier 5	ST, QL (120 per 30 days)
<b>PHOSPHATE BINDERS</b>		
AURYXIA	Tier 5	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	Tier 2	
<i>lanthanum carbonate</i>	Tier 5	
<i>sevelamer 0.8 gm powder packet (generic for renvela)</i>	Tier 4	QL (180 per 30 days)
<i>sevelamer 2.4 gm powder packet (generic for renvela)</i>	Tier 4	
<i>sevelamer carbonate 800 mg tab (generic for renvela)</i>	Tier 3	
<i>sevelamer hcl 400 mg tab (generic for renagel)</i>	Tier 4	
<i>sevelamer hcl 800 mg tab (generic for renagel)</i>	Tier 4	
VELPHORO	Tier 5	
<b>POTASSIUM BINDERS</b>		
KIONEX	Tier 2	
LOKELMA	Tier 3	QL (90per 30 days)
<i>sodium polystyrene sulf powder</i>	Tier 2	
SPS	Tier 2	
VELTASSA	Tier 5	QL (30 per 30 days)
<b>VITAMINS</b>		
CADEAU DHA	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)</b>		
COMPLETENATE	Tier 4	
CONCEPT DHA	Tier 4	
CONCEPT OB	Tier 4	
ELITE-OB	Tier 4	
ENBRACE HR	Tier 4	
FOLIVANE-OB	Tier 4	
NEEVODHA	Tier 4	
NESTABS ONE	Tier 4	
OB COMPLETE	Tier 4	
PNV-DHA	Tier 4	
PNV-OMEGA	Tier 4	
PRENATAL VITAMIN ORAL TABLET	Tier 4	
<i>prenatal-u</i>	Tier 4	
PRENATE AM	Tier 4	
PRENATE CHEWABLE	Tier 4	
PRENATE DHA	Tier 4	
PRENATE ESSENTIAL	Tier 4	
TARON-C DHA	Tier 4	
VIRT-C DHA	Tier 4	
VIRT-PN DHA	Tier 4	
ZATEAN-PN DHA	Tier 4	
ZATEAN-PN PLUS	Tier 4	
<b>GASTROINTESTINAL AGENTS (CONTINUED)</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
CONSTULOSE	Tier 2	
ENULOSE	Tier 2	
GENERLAC	Tier 2	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	Tier 4	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	Tier 2	
<i>lactulose 10 gm packet</i>	Tier 5	
LINZESS	Tier 3	QL (30 per 30 days)
<i>lubiprostone</i>	Tier 2	QL (60 per 30 days)
MOVANTI	Tier 3	QL (30 per 30 days)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	Tier 5	PA, QL (18 per 30 days)
RELISTOR 150 MG TABLET	Tier 5	PA, QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE	Tier 5	PA, QL (12 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GASTROINTESTINAL AGENTS (CONTINUED)</b>		
SYMPROIC	Tier 4	PA, QL (30 per 30 days)
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl</i>	Tier 5	QL (60 per 30 days)
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	Tier 2	
<i>loperamide 2 mg capsule</i>	Tier 2	
MYTESI	Tier 4	PA
VIBERZI	Tier 5	QL (60 per 30 days)
XERMELO	Tier 5	PA, QL (90 per 30 days)
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>chlordiazepoxide-clidinium</i>	Tier 4	
<i>chlordiazepoxide/clidinium (select manufacturers only)</i>	Tier 4	
<i>dicyclomine 10 mg/5 ml soln</i>	Tier 3	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	Tier 2	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	Tier 2	
<i>methscopolamine bromide</i>	Tier 2	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>bismuth-metronidazole-tetracyc</i>	Tier 4	
BYLVAY	Tier 5	PA
CHENODAL	Tier 5	
CLENPIQ	Tier 4	
GATTEX	Tier 5	PA
GAVILYTE-C	Tier 2	
GAVILYTE-G	Tier 2	
GAVILYTE-N	Tier 2	
<i>lansoprazol-amoxicil-clarithro</i>	Tier 4	QL (112 per 30 days)
LIVMARLI	Tier 5	PA
<i>metoclopramide 10 mg tablet</i>	Tier 2	
MOVIPREP	Tier 4	
MYALEPT	Tier 5	PA
OCALIVA	Tier 5	PA, QL (30 per 30 days)
<i>peg 3350 electrolyte soln (4000 ml package)</i>	Tier 2	
<i>peg-3350 and electrolytes soln (4000 ml package)</i>	Tier 2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 2	
PLENVU	Tier 4	
PYLERA	Tier 5	
RELTONE 200 MG CAPSULE	Tier 5	PA, QL (30 per 30 days)
RELTONE 400 MG CAPSULE	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GASTROINTESTINAL AGENTS (CONTINUED)</b>		
SEROSTIM 6 MG VIAL	Tier 5	PA
<i>sod sulf-potass sulf-mag sulf</i>	Tier 2	
SUPREP	Tier 4	
SUTAB	Tier 4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	Tier 3	
<i>ursodiol 200 mg capsule</i>	Tier 5	PA, QL (30 per 30 days)
<i>ursodiol 400 mg capsule</i>	Tier 5	PA
XIFAXAN 200 MG TABLET	Tier 4	
XIFAXAN 550 MG TABLET	Tier 5	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)</i>	Tier 2	
<i>cimetidine hcl</i>	Tier 2	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	Tier 2	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	Tier 2	
<b>PROTECTANTS</b>		
CARAFATE 1 GM/10 ML SUSP	Tier 4	
<i>misoprostol</i>	Tier 2	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	Tier 4	
<i>sucralfate 1 gm tablet</i>	Tier 2	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	Tier 2	QL (60 per 30 days)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	Tier 2	QL (60 per 30 days)
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	Tier 2	QL (60 per 30 days)
<i>omeprazole dr 20 mg capsule</i>	Tier 2	QL (120 per 30 days)
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	Tier 2	QL (60 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i>	Tier 2	QL (60 per 30 days)
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)</b>		
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
ARALAST NP	Tier 5	PA
<i>betaine anhydrous</i>	Tier 5	
CERDELGA	Tier 5	PA, QL (56 per 28 days)

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)</b>		
CHOLBAM	Tier 5	PA
CREON	Tier 3	
<i>cromolyn 100 mg/5 ml oral conc</i>	Tier 4	
CYSTADANE	Tier 5	
CYSTADROPS	Tier 5	
CYSTAGON	Tier 4	
CYSTARAN	Tier 5	
DAYBUE	Tier 5	PA, QL (3600 per 30 days)
<i>dichlorphenamide</i>	Tier 5	PA, QL (120 per 30 days)
DOJOLVI	Tier 5	PA
ENDARI	Tier 5	PA, QL (180 per 30 days)
EVRYSDI	Tier 5	PA, QL (160 per 24 days)
GALAFOLD	Tier 5	PA, QL (14 per 28 days)
GLASSIA	Tier 5	PA
JOENJA	Tier 5	PA, QL (60 per 30 days)
KEVEYIS	Tier 5	PA, QL (120 per 30 days)
<i>miglustat</i>	Tier 5	PA
<i>nitisinone</i>	Tier 5	PA
NITYR	Tier 5	PA
OPFOLDA	Tier 4	QL (8 per 28 days)
ORMALVI	Tier 5	PA, QL (120 per 30 days)
OXBRYTA	Tier 5	PA, QL (150 per 30 days)
PALYNZIQ	Tier 5	PA
PROCYSBI	Tier 5	PA
PROLASTIN C	Tier 5	PA
RAVICTI	Tier 5	PA
REVCOVI	Tier 5	PA
<i>sapropterin dihydrochloride</i>	Tier 5	PA
SKYCLARYS	Tier 5	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	Tier 5	
SUCRAID	Tier 5	
TEGSEDI	Tier 5	PA, QL (6 per 28 days)
VYNDAMAX	Tier 5	PA
VYNDAQEL	Tier 5	PA
ZEMAIRA	Tier 5	PA
ZENPEP	Tier 3	
ZOKINVY	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GENITOURINARY AGENTS (CONTINUED)</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin er</i>	Tier 3	QL (30 per 30 days)
<i>fesoterodine er 4 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>fesoterodine er 8 mg tablet</i>	Tier 2	
<i>flavoxate hcl</i>	Tier 2	
GEMTESA	Tier 3	
<i>mirabegron er</i>	Tier 3	QL (30 per 30 days)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	Tier 3	QL (30 per 30 days)
MYRBETRIQ ER 8 MG/ML SUSP	Tier 3	
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	Tier 2	
<i>oxybutynin chloride er</i>	Tier 2	QL (60 per 30 days)
<i>solifenacin 10 mg tablet</i>	Tier 2	
<i>solifenacin 5 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>tolterodine tartrate</i>	Tier 2	
<i>tolterodine tartrate er</i>	Tier 2	QL (30 per 30 days)
<i>trospium chloride</i>	Tier 2	
<i>trospium chloride er</i>	Tier 3	QL (30 per 30 days)
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	Tier 2	QL (60 per 30 days)
CARDURA XL	Tier 4	
<i>doxazosin mesylate 4 mg tab</i>	Tier 2	
<i>dutasteride</i>	Tier 2	QL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	Tier 2	QL (30 per 30 days)
ENTADFI	Tier 3	QL (30 per 30 days)
<i>silodosin</i>	Tier 3	
<i>tadalafil 2.5 mg tablet (generic for cialis)</i>	Tier 3	PA, QL (30 per 30 days)
<i>tadalafil 5 mg tablet (generic for cialis)</i>	Tier 3	PA, QL (30 per 30 days)
<i>tamsulosin hcl</i>	Tier 1	
<i>terazosin 2 mg capsule</i>	Tier 1	
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride</i>	Tier 2	
ELMIRON	Tier 4	
LITHOSTAT	Tier 4	
THIOLA EC	Tier 5	
<i>tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)</i>	Tier 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
ACTHAR	Tier 5	PA
<i>cortisone acetate</i>	Tier 2	
CORTROPHIN	Tier 5	PA
<i>deflazacort (22.75 mg/ml susp, 30 mg tablet, 36 mg tablet)</i>	Tier 5	PA
<i>deflazacort 18 mg tablet</i>	Tier 5	PA, QL (30 per 30 days)
<i>deflazacort 6 mg tablet</i>	Tier 5	PA, QL (60 per 30 days)
DEPO-MEDROL 100 MG/5 ML VIAL	Tier 4	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 6 mg tablet)</i>	Tier 2	
<i>dexamethasone (6 1.5 mg tab, 13 1.5 mg tb)</i>	Tier 4	
<i>dexamethasone 20 mg/2 ml-water</i>	Tier 2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syring, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	Tier 2	
EMFLAZA (22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	Tier 5	PA
EMFLAZA 18 MG TABLET	Tier 5	PA, QL (30 per 30 days)
EMFLAZA 6 MG TABLET	Tier 5	PA, QL (60 per 30 days)
<i>fludrocortisone acetate</i>	Tier 2	
HEMADY	Tier 4	
KENALOG-10	Tier 4	
KENALOG-40	Tier 4	
KENALOG-80	Tier 4	
MEDROL 2 MG TABLET	Tier 4	B/D PA
<i>methylprednisolone (4 mg tablet, 16 mg tab)</i>	Tier 3	B/D PA
<i>methylprednisolone 4 mg dosepk</i>	Tier 2	
<i>methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl, 200 mg/5 ml, 400 mg/10ml, 400 mg/5 ml, 800 mg/10ml)</i>	Tier 2	
<i>methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg, 500 mg)</i>	Tier 2	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup)</i>	Tier 3	B/D PA
<i>prednisolone sodium phos odt</i>	Tier 4	
<i>prednisolone sodium phosphate (15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	Tier 3	B/D PA
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	Tier 1	B/D PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)</b>		
<i>prednisone 10 mg tab dose pack</i>	Tier 2	
<i>prednisone 5 mg/5 ml solution</i>	Tier 2	B/D PA
PREDNISONE INTENSOL	Tier 2	B/D PA
RAYOS	Tier 5	B/D PA
SOLU-CORTEF	Tier 4	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	Tier 4	
TARPEYO	Tier 5	PA, QL (120 per 30 days)
<i>triamcinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50mg/5ml vl, 200 mg/5 ml, 400 mg/10ml)</i>	Tier 2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (CONTINUED)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<i>chorionic gonad 10,000 unit vl</i>	Tier 4	PA
<i>desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr)</i>	Tier 3	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	Tier 2	
EGRIFTA SV	Tier 5	PA
GENOTROPIN	Tier 5	PA
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	Tier 5	PA
HUMATROPE 5 MG VIAL	Tier 5	
INCRELEX	Tier 5	PA
NOC DURNA	Tier 4	QL (30 per 30 days)
NORDITROPIN FLEXPRO	Tier 5	PA
NUTROPIN AQ NUSPIN	Tier 5	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	Tier 5	PA
PREGNYL	Tier 4	PA
SAIZEN	Tier 5	PA
SAIZEN-SAIZENPREP	Tier 5	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL)	Tier 5	PA
ZOMACTON 10 MG VIAL	Tier 5	PA
ZOMACTON 5 MG VIAL	Tier 4	PA
ZORBTIVE	Tier 5	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone 10 mg tablet</i>	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
<i>oxandrolone 2.5 mg tablet</i>	Tier 3	
<b>ANDROGENS</b>		
ANDRODERM	Tier 3	QL (30 per 30 days)
<i>danazol</i>	Tier 2	
METHITEST	Tier 4	
<i>methyltestosterone</i>	Tier 4	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	Tier 4	QL (300 per 30 days)
<i>testosterone 1.62% (2.5 g) pkt</i>	Tier 4	QL (150 per 30 days)
<i>testosterone 1.62% gel pump</i>	Tier 3	QL (150 per 30 days)
<i>testosterone 1.62%(1.25 g) pkt</i>	Tier 4	QL (38 per 30 days)
<i>testosterone 10 mg gel pump</i>	Tier 4	QL (120 per 30 days)
<i>testosterone 12.5 mg/1.25 gram</i>	Tier 3	QL (300 per 30 days)
<i>testosterone 30 mg/1.5 ml pump</i>	Tier 4	QL (180 per 30 days)
<i>testosterone cypionate</i>	Tier 2	
<i>testosterone enanthate</i>	Tier 2	
<b>ESTROGENS</b>		
ANNOVERA	Tier 4	QL (1 per 365 days)
CLIMARA PRO	Tier 4	QL (4 per 28 days)
DEPO-ESTRADIOL	Tier 4	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	Tier 4	
DOTTI	Tier 2	QL (8 per 28 days)
<i>drospirenone-ethinyl estradiol</i>	Tier 2	
ELESTRIN	Tier 4	
ELURYNG	Tier 3	
ENILLORING	Tier 3	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	Tier 2	
<i>estradiol 0.06% 1.25g gel pump</i>	Tier 3	
<i>estradiol twice weekly patch</i>	Tier 2	QL (8 per 28 days)
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml)</i>	Tier 2	
<i>estradiol valerate 200 mg/5 ml</i>	Tier 3	
<i>estradiol weekly patch</i>	Tier 2	QL (4 per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
ESTRING	Tier 3	QL (1 per 90 days)
ESTROGEL	Tier 3	
<i>ethynodiol-ethinyl estradiol</i>	Tier 2	
<i>etonogestrel-ethinyl estradiol</i>	Tier 3	
EVAMIST	Tier 4	
GIANVI	Tier 2	
HALOETTE	Tier 3	
JASMIEL	Tier 2	
KELNOR 1-35	Tier 2	
KELNOR 1-50	Tier 2	
LORYNA	Tier 2	
MENEST	Tier 4	
NATAZIA	Tier 4	
NIKKI	Tier 2	
OCELLA	Tier 2	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	Tier 3	
PREMARIN VAGINAL CREAM-APPL	Tier 4	
PREMPHASE	Tier 3	
PREMPRO	Tier 3	
SYEDA	Tier 4	
VESTURA	Tier 2	
YUVAFEM	Tier 2	
ZARAH	Tier 2	
ZOVIA 1-35	Tier 2	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER</b>		
AMABELZ	Tier 2	
<i>clomiphene citrate</i>	Tier 4	PA
COMBIPATCH	Tier 4	QL (8 per 28 days)
<i>estradiol-norethindrone acetat</i>	Tier 2	
PREFEST	Tier 4	
<b>PROGESTINS</b>		
ALTAVERA	Tier 2	
ALYACEN	Tier 2	
AMETHIA	Tier 2	
AMETHIA LO	Tier 2	
ANGELIQ	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
APRI	Tier 2	
ARANELLE	Tier 2	
ASHLYNA	Tier 2	
AUBRA	Tier 2	
AUBRA EQ	Tier 2	
AUROVELA	Tier 2	
AUROVELA 24 FE	Tier 2	
AUROVELA FE	Tier 2	
AVIANE	Tier 2	
AZURETTE	Tier 2	
BALZIVA	Tier 2	
BEKYREE	Tier 2	
BLISOVI 24 FE	Tier 2	
BLISOVI FE	Tier 2	
BRIELLYN	Tier 2	
CAMILA	Tier 2	
CAMRESE	Tier 2	
CAMRESE LO	Tier 2	
CHATEAL	Tier 2	
CRYSSELLE	Tier 2	
CYRED	Tier 2	
CYRED EQ	Tier 2	
DASETTA	Tier 2	
DAYSEE	Tier 2	
DEBLITANE	Tier 2	
DELYLA	Tier 2	
DEPO-SUBQ PROVERA 104	Tier 4	
<i>desogestr-eth estrad eth estra</i>	Tier 2	
<i>desogestrel-ethinyl estradiol</i>	Tier 2	
DOLISHALE	Tier 2	
<i>drospirenone-eth estra-levomef (3-0.02-0.451, 3-0.03-0.451)</i>	Tier 4	
ELINEST	Tier 2	
ELLA	Tier 3	
EMOQUETTE	Tier 2	
EMZAHH	Tier 2	
ENPRESSE	Tier 2	
ENSKYCE	Tier 2	
ERRIN	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
ESTARYLLA	Tier 2	
FALMINA	Tier 2	
FAYOSIM	Tier 4	
FEMYNOR	Tier 2	
FYAVOLV	Tier 2	
GEMMILY	Tier 4	
HAILEY	Tier 2	
HAILEY 24 FE	Tier 2	
HAILEY FE	Tier 2	
HEATHER	Tier 2	
ICLEVIA	Tier 2	
INCASSIA	Tier 2	
INTROVALE	Tier 2	
ISIBLOOM	Tier 2	
JENCYCLA	Tier 2	
JINTELI	Tier 2	
JOLESSA	Tier 2	
JULEBER	Tier 2	
JUNEL	Tier 2	
JUNEL FE	Tier 2	
JUNEL FE 24	Tier 2	
KAITLIB FE	Tier 2	
KARIVA	Tier 2	
KURVELO	Tier 2	
LARIN	Tier 2	
LARIN 24 FE	Tier 2	
LARIN FE	Tier 2	
LEENA	Tier 2	
LESSINA	Tier 2	
LEVONEST	Tier 2	
<i>levonorg 0.15mg-ee 20-25-30mcg</i>	Tier 4	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	Tier 2	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03)</i>	Tier 2	
LEVORA-28	Tier 2	
LO LOESTRIN FE	Tier 4	
LOMEDIA 24 FE	Tier 2	
LOW-OGESTREL	Tier 2	

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
LUTERA	Tier 2	
LYLEQ	Tier 2	
LYZA	Tier 2	
MARLISSA	Tier 2	
<i>medroxyprogesterone 150 mg/ml</i>	Tier 2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	Tier 1	
<i>megestrol 625 mg/5 ml susp</i>	Tier 4	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	Tier 2	
MELODETTA 24 FE	Tier 2	
MERZEE	Tier 4	
MIBELAS 24 FE	Tier 4	
MICROGESTIN	Tier 2	
MICROGESTIN FE	Tier 2	
MILI	Tier 2	
MONO-LINYAH	Tier 2	
NECON	Tier 2	
NORA-BE	Tier 2	
<i>norelgestromin-eth estradiol</i>	Tier 2	
<i>noreth-estradiol-1-0.02(24)-75</i>	Tier 4	
<i>norethin-eth estra-ferrous fum</i>	Tier 2	
<i>norethindron-ethinyl estradiol</i>	Tier 2	
<i>norethindrone</i>	Tier 2	
<i>norethindrone ac (lupaneta)</i>	Tier 2	
<i>norethindrone acetate</i>	Tier 2	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)</i>	Tier 2	
<i>norethindrone-e.estradiol-iron (1-0.02(24)-75 cap, 1-0.02(24)-75 tab)</i>	Tier 4	
<i>norgestimate-ethinyl estradiol</i>	Tier 2	
NORLYROC	Tier 2	
NORTREL	Tier 2	
NYLIA	Tier 2	
NYMYO	Tier 2	
ORSYTHIA	Tier 2	
PHILITH	Tier 2	
PIMTREA	Tier 2	
PIRMELLA (1-35 28 TABLET, 1-35-28 TABLET)	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
PORTIA	Tier 2	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	Tier 2	
RECLIPSEN	Tier 2	
RIVELSA	Tier 4	
SETLAKIN	Tier 2	
SHAROBEL	Tier 2	
SLYND	Tier 4	
SPRINTEC	Tier 2	
SRONYX	Tier 2	
TARINA 24 FE	Tier 2	
TARINA FE	Tier 2	
TARINA FE 1-20 EQ	Tier 2	
TAYSOFY	Tier 4	
TAYTULLA	Tier 4	
TILIA FE	Tier 2	
TRI-ESTARYLLA	Tier 2	
TRI-LEGEST FE	Tier 2	
TRI-LINYAH	Tier 2	
TRI-LO-ESTARYLLA	Tier 2	
TRI-LO-MARZIA	Tier 2	
TRI-LO-SPRINTEC	Tier 2	
TRI-MILI	Tier 2	
TRI-NYMYO	Tier 2	
TRI-PREVIFEM	Tier 2	
TRI-SPRINTEC	Tier 2	
TRI-VYLIBRA	Tier 2	
TRI-VYLIBRA LO	Tier 2	
TRIVORA-28	Tier 2	
TURQOZ	Tier 2	
TYDEMY	Tier 4	
VELIVET	Tier 2	
VIENVA	Tier 2	
VIORELE	Tier 2	
VYFEMLA	Tier 2	
VYLIBRA	Tier 2	
WERA	Tier 2	
WYMZYA FE	Tier 2	
XULANE	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)</b>		
ZAFEMY	Tier 2	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
DUAVEE	Tier 4	
<i>raloxifene hcl</i>	Tier 2	QL (30 per 30 days)
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (CONTINUED)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
CYTOMEL	Tier 4	
EUTHYROX	Tier 1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Tier 1	
LEVOXYL	Tier 2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	Tier 2	
SYNTHROID	Tier 3	
UNITHROID	Tier 1	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) (CONTINUED)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
ISTURISA 1 MG TABLET	Tier 5	PA, QL (240 per 30 days)
ISTURISA 10 MG TABLET	Tier 5	PA, QL (180 per 30 days)
ISTURISA 5 MG TABLET	Tier 5	PA, QL (60 per 30 days)
LYSODREN	Tier 5	
RECORLEV	Tier 5	PA, QL (240 per 30 days)
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>bromocriptine 2.5 mg tablet</i>	Tier 2	
BYNFEZIA	Tier 5	
<i>cabergoline</i>	Tier 2	
ELIGARD	Tier 4	PA
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	Tier 5	
FIRMAGON 80 MG KIT	Tier 4	
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	Tier 4	PA
<i>leuprolide depot</i>	Tier 4	PA
LUPRON DEPOT	Tier 5	PA
LUPRON DEPOT (LUPANETA)	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)</b>		
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 45 MG 6MO KIT)	Tier 5	PA
LUPRON DEPOT-PED 30 MG 3MO KIT	Tier 5	PA
METOPIRONE	Tier 5	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	Tier 3	
<i>octreotide acetate (acet 500 mcg/ml syr, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	Tier 5	
ORGOVYX	Tier 5	PA
ORIAHNN	Tier 5	PA, QL (56 per 28 days)
ORILISSA 150 MG TABLET	Tier 5	PA, QL (28 per 28 days)
ORILISSA 200 MG TABLET	Tier 5	PA, QL (56 per 28 days)
SIGNIFOR	Tier 5	PA
SOMATULINE DEPOT	Tier 5	
SOMAVERT	Tier 5	PA
SYNAREL	Tier 5	
TRELSTAR	Tier 4	PA
TRIPTODUR	Tier 5	PA
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID) (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 2	
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
<b>ANGIOEDEMA AGENTS</b>		
BERINERT	Tier 5	PA
CINRYZE	Tier 5	PA
HAEGARDA	Tier 5	PA, QL (16 per 28 days)
<i>icatibant</i>	Tier 5	PA
ORLADEYO	Tier 5	PA
RUCONEST	Tier 5	PA
SAJAZIR	Tier 5	PA
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	Tier 5	PA, QL (4 per 28 days)
TAKHZYRO 150 MG/ML SYRINGE	Tier 5	PA, QL (2 per 28 days)
<b>IMMUNOGLOBULINS</b>		
ASCENIV	Tier 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
BIVIGAM	Tier 5	PA
CUTAQUIG	Tier 5	PA
CUVITRU	Tier 5	PA
FLEBOGAMMA DIF	Tier 5	PA
GAMMAGARD LIQUID	Tier 5	PA
GAMMAGARD S-D	Tier 5	PA
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	Tier 5	PA
GAMMAPLEX	Tier 5	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	Tier 5	PA
HIZENTRA	Tier 5	PA
HYQVIA	Tier 5	PA
OCTAGAM	Tier 5	PA
PANZYGA	Tier 5	PA
PRIVIGEN	Tier 5	PA
XEMBIFY	Tier 5	PA
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ACTEMRA 162 MG/0.9 ML SYRINGE	Tier 5	PA
ACTEMRA ACTPEN	Tier 5	PA
ARCALYST	Tier 5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	Tier 5	PA, QL (8 per 28 days)
COSENTYX (2 SYRINGES)	Tier 5	PA, QL (10 per 28 days)
COSENTYX 150 MG/ML SYRINGE	Tier 5	PA, QL (10 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE	Tier 5	PA, QL (2.5 per 28 days)
COSENTYX SENSOREADY (2 PENS)	Tier 5	PA, QL (10 per 28 days)
COSENTYX SENSOREADY PEN	Tier 5	PA, QL (10 per 28 days)
COSENTYX UNOREADY PEN	Tier 5	PA, QL (10 per 28 days)
DUPIXENT 100 MG/0.67 ML SYRING	Tier 5	PA, QL (1.34 per 28 days)
DUPIXENT 200 MG/1.14 ML PEN	Tier 5	PA, QL (4.6 per 28 days)
DUPIXENT 200 MG/1.14 ML SYRING	Tier 5	PA, QL (4.6 per 28 days)
DUPIXENT 300 MG/2 ML PEN	Tier 5	PA, QL (8 per 28 days)
DUPIXENT 300 MG/2 ML SYRINGE	Tier 5	PA, QL (8 per 28 days)
ENSPRYNG	Tier 5	PA
GRASTEK	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
ILUMYA	Tier 5	PA, QL (3 per 28 days)
KEVZARA	Tier 5	PA, QL (3 per 28 days)
KINERET	Tier 5	PA
LAGEVRIO (EUA)	Tier 4	QL (40 per 90 days)
ODACTRA	Tier 4	
OLUMIANT	Tier 5	PA, QL (30 per 30 days)
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	Tier 4	
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	Tier 5	PA
ORENCIA 50 MG/0.4 ML SYRINGE	Tier 5	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Tier 5	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT	Tier 5	PA, QL (4 per 28 days)
PAXLOVID 150-100 MG DOSE PACK	Tier 4	QL (20 per 90 days)
PAXLOVID 300-100 MG DOSE PACK	Tier 4	QL (30 per 90 days)
RIDAURA	Tier 5	
RINVOQ ER 15 MG TABLET	Tier 5	PA, QL (30 per 30 days)
RINVOQ ER 30 MG TABLET	Tier 5	PA
RINVOQ ER 45 MG TABLET	Tier 5	PA, QL (168 per 365 days)
SILIQ	Tier 5	PA, QL (6 per 28 days)
SKYRIZI 150 MG/ML SYRINGE	Tier 5	PA, QL (1 per 28 days)
SKYRIZI 180 MG/1.2 ML ON-BODY	Tier 5	PA, QL (1.2 per 56 days)
SKYRIZI 360 MG/2.4 ML ON-BODY	Tier 5	PA, QL (2.4 per 56 days)
SKYRIZI PEN	Tier 5	PA, QL (1 per 28 days)
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	Tier 5	PA
TALTZ AUTOINJECTOR	Tier 5	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	Tier 5	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	Tier 5	PA, QL (4 per 28 days)
TALTZ SYRINGE	Tier 5	PA, QL (4 per 28 days)
TAVNEOS	Tier 5	PA
TREMFYA	Tier 5	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	Tier 5	PA, QL (60 per 30 days)
XELJANZ 1 MG/ML SOLUTION	Tier 5	PA
XELJANZ XR	Tier 5	PA, QL (30 per 30 days)
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	Tier 5	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	Tier 5	PA
INTRON A	Tier 5	
PEGASYS 180 MCG/0.5 ML SYRINGE	Tier 5	QL (2 per 28 days)
PEGASYS 180 MCG/ML VIAL	Tier 5	
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL	Tier 4	B/D PA
<i>azathioprine (75 mg tablet, 100 mg tablet)</i>	Tier 4	B/D PA
<i>azathioprine 50 mg tablet</i>	Tier 2	B/D PA
CELLCEPT (250 MG CAPSULE, 500 MG TABLET)	Tier 5	B/D PA
CIMZIA	Tier 5	PA, QL (6 per 28 days)
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	Tier 3	B/D PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	Tier 3	B/D PA
CYLTEZO(CF) (20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML)	Tier 5	PA, QL (6 per 28 days)
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	Tier 5	PA, QL (2 per 28 days)
CYLTEZO(CF) PEN	Tier 5	PA, QL (6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	Tier 5	PA, QL (6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV	Tier 5	PA, QL (4 per 28 days)
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	Tier 5	PA, QL (8 per 28 days)
ENBREL 25 MG KIT	Tier 5	PA, QL (16 per 28 days)
ENBREL MINI	Tier 5	PA, QL (8 per 28 days)
ENBREL SURECLICK	Tier 5	PA, QL (8 per 28 days)
ENVARUSUS XR	Tier 4	B/D PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	Tier 5	B/D PA
<i>everolimus 0.25 mg tablet</i>	Tier 4	B/D PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	Tier 2	B/D PA
HADLIMA	Tier 5	PA, QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	Tier 5	PA, QL (4.8 per 28 days)
HADLIMA(CF)	Tier 5	PA, QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	Tier 5	PA, QL (2.4 per 28 days)
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	Tier 5	PA, QL (6 per 28 days)
HUMIRA 10 MG/0.2 ML SYRINGE	Tier 5	PA, QL (2 per 28 days)
HUMIRA PEN 40 MG/0.8 ML	Tier 5	PA, QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS	Tier 5	PA, QL (6 per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 5	PA, QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 5	PA, QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 5	PA, QL (6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 5	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80-40 MG	Tier 5	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Tier 5	PA, QL (3 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML (ABBVIE NDC STARTING WITH 00074-)	Tier 5	PA, QL (6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML (ABBVIE NDC STARTING WITH 00074-)	Tier 5	PA, QL (3 per 28 days)
HUMIRA(CF) PEN CROHN'S-UC-HS	Tier 5	PA, QL (3 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 5	PA, QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 5	PA, QL (3 per 28 days)
JYLAMVO	Tier 4	
<i>leflunomide</i>	Tier 2	
LUPKYNIS	Tier 5	PA
<i>methotrexate 1 gm vial</i>	Tier 2	
<i>methotrexate 2.5 mg tablet</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 2	
<i>mycophenolate 200 mg/ml susp</i>	Tier 5	B/D PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	Tier 2	B/D PA
<i>mycophenolic acid</i>	Tier 4	B/D PA
MYFORTIC 180 MG TABLET	Tier 4	B/D PA
MYFORTIC 360 MG TABLET	Tier 5	B/D PA
NEORAL (25 MG CAPSULE, 100 MG CAPSULE)	Tier 4	B/D PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET)	Tier 4	B/D PA
PROGRAF 5 MG CAPSULE	Tier 5	B/D PA
RAPAMUNE (1 MG TABLET, 2 MG TABLET)	Tier 5	B/D PA
RAPAMUNE 0.5 MG TABLET	Tier 4	B/D PA
SANDIMMUNE (25 MG CAPSULE, 100 MG/ML SOLN)	Tier 4	B/D PA
SANDIMMUNE 100 MG CAPSULE	Tier 5	B/D PA
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	Tier 5	PA, QL (1 per 28 days)

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	Tier 5	PA, QL (0.5 per 28 days)
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	Tier 3	B/D PA
<i>sirolimus 1 mg/ml solution</i>	Tier 5	B/D PA
<i>tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))</i>	Tier 3	B/D PA
XATMEP	Tier 4	
<b>VACCINES</b>		
ABRYSVO	Tier 4	RV
ACTHIB	Tier 3	
ADACEL TDAP	Tier 1	RV
AREXVY	Tier 4	RV
<i>bcg (tice strain)</i>	Tier 4	
<i>bcg vaccine (tice strain)</i>	Tier 4	RV
BEXSERO	Tier 4	RV
BOOSTRIX TDAP	Tier 1	RV
DAPTACEL DTAP	Tier 4	
<i>diphtheria-tetanus toxoids-ped</i>	Tier 4	
ENGERIX-B ADULT	Tier 3	B/D PA, RV
ENGERIX-B PEDIATRIC-ADOLESCENT	Tier 3	B/D PA, RV
GARDASIL 9	Tier 1	RV
HAVRIX 1,440 UNIT/ML SYRINGE	Tier 3	RV
HAVRIX 720 UNIT/0.5 ML SYRINGE	Tier 3	
HEPLISAV-B	Tier 3	B/D PA, RV
HIBERIX	Tier 3	
IMOVAX RABIES VACCINE	Tier 4	B/D PA, RV
INFANRIX DTAP	Tier 4	
IPOL	Tier 4	RV
IXCHIQ	Tier 4	RV
IXIARO	Tier 4	RV
JYNNEOS	Tier 4	RV
JYNNEOS (NATIONAL STOCKPILE)	Tier 4	RV
KINRIX	Tier 4	
M-M-R II VACCINE	Tier 1	RV
MENACTRA	Tier 4	RV
MENQUADFI	Tier 4	RV
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	Tier 3	RV
PEDIARIX	Tier 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>IMMUNOLOGICAL AGENTS (CONTINUED)</b>		
PEDVAXHIB	Tier 3	
PENBRAYA	Tier 4	RV
PENTACEL	Tier 4	
PENTACEL ACTHIB COMPONENT	Tier 4	
PREHEVBRIO	Tier 3	B/D PA, RV
PRIORIX	Tier 1	RV
PROQUAD	Tier 1	
QUADRACEL DTAP-IPV	Tier 4	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	Tier 4	B/D PA
RECOMBIVAX HB	Tier 3	B/D PA, RV
ROTARIX	Tier 4	
ROTATEQ	Tier 4	
SHINGRIX	Tier 1	RV
STAMARIL	Tier 4	RV
<i>tdvax</i>	Tier 1	RV
TENIVAC	Tier 1	RV
TICOVAC 1.2 MCG/0.25 ML SYRINGE	Tier 4	
TICOVAC 2.4 MCG/0.5 ML SYRINGE	Tier 4	RV
TRUMENBA	Tier 3	RV
TWINRIX	Tier 3	RV
TYPHIM VI	Tier 4	RV
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL)	Tier 3	
VAQTA 50 UNITS/ML SYRINGE	Tier 3	RV
VAQTA 50 UNITS/ML VIAL	Tier 3	RV
VARIVAX VACCINE	Tier 1	RV
YF-VAX	Tier 4	RV
<b>INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium</i>	Tier 3	
<i>mesalamine (800 mg dr tablet, 1,000 mg supp)</i>	Tier 4	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit)</i>	Tier 3	
<i>mesalamine dr 400 mg capsule</i>	Tier 3	
<i>mesalamine er 0.375 gram cap</i>	Tier 4	
<i>sulfasalazine</i>	Tier 2	
<i>sulfasalazine dr</i>	Tier 2	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide 2 mg rectal foam</i>	Tier 4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)</b>		
<i>budesonide ecdr capsule</i>	Tier 4	
<i>budesonide er</i>	Tier 5	QL (30 per 30 days)
<b>DEXABLISS</b>	Tier 4	
<i>dexamethasone 10 day 1.5 mg tb</i>	Tier 4	
<i>dexamethasone 4 mg tablet</i>	Tier 2	
<b>DXEVO</b>	Tier 4	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)</i>	Tier 2	
<i>methylprednisolone (8 mg tablet, 32 mg tab)</i>	Tier 3	B/D PA
<i>prednisolone 5 mg/5 ml soln</i>	Tier 3	B/D PA
<i>prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)</i>	Tier 4	B/D PA
<i>prednisone 5 mg tab dose pack</i>	Tier 2	
<b>PROCTO-MED HC</b>	Tier 2	
<b>PROCTO-PAK</b>	Tier 2	
<b>PROCTOFOAM-HC</b>	Tier 4	
<b>PROCTOSOL-HC</b>	Tier 2	
<b>PROCTOZONE-HC</b>	Tier 2	
<b>TAPERDEX (6 1.5 MG TABLET, 7 1.5 MG TAB PACK, 12 1.5 MG TABLET)</b>	Tier 4	
<b>METABOLIC BONE DISEASE AGENTS (CONTINUED)</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sod 70 mg/75 ml</i>	Tier 3	QL (300 per 28 days)
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	Tier 1	QL (4 per 28 days)
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>alendronate sodium 40 mg tab</i>	Tier 2	QL (30 per 30 days)
<i>calcitonin-salmon (200 unit spr, 200 units sp)</i>	Tier 2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Tier 2	
<i>cinacalcet hcl (60 mg tablet, 90 mg tablet)</i>	Tier 5	
<i>cinacalcet hcl 30 mg tablet</i>	Tier 4	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	Tier 3	
<i>etidronate disodium 200 mg tab</i>	Tier 2	
<b>EVENITY</b>	Tier 5	PA, QL (2.4 per 28 days)
<b>EVENITY (2 SYRINGES)</b>	Tier 5	PA, QL (2.4 per 28 days)
<i>ibandronate sodium 150 mg tab</i>	Tier 2	
<b>NATPARA</b>	Tier 5	PA, QL (30 per 30 days)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Tier 3	
<b>PROLIA</b>	Tier 4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>METABOLIC BONE DISEASE AGENTS (CONTINUED)</b>		
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	Tier 2	QL (30 per 30 days)
<i>risedronate sodium 150 mg tab</i>	Tier 2	QL (1 per 28 days)
<i>risedronate sodium 35 mg tab</i>	Tier 2	QL (4 per 28 days)
<i>risedronate sodium dr</i>	Tier 2	QL (4 per 28 days)
<i>teriparatide</i>	Tier 5	PA, QL (3 per 28 days)
XGEVA	Tier 5	PA
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine 1% eye drops</i>	Tier 2	
BLEPHAMIDE S.O.P.	Tier 4	
<i>brimonidine tartrate-timolol</i>	Tier 3	
<i>cyclosporine 0.05% eye emuls</i>	Tier 3	
<i>dorzolamide-timolol (preservative free)</i>	Tier 2	
<i>dorzolamide-timolol eye drops</i>	Tier 2	
LACRISERT	Tier 4	
NEO-POLYCIN HC	Tier 2	
<i>neomycin-bacitracin-poly-hc</i>	Tier 2	
<i>neomycin-bacitracin-polymyxin</i>	Tier 2	
<i>neomycin-poly-hc eye drops</i>	Tier 2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin</i>	Tier 2	
OXERVATE	Tier 5	PA
<i>polymyxin b sul-trimethoprim</i>	Tier 2	
PRED-G S.O.P. EYE OINTMENT	Tier 4	
ROCKLATAN	Tier 3	
<i>sulfacetamide-prednisolone</i>	Tier 2	
TOBRADEX EYE OINTMENT	Tier 4	
TOBRADEX ST	Tier 4	
<i>tobramycin-dexamethasone</i>	Tier 2	
VERKAZIA	Tier 5	PA
ZYLET	Tier 4	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
ALOCRIL	Tier 4	
ALOMIDE	Tier 4	
<i>azelastine hcl 0.05% drops</i>	Tier 2	
<i>bepotastine besilate</i>	Tier 4	
<i>cromolyn 4% eye drops</i>	Tier 2	
<i>epinastine hcl</i>	Tier 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	Tier 2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<b>AZASITE</b>	Tier 4	
<i>bacitracin 500 unit/gm ophth</i>	Tier 2	
<i>bacitracin-polymyxin</i>	Tier 2	
<b>BESIVANCE</b>	Tier 4	
<b>CILOXAN 0.3% OINTMENT</b>	Tier 4	
<i>ciprofloxacin 0.3% eye drop</i>	Tier 2	
<i>erythromycin 0.5% eye ointment</i>	Tier 2	
<i>gatifloxacin</i>	Tier 2	
<b>GENTAK</b>	Tier 2	
<i>gentamicin sulfate (drop, ointment)</i>	Tier 2	
<i>levofloxacin (0.5% drops, 1.5% drops)</i>	Tier 2	
<i>moxifloxacin 0.5% eye drops</i>	Tier 3	QL (12 per 28 days)
<i>moxifloxacin 0.5% eye drp-visc</i>	Tier 3	QL (12 per 28 days)
<b>NATACYN</b>	Tier 4	
<b>NEO-POLYCIN</b>	Tier 2	
<i>ofloxacin 0.3% eye drops</i>	Tier 2	
<b>POLYCIN</b>	Tier 2	
<i>sulfacetamide sodium (drops, ointment)</i>	Tier 2	
<i>tobramycin 0.3% eye drop</i>	Tier 2	
<b>TOBREX 0.3% EYE OINTMENT</b>	Tier 4	
<b>ZIRGAN</b>	Tier 4	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<b>ALREX</b>	Tier 4	
<i>bromfenac sodium 0.09% eye drp</i>	Tier 2	
<i>dexamethasone 0.1% eye drop</i>	Tier 2	
<i>diclofenac 0.1% eye drops</i>	Tier 2	
<i>difluprednate</i>	Tier 3	
<i>fluorometholone</i>	Tier 2	
<i>flurbiprofen sodium</i>	Tier 2	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	Tier 2	
<i>loteprednol etabonate (drp, ophthalmc gel)</i>	Tier 3	
<i>loteprednol etabonate 0.2% drp</i>	Tier 4	
<i>prednisolone ac 1% eye drop</i>	Tier 3	
<i>prednisolone sod 1% eye drop</i>	Tier 3	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5% eye drop</i>	Tier 2	
<i>carteolol hcl</i>	Tier 1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<i>levobunolol hcl</i>	Tier 1	
<i>timolol eye drops (generic for timoptic)</i>	Tier 1	
<i>timolol gel solution (generic for timoptic-xe eye gel)</i>	Tier 2	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide 125 mg tablet</i>	Tier 2	
<i>acetazolamide er</i>	Tier 2	
<b>ALPHAGAN P 0.1% DROPS</b>	Tier 3	
<i>apraclonidine hcl</i>	Tier 2	
<i>brimonidine 0.2% eye drop</i>	Tier 2	
<i>brimonidine tartrate (0.1% drop, 0.15% drp)</i>	Tier 3	
<i>brinzolamide</i>	Tier 4	
<i>dorzolamide hcl</i>	Tier 2	
<b>IOPIDINE</b>	Tier 4	
<i>methazolamide</i>	Tier 3	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	Tier 2	
<b>RHOPRESSA</b>	Tier 3	
<b>SIMBRINZA</b>	Tier 4	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost 0.03% eye drops</i>	Tier 2	QL (7.5 per 25 days)
<i>latanoprost 0.005% eye drops</i>	Tier 1	
<b>LUMIGAN</b>	Tier 3	QL (7.5 per 25 days)
<i>travoprost</i>	Tier 3	
<b>OTIC AGENTS (CONTINUED)</b>		
<b>OTIC AGENTS</b>		
<b>CIPRO HC</b>	Tier 4	
<i>ciprofloxacin 0.2% otic soln</i>	Tier 2	
<i>ciprofloxacin-dexamethasone</i>	Tier 3	
<b>COLY-MYCIN S</b>	Tier 4	
<i>fluocinolone acetamide oil</i>	Tier 2	
<i>hydrocortisone-acetic acid</i>	Tier 3	
<i>neomycin-polymyxin-hc ear susp</i>	Tier 2	
<i>neomycin-polymyxin-hydrocort</i>	Tier 2	
<i>ofloxacin 0.3% ear drops</i>	Tier 2	
<b>RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
<b>ARNUITY ELLIPTA</b>	Tier 3	QL (30 per 30 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	Tier 3	B/D PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)</b>		
<i>flunisolide</i>	Tier 2	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i>	Tier 2	
<i>mometasone furoate 50 mcg spry</i>	Tier 2	QL (34 per 30 days)
QVAR REDIHALER 40 MCG	Tier 3	QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG	Tier 3	QL (21.2 per 30 days)
XHANCE	Tier 4	PA
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	Tier 2	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	Tier 3	QL (23 per 30 days)
<i>carbinoxamine maleate 4 mg tab</i>	Tier 2	
<i>clemastine fum 2.68 mg tab</i>	Tier 2	
<i>cyproheptadine 4 mg tablet</i>	Tier 2	
<i>desloratadine</i>	Tier 2	QL (30 per 30 days)
<i>diphenhydramine 50 mg/ml vial</i>	Tier 2	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	Tier 3	
<i>levocetirizine 2.5 mg/5 ml sol</i>	Tier 2	
<i>levocetirizine 5 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spry</i>	Tier 3	QL (31 per 30 days)
RYALTRIS	Tier 4	
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sod 10 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i>	Tier 2	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew)</i>	Tier 2	QL (30 per 30 days)
<i>zafirlukast</i>	Tier 2	QL (60 per 30 days)
<i>zileuton er</i>	Tier 5	ST, QL (120 per 30 days)
ZYFLO	Tier 5	ST
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	Tier 4	QL (25.8 per 30 days)
INCRUSE ELLIPTA	Tier 3	QL (30 per 30 days)
<i>ipratropium br 0.02% soln</i>	Tier 2	B/D PA
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	Tier 2	
<i>tiotropium bromide</i>	Tier 3	QL (30 per 30 days)
YUPELRI	Tier 5	B/D PA
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol hfa 90 mcg inhaler (alternative to proair hfa)</i>	Tier 2	QL (17 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)</b>		
<i>albuterol hfa 90 mcg inhaler (alternative to proventil hfa)</i>	Tier 2	QL (14 per 30 days)
ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN HFA)	Tier 3	QL (36 per 30 days)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	Tier 4	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	Tier 2	B/D PA
<i>arformoterol tartrate</i>	Tier 4	B/D PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	Tier 3	QL (2 per 30 days)
<i>formoterol fumarate</i>	Tier 4	B/D PA
<i>levalbuterol 0.31 mg/3 ml sol</i>	Tier 3	B/D PA
<i>levalbuterol concentrate hcl vial-neb</i>	Tier 3	B/D PA
<i>levalbuterol hcl vial-neb</i>	Tier 3	B/D PA
<i>levalbuterol tar hfa 45mcg inhaler</i>	Tier 3	QL (30 per 30 days)
STRIVERDI RESPIMAT	Tier 3	QL (5 per 30 days)
SYMJEPI	Tier 3	QL (2 per 30 days)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	Tier 2	
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL	Tier 5	
CAYSTON	Tier 5	
KALYDECO	Tier 5	PA, QL (60 per 30 days)
KITABIS PAK	Tier 5	B/D PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	Tier 5	PA, QL (120 per 30 days)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Tier 5	PA, QL (56 per 28 days)
PULMOZYME	Tier 5	B/D PA
SYMDEKO 100/150 MG-150 MG TABS	Tier 5	PA
SYMDEKO 50/75 MG-75 MG TABLETS	Tier 5	PA, QL (56 per 28 days)
TOBI PODHALER	Tier 5	
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	Tier 5	B/D PA
TRIKAFTA 100-50-75 MG/150 MG	Tier 5	PA
TRIKAFTA 50-25-37.5 MG/75 MG	Tier 5	PA, QL (84 per 28 days)
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn 20 mg/2 ml neb soln</i>	Tier 3	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)</b>		
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
DALIRESP 250 MCG TABLET	Tier 4	QL (28 per 28 days)
DALIRESP 500 MCG TABLET	Tier 4	QL (30 per 30 days)
ELIXOPHYLLIN	Tier 4	
<i>roflumilast</i>	Tier 4	QL (30 per 30 days)
THEO-24	Tier 4	
<i>theophylline anhydrous</i>	Tier 2	
<i>theophylline er</i>	Tier 2	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS	Tier 5	PA, QL (90 per 30 days)
<i>alyq 20 mg tablet (generic for adcirca)</i>	Tier 5	PA, QL (60 per 30 days)
<i>ambrisentan 10 mg tablet</i>	Tier 5	PA
<i>ambrisentan 5 mg tablet</i>	Tier 5	PA, QL (30 per 30 days)
<i>bosentan 125 mg tablet</i>	Tier 5	PA
<i>bosentan 62.5 mg tablet</i>	Tier 5	PA, QL (60 per 30 days)
OPSUMIT	Tier 5	PA, QL (30 per 30 days)
OPSYNVI	Tier 5	PA, QL (30 per 30 days)
ORENITRAM ER (0.25 MG TABLET, 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET)	Tier 5	PA
ORENITRAM ER 0.125 MG TABLET	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT	Tier 5	PA
ORENITRAM MONTH 2 TITRATION KT	Tier 5	PA
ORENITRAM MONTH 3 TITRATION KT	Tier 5	PA
<i>sildenafil 20mg tablet (generic for revatio)</i>	Tier 3	PA, QL (90 per 30 days)
<i>tadalafil 20mg tablet (generic for adcirca)</i>	Tier 5	PA, QL (60 per 30 days)
TADLIQ	Tier 5	PA, QL (300 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	Tier 5	PA, QL (120 per 30 days)
TYVASO	Tier 5	PA, QL (87 per 30 days)
TYVASO INSTITUTIONAL START KIT	Tier 5	PA, QL (87 per 30 days)
TYVASO REFILL KIT	Tier 5	PA, QL (87 per 30 days)
TYVASO STARTER KIT	Tier 5	PA, QL (87 per 30 days)
UPTRAVI (400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Tier 5	PA, QL (60 per 30 days)
UPTRAVI 200 MCG TABLET	Tier 5	PA, QL (140 per 28 days)
UPTRAVI 200-800 TITRATION PACK	Tier 5	PA, QL (200 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)</b>		
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	Tier 5	PA, QL (60 per 30 days)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	Tier 5	PA, QL (270 per 30 days)
<i>pirfenidone (534 mg tablet, 801 mg tablet)</i>	Tier 5	PA, QL (90 per 30 days)
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine</i>	Tier 2	B/D PA
ANORO ELLIPTA	Tier 3	QL (60 per 30 days)
BREO ELLIPTA	Tier 3	QL (60 per 30 days)
BREYNA	Tier 3	QL (11 per 30 days)
BREZTRI AEROSPHERE	Tier 3	
<i>budesonide-formoterol fumarate</i>	Tier 3	QL (11 per 30 days)
COMBIVENT RESPIMAT	Tier 4	QL (8 per 30 days)
DULERA	Tier 3	QL (13 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE	Tier 5	PA, QL (0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE	Tier 5	PA, QL (1 per 28 days)
FASENRA PEN	Tier 5	PA, QL (1 per 28 days)
<i>fluticasone-salmeterol 100-50 (generic for advair)</i>	Tier 2	QL (60 per 30 days)
<i>fluticasone-salmeterol 113-14 (alternative to airduo respiclick)</i>	Tier 3	QL (1 per 30 days)
<i>fluticasone-salmeterol 232-14 (alternative to airduo respiclick)</i>	Tier 3	QL (1 per 30 days)
<i>fluticasone-salmeterol 250-50 (generic for advair)</i>	Tier 2	QL (60 per 30 days)
<i>fluticasone-salmeterol 500-50 (generic for advair)</i>	Tier 2	QL (60 per 30 days)
<i>fluticasone-salmeterol 55-14 (alternative to airduo respiclick)</i>	Tier 3	QL (1 per 30 days)
<i>ipratropium-albuterol</i>	Tier 2	B/D PA
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	Tier 5	PA
TRELEGY ELLIPTA	Tier 3	
<i>wixela 100-50 inhub (generic for advair)</i>	Tier 2	QL (60 per 30 days)
<i>wixela 250-50 inhub (generic for advair)</i>	Tier 2	QL (60 per 30 days)
<i>wixela 500-50 inhub (generic for advair)</i>	Tier 2	QL (60 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS (CONTINUED)</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>carisoprodol</i>	Tier 4	QL (120 per 30 days)
<i>chlorzoxazone (375 mg tablet, 750 mg tablet)</i>	Tier 4	
<i>chlorzoxazone 250 mg tablet</i>	Tier 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SKELETAL MUSCLE RELAXANTS (CONTINUED)</b>		
<i>chlorzoxazone 500 mg tablet</i>	Tier 2	
<i>cyclobenzaprine 7.5 mg tablet</i>	Tier 4	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	Tier 2	
<i>metaxalone</i>	Tier 4	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	Tier 2	
<i>orphenadrine citrate er</i>	Tier 2	
<b>SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<b>BELSOMRA</b>	Tier 4	QL (30 per 30 days)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	Tier 3	QL (30 per 30 days)
<b>EDLUAR</b>	Tier 4	QL (30 per 30 days)
<i>eszopiclone</i>	Tier 3	QL (30 per 30 days)
<b>HETLIOZ</b>	Tier 5	PA, QL (30 per 30 days)
<b>HETLIOZ LQ</b>	Tier 5	PA, QL (158 per 30 days)
<i>ramelteon</i>	Tier 3	
<i>tasimelteon</i>	Tier 5	PA, QL (30 per 30 days)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	Tier 2	
<i>temazepam (7.5 mg capsule, 22.5 mg capsule)</i>	Tier 3	
<i>zaleplon 10 mg capsule</i>	Tier 2	
<i>zaleplon 5 mg capsule</i>	Tier 2	QL (30 per 30 days)
<i>zolpidem tartrate (1.75 mg tab sl, 3.5 mg tablet sl)</i>	Tier 3	QL (30 per 30 days)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	Tier 3	QL (30 per 30 days)
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil</i>	Tier 3	PA, QL (30 per 30 days)
<i>modafinil</i>	Tier 3	PA, QL (60 per 30 days)
<i>sodium oxybate</i>	Tier 5	PA, QL (540 per 30 days)
<b>SUNOSI 150 MG TABLET</b>	Tier 4	PA
<b>SUNOSI 75 MG TABLET</b>	Tier 4	PA, QL (30 per 30 days)
<b>WAKIX 17.8 MG TABLET</b>	Tier 5	PA
<b>WAKIX 4.45 MG TABLET</b>	Tier 5	PA, QL (60 per 30 days)
<b>XYREM</b>	Tier 5	PA, QL (540 per 30 days)
<b>XYWAV</b>	Tier 5	PA, QL (540 per 30 days)

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SYNERA.....	4	TAYTULLA.....	SYRINGE.....	78
SYNJARDY.....	36	<i>tazarotene</i> .....	<i>tigecycline</i> .....	6
SYNJARDY XR.....	36	TAZORAC.....	TIGLUTIK.....	49
SYNRIBO.....	21	TAZTIA XT.....	TILIA FE.....	70
SYNTHROID.....	71	TAZVERIK.....	<i>timolol eye drops (generic for</i>	
		<i>tdvax</i> .....	<i>timoptic)</i> .....	82
<b>T</b>		TEFLARO.....	<i>timolol gel solution (generic for</i>	
TABLOID.....	21	TEGLUTIK.....	<i>timoptic-xe eye gel)</i> .....	82
TABRECTA.....	25	TEGRETOL.....	<i>timolol maleate</i> .....	19
<i>tacrolimus</i> .....	52,77	TEGRETOL XR.....	<i>tinidazole</i> .....	6
<i>tadalafil 2.5 mg tablet (generic</i>		TEGSEDI.....	<i>tiopronin</i> .....	62
<i>for cialis)</i> .....	62	<i>telmisartan</i> .....	<i>tiotropium bromide</i> .....	83
<i>tadalafil 20mg tablet (generic for</i>		<i>telmisartan-amlodipine</i> .....	TIS-U-SOL PENTALYTE... 54	
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<i>tizanidine hcl</i> .....	30	TRI-LEGEST FE.....	70	TUKYSA.....	25
TOBI PODHALER.....	84	TRI-LINYAH.....	70	TURALIO.....	25
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TOBRADEX ST.....	80	TRI-LO-MARZIA.....	70	TWINRIX.....	78
<i>tobramycin</i> .....	81,84	TRI-LO-SPRINTEC.....	70	TYBOST.....	32
<i>tobramycin sulfate</i> .....	5	TRI-MILI.....	70	TYDEMY.....	70
<i>tobramycin-dexamethasone</i> .....	80	TRI-NYMYO.....	70	TYPHIM VI.....	78
TOBREX.....	81	TRI-PREVIFEM.....	70	TYVASO.....	85
<i>tolbutamide</i> .....	36	TRI-SPRINTEC.....	70	TYVASO INSTITUTIONAL	
<i>tolcapone</i> .....	27	TRI-VYLIBRA.....	70	START KIT.....	85
<i>tolterodine tartrate</i> .....	62	TRI-VYLIBRA LO.....	70	TYVASO REFILL KIT.....	85
<i>tolterodine tartrate er</i> .....	62	<i>triamcinolone 0.147 mg/g topical</i>		TYVASO STARTER KIT... 85	
<i>tolvaptan</i> .....	57	<i>spray</i> .....	53		
<i>topiramate</i> .....	19	<i>triamcinolone acetonide</i> .....	50,53,64	<b>U</b>	
<i>topiramate er</i> .....	11,12	<i>triamterene</i> .....	45	UBRELVY.....	49
<i>topiramate er 200 mg capsule</i>		<i>triamterene-hydrochlorothiazid</i> .....	44	UDENYCA.....	40
<i>(generic qudexy xr)</i> .....	12	TRIANEX.....	53	UDENYCA	
<i>topiramate er 200 mg capsule</i>		TRIDERM.....	53	AUTOINJECTOR.....	40
<i>(generic trokendi xr)</i> .....	12	<i>trientine hcl</i> .....	57	UDENYCA ONBODY.....	40
<i>toremifene citrate</i> .....	20	<i>trifluoperazine hcl</i> .....	28	UKONIQ.....	25
<i>toremide</i> .....	44	<i>trifluridine</i> .....	33	UNITHROID.....	71
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<i>tramadol hcl</i> .....	4	<i>trimethoprim</i> .....	6	<b>V</b>	
<i>tramadol hcl er</i> .....	2	<i>trimipramine maleate</i> .....	16	v-go 20 disposable device.....	37
<i>tramadol hcl-acetaminophen</i> .....	4	TRINTELLIX.....	16	v-go 30 disposable device.....	37
<i>trandolapril</i> .....	41	TRIPTODUR.....	72	v-go 40 disposable device.....	37
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<i>tranlycypromine sulfate</i> .....	15	TRIUMEQ PD.....	32	VALCHLOR.....	20
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<i>travoprost</i> .....	82	TRIZIVIR.....	32	<i>valproic acid</i> .....	12
<i>trazodone hcl</i> .....	16	TROGARZO.....	32	<i>valsartan</i> .....	41
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<i>tretinoin</i> .....	26,51	TRUQAP.....	25	<i>vancomycin hcl-d5w</i> .....	7

<i>vancomycin in 0.9% sodium chloride</i> .....	7	<i>vilazodone hcl</i> .....	16	XERESE.....	54
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<i>varenicline starting month box</i> .....	5	VIRT-PN DHA.....	58	XOFLUZA.....	33
<i>varenicline tartrate</i> .....	5	VITRAKVI.....	25	XOLAIR.....	74
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<i>venlafaxine hcl er</i> .....	16,34	WAKIX.....	87	YUPELRI.....	83
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<i>verapamil er pm</i> .....	43	WELIREG.....	26	<b>Z</b>	
<i>verapamil hcl</i> .....	42	WERA.....	70	ZAFEMY.....	71
<i>verapamil sr</i> .....	43	<i>wixela 100-50 inhub (generic for advair)</i> .....	86	<i>zafirlukast</i> .....	83
VERKAZIA.....	80	<i>wixela 250-50 inhub (generic for advair)</i> .....	86	<i>zaleplon</i> .....	87
VERQUVO.....	44	<i>wixela 500-50 inhub (generic for advair)</i> .....	86	ZARAH.....	66
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ZYLET.....	80
ZYPREXA RELPREVV.....	30

## Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services 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)

Provides free 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 our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-662-1220). Monday - Friday, 8 a.m. - 8 p.m.  
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department  
Attn: Civil Rights Coordinator  
PO Box 4717  
Syracuse, NY 13221  
Telephone Number: 1-800-614-6575 (TTY: 1-800-662-1220)  
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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



## Multi-Language Insert Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-883-9577 (TTY: 1-800-662-1220). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-883-9577 (TTY: 1-800-662-1220). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如您需要此翻译服务，请致电 1-877-883-9577 (TTY: 1-800-662-1220)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-883-9577 (TTY: 1-800-662-1220)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-883-9577 (TTY: 1-800-662-1220). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-883-9577 (TTY: 1-800-662-1220). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-883-9577 (TTY: 1-800-662-1220) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-883-9577 (TTY: 1-800-662-1220). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-883-9577 (TTY: 1-800-662-1220)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-883-9577 (TTY: 1-800-662-1220). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-883-9577 (TTY: 1-800-662-1220). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-883-9577 (TTY: 1-800-662-1220)पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-883-9577 (TTY: 1-800-662-1220). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-883-9577 (TTY: 1-800-662-1220). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-883-9577 (TTY: 1-800-662-1220). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-883-9577 (TTY: 1-800-662-1220). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-883-9577 (TTY: 1-800-662-1220)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。





165 Court Street  
Rochester, NY 14647

## Important Excellus BlueCross BlueShield Information

This formulary was updated on . For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577, (TTY users should call 711) Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit [ExcellusMedicare.com/Formulary](http://ExcellusMedicare.com/Formulary).