

2021

Formulario (Lista de fármacos cubiertos)



RiverSpring Star (HMO I-SNP)

Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio al Cliente al 1-800-580-7000 (TTY/TDD 711). Atendemos los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.

o visite www.RiverSpringHealthPlans.org.

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No hemos hecho cambios en este formulario desde el 9/11/2020. Para obtener información más reciente o si tiene otras preguntas, comuníquese con RiverSpring Star (HMO I-SNP), al 1-800-580-7000 o al 711 para usuarios de TTY/TDD, los 7 días de la semana de 8:00 a.m. a 8:00 p.m., hora del este, o visite www.RiverSpringHealthPlans.org.

Formulario de RiverSpring Star (HMO I-SNP) 2021

Lista de Medicamentos Cubiertos

IMPORTANTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Nota para los miembros existentes: Este formulario ha cambiado desde el año anterior. Revise este documento para asegurarse de que todavía contenga los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro”, se refiere a RiverSpring Health Plans Cuando dice “plan” o “nuestro plan”, significa RiverSpring Star (HMO I-SNP).

Este documento incluye una lista de medicamentos (formulario) para nuestro plan que entró en vigencia el 9/11/2020. Para obtener el formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y contraportada.

Generalmente, debe utilizar farmacias de la red para acceder a su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos o coseguros pueden cambiar el 1.º de enero de 2021 y ocasionalmente durante el año.

¿Qué es el Formulario de RiverSpring Star (HMO I-SNP)?

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención médica, que incluye las terapias con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Generalmente, nuestro plan cubrirá los medicamentos incluidos en nuestro formulario, siempre y cuando el medicamento se considere médicamente necesario, la receta se surta en una farmacia de la red de nuestro plan y se cumplan las demás normas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos se realizan el 1.º de enero, pero nuestro plan puede agregar o eliminar medicamentos de la Lista de Medicamentos durante el año, transferirlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Los cambios que pueden afectarlo este año son los siguientes: En los casos que se enumeran a continuación, se verá afectado por los cambios en la cobertura durante el año:

- **Nuevos medicamentos genéricos.** Es posible que eliminemos inmediatamente un medicamento de marca de nuestra Lista de Medicamentos si lo vamos a reemplazar con un nuevo medicamento genérico que aparecerá en el mismo nivel o en un nivel inferior de costo compartido y con las mismas o menores restricciones.
También, cuando agregamos un nuevo medicamento genérico, es posible que mantengamos el medicamento de marca en nuestra Lista de Medicamentos, pero lo movamos inmediatamente a un nivel diferente de costo compartido o agreguemos nuevas restricciones. Si está tomando actualmente ese medicamento de marca, no podemos decirle de antemano cuándo realizaremos ese cambio, pero posteriormente le ofreceremos información sobre los cambios específicos que hemos realizado.

- Si realizamos ese cambio, usted o el proveedor que emite sus recetas pueden solicitarnos que hagamos una excepción y continúe cubriendo el medicamento de marca en su caso. La notificación que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción al formulario de RiverSpring Star (HMO I-SNP)?”.
- **Los medicamentos son retirados del mercado.** Si la Administración de Alimentos y Medicamentos (FDA, en inglés) considera que un medicamento de nuestro formulario es inseguro o si el fabricante del medicamento lo retira del mercado, eliminaremos el medicamento de nuestro formulario de inmediato y le enviaremos un aviso a los miembros que lo toman.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que toman actualmente un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el formulario, o agregar nuevas restricciones para el medicamento de marca o moverlo a otro nivel de costo compartido o ambos. O también podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos requisitos de autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, debemos notificar el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia, o bien en el momento en que el miembro solicite que le surtan el medicamento, en cuyo caso el miembro recibirá un suministro de 31 días de dicho medicamento.
 - Si realizamos estos otros cambios, usted o el proveedor que emite sus recetas pueden solicitarnos que hagamos una excepción y continúe cubriendo el medicamento de marca en su caso. Además, la notificación que le proporcionamos incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción al formulario de RiverSpring Star?”.

Cambios que no le afectarán si usted está tomando el medicamento actualmente. Por lo general, si usted está tomando un medicamento que se encuentra en nuestro formulario 2021 que estaba cubierto al principio del año, no descontinuaremos o reduciremos la cobertura del medicamento durante el año de cobertura 2021 excepto lo descrito anteriormente. Eso significa que estos medicamentos continuarán estando disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los toman durante el resto del año calendario. Este año, no recibirá avisos directos sobre cambios que no lo afectan. Sin embargo, el

1.º de enero del año próximo, dichos cambios lo afectarán, y es importante que controle la Lista de Medicamentos del año nuevo de beneficios para ver si hubo cambios en los medicamentos.

El formulario adjunto entró en vigencia el 09/11/2020. Para obtener información actualizada sobre los medicamentos cubiertos por RiverSpring Star (HMO I-SNP), comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada. En caso de que el plan realice un cambio al formulario que no sea de mantenimiento que ocurra a mitad de año, le notificaremos sobre ese cambio por correo, para que pueda actualizar su formulario impreso existente. Le enviaremos por correo información específica sobre el cambio al formulario que no sea de mantenimiento y lo enviaremos al menos 60 días antes de la fecha en que el cambio entre en vigencia.

¿Cómo utilizo el formulario?

Existen dos maneras de buscar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de afección médica que traten. Por ejemplo, los medicamentos que se utilizan para tratar una afección cardíaca se incluyen en la categoría “Agentes cardiovasculares”. Si usted sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza a continuación. Luego busque

su medicamento en el nombre de la categoría.

Lista alfabética

Si no está seguro de la categoría a la que pertenece su medicamento, debe buscarlo en el índice que comienza en la página 103. En ese índice se proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se incluyen en el índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página en la que puede encontrar la información de cobertura. Consulte la página que figura en el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos genéricos como de marca. Un medicamento genérico está aprobado por la FDA por contener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos son menos costosos que los de marca.

¿Existen restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** Nuestro plan requiere que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de nuestro plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** En ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubrirá. Por ejemplo, nuestro plan suministra 120 cápsulas cada 30 días por cada receta de Vancomycin 125 mg cápsulas orales. Esto puede ser además de un suministro estándar para un mes o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan requiere que primero pruebe determinados medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que nuestro plan no cubra el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para su afección, nuestro plan cubrirá entonces el medicamento B.

Puede verificar si su medicamento tiene requisitos límites adicionales en el formulario que comienza en la página 1. También puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado documentos en línea donde se explican nuestras restricciones de terapia escalonada y autorización previa. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y contraportada.

Puede solicitarle a nuestro plan que haga una excepción a estas restricciones o límites, o que le proporcione una lista de otros medicamentos similares que pueden tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de RiverSpring Star (HMO I-SNP)?” en la página V para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), debe comunicarse primero con Servicio al Cliente y preguntar si su medicamento está cubierto.

Si le informan que RiverSpring Star (HMO I-SNP) no cubre su medicamento, tiene dos opciones:

- Puede solicitarle a Servicio al Cliente una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrésela a su médico y solicítele que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitarnos que hagamos una excepción y cubramos su medicamento. Consulte la sección a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de RiverSpring Star (HMO I-SNP)?

Puede solicitar a nuestro plan que haga una excepción en nuestras normas de cobertura. Existen diversos tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento, incluso si este no se encuentra en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costos compartidos predeterminado y usted no podrá solicitarnos que proporcionemos el medicamento a un nivel de costos compartidos más bajo.
- Puede solicitarnos que anulemos las restricciones o los límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede solicitarnos que anulemos el límite y que cubramos una cantidad mayor.

Generalmente, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, las restricciones de utilización adicionales no fuesen tan eficaces para tratar su afección o le ocasionaran efectos médicos adversos.

Para solicitar una decisión de cobertura inicial para una excepción al formulario o a las restricciones de utilización, debe comunicarse con nosotros. **Cuando solicita una excepción al formulario o a las restricciones de utilización, debe presentar una declaración de parte del profesional o médico que receta para respaldar su solicitud.** Generalmente, debemos tomar una decisión en un plazo de 72 horas a partir de la fecha en que recibimos la declaración de respaldo del profesional que receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría verse gravemente perjudicada si espera 72 horas para conocer la decisión. Si le otorgan la solicitud de excepción acelerada, debemos informarle nuestra decisión no después de 24 horas a partir de la fecha en que recibimos la declaración de respaldo de su médico u otro profesional que receta.

¿Qué debo hacer antes poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o que continúa con la cobertura de nuestro plan, es posible que tome medicamentos que no se encuentren en nuestro formulario. O bien, quizás esté tomando un medicamento que se encuentra en nuestro formulario, pero sus posibilidades de obtenerlo son limitadas. Por ejemplo, quizás necesite una autorización previa nuestra antes de poder surtir su receta. Debe consultar a su médico para decidir si debería cambiar el medicamento por uno adecuado que cubramos o si debería solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar la forma de proceder correcta para usted, es posible que, en ciertos casos, cubramos su medicamento durante los primeros 90 días a partir de la fecha en que se convierte en miembro de nuestro plan.

Para cada uno de sus medicamentos que no se encuentren en nuestro formulario o si sus posibilidades de obtener los medicamentos son limitadas, cubriremos un suministro temporal de 31 días. Si su receta se emite para menos días, permitiremos resurtidos para brindarle hasta un máximo de 31 días de medicamento. Después de su primer suministro para 31 días, no pagaremos por estos medicamentos, incluso si es miembro del plan desde hace menos de 90 días.

Si usted necesita un medicamento que no se encuentra en nuestro formulario o si sus posibilidades de obtener sus medicamentos son limitadas, pero ya transcurrieron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita

una excepción al formulario.

Política de transición para participantes con cambios en el nivel de atención

Los cambios en el nivel de atención se producen cuando el miembro pasa de un entorno de tratamiento a otro. Si alguno de los siguientes escenarios de cambio en el nivel de atención se aplica a usted, podría tener derecho a un suministro de transición de los medicamentos que está tomando actualmente:

- Abandona un hospital u otro entorno e ingresa en un centro de atención médica a largo plazo.
- Abandona un centro de atención médica a largo plazo para irse a su casa.
- Le dan el alta hospitalaria para volver a su hogar.
- Le dan el alta de un centro de enfermería especializada.
- Su estado cambia de paciente con enfermedad terminal a paciente sin enfermedad terminal.
- Le dan el alta de un hospital psiquiátrico con un plan de medicamentos personalizado.

Para obtener más información, comuníquese con Servicios al Cliente al 1-800-580-7000 (TTY/TDD 711). Los representantes están disponibles los siete días de la semana, de 8:00 a. m. a 8:00 p. m., hora del Este.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta de RiverSpring Star (HMO I-SNP), revise su Evidencia de Cobertura y otros materiales del plan.


Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite <http://www.medicare.gov>.

Formulario de RiverSpring Star (HMO I-SNP)

El formulario que comienza en la siguiente página proporciona información de cobertura sobre los medicamentos cubiertos por nuestro plan. Si tiene dificultades para encontrar su medicamento en la lista, diríjase al índice que comienza en la página 103.

En la primera columna del cuadro se menciona el nombre del medicamento. Los medicamentos de marca aparecen en letra mayúscula (p. ej., ZOCOR) y los medicamentos genéricos aparecen en letra minúscula cursiva (p. ej., *simvastatin*). La información en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

 Puede encontrar información sobre el significado de los símbolos y las abreviaturas de esta tabla yendo a la página VII.

Símbolo	Descripción	Explicación
LA	Medicamento de acceso limitado	Este medicamento con receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte el Directorio de Farmacias o llame a Servicio al Cliente al 1-800-580-7000 (TTY/TDD 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m.
MO	Pedido por correo	Este medicamento con receta también puede estar disponible por correo.
NDS	Suministro diario no extendido	Estos medicamentos no están disponibles para el suministro diario extendido.
PA	Autorización previa	Usted (o su médico) debe obtener la autorización previa de nuestro plan para poder surtir la receta del medicamento. Sin autorización previa, es posible que nuestro plan no cubra el medicamento.
PA BvD	Cubierto por la Parte B o D de Medicare	Ciertos medicamentos pueden estar cubiertos por la Parte B o D de Medicare según las circunstancias. Es necesario enviar información que describa el uso y el entorno donde se administra el medicamento para tomar una determinación.
PA NSO	Autorización previa para nuevos inicios únicamente	Si no ha surtido una receta de este medicamento en los últimos 108 días, usted (o su médico) debe obtener la autorización previa de nuestro plan para poder surtir la receta de dicho medicamento. Sin autorización previa, es posible que nuestro plan no cubra el medicamento.
QL	Límite de cantidad	Nuestro plan limita la cantidad de medicamento que se cubre por receta o en un período específico. El límite para dispensar medicamentos es de 30 días, a menos que se especifique otra cosa.
ST	Terapia escalonada	Antes de que el plan cubra el medicamento, usted debe probar primero otros medicamentos para tratar su afección médica. El medicamento solo se podrá cubrir si los otros medicamentos no funcionan para su afección.
ST-NS	Terapia escalonada para nuevos inicios únicamente	Los requisitos de terapia escalonada se aplican a nuevos inicios únicamente.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics		
ENDOCET ORAL TABLET 10-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
ENDOCET ORAL TABLET 5-325 MG	\$0 (Tier 1)	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	QL (240 per 30 days)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	\$0 (Tier 1)	QL (240 per 30 days)
LORCET HD ORAL TABLET 10-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 1)	QL (1000 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (Tier 1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
IBU ORAL TABLET 600 MG, 800 MG	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)	
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Opioid Analgesics, Long-Acting		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	\$0 (Tier 1)	PA
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	PA BvD
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	PA; QL (450 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>morphine oral tablet 15 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1)	QL (400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol oral tablet 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	\$0 (Tier 1)	PA; QL (3 per 1 day)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	PA; QL (50 per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	\$0 (Tier 1)	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	\$0 (Tier 1)	
Opioid Reversal Agents		
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0 (Tier 1)	
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0 (Tier 1)	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 1)	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0 (Tier 1)	
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 1)	
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	\$0 (Tier 1)	
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
Antibacterials, Other		
<i>aztreonam injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	\$0 (Tier 1)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (Tier 1)	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole topical gel 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 1)	
NORITATE TOPICAL CREAM 1 %	\$0 (Tier 1)	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	\$0 (Tier 1)	
SIVEXTRO ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin oral capsule 125 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
VANDAZOLE VAGINAL GEL 0.75 %	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
Beta-Lactam, Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral tablet 1 gram</i>	\$0 (Tier 1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	\$0 (Tier 1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 1)	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (Tier 1)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	\$0 (Tier 1)	
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)	
Carbapenems		
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0 (Tier 1)	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral packet 1 gram</i>	\$0 (Tier 1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	\$0 (Tier 1)	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	\$0 (Tier 1)	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	\$0 (Tier 1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
Quinolones		
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	\$0 (Tier 1)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 1)	
Sulfonamides		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	
Tetracyclines		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
MONDOXYNE NL ORAL CAPSULE 100 MG	\$0 (Tier 1)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 1)	PA NSO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA NSO; QL (600 per 30 days)
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 1)	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 1)	PA NSO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	\$0 (Tier 1)	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	\$0 (Tier 1)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (Tier 1)	PA NSO
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (Tier 1)	PA NSO
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 1)	
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 1)	QL (60 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	PA NSO
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	PA NSO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 1)	
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 1)	
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA NSO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)	
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1)	QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	\$0 (Tier 1)	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	PA NSO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 1)	PA NSO
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 1)	PA NSO
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
VIGADRONE ORAL POWDER IN PACKET 500 MG	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (Tier 1)	QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 1)	PA NSO
BANZEL ORAL TABLET 200 MG, 400 MG	\$0 (Tier 1)	PA NSO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (Tier 1)	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	\$0 (Tier 1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (Tier 1)	
EPITOL ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
PEGANONE ORAL TABLET 250 MG	\$0 (Tier 1)	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 1)	QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0 (Tier 1)	QL (120 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Antidementia Agents		
Antidementia Agents, Other		
<i>donepezil oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>donepezil oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	
<i>donepezil oral tablet, disintegrating 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (Tier 1)	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (Tier 1)	
Cholinesterase Inhibitors		
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	\$0 (Tier 1)	QL (30 per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1)	PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidepressants		
Antidepressants, Other		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 1)	QL (180 per 30 days)
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (Tier 1)	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 1)	PA NSO
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG, 40 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 1)	QL (900 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOLOFT ORAL CONCENTRATE 20 MG/ML	\$0 (Tier 1)	PA NSO
Tricyclics		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>trimipramine oral capsule 100 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>trimipramine oral capsule 25 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>trimipramine oral capsule 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (Tier 1)	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	PA BvD
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1)	PA BvD
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	\$0 (Tier 1)	PA BvD
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	\$0 (Tier 1)	QL (4 per 28 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 1)	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 1)	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)	
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1)	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 1)	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	\$0 (Tier 1)	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 (Tier 1)	QL (630 per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	\$0 (Tier 1)	QL (93 per 30 days)
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 1)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (Tier 1)	QL (93 per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	QL (90 per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
COLCRYS ORAL TABLET 0.6 MG	\$0 (Tier 1)	QL (120 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 1)	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	
Prophylactic		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 1)	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	\$0 (Tier 1)	PA; QL (1.5 per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (Tier 1)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 1)	PA; QL (2 per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
Serotonin (5-Ht) Receptor Agonist		
<i>eletriptan oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	\$0 (Tier 1)	QL (24 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral tablet 125 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	
Antituberculars		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	\$0 (Tier 1)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 1)	PA
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 1)	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 1)	
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 1)	
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
Antiandrogens		
<i>abiraterone oral tablet 250 mg</i>	\$0 (Tier 1)	PA NSO
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 1)	PA NSO
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)	
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 1)	PA NSO
<i>toremifene oral tablet 60 mg</i>	\$0 (Tier 1)	
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 1)	PA NSO
ZYTIGA ORAL TABLET 500 MG	\$0 (Tier 1)	PA NSO
Antiangiogenic Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG	\$0 (Tier 1)	PA NSO; QL (21 per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0 (Tier 1)	PA NSO; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 1)	PA NSO; QL (56 per 28 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 1)	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (Tier 1)	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 1)	
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 1)	
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 1)	
TABLOID ORAL TABLET 40 MG	\$0 (Tier 1)	
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (Tier 1)	PA NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 1)	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 1)	PA NSO
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (Tier 1)	PA NSO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 (Tier 1)	PA NSO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA BvD
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 1)	PA NSO
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 1)	PA BvD
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	\$0 (Tier 1)	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	
Enzyme Inhibitors		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 1)	PA NSO; QL (21 per 28 days)
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (Tier 1)	PA NSO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (Tier 1)	PA NSO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 1)	PA NSO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 1)	PA NSO
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 1)	PA NSO
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 1)	PA NSO
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 1)	PA NSO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 1)	PA NSO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 1)	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 1)	PA NSO
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (Tier 1)	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (40 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA BvD; QL (240 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	\$0 (Tier 1)	PA NSO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA NSO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 1)	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	\$0 (Tier 1)	PA NSO
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	\$0 (Tier 1)	PA NSO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (Tier 1)	PA NSO
INLYTA ORAL TABLET 1 MG	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
IRESSA ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	\$0 (Tier 1)	PA NSO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 1)	PA NSO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0 (Tier 1)	PA NSO
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 1)	PA NSO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (Tier 1)	PA NSO
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 1)	PA NSO
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 1)	PA NSO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X 1-50 MG X 1), 300 MG/DAY (150 MG X 2)	\$0 (Tier 1)	PA NSO
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 1)	PA NSO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 1)	PA NSO
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 1)	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier 1)	PA NSO
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 1)	PA NSO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 1)	PA NSO
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	\$0 (Tier 1)	PA NSO
TARCEVA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
TURALIO ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO
TYKERB ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	\$0 (Tier 1)	PA NSO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (Tier 1)	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	PA NSO
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 1)	PA NSO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 1)	PA NSO
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 1)	PA NSO
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 1)	PA NSO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	\$0 (Tier 1)	PA BvD
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 1)	PA NSO
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	PA NSO
TARGRETIN TOPICAL GEL 1 %	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 (Tier 1)	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 1)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 1)	QL (12 per 30 days)
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 (Tier 1)	
ALINIA ORAL TABLET 500 MG	\$0 (Tier 1)	
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (Tier 1)	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 1)	
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	
NEBUPENT INHALATION RECON SOLN 300 MG	\$0 (Tier 1)	PA BvD
PENTAM INJECTION RECON SOLN 300 MG	\$0 (Tier 1)	
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (Tier 1)	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	\$0 (Tier 1)	
<i>primaquine oral tablet 26.3 mg</i>	\$0 (Tier 1)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
Dopamine Agonists		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 1)	PA; QL (150 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (Tier 1)	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	\$0 (Tier 1)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 1)	QL (1 per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (Tier 1)	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 1)	QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (Tier 1)	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (Tier 1)	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (Tier 1)	QL (3.2 per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	\$0 (Tier 1)	QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (Tier 1)	PA NSO
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 1)	QL (6 per 3 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (Tier 1)	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (Tier 1)	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (Tier 1)	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (Tier 1)	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (Tier 1)	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0 (Tier 1)	QL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0 (Tier 1)	QL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (Tier 1)	QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0 (Tier 1)	QL (2.625 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 1)	QL (60 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 (Tier 1)	QL (1 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (Tier 1)	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 1)	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (Tier 1)	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (Tier 1)	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 1)	PA NSO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1)	PA NSO; QL (270 per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA NSO
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (135 per 30 days)
CLOZARIL ORAL TABLET 200 MG, 50 MG	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	PA NSO; QL (600 per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 1)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 1)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0 (Tier 1)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 1)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 1)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 1)	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL TABLET 400-100 MG	\$0 (Tier 1)	PA NSO
HARVONI ORAL TABLET 90-400 MG	\$0 (Tier 1)	PA
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 1)	PA NSO
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 1)	PA NSO
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 50-200-25 MG	\$0 (Tier 1)	
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 1)	
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (Tier 1)	
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 1)	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	\$0 (Tier 1)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	\$0 (Tier 1)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 1)	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 1)	
EDURANT ORAL TABLET 25 MG	\$0 (Tier 1)	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	\$0 (Tier 1)	
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	\$0 (Tier 1)	
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 1)	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0 (Tier 1)	
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 (Tier 1)	
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 1)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 1)	
DESCOVY ORAL TABLET 200-25 MG	\$0 (Tier 1)	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	\$0 (Tier 1)	
EMTRIVA ORAL CAPSULE 200 MG	\$0 (Tier 1)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 1)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 1)	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
SYMFI LO ORAL TABLET 400-300-300 MG	\$0 (Tier 1)	
SYMFI ORAL TABLET 600-300-300 MG	\$0 (Tier 1)	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 (Tier 1)	QL (30 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 1)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 1)	
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (Tier 1)	
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 1)	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	\$0 (Tier 1)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 1)	
TYBOST ORAL TABLET 150 MG	\$0 (Tier 1)	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 1)	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0 (Tier 1)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 1)	
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 1)	
INVIRASE ORAL TABLET 500 MG	\$0 (Tier 1)	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (Tier 1)	
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (Tier 1)	
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 1)	
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 1)	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 1)	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	\$0 (Tier 1)	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 1)	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (Tier 1)	QL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 1)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 1)	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>oseltamivir oral capsule 30 mg</i>	\$0 (Tier 1)	QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1)	QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (Tier 1)	QL (1080 per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 1)	QL (120 per 365 days)
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 1)	QL (30 per 30 days)
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 1)	
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 1)	
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA NSO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 1)	QL (900 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	\$0 (Tier 1)	PA NSO
Bipolar Agents		
Bipolar Agents, Other		
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 1)	QL (6 per 3 days)
<i>lamotrigine oral tablet 25 mg</i>	\$0 (Tier 1)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 (Tier 1)	QL (1 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (Tier 1)	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (Tier 1)	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 1)	PA NSO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
Mood Stabilizers		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPITOL ORAL TABLET 200 MG	\$0 (Tier 1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 1)	QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	\$0 (Tier 1)	QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	\$0 (Tier 1)	QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0 (Tier 1)	QL (1.2 per 30 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 1)	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (Tier 1)	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	QL (60 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 1)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 1)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 1)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (Tier 1)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (Tier 1)	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	\$0 (Tier 1)	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	\$0 (Tier 1)	QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	\$0 (Tier 1)	QL (120 per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	\$0 (Tier 1)	QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 (Tier 1)	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (Tier 1)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 1)	QL (60 per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (Tier 1)	QL (15 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	\$0 (Tier 1)	
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	\$0 (Tier 1)	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	\$0 (Tier 1)	
KORLYM ORAL TABLET 300 MG	\$0 (Tier 1)	PA
PROGLYCEM ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	
Insulins		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	QL (200 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 1)	PA BvD
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (Tier 1)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	\$0 (Tier 1)	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	\$0 (Tier 1)	QL (200 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 1)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 1)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 1)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	\$0 (Tier 1)	QL (200 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (Tier 1)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	\$0 (Tier 1)	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	
Blood Products And Modifiers		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 1)	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 1)	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	\$0 (Tier 1)	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 1)	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	\$0 (Tier 1)	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	\$0 (Tier 1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	PA BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 1)	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	\$0 (Tier 1)	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0 (Tier 1)	QL (30 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO ORAL TABLET 2.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
Blood Products And Modifiers, Other		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	\$0 (Tier 1)	PA BvD
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 1)	PA
Blood Products And Modifiers		
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	
Platelet Modifying Agents		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 1)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
NORTHERA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Angiotensin li Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 1)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antiarrhythmics		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
DIGOX ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)	PA
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	PA
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 1)	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	\$0 (Tier 1)	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0 (Tier 1)	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	\$0 (Tier 1)	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (Tier 1)	
TIADYL T ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	\$0 (Tier 1)	
NYMALIZE ORAL SYRINGE 60 MG/10 ML	\$0 (Tier 1)	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 1)	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (Tier 1)	
TIADYLT ER ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>aliskiren oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>aliskiren oral tablet 300 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
BIDIL ORAL TABLET 20-37.5 MG	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 1)	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 1)	
DEMSEER ORAL CAPSULE 250 MG	\$0 (Tier 1)	PA
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
DIGOX ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 1)	QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 1)	PA
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)	PA
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1)	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	\$0 (Tier 1)	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	ST-NS
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 1)	ST-NS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (Tier 1)	ST-NS
Dyslipidemics, Other		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	\$0 (Tier 1)	
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol oral packet 5 gram</i>	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	\$0 (Tier 1)	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	\$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
NIACOR ORAL TABLET 500 MG	\$0 (Tier 1)	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 1)	PA
PREVALITE ORAL POWDER IN PACKET 4 GRAM	\$0 (Tier 1)	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 1)	
Vasodilators, Direct-Acting Arterial/Venous		
ISORDIL ORAL TABLET 40 MG	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	\$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 1)	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 1)	QL (30 per 30 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 15 mg, 20 mg, 25 mg, 30 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (Tier 1)	QL (60 per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (Tier 1)	QL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (Tier 1)	QL (60 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (Tier 1)	QL (30 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>atomoxetine oral capsule 40 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	\$0 (Tier 1)	
<i>dexmethylphenidate oral tablet 10 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 1)	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	\$0 (Tier 1)	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	\$0 (Tier 1)	PA; QL (180 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 (Tier 1)	PA; QL (90 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (Tier 1)	PA; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 1)	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (Tier 1)	
Multiple Sclerosis Agents		
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 1)	PA NSO; QL (14 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (Tier 1)	PA
GILENYA ORAL CAPSULE 0.5 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (12 per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	\$0 (Tier 1)	PA NSO; QL (12 per 28 days)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)	
Dermatological Agents		
Acne And Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	\$0 (Tier 1)	PA
AVITA TOPICAL CREAM 0.025 %	\$0 (Tier 1)	PA; QL (45 per 30 days)
AVITA TOPICAL GEL 0.025 %	\$0 (Tier 1)	PA; QL (45 per 30 days)
<i>azelaic acid topical gel 15 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)	
FINACEA TOPICAL FOAM 15 %	\$0 (Tier 1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
TAZORAC TOPICAL CREAM 0.05 %	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA
Dermatitis And Pruitus Agents		
ALA-CORT TOPICAL CREAM 1 %	\$0 (Tier 1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	\$0 (Tier 1)	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	\$0 (Tier 1)	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	\$0 (Tier 1)	
<i>desonide topical cream 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	\$0 (Tier 1)	QL (120 per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	\$0 (Tier 1)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	\$0 (Tier 1)	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	\$0 (Tier 1)	PA; QL (480 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	QL (100 per 30 days)
TEXACORT TOPICAL SOLUTION 2.5 %	\$0 (Tier 1)	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.1 %</i>	\$0 (Tier 1)	QL (454 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide topical lotion 0.025 %</i> , 0.1 %	\$0 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.025 %</i> , 0.05 %, 0.1 %, 0.5 %	\$0 (Tier 1)	
Dermatological Agents, Other		
ALCOHOL PADS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1)	QL (40 per 30 days)
<i>fluorouracil topical solution 2 %</i> , 5 %	\$0 (Tier 1)	QL (10 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1)	QL (24 per 30 days)
PICATO TOPICAL GEL 0.015 %	\$0 (Tier 1)	QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %	\$0 (Tier 1)	QL (2 per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 1)	PA; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 1)	
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)	
SSD TOPICAL CREAM 1 %	\$0 (Tier 1)	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	\$0 (Tier 1)	QL (15 per 30 days)
Pediculicides/Scabicides		
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)	
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1)	
Topical Anti-Infectives		
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1)	
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1)	QL (60 per 30 days)
ERY PADS TOPICAL SWAB 2 %	\$0 (Tier 1)	
<i>erythromycin with ethanol topical gel 2 %</i>	\$0 (Tier 1)	
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	
<i>mupirocin calcium topical cream 2 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1)	QL (220 per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	\$0 (Tier 1)	PA
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	\$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 1)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 1)	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	\$0 (Tier 1)	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	\$0 (Tier 1)	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	PA BvD
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	\$0 (Tier 1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (Tier 1)	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	\$0 (Tier 1)	PA BvD
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 1)	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 1)	
CLOVIQUE ORAL CAPSULE 250 MG	\$0 (Tier 1)	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 1)	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	\$0 (Tier 1)	PA BvD
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	\$0 (Tier 1)	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	\$0 (Tier 1)	PA
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 1)	PA
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 (Tier 1)	PA BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 (Tier 1)	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 1)	PA BvD
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 (Tier 1)	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 1)	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	PA BvD
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	\$0 (Tier 1)	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	\$0 (Tier 1)	PA; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	\$0 (Tier 1)	QL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	QL (540 per 30 days)
Potassium Binders		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	\$0 (Tier 1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 1)	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	\$0 (Tier 1)	
Vitamins		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	\$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 1)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 1)	
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE 24 MCG	\$0 (Tier 1)	QL (60 per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	\$0 (Tier 1)	QL (180 per 30 days)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	\$0 (Tier 1)	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 1)	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	\$0 (Tier 1)	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 1)	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	\$0 (Tier 1)	
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 1)	QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG	\$0 (Tier 1)	QL (60 per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0 (Tier 1)	QL (30 per 30 days)
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 1)	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	\$0 (Tier 1)	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	\$0 (Tier 1)	PA
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	
ZELNORM ORAL TABLET 6 MG	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-Diarrheal Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	PA; QL (10 per 30 days)
Gastrointestinal Agents, Other		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 1)	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
Gastrointestinal Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	\$0 (Tier 1)	
HELIDAC ORAL COMBO PACK 250-500-262.4 MG	\$0 (Tier 1)	
PYLERA ORAL CAPSULE 140-125-125 MG	\$0 (Tier 1)	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
Protectants		
CARAFATE ORAL SUSPENSION 100 MG/ML	\$0 (Tier 1)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	\$0 (Tier 1)	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	ST-NS
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	\$0 (Tier 1)	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	\$0 (Tier 1)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	\$0 (Tier 1)	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (Tier 1)	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 1)	PA
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (Tier 1)	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	\$0 (Tier 1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 1)	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 1)	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	\$0 (Tier 1)	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KUVAN ORAL TABLET,SOLUBLE 100 MG	\$0 (Tier 1)	PA
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	\$0 (Tier 1)	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	\$0 (Tier 1)	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (Tier 1)	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 1)	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	\$0 (Tier 1)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	\$0 (Tier 1)	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1)	ST-NS; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	ST-NS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>trospium oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>silodosin oral capsule 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 1)	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (Tier 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	\$0 (Tier 1)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	\$0 (Tier 1)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 1)	PA
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	\$0 (Tier 1)	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	\$0 (Tier 1)	PA; QL (30 per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	\$0 (Tier 1)	PA; QL (300 per 30 days)
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (Tier 1)	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	\$0 (Tier 1)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 1)	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 1)	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	\$0 (Tier 1)	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	\$0 (Tier 1)	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 1)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 1)	
YUVAFEM VAGINAL TABLET 10 MCG	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
APRI ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 1)	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	\$0 (Tier 1)	
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
INCASSIA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 (Tier 1)	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
JINTELI ORAL TABLET 1-5 MG-MCG	\$0 (Tier 1)	
JULEBER ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	\$0 (Tier 1)	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0 (Tier 1)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	\$0 (Tier 1)	
OCELLA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	
PIRMELLA ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 (Tier 1)	
SHAROBEL ORAL TABLET 0.35 MG	\$0 (Tier 1)	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
SYEDA ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 (Tier 1)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 1)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 1)	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0 (Tier 1)	
ZARAH ORAL TABLET 3-0.03 MG	\$0 (Tier 1)	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	
Progestins		
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
DEBLITANE ORAL TABLET 0.35 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0 (Tier 1)	PA BvD
ERRIN ORAL TABLET 0.35 MG	\$0 (Tier 1)	
LYZA ORAL TABLET 0.35 MG	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	\$0 (Tier 1)	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
NORA-BE ORAL TABLET 0.35 MG	\$0 (Tier 1)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 1)	
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 1)	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 1)	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	PA NSO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 (Tier 1)	PA NSO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	\$0 (Tier 1)	PA NSO
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (Tier 1)	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	\$0 (Tier 1)	PA NSO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (Tier 1)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 1)	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 (Tier 1)	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	\$0 (Tier 1)	PA NSO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	\$0 (Tier 1)	PA; QL (24 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (Tier 1)	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (Tier 1)	PA; QL (20 per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 1)	PA NSO; QL (27 per 30 days)
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 1)	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 1)	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (Tier 1)	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 1)	PA BvD
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 1)	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (Tier 1)	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 1)	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (Tier 1)	PA BvD
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (Tier 1)	PA BvD
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (Tier 1)	PA BvD
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 1)	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 1)	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
OLUMIANT ORAL TABLET 1 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0 (Tier 1)	PA NSO; QL (4 per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	\$0 (Tier 1)	PA; QL (4 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	\$0 (Tier 1)	PA; QL (1.6 per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	\$0 (Tier 1)	PA; QL (2.8 per 30 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 (Tier 1)	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	\$0 (Tier 1)	PA
XELJANZ ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
XELJANZ ORAL TABLET 5 MG	\$0 (Tier 1)	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 1)	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	\$0 (Tier 1)	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 1)	PA NSO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 (Tier 1)	PA BvD
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	\$0 (Tier 1)	PA BvD
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	\$0 (Tier 1)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 1)	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 1)	PA
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (Tier 1)	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (Tier 1)	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	\$0 (Tier 1)	PA NSO; QL (150 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (Tier 1)	PA NSO
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 1)	PA NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	PA BvD
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 1)	PA NSO; QL (8 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	\$0 (Tier 1)	PA; QL (4 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 1)	PA; QL (8 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 1)	PA NSO; QL (14 per 365 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (40 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA BvD; QL (240 per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	PA BvD
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 1)	PA NSO

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 1)	PA NSO
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 1)	PA NSO
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 1)	PA NSO; QL (6 per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 1)	PA BvD
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 1)	QL (60 per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA BvD
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA BvD
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 1)	PA BvD
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	\$0 (Tier 1)	PA; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 1)	PA BvD
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 1)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3- 5 MCG)-5LF/0.5 ML	\$0 (Tier 1)	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	\$0 (Tier 1)	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 1)	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 1)	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 1)	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 1)	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 1)	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0 (Tier 1)	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 1)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 1)	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
IPOLETT INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 1)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 1)	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 1)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 1)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 1)	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (Tier 1)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 1)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 1)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 1)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 1)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0 (Tier 1)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 1)	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (Tier 1)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 1)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (Tier 1)	QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (Tier 1)	PA BvD
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 1)	PA BvD
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	\$0 (Tier 1)	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 1)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 1)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 1)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 1)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 1)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 1)	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0 (Tier 1)	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	\$0 (Tier 1)	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (Tier 1)	
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)	
Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 1)	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (Tier 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1)	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	\$0 (Tier 1)	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)	PA BvD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	PA BvD
<i>cinacalcet oral tablet 30 mg, 90 mg</i>	\$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (Tier 1)	PA BvD; QL (60 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	PA BvD
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	\$0 (Tier 1)	PA
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	\$0 (Tier 1)	ST-NS
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	PA BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 (Tier 1)	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 1)	QL (1 per 180 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	\$0 (Tier 1)	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (Tier 1)	
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i>	\$0 (Tier 1)	
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	\$0 (Tier 1)	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 (Tier 1)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 1)	PA
Non-Frf		
Non-Frf		
ALA-CORT TOPICAL CREAM 2.5 %	\$0 (Tier 1)	
<i>alendronate oral tablet 40 mg, 5 mg</i>	\$0 (Tier 1)	
ALL DAY ALLERGY 10 MG TABLET 10 MG	\$0 (Tier 1)	
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 10 MG	\$0 (Tier 1)	
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 24 HR 10 MG	\$0 (Tier 1)	
ALLERGY (LORATADINE) 10 MG TAB 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG ODT NON-DROWSY, 24HR 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 10 MG TABLET NON-DROWSY,24 HOUR 10 MG	\$0 (Tier 1)	
ALLERGY RELIEF 5 MG/5 ML SOLN A/F 5 MG/5 ML	\$0 (Tier 1)	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg chew tab inner 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg chew tab outer 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet 10 mg</i>	\$0 (Tier 1)	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet indoor & outdoor 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet indoor/outdoor 24 hr 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 10 mg tablet u-d,10x10 10 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg chew tab children's, inner 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg tablet 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg tablet indoor & outdoor 5 mg</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg/5 ml soln inner 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml</i>	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM 1 MG/ML	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML D/F, GLUTEN/F, GRAPE 1 MG/ML	\$0 (Tier 1)	
CHILD CETIRIZINE 10 MG CHEW TB 10 MG	\$0 (Tier 1)	
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY 10 MG	\$0 (Tier 1)	
CHILD CETIRIZINE 5 MG CHEW TAB 5 MG	\$0 (Tier 1)	
CHILD CETIRIZINE HCL 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
CHILD CETIRIZINE HCL 1 MG/ML A/F,S/F,CHILDREN'S 1 MG/ML	\$0 (Tier 1)	
<i>child loratadine 10 mg/10 ml outer 5 mg/5 ml</i>	\$0 (Tier 1)	
CHILD LORATADINE 5 MG TAB CHEW 5 MG	\$0 (Tier 1)	
<i>child loratadine 5 mg/5 ml sol 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>child loratadine 5 mg/5 ml syr 5 mg/5 ml</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>child loratadine 5 mg/5 ml syr grape, s/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>child loratadine 5 mg/5 ml syr s/f, a/f, gluten/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	\$0 (Tier 1)	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	\$0 (Tier 1)	
COLOCORT RECTAL ENEMA 100 MG/60 ML	\$0 (Tier 1)	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 1)	
CYRED ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	\$0 (Tier 1)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>didanosine oral capsule,delayed release(dr/ec) 200 mg</i>	\$0 (Tier 1)	
E.E.S. 400 ORAL TABLET 400 MG	\$0 (Tier 1)	
FARYDAK ORAL CAPSULE 15 MG	\$0 (Tier 1)	PA NSO
<i>flurbiprofen oral tablet 50 mg</i>	\$0 (Tier 1)	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (Tier 1)	
GS ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 1)	
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	\$0 (Tier 1)	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
HM CHILD CETIRIZINE 1 MG/ML D/F, S/F, BUBBLEGUM 1 MG/ML	\$0 (Tier 1)	
<i>hm loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	\$0 (Tier 1)	PA NSO
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	\$0 (Tier 1)	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10x10, outer 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10x10,u-d,inner 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10x10,u-d,outer 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 24 hour, non-drowsy 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet inner 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet non-drowsy 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet non-drowsy, 24hr 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet outer 10 mg</i>	\$0 (Tier 1)	
<i>loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>loratadine 5 mg/5 ml syrup children's, a/f, d/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>loratadine allergy 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 per 30 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	QL (180 per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0 (Tier 1)	QL (90 per 30 days)
MORGIDOX ORAL CAPSULE 50 MG	\$0 (Tier 1)	
<i>morphine injection syringe 10 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>morphine intravenous syringe 8 mg/ml</i>	\$0 (Tier 1)	PA BvD
NON-DROWSY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 1)	
NORLYROC ORAL TABLET 0.35 MG	\$0 (Tier 1)	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	\$0 (Tier 1)	
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 1)	QL (60 per 30 days)
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)	QL (4000 per 1 day)
<i>potassium chloride in 5 % dex intravenous parenteral solution 40 meq/l</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA BvD
QC ALL DAY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 1)	
QC CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 1)	
<i>qc loratadine 10 mg tablet non-drowsy 10 mg</i>	\$0 (Tier 1)	
REBETOL ORAL SOLUTION 40 MG/ML	\$0 (Tier 1)	
RESCRIPTOR ORAL TABLET 200 MG	\$0 (Tier 1)	
RIBASPHERE ORAL CAPSULE 200 MG	\$0 (Tier 1)	
RIBASPHERE ORAL TABLET 600 MG	\$0 (Tier 1)	
RIFATER ORAL TABLET 50-120-300 MG	\$0 (Tier 1)	
SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML	\$0 (Tier 1)	
SM CHILD ALL DAY ALLER 1 MG/ML D/F, S/F, A/F BUBBLE 1 MG/ML	\$0 (Tier 1)	
SM CHILD ALL DAY ALLER 1 MG/ML S/F, GRAPE 1 MG/ML	\$0 (Tier 1)	
<i>sm loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 1)	
<i>sm loratadine 10 mg tablet non-drowsy,gluten-f 10 mg</i>	\$0 (Tier 1)	
<i>sodium chloride 0.9 % intravenous piggyback</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	\$0 (Tier 1)	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	\$0 (Tier 1)	PA NSO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	\$0 (Tier 1)	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0 (Tier 1)	QL (1 per 999 days)
ZYKADIA ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
ZYPITAMAG ORAL TABLET 1 MG	\$0 (Tier 1)	ST-NS
Ophthalmic Agents		
Ophthalmic Agents, Other		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	\$0 (Tier 1)	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 1)	PA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 1)	QL (60 per 30 days)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 1)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0 (Tier 1)	
Ophthalmic Anti-Allergy Agents		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	\$0 (Tier 1)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 1)	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	\$0 (Tier 1)	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	\$0 (Tier 1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	\$0 (Tier 1)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	\$0 (Tier 1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 (Tier 1)	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	\$0 (Tier 1)	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	\$0 (Tier 1)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 (Tier 1)	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 (Tier 1)	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	\$0 (Tier 1)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 1)	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 (Tier 1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	\$0 (Tier 1)	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 1)	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 (Tier 1)	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 1)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 (Tier 1)	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 1)	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	\$0 (Tier 1)	
Otic Agents		
Otic Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	\$0 (Tier 1)	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	\$0 (Tier 1)	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	\$0 (Tier 1)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	\$0 (Tier 1)	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	\$0 (Tier 1)	
<i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i>	\$0 (Tier 1)	
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 1)	PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (Tier 1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 1)	QL (30 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (Tier 1)	PA BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 1)	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0 (Tier 1)	QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	\$0 (Tier 1)	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0 (Tier 1)	QL (21.2 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	\$0 (Tier 1)	QL (16 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	\$0 (Tier 1)	QL (34 per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	\$0 (Tier 1)	QL (12.5 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	\$0 (Tier 1)	QL (2 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i>	\$0 (Tier 1)	
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 1)	QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (Tier 1)	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	\$0 (Tier 1)	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020983)</i>	\$0 (Tier 1)	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0 (Tier 1)	PA BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	\$0 (Tier 1)	PA BvD
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1)	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	\$0 (Tier 1)	QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	\$0 (Tier 1)	PA BvD
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 (Tier 1)	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 1)	QL (36 per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 1)	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 1)	PA
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 1)	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	\$0 (Tier 1)	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 1)	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 1)	PA BvD
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (Tier 1)	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 1)	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	\$0 (Tier 1)	PA
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (Tier 1)	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
<i>bosentan oral tablet 125 mg</i>	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (120 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 1)	PA BvD
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 1)	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	\$0 (Tier 1)	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 1)	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1)	PA BvD
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 1)	QL (12 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 1)	QL (60 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (Tier 1)	QL (10.7 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1)	QL (10.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1)	QL (60 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	\$0 (Tier 1)	QL (10.2 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	\$0 (Tier 1)	QL (60 per 30 days)
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 1)	QL (8 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA BvD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 1)	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 (Tier 1)	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (Tier 1)	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0 (Tier 1)	PA
<i>ramelteon oral tablet 8 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 1)	QL (30 per 30 days)
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temazepam oral capsule 7.5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 1)	PA; QL (540 per 30 days)

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ElderServe Health, Inc., cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ElderServe Health, Inc., no excluye a las personas ni las trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ElderServe Health, Inc.:

- Ofrece ayuda y servicios gratuitos a personas con discapacidades para que puedan comunicarse efectivamente con nosotros, como, por ejemplo,
 - Intérpretes calificados de lenguaje de señas.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Ofrece servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, como, por ejemplo,
 - Intérpretes calificados.
 - Información escrita en otros idiomas.

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Civil Rights Coordinator
80 West 225th Street
Bronx, NY, 10463
Teléfono: 1-347-842-3660, TTY/TDD 711
Fax: 1-888-341-5009

Puede realizar una queja formal en persona o por correo postal, teléfono o fax. Si necesita ayuda para presentar una queja formal, el Coordinador de Derechos Civiles está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU., por vía electrónica a través del portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo electrónico o teléfono al:

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

Los formularios de reclamos se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Texto en varios idiomas

English: ATTENTION: If you speak non-English language or require assistance, language assistance services free of charge, are available to you. Call 1-800-580-7000 (TTY 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-580-7000 (TTY 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-580-7000 (TTY 711)

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-580-7000 (TTY 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-580-7000 (TTY 711)

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German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-580-7000 (TTY 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-580-7000 (TTY 711). 번으로 전화해 주십시오.

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Arabic: برقم اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا: ملحوظة 1-800-580-7000 هاتف الصم والبكم: (711). رقم

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Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-580-7000 (TTY 711).

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RiverSpring Health Plans

1-800-580-7000 (TTY/TDD 711)

Puede llamar los 7 días de la semana de 8:00 a.m. a 8:00 p.m.

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