Neighborhood Health Plan OF RHODE ISLAND™

# Neighborhood INTEGRITY (Medicare-Medicaid Plan)

# 2019 Lista de Medicamentos Abrangidos

# (Formulário)

**POR FAVOR, LEIA: ESTE DOCUMENTO CONTÉM INFORMAÇÕES SOBRE AS DROGAS NÓS TAMBÉM NESTE PLANO** Em caso de dúvidas, contacte o Neighborhood INTEGRITY ligando para 1-844-812-6896, entre das 08:00 e as 20:00 de segunda a sexta-feira, e entre as 08:00 e as 12:00 ao sábado. Os utilizadores de TTY devem telefonar para 711. A chamada é grátis. Para obter mais informações, visite www.nhpri.org/INTEGRITY.

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# Neighborhood INTEGRITY| 2019 Lista de medicamentos abrangidos (Formúlario)

## Introdução

Este documento chama-se Lista de medicamentos abrangidos (também conhecida como Lista de drogas). Indica quais medicamentos e remédios vendidos sem receita são cobertos por Neighborhood INTEGRITY. A Lista de drogas também informa se existe qualquer regra especial ou restrição sobre algum tipo de medicamento abrangido por Neighborhood INTEGRITY. Os termos-chave e as suas definições aparecem no último capítulo do manual do membro.

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## A. Isenções

Esta é uma lista de medicamentos que os membros pode obter no Neighborhood INTERGRETY.

- Neighborhood Health Plan of Rhode Island é um plano de saúde que contrata com ambos Medicare e Rhode Island Medicaid proporcionando benefícios de ambos programas aos utentes cadastrados.
- Os benefícios, bem como as Lista de medicamentos abrangidos e/ou farmácias e redes de prestadores de saúde podem mudar ao longo do ano. Enviaremos um aviso antes de fazermos qualquer alteração que pode lhes afetar.
- Pode haver limitações e restrições. Para ter mais informações, ligue a Neighborhood INTEGRITY Serviços dos membros ou leia o manual de Neighborhood INTEGRITY.
- Você sempre pode verificar a Lista de medicamentos abrangidos de Neighborhood INTEGRITY atualizada online no site www.nhpri.org/INTEGRITY .
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ATENÇÃO: Se você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e

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feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.

- ❖ Você pode adquirir esse documento gratuitamente em outros formatos, como caracteres de forma, Braile ou áudio. Por favor, chame os Serviços dos membros no 1-844-812-6896 (TTY 711), o horário de trabalho das 8:00 às 20:00 da segunda - sexta-feira; das 8:00 ás 12:00 (meio-dia) no sábado. Os utentes TTY devem chamar TTY 711.A chamada é grátis.
- ❖ Nosso plano também pode dar-lhe materiais em espanhol e português e em caracteres de forma, Braille ou áudio. Chame os Serviços dos membros para fazer um pedido afim de receber agora e no futuro, o seu material em seu idioma ou formato desejado.

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## B. Perguntas mais frequentes (FAQ)

Encontre as respostas aqui para as perguntas que você tem sobre esta Lista de drogas abrangidos.Você pode ler todas as FAQ para saber mais, ou procure por uma pergunta e resposta.

**B1.Quais medicamentos receitados estão naLista de drogas abrangidos?(Chamamos a Lista de medicamentos abrangidos "Lista de drogas" resumindo.)**

Os medicamentos da Lista de drogas abrangidos que começa na página 1 são os medicamentos cobertos por Neighborhood INTEGRITY .Esses remédios estão disponíveis em farmácias de nossa rede.Uma farmácia está em nossa rede, se temos um acordo com ela para trabalhar conosco e fornecer-lhe serviços.Nos referimos a estas farmácias como "farmácias de rede".

- Neighborhood INTEGRITYvai cobrir todos os medicamentos necessários na Lista de drogas se:
  - o seu médico ou outro prestador diz que você precisa desses remédios para ficar melhor ou manter-se saudável, **e**
  - você adquirir a receita numa farmácia de rede Neighborhood INTEGRITY.
- Neighborhood INTEGRITYpode exigir outras etapas para adquirir certos medicamentos

  (veja a pergunta B4 abaixo).

Você também pode ver a lista atualizada dos medicamentos que cobrimos no nosso site www.nhpri.org/INTEGRITY ou ligue os Serviços dos membrosno1-844-812-6896 (TTY 711).

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### B2. A Lista de drogas nunca muda?

Sim.Neighborhood INTEGRITY pode acrescentar ou remover medicamentos na Lista de drogas ao longo do ano.Também somos capazes de mudar nossas regras relativas aos medicamentos. Por exemplo, poderíamos:

- Decidir de requerer ou não uma pré-aprovação para um remédio (uma pré-aprovação é a permissão de Neighborhood INTEGRITY antes que você pode pegar um medicamento).

**Se tiver alguma pergunta**, por chame Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. A chamada é gratis. **Para mais informações**,visite www.nhpri.org/INTEGRITY.

- Aumentar ou mudar a quantidade de remédios que você pode adquirir (é chamado limitação de quantidades).

- Aumentar ou alterar as restrições do tratamento por etapa de um medicamento (tratamento por etapa significa que você deve tentar um medicamento antes que cobrirmos outro remédio).

Se você está tomando um medicamento que estava coberto no início do ano, geralmente não removemos ou alteramos a cobertura desse remédio durante o resto do ano, a não ser que:

um novo medicamento mais barato saiu agora e funciona bem, assím como um remédio da Lista de drogas ou aprendemos que um remédio não é seguro, ou que um medicamento foi retirado do mercado.

Perguntas B3 e B6 abaixo tem mais informações sobre o que acontece quando altera a Lista de drogas.

Você sempre pode verificar online a Lista de medicamentos abrangidos de Neighborhood INTEGRITY atualizada, no site www.nhpri.org/INTEGRITY .Você também pode ligar os Serviços dos membros para verificar a atual Lista de drogas no 1-844-812-6896 (TTY 711).

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**B3. O que acontece quando há uma alteração na Lista de drogas?**

Algumas alterações à Lista de drogas vão acontecer de imediato.Por exemplo:

- **Um novo remédio genérico torna-se disponível**. As vezes, um novo medicamento mais barato que saiu agora e funciona bem, assim como um remédio da Lista de medicamentos atual. Quando isso acontece, podemos remover o medicamento atual, mas o seu custo para o novo remédio ficará o mesmo.Quando acrescentamos o novo medicamento genérico, podemos também decidir de manter a droga atual na lista mas mudar as regras de cobertura ou os limites.

    - Talvez não consigamos informá-lo antes de fazer essa mudança, mas enviaremos informações sobre a específica alteração ou as alterações que fizemos.

    - Você ou seu prestador de serviços pode pedir uma exceção com essas mudanças.Enviaremos um aviso com as etapas que você pode seguir para solicitar uma exceção.

- **Um remédio é retirado do mercado**. Se a Food and Drug Administration (FDA) diz que um medicamento que você está tomando não é seguro ou se o fabricante dum remédio retirá-lo do mercado, nós retiraremos esse medicamento fora da Lista de drogas.Se você estiver tomando o remédio, nós o informaremos. Nós lhe enviaremos uma carta que lhe dará as informações sobre como acompanhar com o seu prestador de saúde e farmacêutico.

**Podemos travez outras mudanças que afetam os medicamentos que você toma**. Vamos informar-lhe antecipadamente sobre essas outras mudanças à Lista de drogas.Essas alterações podem acontecer se:

- A FDA fornecer novas orientações ou se houver novas diretrizes clínicas sobre um remédio.

- Adicionamos um medicamento genérico que não é novo no mercado **e**
    - Substituir um medicamento de marca atualmente na Lista de drogas **ou**
    - Mudar as regras de cobertura ou os limites dum medicamento de marca.

Quando estas mudanças acontecerem, vamos lhe avisar pelo menos 30 dias antes de fazer essa alteração na Lista de drogas ou quando você pedir renovação de receita. Isto lhe dará tempo de conversar com seu médico ou outro prestador de saúde. Ele ou ela poderá ajudá-lo a decidir se há um medicamento similar na Lista de drogas que você pode ter em vez deste, ou se deve pedir uma exceção.Então você poderá:

- Adquirir uma suprimento para 30 dias antes que a alteração na Lista de medicamentos seja feita, ou
- pedir uma exceção com essas mudanças. Por favor, veja a questão B10 para mais informações sobre as exceções.

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## B4. Existem alguma restrição ou limite à cobertura de medicamentos ou a qualquer ação necessária a ser tomada para adquirir certos medicamentos?

Sim, alguns medicamentos têm regras de cobertura ou limites quanto ao valor que você pode ter. Em alguns casos, você ou seu médico ou outro prestador de saúde deve fazer algo antes de você adquirir o remédio. Por exemplo:

- **Pré-aprovação (ou autorização prévia)**: para certos medicamentos, você ou seu médico ou outro prestador de saúde deve ter a aprovação de Neighborhood INTEGRITYantes de adquirir os remédios na farmácia. Neighborhood INTEGRITY pode não cobrir o medicamento se você não estiver aprovado.

- **Limites de quantidade**: ás vezes Neighborhood INTEGRITY limita a quantidade dum medicamento.

- **Tratamento por etapa**: ás vezes Neighborhood INTEGRITY exige que você faz tratamento por etapa.Isso significa que você terá que experimentar medicamentos em uma determinada ordem relativo à sua condição médica.Você pode ter que tentar um medicamento antes que cobrirmos outro remédio.Se o seu médico achar que o primeiro medicamento não funciona para você, então cobriremos o segundo.

Você pode descobrir se sua droga tem qualquer requisito adicional ou limite dando uma olhada nas tabelas nas páginas 1-155. Você pode também obter mais informações, visitando o nosso site no www.nhpri.org/INTEGRITY.Temos publicado documentos online que explicam a nossa pré-autorização e as restrições de tratamento por etapa.Você pode também pedir-nos de enviá-lo uma cópia.

Você pode solicitar uma exceção desses limites.Isto lhe dará tempo de conversar com seu médico ou outro prestador de saúde. Ele ou ela pode ajudá-lo a decidir se há um medicamento similar na Lista de drogas que você pode ter em vez deste, ou se deve pedir uma exceção. Por favor, veja

as questões B10-B12 para mais informações sobre as exceções.

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## B5.Como você saberá se o remédio que quer tem limitações ou se existem ações necessárias para tê-lo?

A  Lista de medicamentos abrangidos na página 1 tem uma coluna rotulada "Ações necessárias, restrições ou limites de uso".

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## B6. O que acontece se mudarmos nossas regras sobre algums medicamentos (por exemplo, pré-autorização (aprovação), limites de quantidades e/ou restrições de tratamento por etapa?

Em alguns casos, vamos informar-lhe de antemão se podemos acrescentar ou alterar a pré-aprovação, os limites de quantidades e/ou as restrições de tratamento por etapa dum remédio.Ver pergunta B3 para ter mais informações sobre este pré-aviso e situações onde não somos capazes de dizer com antecedência, quando nossas regras sobre os remédios na Lista vão ser alterados.

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## B7. Como se pode encontrar um medicamento na Lista de drogas?

Existem duas maneiras de encontrar um medicamento:

- você pode pesquisar em ordem alfabética (se você sabe como soletrar o nome do medicamento), **ou**

- você pode procurar por condição médica.

Para pesquisar **alfabeticamente**, vá para a seção Índice dos remédios abrangidos.Você pode encontrá-lo no site www.nhpri.org/INTEGRITY clicando no link para a Lista pesquisável dos medicamentos abrangidos.

Para pesquisar **por condição médica**, encontre a seção denominada "Lista de drogas por condição médica" na página 1. Os medicamentos nesta seção são agrupados em categorias, dependendo do tipo de condições médicas que tratam.Por exemplo, se você tem um problema cardíaco, você deve procurar na categoria, Cardiovascular – Drugs to Treat Heart and Circulation. Conditions Isso é onde você vai encontrar os medicamentos que tratam doenças do coração.

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## B8. Em caso o medicamento que você precisa tomar não estiver na Lista de drogas?

**Se tiver alguma pergunta**, por chame Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. A chamada é gratis. **Para mais informações**,visite www.nhpri.org/INTEGRITY.

Se você não ver seu medicamento na Lista de drogas, ligue osServiços dos membros no1-844-812-6896 (TTY 711) e pergunte sobre isso.Se você aprender que Neighborhood INTEGRITYnão cobrirá o remédio, você pode fazer uma dessas coisas:

- Pergunte os Services dos membros para uma Lista de drogas como o que você quer tomar. Então, mostre a lista ao seu médico ou outro prestador de saúde. Ele ou ela pode prescrever um medicamento na Lista de medicamentos como o que você quer tomar ou você pode pedir ao plano de saúde de fazer uma exceção para cobrir o seu medicamento. Por favor, veja as questões B10-B12 para mais informações sobre as exceções.

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## B9.Se você for um novo membro a Neighborhood INTEGRITY e não poder encontrar o seu medicamento na Lista de drogas ou tiver problemas para encontrar o seu remédio?

Podemos ajudar. Podemos cobrir um suprimento para 30 dias da sua parte D ou durante 90 dias do seu plano Medicaid de cobertura de medicação, para os primeiros 90 dias que você é membro de Neighborhood INTEGRITY.Isto lhe dará tempo de conversar com seu médico ou outro prestador de saúde. Ele ou ela pode ajudá-lo a decidir se há um medicamento similar na Lista de drogas que você pode tomar em vez deste, ou se deve pedir uma exceção.

Se a sua receita for prescrita por poucos dias, permitiremos que várias receitas foram prescritas para máximo 30 dias da parte D medicação e 90dias da cobertura de medicação Medicaid.

Cobriremos mais 30 dias do seu remédio da sua parte D ou 90 dias da sua cobertura de medicação Medicaid se:

- você está tomando um medicamento que não está na nossa Lista de drogas, **ou**
- as regras do plano de saúde não permitem que você adquirir a quantidade prescrita pelo seu médico, **ou**
- o medicamento requer pré-aprovação da Neighborhood INTEGRITY,
- ou você está tomando um remédio que faz parte de uma restrição de tratamento por etapa.

Se você ficar num lar de idosos ou num outro estabelecimento de cuidado de longa período e precisa dum remédio que não está na Lista de medicamentos ou se não consegue ter facilmente o remédio que precisa, podemos ajudar.Se você está no plano há mais de 90 dias, mora numa instituição de longa permanência e precisa um medicamento de imediato:

- Nós cobriremos uma suprimento de 31 dias do medicamento que você precisa (a menos que você tenha uma receita por menos dias), que seja ou não um novo membro de Neighborhood INTEGRITY.
- Isto é adicional ao suprimento temporário dos primeiros 90 dias em que você é um membro de Neighborhood INTEGRITY .

Se o nível de cuidados muda então, o membro é capaz de receber um suprimento de 30 dias, se não estiver em cuidado de longo prazo e um suprimento de 31 dias em caso de cuidados de longa

permanência.

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## B10.Você pode pedir por uma exceção para cobrir o seu remédio?

Sim.Você pode perguntar Neighborhood INTEGRITY de fazer uma exceção para cobrir um medicamento que não estiver na Lista de drogas.

Você pode também nos pedir de mudar as regras do seu medicamento.

- Por exemplo, Neighborhood INTEGRITY pode limitar a quantidade de remédios que nós cobriremos.Se seu medicamento tem um limite, você pode pedir-nos de alterar o limite e cobrir mais.
- Outros exemplos: você pode nos pedir para retirar as restrições do tratamento por etapa ou requisitos de pré-aprovação.

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## B11. Como você pode pedir uma exceção?

Para pedir uma exceção, ligue os Serviços dos membros. OsServiços dos membros trabalharão com você e seu prestador de saúde para ajudá-lo a solicitar uma exceção.Você pode também ler o capítulo 9 do *manual de membro* para saber mais sobre as exceções.

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## B12. Quanto tempo leva para receber uma exceção?

Em primeiro lugar, precisamos duma declaração do seu médico, apoiando o seu pedido para uma exceção.Depois de fazer essa declaração, nós lhe daremos uma decisão sobre o seu pedido de exceção dentro de 72 horas.

Se você ou seu médico achar que a sua saúde pode ser prejudicada se você tiver de esperar 72 horas para uma decisão, você pode pedir uma exceção acelerada.Esta é uma decisão mais rápida.Se seu médico pode dar suporte ao seu pedido, nós lhe daremos uma decisão no prazo de 24 horas apois de conseguir a declaração de apoio do seu prestador de saúde .

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## B13. O que são medicamentos genéricos?

Os medicamentos genéricos são constituídos com os mesmos ingredientes ativos como os medicamentos de marca. Eles geralmente custam menos do que o medicamento de marca e geralmente não têm nomes bem conhecidos.Os medicamentos genéricos são aprovados pela Food and Drug Administration (FDA).

Neighborhood INTEGRITY abrange ambos medicamentos de marca e medicamentos genéricos.

**Se tiver alguma pergunta**, por chame Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. A chamada é gratis. **Para mais informações**,visite www.nhpri.org/INTEGRITY.

## B14.O que são medicamentos OTC?

OTC (over the counter) quer dizer em "venda livre".Neighborhood INTEGRITYabrange alguns medicamentos OTC, quando elas são receitados pelo seu prestador de saúde sem nenhum custo para você.

Você pode ler a Lista de drogas de Neighborhood INTEGRITY para ver quais medicamentos OTC são cobertos.

## B15.O que é a sua co-pagamento (copay)?

Como membro de Neighborhood INTEGRITY, você não tem nenhum co-pagamento para pegar os medicamentos receitados ou OTC enquanto que você siguir as regras de Neighborhood INTEGRITY.

## B16.O que são as camadas de medicamentos?

As camadas são grupos de medicamentos na nossa Lista de drogas.

- A camada 1 de remédios são medicamentos genéricos.
- A camada 2 de remédios são medicamentos de marca.
- A camada 3 de remédios são medicamentos OTC

Todas as camadas não têm co-pagamento.

# C.Visão geral da Lista de medicamentos abrangidos

A Lista de drogas cobertos, lhe da informações sobre os medicamentos abrangidos pelo Neighborhood INTEGRITY.Se você tem dificuldade em encontrar o seu remédio na lista, volte ao índice de medicamentos cobertos que começa na página 156. O índice em ordem alfabética lista todos os medicamentos abrangidos pelo Neighborhood INTEGRITY.

**Nota**: o **DP** ao lado de um remédio significa que ele não é um "medicamento da parte D". A quantidade que você paga quando você pegar uma receita para este remédio não conta no seus custos totais de medicamentos (ou seja, a quantidade que você pagar não ajudará você a qualificar-se para uma cobertura catastrófica).

- Além disso, em caso você está recebendo ajuda Extra para pagar seus remédios, você não terá qualquer ajuda Extra para pagar esses medicamentos.Para ter mais informações sobre ajuda Extra, por favor, veja a caixa de chamada abaixo .

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**Ajuda Extra** é um programa Medicare que ajuda as pessoas com rendimentos e recursos limitados a reduzir os custos de Medicare Parte D dos medicamentos receitados, como prémios, franquias e co-pagamentos. A ajuda Extra é chamada também “o subsídio de rendimento baixo,” ou “LIS.”

- Estas drogas têm também regras diferentes para apelos.O apelo é uma maneira formal de pedir-nos que seja revisto a decisão de cobertura e alterá-la em caso você achar que temos cometido um erro.Por exemplo, podemos decidir que um medicamento que você deseja não está coberto ou não é mais coberto pelo Medicare ou pelo Medicaid.

- Se você ou o seu médico não concordarem com a nossa decisão, você pode recorrer a um apelo.Para pedir instruções sobre como apelar, ligue os Serviços dos membros no1-844-812-6896 (TTY 711).Você pode também ler o capítulo 9 do *manual de membro* para saber como recorrer a um apelo duma decisão.

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## C1.Lista de medicamentos por condição médica

Os medicamentos nesta seção são agrupados em categorias, dependendo do tipo de condições médicas que tratam. Por exemplo, se você tiver um problema cardíaco, você deve procurar na categoria, Cardiovascular – Drugs to Treat Heart and Circulation Conditions. Isso é onde você vai encontrar medicamentos que tratam doenças do coração.

Aqui estão os significados dos códigos utilizados na coluna "ações necessárias, restrições ou limites de uso":

**B/D** = Este medicamento com receita médica tem um requisito de pré-autorização administrativa da Parte B versus D.Este medicamento pode ser coberto pelo Medicare Parte B ou D, dependendo das circunstâncias.Talvez as informações precisam ser enviadas descrevendo o uso e configuração do remédio para tomar a decisão.

**DP** = o remédio não faz de parte D.

**QL** = limites de quantidades:Para determinados medicamentos, o Neighborhood INTEGRITY limita o montante do medicamento que o Neighborhood INTEGRITY cobrirá.

**ST** = tratamento por etapa.Em alguns casos, o Neighborhood INTEGRITY exige que você primeiro experimenta determinados medicamentos para tratar sua condição médica antes de cobrirmos outro remédio para sua condição.Por exemplo, se os remédios A e B ambos tratam a sua condição médica, Neighborhood INTEGRITY não pode cobrir o medicamento B a menos que você experimenta o medicamento A primeiro.Se o medicamento A não funcionar para você, o Neighborhood INTEGRITY cobrirá o medicamento B

**PA** = pré-autorização.Neighborhood INTEGRITY exige que você ou seu médico obtenha uma pré-autorização para determinados medicamentos.Isto significa que você precisará obter aprovação de Neighborhood INTEGRITY antes de pegar as suas receitas.Neighborhood INTEGRITY pode não cobrir o medicamento se você não for aprovação.

**NDS** = Suprimento dum dia não prolongado.Esse remédio não está disponível para um suprimento de mais de 30 dias.

**LA** = acesso limitado.Este medicamento só está disponível em algumas farmácias especializadas.

**Se tiver alguma pergunta**, por chame Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. A chamada é gratis. **Para mais informações**,visite www.nhpri.org/INTEGRITY.

## D. Index dos remédios abrangidos

**Se tiver alguma pergunta**, por chame Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. A chamada é gratis. **Para mais informações**,visite www.nhpri.org/INTEGRITY.

# RI_CY19_2T_MMP eff 09/01/2019

Last Updated: 8/2019
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Version 14

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION** | | |
| ***GOUT - DRUGS TO TREAT GOUT*** | | |
| *allopurinol tab 100 mg* | Tier 1 | |
| *allopurinol tab 300 mg* | Tier 1 | |
| *colchicine w/ probenecid tab 0.5-500 mg* | Tier 1 | |
| COLCRYS TAB 0.6MG | Tier 2 | QL (120 tabs / 30 days) |
| *febuxostat tab 40 mg* | Tier 1 | ST |
| *febuxostat tab 80 mg* | Tier 1 | ST |
| MITIGARE CAP 0.6MG | Tier 2 | QL (60 caps / 30 days) |
| *probenecid tab 500 mg* | Tier 1 | |
| ULORIC TAB 40MG | Tier 2 | ST |
| ULORIC TAB 80MG | Tier 2 | ST |
| ***MISCELLANEOUS*** | | |
| *acephen sup 120mg* | Tier 3 | DP |
| *acephen sup 325mg* | Tier 3 | DP |
| *acephen sup 650mg* | Tier 3 | DP |
| *acetaminophen suppos 120 mg* | Tier 3 | DP |
| *acetaminophen suppos 650 mg* | Tier 3 | DP |
| *acetaminophen tab 325 mg* | Tier 3 | DP |
| *acetaminophen tab 500 mg* | Tier 3 | DP |
| *acetaminophen tab er 650 mg* | Tier 3 | DP |
| *acetaminophn sus 160/5ml* | Tier 3 | DP |
| *arthrts pain tab 650mg* | Tier 3 | DP |
| *aspirin low tab 81mg ec* | Tier 3 | DP |
| ASPIRIN POW | Tier 3 | DP |
| ASPIRIN SUP 600MG | Tier 3 | DP |
| *aspirin tab 325 mg* | Tier 3 | DP |
| *aspirin tab 325mg* | Tier 3 | DP |
| *aspirin tab 325mg ec* | Tier 3 | DP |
| *aspirin tab delayed release 325 mg* | Tier 3 | DP |
| *betatemp sus 160/5ml* | Tier 3 | DP |
| *chld silapap liq 160/5ml* | Tier 3 | DP |
| *ecpirin tab 325mg ec* | Tier 3 | DP |
| *ed-apap liq 80mg/2.5* | Tier 3 | DP |
| *eql menstrua tab complete* | Tier 3 | DP |
| *eql menstrua tab relief* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FEVERALL INF SUP 80MG | Tier 3 | DP |
| *feverall sup 120mg* | Tier 3 | DP |
| *feverall sup 325mg* | Tier 3 | DP |
| *feverall sup 650mg* | Tier 3 | DP |
| *gnp aspirin tab 325mg ec* | Tier 3 | DP |
| *hm aspirin tab 325mg* | Tier 3 | DP |
| *8 hour pain tab 650mg* | Tier 3 | DP |
| *mapap cap 500mg* | Tier 3 | DP |
| *mapap chw 80mg* | Tier 3 | DP |
| *mapap liq 160/5ml* | Tier 3 | DP |
| *mapap tab 325mg* | Tier 3 | DP |
| *mapap tab 500mg* | Tier 3 | DP |
| *mapap tab 500mg/rr* | Tier 3 | DP |
| *medi-tabs tab 500mg* | Tier 3 | DP |
| *menstrual tab complete* | Tier 3 | DP |
| *menstrual tab max st* | Tier 3 | DP |
| *menstrual tab relief* | Tier 3 | DP |
| MIDOL MAX ST TAB MENSTRUA | Tier 3 | DP |
| MIDOL TAB COMPLETE | Tier 3 | DP |
| *non-aspirin sus 160/5ml* | Tier 3 | DP |
| *non-aspirin tab 325mg* | Tier 3 | DP |
| *non-aspirin tab 500mg* | Tier 3 | DP |
| *non-aspirin tab 500mg/rr* | Tier 3 | DP |
| *pain & fever chw 80mg* | Tier 3 | DP |
| *pain & fever sol 160/5ml* | Tier 3 | DP |
| *pain & fever sus 160/5ml* | Tier 3 | DP |
| *pain & fever tab 325mg* | Tier 3 | DP |
| *pain & fever tab 500mg* | Tier 3 | DP |
| *pain relief sus 160/5ml* | Tier 3 | DP |
| *pain relief tab 500mg* | Tier 3 | DP |
| *pain relief tab 500mg/rr* | Tier 3 | DP |
| *pain relief tab 650mg* | Tier 3 | DP |
| *pain relieve sus 160/5ml* | Tier 3 | DP |
| *pain relieve tab 325mg* | Tier 3 | DP |
| *pain relieve tab 500mg* | Tier 3 | DP |
| *pain relieve tab 500mg/rr* | Tier 3 | DP |
| *pharbetol tab 325mg* | Tier 3 | DP |
| *pharbetol tab 500mg* | Tier 3 | DP |
| *qc aspirin tab 325mg* | Tier 3 | DP |
| *qc aspirin tab 325mg ec* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *ra menstrual tab complete* | Tier 3 | DP |
| *ra menstrual tab relief* | Tier 3 | DP |
| *sm aspirin tab 325mg* | Tier 3 | DP |
| *sm aspirin tab 325mg ec* | Tier 3 | DP |
| *tactinal chw children* | Tier 3 | DP |
| *tactinal tab 325mg* | Tier 3 | DP |
| *tactinal tab 500mg* | Tier 3 | DP |
| *tri-buff asa tab 325mg* | Tier 3 | DP |
| ***NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION*** | | |
| *celecoxib cap 50 mg* | Tier 1 | QL (240 caps / 30 days) |
| *celecoxib cap 100 mg* | Tier 1 | QL (120 caps / 30 days) |
| *celecoxib cap 200 mg* | Tier 1 | QL (60 caps / 30 days) |
| *celecoxib cap 400 mg* | Tier 1 | QL (30 caps / 30 days) |
| *diclofenac potassium tab 50 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *diclofenac sodium tab delayed release 25 mg* | Tier 1 | |
| *diclofenac sodium tab delayed release 50 mg* | Tier 1 | |
| *diclofenac sodium tab delayed release 75 mg* | Tier 1 | |
| *diclofenac sodium tab er 24hr 100 mg* | Tier 1 | |
| *diflunisal tab 500 mg* | Tier 1 | |
| *etodolac cap 200 mg* | Tier 1 | |
| *etodolac cap 300 mg* | Tier 1 | |
| *etodolac tab 400 mg* | Tier 1 | |
| *etodolac tab 500 mg* | Tier 1 | |
| *etodolac tab er 24hr 400 mg* | Tier 1 | |
| *etodolac tab er 24hr 500 mg* | Tier 1 | |
| *etodolac tab er 24hr 600 mg* | Tier 1 | |
| *flurbiprofen tab 50 mg* | Tier 1 | |
| *flurbiprofen tab 100 mg* | Tier 1 | |
| *ibu-drops dro 50/1.25* | Tier 3 | DP |
| *ibuprofen dro 50/1.25* | Tier 3 | DP |
| *ibuprofen ib chw 100mg* | Tier 3 | DP |
| *ibuprofen jr chw 100mg* | Tier 3 | DP |
| *ibuprofen sus 100/5ml* | Tier 3 | DP |
| *ibuprofen susp 100 mg/5ml* | Tier 1 | |
| *ibuprofen tab 400 mg* | Tier 1 | |
| *ibuprofen tab 600 mg* | Tier 1 | |
| *ibuprofen tab 800 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *medi-profen sus 40mg/ml* | Tier 3 | DP |
| *meloxicam tab 7.5 mg* | Tier 1 | |
| *meloxicam tab 15 mg* | Tier 1 | |
| *nabumetone tab 500 mg* | Tier 1 | |
| *nabumetone tab 750 mg* | Tier 1 | |
| *naproxen dr tab 375mg* | Tier 1 | |
| *naproxen dr tab 500mg* | Tier 1 | |
| *naproxen sodium tab 275 mg* | Tier 1 | |
| *naproxen sodium tab 550 mg* | Tier 1 | |
| *naproxen tab 250 mg* | Tier 1 | |
| *naproxen tab 375 mg* | Tier 1 | |
| *naproxen tab 500 mg* | Tier 1 | |
| *piroxicam cap 10 mg* | Tier 1 | |
| *piroxicam cap 20 mg* | Tier 1 | |
| *sm ibuprofen tab 100mg jr* | Tier 3 | DP |
| *sulindac tab 150 mg* | Tier 1 | |
| *sulindac tab 200 mg* | Tier 1 | |
| ***OPIOID ANALGESICS - DRUGS TO TREAT PAIN*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | Tier 1 | QL (2700 mL / 30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | Tier 1 | QL (400 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | Tier 1 | QL (360 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *buprenorphine td patch weekly 5 mcg/hr* | Tier 1 | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 7.5 mcg/hr* | Tier 1 | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 10 mcg/hr* | Tier 1 | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 15 mcg/hr* | Tier 1 | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 20 mcg/hr* | Tier 1 | QL (4 patches / 28 days), PA |
| *butorphanol tartrate inj 1 mg/ml* | Tier 2 | |
| *butorphanol tartrate inj 2 mg/ml* | Tier 2 | |
| BUTRANS DIS 5MCG/HR | Tier 2 | QL (4 patches / 28 days), PA |
| BUTRANS DIS 7.5/HR | Tier 2 | QL (4 patches / 28 days), PA |
| BUTRANS DIS 10MCG/HR | Tier 2 | QL (4 patches / 28 days), PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| BUTRANS DIS 15MCG/HR | Tier 2 | QL (4 patches / 28 days), PA |
| BUTRANS DIS 20MCG/HR | Tier 2 | QL (4 patches / 28 days), PA |
| *nalbuphine hcl inj 10 mg/ml* | Tier 2 | |
| *nalbuphine hcl inj 20 mg/ml* | Tier 2 | |
| *tramadol hcl tab 50 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | Tier 1 | QL (240 tabs / 30 days) |
| ***OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN*** | | |
| *fentanyl citrate buccal tab 200 mcg (base equiv)* | Tier 2 | QL (120 tabs / 30 days), PA |
| *fentanyl citrate buccal tab 400 mcg (base equiv)* | Tier 2 | QL (120 tabs / 30 days), PA |
| *fentanyl citrate buccal tab 600 mcg (base equiv)* | Tier 2 | QL (120 tabs / 30 days), PA |
| *fentanyl citrate buccal tab 800 mcg (base equiv)* | Tier 2 | QL (120 tabs / 30 days), PA |
| *fentanyl citrate lozenge on a handle 200 mcg* | Tier 2 | QL (120 lozenges / 30 days), PA |
| *fentanyl citrate lozenge on a handle 400 mcg* | Tier 2 | QL (120 lozenges / 30 days), PA |
| *fentanyl citrate lozenge on a handle 600 mcg* | Tier 2 | QL (120 lozenges / 30 days), PA |
| *fentanyl citrate lozenge on a handle 800 mcg* | Tier 2 | QL (120 lozenges / 30 days), PA |
| *fentanyl citrate lozenge on a handle 1200 mcg* | Tier 2 | QL (120 lozenges / 30 days), PA |
| *fentanyl citrate lozenge on a handle 1600 mcg* | Tier 2 | QL (120 lozenges / 30 days), PA |
| *fentanyl td patch 72hr 12 mcg/hr* | Tier 1 | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 25 mcg/hr* | Tier 1 | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 50 mcg/hr* | Tier 1 | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 75 mcg/hr* | Tier 1 | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 100 mcg/hr* | Tier 1 | QL (10 patches / 30 days), PA |
| FENTORA TAB 100MCG | Tier 2 | QL (120 tabs / 30 days), PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FENTORA TAB 200MCG | Tier 2 | QL (120 tabs / 30 days), PA |
| FENTORA TAB 400MCG | Tier 2 | QL (120 tabs / 30 days), PA |
| FENTORA TAB 600MCG | Tier 2 | QL (120 tabs / 30 days), PA |
| FENTORA TAB 800MCG | Tier 2 | QL (120 tabs / 30 days), PA |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | Tier 1 | QL (2700 mL / 30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *hydromorphone hcl liqd 1 mg/ml* | Tier 1 | QL (600 mL / 30 days) |
| *hydromorphone hcl preservative free (pf) inj 10 mg/ml* | Tier 2 | B/D |
| *hydromorphone hcl tab 2 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *hydromorphone hcl tab 4 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *hydromorphone hcl tab 8 mg* | Tier 1 | QL (180 tabs / 30 days) |
| HYSINGLA ER TAB 20 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER TAB 30 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER TAB 40 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER TAB 60 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER TAB 80 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER TAB 100 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER TAB 120 MG | Tier 2 | QL (30 tabs / 30 days), PA |
| *methadone con 10mg/ml* | Tier 1 | QL (90 mL / 30 days), PA |
| *methadone hcl soln 5 mg/5ml* | Tier 1 | QL (450 mL / 30 days), PA |
| *methadone hcl soln 10 mg/5ml* | Tier 1 | QL (450 mL / 30 days), PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *methadone hcl tab 5 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| *methadone hcl tab 10 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| MORPHINE SUL INJ 2MG/ML | Tier 2 | B/D |
| MORPHINE SUL INJ 4MG/ML | Tier 2 | B/D |
| MORPHINE SUL INJ 5MG/ML | Tier 2 | B/D |
| MORPHINE SUL INJ 8MG/ML | Tier 2 | B/D |
| MORPHINE SUL INJ 10MG/ML | Tier 2 | B/D |
| MORPHINE SUL INJ 150/30ML | Tier 2 | B/D |
| *morphine sulfate inj 8 mg/ml* | Tier 2 | B/D |
| *morphine sulfate inj 10 mg/ml* | Tier 2 | B/D |
| *morphine sulfate iv soln 1 mg/ml* | Tier 2 | B/D |
| *morphine sulfate iv soln pf 4 mg/ml* | Tier 2 | B/D |
| *morphine sulfate iv soln pf 8 mg/ml* | Tier 2 | B/D |
| *morphine sulfate iv soln pf 10 mg/ml* | Tier 2 | B/D |
| *morphine sulfate oral soln 10 mg/5ml* | Tier 1 | QL (900 mL / 30 days) |
| *morphine sulfate oral soln 20 mg/5ml* | Tier 1 | QL (750 mL / 30 days) |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* | Tier 1 | QL (180 mL / 30 days) |
| *morphine sulfate tab 15 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *morphine sulfate tab 30 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *morphine sulfate tab er 15 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| *morphine sulfate tab er 30 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| *morphine sulfate tab er 60 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| *morphine sulfate tab er 100 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| *morphine sulfate tab er 200 mg* | Tier 1 | QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 50MG | Tier 2 | QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 100MG | Tier 2 | QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 150MG | Tier 2 | QL (90 tabs / 30 days), PA |
| NUCYNTA ER TAB 200MG | Tier 2 | QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 250MG | Tier 2 | QL (60 tabs / 30 days), PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *oxycodone hcl cap 5 mg* | Tier 1 | QL (180 caps / 30 days) |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | Tier 1 | QL (180 mL / 30 days) |
| *oxycodone hcl soln 5 mg/5ml* | Tier 1 | QL (900 mL / 30 days) |
| *oxycodone hcl tab 5 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *oxycodone hcl tab 10 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *oxycodone hcl tab 15 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *oxycodone hcl tab 20 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *oxycodone hcl tab 30 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | Tier 1 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | Tier 1 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | Tier 1 | QL (180 tabs / 30 days) |
| OXYCONTIN TAB 10MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| OXYCONTIN TAB 15MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| OXYCONTIN TAB 20MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| OXYCONTIN TAB 30MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| OXYCONTIN TAB 40MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| OXYCONTIN TAB 60MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| OXYCONTIN TAB 80MG CR | Tier 2 | QL (60 tabs / 30 days), PA |
| **ANESTHETICS - DRUGS FOR NUMBING** | | |
| ***LOCAL ANESTHETICS*** | | |
| *lidocaine hcl local inj 0.5%* | Tier 1 | B/D |
| *lidocaine hcl local inj 1%* | Tier 1 | B/D |
| *lidocaine hcl local inj 2%* | Tier 1 | B/D |
| *lidocaine hcl local preservative free (pf) inj 0.5%* | Tier 1 | B/D |
| *lidocaine hcl local preservative free (pf) inj 1%* | Tier 1 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *lidocaine hcl local preservative free (pf) inj 1.5%* | Tier 1 | B/D |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | | |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *amikacin sulfate inj 1 gm/4ml (250 mg/ml)* | Tier 1 | |
| *amikacin sulfate inj 500 mg/2ml (250 mg/ml)* | Tier 1 | |
| *gentamicin in saline inj 0.8 mg/ml* | Tier 1 | |
| *gentamicin in saline inj 1 mg/ml* | Tier 1 | |
| *gentamicin in saline inj 1.2 mg/ml* | Tier 1 | |
| *gentamicin in saline inj 1.6 mg/ml* | Tier 1 | |
| *gentamicin in saline inj 2 mg/ml* | Tier 1 | |
| *gentamicin sulfate inj 10 mg/ml* | Tier 1 | |
| *gentamicin sulfate inj 40 mg/ml* | Tier 1 | |
| *neomycin sulfate tab 500 mg* | Tier 1 | |
| *paromomycin sulfate cap 250 mg* | Tier 1 | |
| *streptomycin sulfate for inj 1 gm* | Tier 2 | |
| SULFADIAZINE TAB 500MG | Tier 2 | |
| *tobramycin nebu soln 300 mg/5ml* | Tier 2 | PA |
| *tobramycin sulfate for inj 1.2 gm* | Tier 2 | |
| *tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)* | Tier 1 | |
| *tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)* | Tier 1 | |
| *tobramycin sulfate inj 10 mg/ml (base equivalent)* | Tier 1 | |
| *tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)* | Tier 1 | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole tab 200 mg* | Tier 2 | |
| ALINIA SUS 100/5ML | Tier 2 | |
| ALINIA TAB 500MG | Tier 2 | |
| *atovaquone susp 750 mg/5ml* | Tier 2 | |
| AZACTAM INJ 1GM | Tier 2 | |
| AZACTAM INJ 2GM | Tier 2 | |
| *aztreonam for inj 1 gm* | Tier 1 | |
| *aztreonam for inj 2 gm* | Tier 1 | |
| CAYSTON INH 75MG | Tier 2 | LA, PA |
| *clindamycin hcl cap 75 mg* | Tier 1 | |
| *clindamycin hcl cap 150 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *clindamycin hcl cap 300 mg* | Tier 1 | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | Tier 1 | |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | Tier 1 | |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | Tier 1 | |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | Tier 1 | |
| *clindamycin phosphate inj 9 gm/60ml* | Tier 1 | |
| *clindamycin phosphate inj 300 mg/2ml* | Tier 1 | |
| *clindamycin phosphate inj 600 mg/4ml* | Tier 1 | |
| *clindamycin phosphate inj 900 mg/6ml* | Tier 1 | |
| *clindamycin phosphate iv soln 300 mg/2ml* | Tier 1 | |
| *clindamycin phosphate iv soln 900 mg/6ml* | Tier 1 | |
| CLINDMYC/NAC INJ 300/50ML | Tier 2 | |
| CLINDMYC/NAC INJ 600/50ML | Tier 2 | |
| CLINDMYC/NAC INJ 900/50ML | Tier 2 | |
| *colistimethate sod for inj 150 mg (colistin base activity)* | Tier 1 | |
| *dapsone tab 25 mg* | Tier 1 | |
| *dapsone tab 100 mg* | Tier 1 | |
| *daptomycin for iv soln 500 mg* | Tier 2 | |
| DAPTOMYCIN SOL 350MG | Tier 2 | |
| EMVERM CHW 100MG | Tier 2 | |
| *ertapenem sodium for inj 1 gm (base equivalent)* | Tier 1 | |
| *imipenem-cilastatin intravenous for soln 250 mg* | Tier 1 | |
| *imipenem-cilastatin intravenous for soln 500 mg* | Tier 1 | |
| *ivermectin tab 3 mg* | Tier 1 | |
| *linezolid for susp 100 mg/5ml* | Tier 2 | |
| *linezolid in sodium chloride iv soln 600 mg/300ml-0.9%* | Tier 2 | |
| *linezolid iv soln 600 mg/300ml (2 mg/ml)* | Tier 1 | |
| *linezolid tab 600 mg* | Tier 2 | |
| *meropenem iv for soln 1 gm* | Tier 1 | |
| *meropenem iv for soln 500 mg* | Tier 1 | |
| *methenamine hippurate tab 1 gm* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *metronidazole in nacl 0.79% iv soln 500 mg/100ml* | Tier 1 | |
| *metronidazole tab 250 mg* | Tier 1 | |
| *metronidazole tab 500 mg* | Tier 1 | |
| NEBUPENT INH 300MG | Tier 2 | B/D |
| *nitrofurantoin macrocrystalline cap 50 mg* | Tier 2 | PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| *nitrofurantoin macrocrystalline cap 100 mg* | Tier 2 | PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | Tier 2 | PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| PENTAM 300 INJ 300MG | Tier 2 | |
| *pentamidine isethionate for soln 300 mg* | Tier 1 | |
| PINWORM TAB MEDICINE | Tier 3 | DP |
| *praziquantel tab 600 mg* | Tier 1 | |
| *reeses med sus pinworm* | Tier 3 | DP |
| SIVEXTRO INJ 200MG | Tier 2 | |
| SIVEXTRO TAB 200MG | Tier 2 | |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | Tier 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | Tier 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | Tier 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | Tier 1 | |
| SYNERCID INJ 500MG | Tier 2 | NDS |
| *tigecycline for iv soln 50 mg* | Tier 2 | |
| *trimethoprim tab 100 mg* | Tier 1 | |
| *vancomycin hcl cap 125 mg (base equivalent)* | Tier 1 | |
| *vancomycin hcl cap 250 mg (base equivalent)* | Tier 2 | |
| *vancomycin hcl for iv soln 1 gm (base equivalent)* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *vancomycin hcl for iv soln 5 gm (base equivalent)* | Tier 1 | |
| *vancomycin hcl for iv soln 10 gm (base equivalent)* | Tier 1 | |
| *vancomycin hcl for iv soln 500 mg (base equivalent)* | Tier 1 | |
| *vancomycin hcl for iv soln 750 mg (base equivalent)* | Tier 1 | |
| VANCOMYCIN INJ 1 GM | Tier 2 | |
| VANCOMYCIN INJ 500MG | Tier 2 | |
| VANCOMYCIN INJ 750MG | Tier 2 | |
| ***ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS*** | | |
| ABELCET INJ 5MG/ML | Tier 2 | B/D |
| AMBISOME INJ 50MG | Tier 2 | B/D |
| *amphotericin b for iv soln 50 mg* | Tier 1 | B/D |
| *caspofungin acetate for iv soln 50 mg* | Tier 2 | |
| *caspofungin acetate for iv soln 70 mg* | Tier 2 | |
| *fluconazole for susp 10 mg/ml* | Tier 1 | |
| *fluconazole for susp 40 mg/ml* | Tier 1 | |
| *fluconazole in dextrose inj 200 mg/100ml* | Tier 1 | |
| *fluconazole in dextrose inj 400 mg/200ml* | Tier 1 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | Tier 1 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | Tier 1 | |
| *fluconazole tab 50 mg* | Tier 1 | |
| *fluconazole tab 100 mg* | Tier 1 | |
| *fluconazole tab 150 mg* | Tier 1 | |
| *fluconazole tab 200 mg* | Tier 1 | |
| *flucytosine cap 250 mg* | Tier 2 | |
| *flucytosine cap 500 mg* | Tier 2 | |
| *griseofulvin microsize susp 125 mg/5ml* | Tier 1 | |
| *griseofulvin microsize tab 500 mg* | Tier 1 | |
| *griseofulvin ultramicrosize tab 125 mg* | Tier 1 | |
| *griseofulvin ultramicrosize tab 250 mg* | Tier 1 | |
| *itraconazole cap 100 mg* | Tier 1 | PA |
| *ketoconazole tab 200 mg* | Tier 1 | PA |
| MYCAMINE INJ 50MG | Tier 2 | |
| MYCAMINE INJ 100MG | Tier 2 | |
| NOXAFIL SUS 40MG/ML | Tier 2 | QL (630 mL / 30 days) |
| NOXAFIL TAB 100MG | Tier 2 | QL (93 tabs / 30 days) |
| *nystatin tab 500000 unit* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *terbinafine hcl tab 250 mg* | Tier 1 | QL (90 tabs / year) |
| *voriconazole for inj 200 mg* | Tier 1 | |
| *voriconazole for susp 40 mg/ml* | Tier 2 | |
| *voriconazole tab 50 mg* | Tier 2 | |
| *voriconazole tab 200 mg* | Tier 2 | |
| ***ANTIMALARIALS - DRUGS TO TREAT MALARIA*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | Tier 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | Tier 1 | |
| *chloroquine phosphate tab 250 mg* | Tier 1 | |
| *chloroquine phosphate tab 500 mg* | Tier 1 | |
| COARTEM TAB 20-120MG | Tier 2 | |
| *mefloquine hcl tab 250 mg* | Tier 1 | |
| *primaquine phosphate tab 26.3 mg (15 mg base)* | Tier 1 | |
| PRIMAQUINE TAB 26.3MG | Tier 2 | |
| *quinine sulfate cap 324 mg* | Tier 1 | PA |
| ***ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION*** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | Tier 1 | |
| *abacavir sulfate tab 300 mg (base equiv)* | Tier 1 | |
| APTIVUS CAP 250MG | Tier 2 | |
| APTIVUS SOL | Tier 2 | |
| *atazanavir sulfate cap 150 mg (base equiv)* | Tier 2 | |
| *atazanavir sulfate cap 200 mg (base equiv)* | Tier 2 | |
| *atazanavir sulfate cap 300 mg (base equiv)* | Tier 2 | |
| CRIXIVAN CAP 200MG | Tier 2 | |
| CRIXIVAN CAP 400MG | Tier 2 | |
| *didanosine delayed release capsule 200 mg* | Tier 1 | |
| *didanosine delayed release capsule 250 mg* | Tier 1 | |
| *didanosine delayed release capsule 400 mg* | Tier 1 | |
| EDURANT TAB 25MG | Tier 2 | |
| *efavirenz cap 50 mg* | Tier 1 | |
| *efavirenz cap 200 mg* | Tier 2 | |
| *efavirenz tab 600 mg* | Tier 2 | |
| EMTRIVA CAP 200MG | Tier 2 | |
| EMTRIVA SOL 10MG/ML | Tier 2 | |
| *fosamprenavir calcium tab 700 mg (base equiv)* | Tier 2 | |
| FUZEON INJ 90MG | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| INTELENCE TAB 25MG | Tier 2 | |
| INTELENCE TAB 100MG | Tier 2 | |
| INTELENCE TAB 200MG | Tier 2 | |
| INVIRASE TAB 500MG | Tier 2 | |
| ISENTRESS CHW 25MG | Tier 2 | |
| ISENTRESS CHW 100MG | Tier 2 | |
| ISENTRESS HD TAB 600MG | Tier 2 | |
| ISENTRESS POW 100MG | Tier 2 | |
| ISENTRESS TAB 400MG | Tier 2 | |
| *lamivudine oral soln 10 mg/ml* | Tier 1 | |
| *lamivudine tab 150 mg* | Tier 1 | |
| *lamivudine tab 300 mg* | Tier 1 | |
| LEXIVA SUS 50MG/ML | Tier 2 | |
| *nevirapine susp 50 mg/5ml* | Tier 1 | |
| *nevirapine tab 200 mg* | Tier 1 | |
| *nevirapine tab er 24hr 100 mg* | Tier 1 | |
| *nevirapine tab er 24hr 400 mg* | Tier 1 | |
| NORVIR POW 100MG | Tier 2 | |
| NORVIR SOL 80MG/ML | Tier 2 | |
| PIFELTRO TAB 100MG | Tier 2 | |
| PREZISTA SUS 100MG/ML | Tier 2 | QL (400 mL / 30 days) |
| PREZISTA TAB 75MG | Tier 2 | QL (480 tabs / 30 days) |
| PREZISTA TAB 150MG | Tier 2 | QL (240 tabs / 30 days) |
| PREZISTA TAB 600MG | Tier 2 | QL (60 tabs / 30 days) |
| PREZISTA TAB 800MG | Tier 2 | QL (30 tabs / 30 days) |
| RESCRIPTOR TAB 200MG | Tier 2 | |
| REYATAZ POW 50MG | Tier 2 | |
| *ritonavir tab 100 mg* | Tier 1 | |
| SELZENTRY SOL 20MG/ML | Tier 2 | |
| SELZENTRY TAB 25MG | Tier 2 | |
| SELZENTRY TAB 75MG | Tier 2 | |
| SELZENTRY TAB 150MG | Tier 2 | |
| SELZENTRY TAB 300MG | Tier 2 | |
| *stavudine cap 15 mg* | Tier 1 | |
| *stavudine cap 20 mg* | Tier 1 | |
| *stavudine cap 30 mg* | Tier 1 | |
| *stavudine cap 40 mg* | Tier 1 | |
| *tenofovir disoproxil fumarate tab 300 mg* | Tier 2 | |
| TIVICAY TAB 10MG | Tier 2 | |
| TIVICAY TAB 25MG | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| TIVICAY TAB 50MG | Tier 2 | |
| TROGARZO INJ 150MG/ML | Tier 2 | LA |
| TYBOST TAB 150MG | Tier 2 | |
| VIDEX EC CAP 125MG | Tier 2 | |
| VIDEX SOL 2GM | Tier 2 | |
| VIDEX SOL 4GM | Tier 2 | |
| VIRACEPT TAB 250MG | Tier 2 | |
| VIRACEPT TAB 625MG | Tier 2 | |
| VIRAMUNE SUS 50MG/5ML | Tier 2 | |
| VIREAD POW 40MG/GM | Tier 2 | |
| VIREAD TAB 150MG | Tier 2 | |
| VIREAD TAB 200MG | Tier 2 | |
| VIREAD TAB 250MG | Tier 2 | |
| *zidovudine cap 100 mg* | Tier 1 | |
| *zidovudine syrup 10 mg/ml* | Tier 1 | |
| *zidovudine tab 300 mg* | Tier 1 | |
| ***ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | Tier 1 | NDS |
| *abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* | Tier 2 | |
| ATRIPLA TAB | Tier 2 | |
| BIKTARVY TAB | Tier 2 | |
| CIMDUO TAB 300-300 | Tier 2 | |
| COMPLERA TAB | Tier 2 | |
| DELSTRIGO TAB | Tier 2 | |
| DESCOVY TAB 200/25 | Tier 2 | |
| DOVATO TAB 50-300MG | Tier 2 | |
| EVOTAZ TAB 300-150 | Tier 2 | |
| GENVOYA TAB | Tier 2 | |
| JULUCA TAB 50-25MG | Tier 2 | |
| KALETRA TAB 100-25MG | Tier 2 | |
| KALETRA TAB 200-50MG | Tier 2 | |
| *lamivudine-zidovudine tab 150-300 mg* | Tier 1 | |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | Tier 1 | |
| ODEFSEY TAB | Tier 2 | |
| PREZCOBIX TAB 800-150 | Tier 2 | |
| STRIBILD TAB | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| SYMFI LO TAB | Tier 2 | |
| SYMFI TAB | Tier 2 | |
| SYMTUZA TAB | Tier 2 | |
| TRIUMEQ TAB | Tier 2 | |
| TRUVADA TAB 100-150 | Tier 2 | QL (60 tabs / 30 days) |
| TRUVADA TAB 133-200 | Tier 2 | QL (30 tabs / 30 days) |
| TRUVADA TAB 167-250 | Tier 2 | QL (30 tabs / 30 days) |
| TRUVADA TAB 200-300 | Tier 2 | QL (30 tabs / 30 days) |
| ***ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS*** | | |
| *cycloserine cap 250 mg* | Tier 2 | |
| *ethambutol hcl tab 100 mg* | Tier 1 | |
| *ethambutol hcl tab 400 mg* | Tier 1 | |
| *isoniazid syrup 50 mg/5ml* | Tier 1 | |
| *isoniazid tab 100 mg* | Tier 1 | |
| *isoniazid tab 300 mg* | Tier 1 | |
| PASER GRA 4GM | Tier 2 | |
| PRIFTIN TAB 150MG | Tier 2 | |
| *pyrazinamide tab 500 mg* | Tier 1 | |
| *rifabutin cap 150 mg* | Tier 1 | |
| *rifampin cap 150 mg* | Tier 1 | |
| *rifampin cap 300 mg* | Tier 1 | |
| *rifampin for inj 600 mg* | Tier 1 | |
| RIFATER TAB | Tier 2 | |
| SIRTURO TAB 100MG | Tier 2 | LA, PA |
| TRECATOR TAB 250MG | Tier 2 | |
| ***ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS*** | | |
| *acyclovir cap 200 mg* | Tier 1 | |
| *acyclovir sodium iv soln 50 mg/ml* | Tier 1 | B/D |
| *acyclovir susp 200 mg/5ml* | Tier 1 | |
| *acyclovir tab 400 mg* | Tier 1 | |
| *acyclovir tab 800 mg* | Tier 1 | |
| *adefovir dipivoxil tab 10 mg* | Tier 2 | |
| BARACLUDE SOL .05MG/ML | Tier 2 | |
| *entecavir tab 0.5 mg* | Tier 2 | |
| *entecavir tab 1 mg* | Tier 2 | |
| EPCLUSA TAB 400-100 | Tier 2 | PA |
| EPIVIR HBV SOL 5MG/ML | Tier 2 | |
| *famciclovir tab 125 mg* | Tier 1 | |
| *famciclovir tab 250 mg* | Tier 1 | |
| *famciclovir tab 500 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *ganciclovir sodium for inj 500 mg* | Tier 1 | B/D |
| HARVONI TAB 90-400MG | Tier 2 | PA |
| *lamivudine tab 100 mg (hbv)* | Tier 1 | |
| MAVYRET TAB 100-40MG | Tier 2 | PA |
| *oseltamivir phosphate cap 30 mg (base equiv)* | Tier 1 | QL (168 caps / year) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | Tier 1 | QL (84 caps / year) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | Tier 1 | QL (84 caps / year) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | Tier 1 | QL (1080 mL / year) |
| PEGASYS INJ | Tier 2 | PA |
| PEGASYS INJ 180MCG/M | Tier 2 | PA |
| PEGASYS INJ PROCLICK | Tier 2 | PA |
| REBETOL SOL 40MG/ML | Tier 2 | |
| RELENZA MIS DISKHALE | Tier 2 | QL (6 inhalers / year) |
| *ribasphere cap 200mg* | Tier 1 | |
| *ribasphere tab 200mg* | Tier 1 | |
| *ribasphere tab 600mg* | Tier 2 | |
| *ribavirin cap 200 mg* | Tier 1 | |
| *ribavirin tab 200 mg* | Tier 1 | |
| *rimantadine hydrochloride tab 100 mg* | Tier 1 | |
| *valacyclovir hcl tab 1 gm* | Tier 1 | |
| *valacyclovir hcl tab 500 mg* | Tier 1 | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | Tier 2 | NDS |
| *valganciclovir hcl tab 450 mg (base equivalent)* | Tier 2 | |
| VEMLIDY TAB 25MG | Tier 2 | |
| VOSEVI TAB | Tier 2 | PA |
| ZEPATIER TAB 50-100MG | Tier 2 | PA |
| ***CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS*** | | |
| *cefaclor cap 250 mg* | Tier 1 | |
| *cefaclor cap 500 mg* | Tier 1 | |
| CEFACLOR ER TAB 500MG | Tier 2 | |
| *cefaclor for susp 125 mg/5ml* | Tier 1 | |
| *cefaclor for susp 250 mg/5ml* | Tier 1 | |
| *cefaclor for susp 375 mg/5ml* | Tier 1 | |
| *cefadroxil cap 500 mg* | Tier 1 | |
| *cefadroxil for susp 250 mg/5ml* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *cefadroxil for susp 500 mg/5ml* | Tier 1 | |
| *cefadroxil tab 1 gm* | Tier 1 | |
| CEFAZOLIN INJ 1GM/50ML | Tier 2 | |
| *cefazolin sodium for inj 1 gm* | Tier 1 | |
| *cefazolin sodium for inj 10 gm* | Tier 1 | |
| *cefazolin sodium for inj 20 gm* | Tier 1 | |
| *cefazolin sodium for inj 500 mg* | Tier 1 | |
| *cefazolin sodium for iv soln 1 gm* | Tier 1 | |
| CEFAZOLIN SOL | Tier 2 | |
| *cefdinir cap 300 mg* | Tier 1 | |
| *cefdinir for susp 125 mg/5ml* | Tier 1 | |
| *cefdinir for susp 250 mg/5ml* | Tier 1 | |
| *cefepime hcl for inj 1 gm* | Tier 1 | |
| *cefepime hcl for inj 2 gm* | Tier 1 | |
| *cefixime cap 400 mg* | Tier 1 | |
| *cefixime for susp 100 mg/5ml* | Tier 1 | |
| *cefixime for susp 200 mg/5ml* | Tier 1 | |
| *cefotaxime sodium for inj 1 gm* | Tier 1 | |
| *cefotaxime sodium for inj 500 mg* | Tier 1 | |
| *cefoxitin sodium for inj 10 gm* | Tier 1 | |
| *cefoxitin sodium for iv soln 1 gm* | Tier 1 | |
| *cefoxitin sodium for iv soln 2 gm* | Tier 1 | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | Tier 1 | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | Tier 1 | |
| *cefpodoxime proxetil tab 100 mg* | Tier 1 | |
| *cefpodoxime proxetil tab 200 mg* | Tier 1 | |
| *cefprozil for susp 125 mg/5ml* | Tier 1 | |
| *cefprozil for susp 250 mg/5ml* | Tier 1 | |
| *cefprozil tab 250 mg* | Tier 1 | |
| *cefprozil tab 500 mg* | Tier 1 | |
| *ceftazidime for inj 1 gm* | Tier 1 | |
| *ceftazidime for inj 2 gm* | Tier 1 | |
| *ceftazidime for inj 6 gm* | Tier 1 | |
| CEFTAZIDIME/ SOL D5W 1GM | Tier 2 | |
| CEFTAZIDIME/ SOL D5W 2GM | Tier 2 | |
| *ceftriaxone sodium for inj 1 gm* | Tier 1 | |
| *ceftriaxone sodium for inj 2 gm* | Tier 1 | |
| *ceftriaxone sodium for inj 10 gm* | Tier 1 | |
| *ceftriaxone sodium for inj 250 mg* | Tier 1 | |
| *ceftriaxone sodium for inj 500 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *ceftriaxone sodium for iv soln 1 gm* | Tier 1 | |
| *ceftriaxone sodium for iv soln 2 gm* | Tier 1 | |
| *cefuroxime axetil tab 250 mg* | Tier 1 | |
| *cefuroxime axetil tab 500 mg* | Tier 1 | |
| *cefuroxime sodium for inj 7.5 gm* | Tier 1 | |
| *cefuroxime sodium for inj 750 mg* | Tier 1 | |
| *cefuroxime sodium for iv soln 1.5 gm* | Tier 1 | |
| *cephalexin cap 250 mg* | Tier 1 | |
| *cephalexin cap 500 mg* | Tier 1 | |
| *cephalexin for susp 125 mg/5ml* | Tier 1 | |
| *cephalexin for susp 250 mg/5ml* | Tier 1 | |
| SUPRAX CAP 400MG | Tier 2 | |
| SUPRAX CHW 100MG | Tier 2 | |
| SUPRAX CHW 200MG | Tier 2 | |
| SUPRAX SUS 500/5ML | Tier 2 | |
| *tazicef inj 1gm* | Tier 1 | |
| *tazicef inj 2gm* | Tier 1 | |
| *tazicef inj 6gm* | Tier 1 | |
| TEFLARO INJ 400MG | Tier 2 | |
| TEFLARO INJ 600MG | Tier 2 | |
| ***ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS*** | | |
| *azithromycin for susp 100 mg/5ml* | Tier 1 | |
| *azithromycin for susp 200 mg/5ml* | Tier 1 | |
| *azithromycin iv for soln 500 mg* | Tier 1 | |
| *azithromycin powd pack for susp 1 gm* | Tier 1 | |
| *azithromycin tab 250 mg* | Tier 1 | |
| *azithromycin tab 500 mg* | Tier 1 | |
| *azithromycin tab 600 mg* | Tier 1 | |
| *clarithromycin for susp 125 mg/5ml* | Tier 1 | |
| *clarithromycin for susp 250 mg/5ml* | Tier 1 | |
| *clarithromycin tab 250 mg* | Tier 1 | |
| *clarithromycin tab 500 mg* | Tier 1 | |
| *clarithromycin tab er 24hr 500 mg* | Tier 1 | |
| DIFICID TAB 200MG | Tier 2 | |
| *ery-tab tab 250mg ec* | Tier 1 | |
| *ery-tab tab 333mg ec* | Tier 1 | |
| *ery-tab tab 500mg ec* | Tier 1 | |
| ERYTHROCIN INJ 500MG | Tier 2 | |
| *erythrocin tab 250mg* | Tier 1 | |
| *erythromycin ethylsuccinate tab 400 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *erythromycin tab 250 mg* | Tier 1 | |
| *erythromycin tab 500 mg* | Tier 1 | |
| *erythromycin w/ delayed release particles cap 250 mg* | Tier 1 | |
| ***FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS*** | | |
| *ciprofloxacin 200 mg/100ml in d5w* | Tier 1 | |
| *ciprofloxacin 400 mg/200ml in d5w* | Tier 1 | |
| *ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)* | Tier 1 | |
| *ciprofloxacin hcl tab 100 mg (base equiv)* | Tier 1 | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | Tier 1 | |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | Tier 1 | |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | Tier 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | Tier 1 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | Tier 1 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | Tier 1 | |
| *levofloxacin iv soln 25 mg/ml* | Tier 1 | |
| *levofloxacin oral soln 25 mg/ml* | Tier 1 | |
| *levofloxacin tab 250 mg* | Tier 1 | |
| *levofloxacin tab 500 mg* | Tier 1 | |
| *levofloxacin tab 750 mg* | Tier 1 | |
| *moxifloxacin hcl tab 400 mg (base equiv)* | Tier 1 | |
| ***PENICILLINS - DRUGS TO TREAT INFECTIONS*** | | |
| *amoxicillin & k clavulanate chew tab 200-28.5 mg* | Tier 1 | |
| *amoxicillin & k clavulanate chew tab 400-57 mg* | Tier 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | Tier 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | Tier 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | Tier 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | Tier 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | Tier 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | Tier 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | Tier 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | Tier 1 | |
| *amoxicillin (trihydrate) cap 250 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *amoxicillin (trihydrate) cap 500 mg* | Tier 1 | |
| *amoxicillin (trihydrate) chew tab 125 mg* | Tier 1 | |
| *amoxicillin (trihydrate) chew tab 250 mg* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | Tier 1 | |
| *amoxicillin (trihydrate) tab 500 mg* | Tier 1 | |
| *amoxicillin (trihydrate) tab 875 mg* | Tier 1 | |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* | Tier 1 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* | Tier 1 | |
| *ampicillin & sulbactam sodium for inj 15 (10-5) gm* | Tier 1 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* | Tier 1 | |
| *ampicillin cap 500 mg* | Tier 1 | |
| *ampicillin sodium for inj 1 gm* | Tier 1 | |
| *ampicillin sodium for inj 2 gm* | Tier 1 | |
| *ampicillin sodium for inj 10 gm* | Tier 1 | |
| *ampicillin sodium for inj 125 mg* | Tier 1 | |
| *ampicillin sodium for inj 250 mg* | Tier 1 | |
| *ampicillin sodium for inj 500 mg* | Tier 1 | |
| *ampicillin sodium for iv soln 1 gm* | Tier 1 | |
| *ampicillin sodium for iv soln 2 gm* | Tier 1 | |
| *ampicillin sodium for iv soln 10 gm* | Tier 1 | |
| BICILLIN L-A INJ 600000 | Tier 2 | |
| BICILLIN L-A INJ 1200000 | Tier 2 | |
| BICILLIN L-A INJ 2400000 | Tier 2 | |
| *dicloxacillin sodium cap 250 mg* | Tier 1 | |
| *dicloxacillin sodium cap 500 mg* | Tier 1 | |
| NAFCILLIN INJ 10GM | Tier 2 | |
| *nafcillin sodium for inj 1 gm* | Tier 1 | |
| *nafcillin sodium for inj 2 gm* | Tier 1 | |
| *nafcillin sodium for iv soln 1 gm* | Tier 1 | |
| *nafcillin sodium for iv soln 2 gm* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *nafcillin sodium for iv soln 10 gm* | Tier 2 | |
| *oxacillin sodium for inj 1 gm (base equivalent)* | Tier 1 | |
| *oxacillin sodium for inj 2 gm (base equivalent)* | Tier 1 | |
| *oxacillin sodium for inj 10 gm (base equivalent)* | Tier 2 | |
| PEN G PROC INJ 600000 | Tier 2 | |
| PENICILL GK/ INJ DEX 2MU | Tier 2 | |
| PENICILL GK/ INJ DEX 3MU | Tier 2 | |
| *penicillin g potassium for inj 5000000 unit* | Tier 1 | |
| *penicillin g potassium for inj 20000000 unit* | Tier 1 | |
| *penicillin g sodium for inj 5000000 unit* | Tier 1 | |
| *penicillin v potassium for soln 125 mg/5ml* | Tier 1 | |
| *penicillin v potassium for soln 250 mg/5ml* | Tier 1 | |
| *penicillin v potassium tab 250 mg* | Tier 1 | |
| *penicillin v potassium tab 500 mg* | Tier 1 | |
| PIPER/TAZOBA INJ 12-1.5GM | Tier 2 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | Tier 1 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | Tier 1 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | Tier 1 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | Tier 1 | |
| ***TETRACYCLINES - DRUGS TO TREAT INFECTIONS*** | | |
| *doxy 100 inj 100mg* | Tier 1 | |
| *doxycycline hyclate cap 50 mg* | Tier 1 | |
| *doxycycline hyclate cap 100 mg* | Tier 1 | |
| *doxycycline hyclate for inj 100 mg* | Tier 1 | |
| *doxycycline hyclate tab 20 mg* | Tier 1 | |
| *doxycycline hyclate tab 100 mg* | Tier 1 | |
| *doxycycline monohydrate cap 50 mg* | Tier 1 | |
| *doxycycline monohydrate cap 100 mg* | Tier 1 | |
| *doxycycline monohydrate tab 50 mg* | Tier 1 | |
| *doxycycline monohydrate tab 75 mg* | Tier 1 | |
| *doxycycline monohydrate tab 100 mg* | Tier 1 | |
| *doxycycline monohydrate tab 150 mg* | Tier 1 | |
| *minocycline hcl cap 50 mg* | Tier 1 | |
| *minocycline hcl cap 75 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *minocycline hcl cap 100 mg* | Tier 1 | |
| *tetracycline hcl cap 250 mg* | Tier 1 | |
| *tetracycline hcl cap 500 mg* | Tier 1 | |
| **ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER** | | |
| ***ALKYLATING AGENTS*** | | |
| BENDEKA INJ 100/4ML | Tier 2 | B/D |
| *cyclophosphamide cap 25 mg* | Tier 1 | B/D |
| *cyclophosphamide cap 50 mg* | Tier 1 | B/D |
| *cyclophosphamide for inj 1 gm* | Tier 2 | B/D |
| *cyclophosphamide for inj 2 gm* | Tier 2 | B/D |
| *cyclophosphamide for inj 500 mg* | Tier 2 | B/D |
| *dacarbazine for inj 100 mg* | Tier 1 | B/D |
| EMCYT CAP 140MG | Tier 2 | |
| GLEOSTINE CAP 10MG | Tier 2 | |
| GLEOSTINE CAP 40MG | Tier 2 | |
| GLEOSTINE CAP 100MG | Tier 2 | |
| IFEX INJ 3GM | Tier 2 | B/D |
| IFOSFAMIDE INJ 3GM | Tier 2 | B/D |
| *ifosfamide iv inj 1 gm/20ml (50 mg/ml)* | Tier 1 | B/D |
| *ifosfamide iv inj 3 gm/60ml (50 mg/ml)* | Tier 1 | B/D |
| LEUKERAN TAB 2MG | Tier 2 | |
| ***ANTHRACYCLINES*** | | |
| *adriamycin inj 20mg* | Tier 1 | B/D |
| *doxorubicin hcl for inj 50 mg* | Tier 1 | B/D |
| *doxorubicin hcl inj 2 mg/ml* | Tier 1 | B/D |
| *doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml* | Tier 2 | B/D |
| *epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)* | Tier 1 | B/D |
| *epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)* | Tier 1 | B/D |
| ***ANTIBIOTICS*** | | |
| *bleomycin sulfate for inj 15 unit* | Tier 1 | B/D |
| *bleomycin sulfate for inj 30 unit* | Tier 1 | B/D |
| *mitomycin for iv soln 5 mg* | Tier 2 | B/D |
| *mitomycin for iv soln 20 mg* | Tier 2 | B/D |
| *mitomycin for iv soln 40 mg* | Tier 2 | B/D |
| ***ANTIMETABOLITES*** | | |
| *adrucil inj 2.5g/50m* | Tier 1 | B/D |
| *adrucil inj 5gm/100m* | Tier 1 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *adrucil inj 500/10ml* | Tier 1 | B/D |
| ALIMTA INJ 100MG | Tier 2 | B/D |
| ALIMTA INJ 500MG | Tier 2 | B/D |
| *azacitidine for inj 100 mg* | Tier 2 | B/D |
| *cytarabine inj 20 mg/ml* | Tier 1 | B/D |
| *fluorouracil iv soln 1 gm/20ml (50 mg/ml)* | Tier 1 | B/D |
| *fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* | Tier 1 | B/D |
| *fluorouracil iv soln 5 gm/100ml (50 mg/ml)* | Tier 1 | B/D |
| *fluorouracil iv soln 500 mg/10ml (50 mg/ml)* | Tier 1 | B/D |
| *gemcitabine hcl for inj 1 gm* | Tier 1 | B/D |
| *gemcitabine hcl for inj 2 gm* | Tier 1 | B/D |
| *gemcitabine hcl for inj 200 mg* | Tier 1 | B/D |
| *gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* | Tier 1 | B/D |
| *gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* | Tier 1 | B/D |
| *gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* | Tier 1 | B/D |
| *mercaptopurine tab 50 mg* | Tier 1 | |
| *methotrexate sodium for inj 1 gm* | Tier 1 | B/D |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | Tier 1 | B/D |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | Tier 1 | B/D |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | Tier 1 | B/D |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | Tier 1 | B/D |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | Tier 1 | B/D |
| PURIXAN SUS 20MG/ML | Tier 2 | |
| TABLOID TAB 40MG | Tier 2 | |
| ***ANTIMITOTIC, TAXOIDS*** | | |
| ABRAXANE INJ 100MG | Tier 2 | B/D |
| *docetaxel for inj conc 20 mg/ml* | Tier 2 | B/D |
| *docetaxel for inj conc 80 mg/4ml (20 mg/ml)* | Tier 2 | B/D |
| DOCETAXEL INJ 20MG/2ML | Tier 2 | B/D |
| DOCETAXEL INJ 80MG/4ML | Tier 2 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| DOCETAXEL INJ 80MG/8ML | Tier 2 | B/D |
| DOCETAXEL INJ 160/8ML | Tier 2 | B/D |
| DOCETAXEL INJ 160/16ML | Tier 2 | B/D |
| DOCETAXEL INJ 200/10 | Tier 2 | B/D |
| *docetaxel soln for iv infusion 20 mg/2ml* | Tier 2 | B/D |
| *docetaxel soln for iv infusion 80 mg/8ml* | Tier 2 | B/D |
| *docetaxel soln for iv infusion 160 mg/16ml* | Tier 2 | B/D |
| *paclitaxel iv conc 30 mg/5ml (6 mg/ml)* | Tier 1 | B/D |
| *paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)* | Tier 1 | B/D |
| *paclitaxel iv conc 150 mg/25ml (6 mg/ml)* | Tier 1 | B/D |
| *paclitaxel iv conc 300 mg/50ml (6 mg/ml)* | Tier 1 | B/D |
| TAXOTERE INJ 80MG/4ML | Tier 2 | B/D |
| ***ANTIMITOTIC, VINCA ALKALOIDS*** | | |
| *vinblastine sulfate inj 1 mg/ml* | Tier 1 | B/D |
| *vincasar pfs inj 1mg/ml* | Tier 1 | B/D |
| *vincristine sulfate iv soln 1 mg/ml* | Tier 1 | B/D |
| *vinorelbine tartrate inj 10 mg/ml (base equiv)* | Tier 1 | B/D |
| *vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* | Tier 1 | B/D |
| ***BIOLOGIC RESPONSE MODIFIERS*** | | |
| AVASTIN INJ | Tier 2 | LA, PA |
| AVASTIN INJ 400/16ML | Tier 2 | LA, PA |
| BORTEZOMIB INJ 3.5MG | Tier 2 | PA |
| DAURISMO TAB 25MG | Tier 2 | LA, PA |
| DAURISMO TAB 100MG | Tier 2 | LA, PA |
| ERIVEDGE CAP 150MG | Tier 2 | LA, PA |
| FARYDAK CAP 10MG | Tier 2 | LA, PA |
| FARYDAK CAP 15MG | Tier 2 | LA, PA |
| FARYDAK CAP 20MG | Tier 2 | LA, PA |
| HERCEP HYLEC SOL 60-10000 | Tier 2 | PA |
| HERCEPTIN INJ 150MG | Tier 2 | PA |
| HERCEPTIN INJ 440MG | Tier 2 | PA |
| IBRANCE CAP 75MG | Tier 2 | LA, PA |
| IBRANCE CAP 100MG | Tier 2 | LA, PA |
| IBRANCE CAP 125MG | Tier 2 | LA, PA |
| IDHIFA TAB 50MG | Tier 2 | LA, PA |
| IDHIFA TAB 100MG | Tier 2 | LA, PA |
| KADCYLA INJ 100MG | Tier 2 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| KADCYLA INJ 160MG | Tier 2 | B/D |
| KEYTRUDA INJ 100MG/4M | Tier 2 | PA |
| KEYTRUDA SOL 50MG | Tier 2 | PA |
| KISQALI 200 PAK FEMARA | Tier 2 | PA |
| KISQALI 400 PAK FEMARA | Tier 2 | PA |
| KISQALI 600 PAK FEMARA | Tier 2 | PA |
| KISQALI TAB 200DOSE | Tier 2 | PA |
| KISQALI TAB 400DOSE | Tier 2 | PA |
| KISQALI TAB 600DOSE | Tier 2 | PA |
| LYNPARZA TAB 100MG | Tier 2 | LA, PA |
| LYNPARZA TAB 150MG | Tier 2 | LA, PA |
| MYLOTARG INJ 4.5MG | Tier 2 | LA, PA |
| NINLARO CAP 2.3MG | Tier 2 | PA |
| NINLARO CAP 3MG | Tier 2 | PA |
| NINLARO CAP 4MG | Tier 2 | PA |
| ODOMZO CAP 200MG | Tier 2 | LA, PA |
| RITUXAN INJ 100MG | Tier 2 | LA, PA |
| RITUXAN INJ 500MG | Tier 2 | LA, PA |
| RITUXAN INJ HYCELA | Tier 2 | LA, PA |
| RUBRACA TAB 200MG | Tier 2 | LA, PA |
| RUBRACA TAB 250MG | Tier 2 | LA, PA |
| RUBRACA TAB 300MG | Tier 2 | LA, PA |
| TALZENNA CAP 0.25MG | Tier 2 | LA, PA |
| TALZENNA CAP 1MG | Tier 2 | LA, PA |
| TECENTRIQ INJ 840/14 | Tier 2 | LA, PA |
| TECENTRIQ INJ 1200/20 | Tier 2 | LA, PA |
| TIBSOVO TAB 250MG | Tier 2 | LA, PA |
| VELCADE INJ 3.5MG | Tier 2 | PA |
| VENCLEXTA TAB 10MG | Tier 2 | LA, PA |
| VENCLEXTA TAB 50MG | Tier 2 | LA, PA |
| VENCLEXTA TAB 100MG | Tier 2 | LA, PA |
| VENCLEXTA TAB START PK | Tier 2 | LA, PA |
| VERZENIO TAB 50MG | Tier 2 | LA, PA |
| VERZENIO TAB 100MG | Tier 2 | LA, PA |
| VERZENIO TAB 150MG | Tier 2 | LA, PA |
| VERZENIO TAB 200MG | Tier 2 | LA, PA |
| ZEJULA CAP 100MG | Tier 2 | LA, PA |
| ZOLINZA CAP 100MG | Tier 2 | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate tab 250 mg* | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *anastrozole tab 1 mg* | Tier 1 | |
| *bicalutamide tab 50 mg* | Tier 1 | |
| DEPO-PROVERA INJ 400/ML | Tier 2 | B/D |
| ERLEADA TAB 60MG | Tier 2 | LA, PA |
| *exemestane tab 25 mg* | Tier 1 | |
| FASLODEX INJ 250/5ML | Tier 2 | B/D |
| *flutamide cap 125 mg* | Tier 1 | |
| *fulvestrant inj 250 mg/5ml* | Tier 2 | B/D |
| *letrozole tab 2.5 mg* | Tier 1 | |
| *leuprolide acetate inj kit 5 mg/ml* | Tier 1 | PA |
| LUPRON DEPOT INJ 3.75MG | Tier 2 | PA |
| LUPRON DEPOT INJ 11.25MG | Tier 2 | PA |
| LYSODREN TAB 500MG | Tier 2 | |
| *megestrol acetate susp 40 mg/ml* | Tier 2 | |
| *megestrol acetate susp 625 mg/5ml* | Tier 2 | PA |
| *megestrol acetate tab 20 mg* | Tier 2 | |
| *megestrol acetate tab 40 mg* | Tier 2 | |
| *nilutamide tab 150 mg* | Tier 2 | |
| SOLTAMOX SOL 10MG/5ML | Tier 2 | |
| *tamoxifen citrate tab 10 mg (base equivalent)* | Tier 1 | |
| *tamoxifen citrate tab 20 mg (base equivalent)* | Tier 1 | |
| *toremifene citrate tab 60 mg (base equivalent)* | Tier 2 | |
| TRELSTAR MIX INJ 3.75MG | Tier 2 | PA |
| TRELSTAR MIX INJ 11.25MG | Tier 2 | PA |
| XTANDI CAP 40MG | Tier 2 | LA, PA |
| ZYTIGA TAB 500MG | Tier 2 | LA, PA |
| ***IMMUNOMODULATORS*** | | |
| POMALYST CAP 1MG | Tier 2 | LA, PA |
| POMALYST CAP 2MG | Tier 2 | LA, PA |
| POMALYST CAP 3MG | Tier 2 | LA, PA |
| POMALYST CAP 4MG | Tier 2 | LA, PA |
| REVLIMID CAP 2.5MG | Tier 2 | QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 5MG | Tier 2 | QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 10MG | Tier 2 | QL (28 caps / 28 days), LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| REVLIMID CAP 15MG | Tier 2 | QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 20MG | Tier 2 | QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 25MG | Tier 2 | QL (28 caps / 28 days), LA, PA |
| THALOMID CAP 50MG | Tier 2 | QL (30 caps / 30 days), PA |
| THALOMID CAP 100MG | Tier 2 | QL (30 caps / 30 days), PA |
| THALOMID CAP 150MG | Tier 2 | QL (60 caps / 30 days), PA |
| THALOMID CAP 200MG | Tier 2 | QL (60 caps / 30 days), PA |
| ***KINASE INHIBITORS*** | | |
| AFINITOR DIS TAB 2MG | Tier 2 | NDS, QL (150 tabs / 30 days), PA |
| AFINITOR DIS TAB 3MG | Tier 2 | NDS, QL (90 tabs / 30 days), PA |
| AFINITOR DIS TAB 5MG | Tier 2 | NDS, QL (60 tabs / 30 days), PA |
| AFINITOR TAB 2.5MG | Tier 2 | QL (30 tabs / 30 days), PA |
| AFINITOR TAB 5MG | Tier 2 | QL (30 tabs / 30 days), PA |
| AFINITOR TAB 7.5MG | Tier 2 | QL (30 tabs / 30 days), PA |
| AFINITOR TAB 10MG | Tier 2 | QL (30 tabs / 30 days), PA |
| ALECENSA CAP 150MG | Tier 2 | LA, PA |
| ALUNBRIG PAK | Tier 2 | LA, PA |
| ALUNBRIG TAB 30MG | Tier 2 | LA, PA |
| ALUNBRIG TAB 90MG | Tier 2 | LA, PA |
| ALUNBRIG TAB 180MG | Tier 2 | LA, PA |
| BALVERSA TAB 3MG | Tier 2 | LA, PA |
| BALVERSA TAB 4MG | Tier 2 | LA, PA |
| BALVERSA TAB 5MG | Tier 2 | LA, PA |
| BOSULIF TAB 100MG | Tier 2 | PA |
| BOSULIF TAB 400MG | Tier 2 | PA |
| BOSULIF TAB 500MG | Tier 2 | PA |
| BRAFTOVI CAP 75MG | Tier 2 | LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CABOMETYX TAB 20MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| CABOMETYX TAB 40MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| CABOMETYX TAB 60MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| CALQUENCE CAP 100MG | Tier 2 | LA, PA |
| CAPRELSA TAB 100MG | Tier 2 | LA, PA |
| CAPRELSA TAB 300MG | Tier 2 | LA, PA |
| COMETRIQ KIT 60MG | Tier 2 | LA, PA |
| COMETRIQ KIT 100MG | Tier 2 | LA, PA |
| COMETRIQ KIT 140MG | Tier 2 | LA, PA |
| COPIKTRA CAP 15MG | Tier 2 | LA, PA |
| COPIKTRA CAP 25MG | Tier 2 | LA, PA |
| COTELLIC TAB 20MG | Tier 2 | LA, PA |
| *erlotinib hcl tab 25 mg (base equivalent)* | Tier 2 | QL (90 tabs / 30 days), PA |
| *erlotinib hcl tab 100 mg (base equivalent)* | Tier 2 | QL (30 tabs / 30 days), PA |
| *erlotinib hcl tab 150 mg (base equivalent)* | Tier 2 | QL (30 tabs / 30 days), PA |
| GILOTRIF TAB 20MG | Tier 2 | LA, PA |
| GILOTRIF TAB 30MG | Tier 2 | LA, PA |
| GILOTRIF TAB 40MG | Tier 2 | LA, PA |
| ICLUSIG TAB 15MG | Tier 2 | LA, PA |
| ICLUSIG TAB 45MG | Tier 2 | LA, PA |
| *imatinib mesylate tab 100 mg (base equivalent)* | Tier 2 | QL (90 tabs / 30 days), PA |
| *imatinib mesylate tab 400 mg (base equivalent)* | Tier 2 | QL (60 tabs / 30 days), PA |
| IMBRUVICA CAP 70MG | Tier 2 | LA, PA |
| IMBRUVICA CAP 140MG | Tier 2 | LA, PA |
| IMBRUVICA TAB 140MG | Tier 2 | LA, PA |
| IMBRUVICA TAB 280MG | Tier 2 | LA, PA |
| IMBRUVICA TAB 420MG | Tier 2 | LA, PA |
| IMBRUVICA TAB 560MG | Tier 2 | LA, PA |
| INLYTA TAB 1MG | Tier 2 | QL (180 tabs / 30 days), LA, PA |
| INLYTA TAB 5MG | Tier 2 | QL (120 tabs / 30 days), LA, PA |
| IRESSA TAB 250MG | Tier 2 | LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| JAKAFI TAB 5MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 10MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 15MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 20MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 25MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| LENVIMA CAP 4MG | Tier 2 | LA, PA |
| LENVIMA CAP 8 MG | Tier 2 | LA, PA |
| LENVIMA CAP 10 MG | Tier 2 | LA, PA |
| LENVIMA CAP 12MG | Tier 2 | LA, PA |
| LENVIMA CAP 14 MG | Tier 2 | LA, PA |
| LENVIMA CAP 18 MG | Tier 2 | LA, PA |
| LENVIMA CAP 20 MG | Tier 2 | LA, PA |
| LENVIMA CAP 24 MG | Tier 2 | LA, PA |
| LORBRENA TAB 25MG | Tier 2 | LA, PA |
| LORBRENA TAB 100MG | Tier 2 | LA, PA |
| MEKINIST TAB 0.5MG | Tier 2 | LA, PA |
| MEKINIST TAB 2MG | Tier 2 | LA, PA |
| MEKTOVI TAB 15MG | Tier 2 | LA, PA |
| NERLYNX TAB 40MG | Tier 2 | LA, PA |
| NEXAVAR TAB 200MG | Tier 2 | LA, PA |
| PIQRAY 200MG TAB DOSE | Tier 2 | PA |
| PIQRAY 250MG TAB DOSE | Tier 2 | PA |
| PIQRAY 300MG TAB DOSE | Tier 2 | PA |
| RYDAPT CAP 25MG | Tier 2 | PA |
| SPRYCEL TAB 20MG | Tier 2 | PA |
| SPRYCEL TAB 50MG | Tier 2 | PA |
| SPRYCEL TAB 70MG | Tier 2 | PA |
| SPRYCEL TAB 80MG | Tier 2 | PA |
| SPRYCEL TAB 100MG | Tier 2 | PA |
| SPRYCEL TAB 140MG | Tier 2 | PA |
| STIVARGA TAB 40MG | Tier 2 | LA, PA |
| SUTENT CAP 12.5MG | Tier 2 | PA |
| SUTENT CAP 25MG | Tier 2 | PA |
| SUTENT CAP 37.5MG | Tier 2 | PA |
| SUTENT CAP 50MG | Tier 2 | PA |
| TAFINLAR CAP 50MG | Tier 2 | LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| TAFINLAR CAP 75MG | Tier 2 | LA, PA |
| TAGRISSO TAB 40MG | Tier 2 | LA, PA |
| TAGRISSO TAB 80MG | Tier 2 | LA, PA |
| TARCEVA TAB 25MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| TARCEVA TAB 100MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| TARCEVA TAB 150MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| TASIGNA CAP 50MG | Tier 2 | PA |
| TASIGNA CAP 150MG | Tier 2 | PA |
| TASIGNA CAP 200MG | Tier 2 | PA |
| TYKERB TAB 250MG | Tier 2 | LA, PA |
| VITRAKVI CAP 25MG | Tier 2 | LA, PA |
| VITRAKVI CAP 100MG | Tier 2 | LA, PA |
| VITRAKVI SOL 20MG/ML | Tier 2 | LA, PA |
| VIZIMPRO TAB 15MG | Tier 2 | LA, PA |
| VIZIMPRO TAB 30MG | Tier 2 | LA, PA |
| VIZIMPRO TAB 45MG | Tier 2 | LA, PA |
| VOTRIENT TAB 200MG | Tier 2 | LA, PA |
| XALKORI CAP 200MG | Tier 2 | LA, PA |
| XALKORI CAP 250MG | Tier 2 | LA, PA |
| XOSPATA TAB 40MG | Tier 2 | LA, PA |
| ZELBORAF TAB 240MG | Tier 2 | LA, PA |
| ZYDELIG TAB 100MG | Tier 2 | LA, PA |
| ZYDELIG TAB 150MG | Tier 2 | LA, PA |
| ZYKADIA CAP 150MG | Tier 2 | LA, PA |
| ZYKADIA TAB 150MG | Tier 2 | LA, PA |
| ***MISCELLANEOUS*** | | |
| *bexarotene cap 75 mg* | Tier 2 | PA |
| *hydroxyurea cap 500 mg* | Tier 1 | |
| LONSURF TAB 15-6.14 | Tier 2 | PA |
| LONSURF TAB 20-8.19 | Tier 2 | PA |
| MATULANE CAP 50MG | Tier 2 | LA |
| SYLATRON KIT 200MCG | Tier 2 | PA |
| SYLATRON KIT 300MCG | Tier 2 | PA |
| SYLATRON KIT 600MCG | Tier 2 | PA |
| SYNRIBO INJ 3.5MG | Tier 2 | PA |
| *tretinoin cap 10 mg* | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ***PLATINUM-BASED AGENTS*** | | |
| *carboplatin iv soln 50 mg/5ml* | Tier 1 | B/D |
| *carboplatin iv soln 150 mg/15ml* | Tier 1 | B/D |
| *carboplatin iv soln 450 mg/45ml* | Tier 1 | B/D |
| *carboplatin iv soln 600 mg/60ml* | Tier 1 | B/D |
| *cisplatin inj 50 mg/50ml (1 mg/ml)* | Tier 1 | B/D |
| *cisplatin inj 100 mg/100ml (1 mg/ml)* | Tier 1 | B/D |
| *cisplatin inj 200 mg/200ml (1 mg/ml)* | Tier 1 | B/D |
| *oxaliplatin for iv inj 50 mg* | Tier 2 | B/D |
| *oxaliplatin for iv inj 100 mg* | Tier 2 | B/D |
| *oxaliplatin iv soln 50 mg/10ml* | Tier 1 | B/D |
| *oxaliplatin iv soln 100 mg/20ml* | Tier 1 | B/D |
| ***PROTECTIVE AGENTS*** | | |
| *dexrazoxane hcl for inj 500 mg (base equivalent)* | Tier 2 | B/D |
| *leucovorin calcium for inj 50 mg* | Tier 1 | B/D |
| *leucovorin calcium for inj 100 mg* | Tier 1 | B/D |
| *leucovorin calcium for inj 200 mg* | Tier 1 | B/D |
| *leucovorin calcium for inj 350 mg* | Tier 1 | B/D |
| *leucovorin calcium for inj 500 mg* | Tier 1 | B/D |
| *leucovorin calcium inj 500 mg/50ml (10 mg/ml)* | Tier 1 | B/D |
| *leucovorin calcium tab 5 mg* | Tier 1 | |
| *leucovorin calcium tab 10 mg* | Tier 1 | |
| *leucovorin calcium tab 15 mg* | Tier 1 | |
| *leucovorin calcium tab 25 mg* | Tier 1 | |
| MESNEX TAB 400MG | Tier 2 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| *etoposide inj 100 mg/5ml (20 mg/ml)* | Tier 1 | B/D |
| *etoposide inj 500 mg/25ml (20 mg/ml)* | Tier 1 | B/D |
| *irinotecan hcl inj 40 mg/2ml (20 mg/ml)* | Tier 1 | B/D |
| *irinotecan hcl inj 100 mg/5ml (20 mg/ml)* | Tier 1 | B/D |
| *irinotecan hcl inj 500 mg/25ml (20 mg/ml)* | Tier 1 | B/D |
| *toposar inj 1gm/50ml* | Tier 1 | B/D |
| *toposar inj 100/5ml* | Tier 1 | B/D |
| *topotecan hcl for inj 4 mg (base equiv)* | Tier 2 | B/D |
| *topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)* | Tier 2 | B/D |
| TOPOTECAN INJ 4MG/4ML | Tier 2 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS** | | |
| ***ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | Tier 1 | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | Tier 1 | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | Tier 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | Tier 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | Tier 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | Tier 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | Tier 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | Tier 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | Tier 1 | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | Tier 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | Tier 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | Tier 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | Tier 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | Tier 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | Tier 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | Tier 1 | |
| *moexipril-hydrochlorothiazide tab 7.5-12.5 mg* | Tier 1 | |
| *moexipril-hydrochlorothiazide tab 15-12.5 mg* | Tier 1 | |
| *moexipril-hydrochlorothiazide tab 15-25 mg* | Tier 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | Tier 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | Tier 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | Tier 1 | |
| ***ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | | |
| *benazepril hcl tab 5 mg* | Tier 1 | |
| *benazepril hcl tab 10 mg* | Tier 1 | |
| *benazepril hcl tab 20 mg* | Tier 1 | |
| *benazepril hcl tab 40 mg* | Tier 1 | |
| *captopril tab 12.5 mg* | Tier 1 | |
| *captopril tab 25 mg* | Tier 1 | |
| *captopril tab 50 mg* | Tier 1 | |
| *captopril tab 100 mg* | Tier 1 | |
| *enalapril maleate tab 2.5 mg* | Tier 1 | |
| *enalapril maleate tab 5 mg* | Tier 1 | |
| *enalapril maleate tab 10 mg* | Tier 1 | |
| *enalapril maleate tab 20 mg* | Tier 1 | |
| *fosinopril sodium tab 10 mg* | Tier 1 | |
| *fosinopril sodium tab 20 mg* | Tier 1 | |
| *fosinopril sodium tab 40 mg* | Tier 1 | |
| *lisinopril tab 2.5 mg* | Tier 1 | |
| *lisinopril tab 5 mg* | Tier 1 | |
| *lisinopril tab 10 mg* | Tier 1 | |
| *lisinopril tab 20 mg* | Tier 1 | |
| *lisinopril tab 30 mg* | Tier 1 | |
| *lisinopril tab 40 mg* | Tier 1 | |
| *moexipril hcl tab 7.5 mg* | Tier 1 | |
| *moexipril hcl tab 15 mg* | Tier 1 | |
| *perindopril erbumine tab 2 mg* | Tier 1 | |
| *perindopril erbumine tab 4 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *perindopril erbumine tab 8 mg* | Tier 1 | |
| *quinapril hcl tab 5 mg* | Tier 1 | |
| *quinapril hcl tab 10 mg* | Tier 1 | |
| *quinapril hcl tab 20 mg* | Tier 1 | |
| *quinapril hcl tab 40 mg* | Tier 1 | |
| *ramipril cap 1.25 mg* | Tier 1 | |
| *ramipril cap 2.5 mg* | Tier 1 | |
| *ramipril cap 5 mg* | Tier 1 | |
| *ramipril cap 10 mg* | Tier 1 | |
| *trandolapril tab 1 mg* | Tier 1 | |
| *trandolapril tab 2 mg* | Tier 1 | |
| *trandolapril tab 4 mg* | Tier 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | | |
| *eplerenone tab 25 mg* | Tier 1 | |
| *eplerenone tab 50 mg* | Tier 1 | |
| *spironolactone tab 25 mg* | Tier 1 | |
| *spironolactone tab 50 mg* | Tier 1 | |
| *spironolactone tab 100 mg* | Tier 1 | |
| ***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | | |
| *doxazosin mesylate tab 1 mg* | Tier 1 | |
| *doxazosin mesylate tab 2 mg* | Tier 1 | |
| *doxazosin mesylate tab 4 mg* | Tier 1 | |
| *doxazosin mesylate tab 8 mg* | Tier 1 | |
| *prazosin hcl cap 1 mg* | Tier 1 | |
| *prazosin hcl cap 2 mg* | Tier 1 | |
| *prazosin hcl cap 5 mg* | Tier 1 | |
| *terazosin hcl cap 1 mg (base equivalent)* | Tier 1 | |
| *terazosin hcl cap 2 mg (base equivalent)* | Tier 1 | |
| *terazosin hcl cap 5 mg (base equivalent)* | Tier 1 | |
| *terazosin hcl cap 10 mg (base equivalent)* | Tier 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | Tier 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | Tier 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | Tier 1 | |
| *amlodipine besylate-valsartan tab 5-160 mg* | Tier 1 | |
| *amlodipine besylate-valsartan tab 5-320 mg* | Tier 1 | |
| *amlodipine besylate-valsartan tab 10-160 mg* | Tier 1 | |
| *amlodipine besylate-valsartan tab 10-320 mg* | Tier 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* | Tier 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* | Tier 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* | Tier 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* | Tier 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* | Tier 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | Tier 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | Tier 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | Tier 1 | |
| ENTRESTO TAB 24-26MG | Tier 2 | |
| ENTRESTO TAB 49-51MG | Tier 2 | |
| ENTRESTO TAB 97-103MG | Tier 2 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | Tier 1 | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | Tier 1 | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | Tier 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | Tier 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | Tier 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | Tier 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | Tier 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | Tier 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | Tier 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | Tier 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | Tier 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | Tier 1 | |
| *telmisartan-amlodipine tab 40-5 mg* | Tier 1 | |
| *telmisartan-amlodipine tab 40-10 mg* | Tier 1 | |
| *telmisartan-amlodipine tab 80-5 mg* | Tier 1 | |
| *telmisartan-amlodipine tab 80-10 mg* | Tier 1 | |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | Tier 1 | |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | Tier 1 | |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | Tier 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | | |
| *candesartan cilexetil tab 4 mg* | Tier 1 | |
| *candesartan cilexetil tab 8 mg* | Tier 1 | |
| *candesartan cilexetil tab 16 mg* | Tier 1 | |
| *candesartan cilexetil tab 32 mg* | Tier 1 | |
| *eprosartan mesylate tab 600 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *irbesartan tab 75 mg* | Tier 1 | |
| *irbesartan tab 150 mg* | Tier 1 | |
| *irbesartan tab 300 mg* | Tier 1 | |
| *losartan potassium tab 25 mg* | Tier 1 | |
| *losartan potassium tab 50 mg* | Tier 1 | |
| *losartan potassium tab 100 mg* | Tier 1 | |
| *olmesartan medoxomil tab 5 mg* | Tier 1 | |
| *olmesartan medoxomil tab 20 mg* | Tier 1 | |
| *olmesartan medoxomil tab 40 mg* | Tier 1 | |
| *telmisartan tab 20 mg* | Tier 1 | |
| *telmisartan tab 40 mg* | Tier 1 | |
| *telmisartan tab 80 mg* | Tier 1 | |
| *valsartan tab 40 mg* | Tier 1 | |
| *valsartan tab 80 mg* | Tier 1 | |
| *valsartan tab 160 mg* | Tier 1 | |
| *valsartan tab 320 mg* | Tier 1 | |
| ***ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM*** | | |
| *amiodarone hcl inj 150 mg/3ml (50 mg/ml)* | Tier 1 | |
| *amiodarone hcl inj 450 mg/9ml (50 mg/ml)* | Tier 1 | |
| *amiodarone hcl inj 900 mg/18ml (50 mg/ml)* | Tier 1 | |
| *amiodarone hcl tab 100 mg* | Tier 1 | |
| *amiodarone hcl tab 200 mg* | Tier 1 | |
| *amiodarone hcl tab 400 mg* | Tier 1 | |
| *disopyramide phosphate cap 100 mg* | Tier 2 | |
| *disopyramide phosphate cap 150 mg* | Tier 2 | |
| *dofetilide cap 125 mcg (0.125 mg)* | Tier 1 | |
| *dofetilide cap 250 mcg (0.25 mg)* | Tier 1 | |
| *dofetilide cap 500 mcg (0.5 mg)* | Tier 1 | |
| *flecainide acetate tab 50 mg* | Tier 1 | |
| *flecainide acetate tab 100 mg* | Tier 1 | |
| *flecainide acetate tab 150 mg* | Tier 1 | |
| *mexiletine hcl cap 150 mg* | Tier 1 | |
| *mexiletine hcl cap 200 mg* | Tier 1 | |
| *mexiletine hcl cap 250 mg* | Tier 1 | |
| MULTAQ TAB 400MG | Tier 2 | |
| NORPACE CAP 100MG CR | Tier 2 | |
| NORPACE CAP 150MG CR | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *pacerone tab 100mg* | Tier 1 | |
| *pacerone tab 200mg* | Tier 1 | |
| *pacerone tab 400mg* | Tier 1 | |
| *propafenone hcl cap er 12hr 225 mg* | Tier 1 | |
| *propafenone hcl cap er 12hr 325 mg* | Tier 1 | |
| *propafenone hcl cap er 12hr 425 mg* | Tier 1 | |
| *propafenone hcl tab 150 mg* | Tier 1 | |
| *propafenone hcl tab 225 mg* | Tier 1 | |
| *propafenone hcl tab 300 mg* | Tier 1 | |
| *quinidine gluconate tab er 324 mg* | Tier 1 | |
| *quinidine sulfate tab 200 mg* | Tier 1 | |
| *quinidine sulfate tab 300 mg* | Tier 1 | |
| *sorine tab 80mg* | Tier 1 | |
| *sorine tab 120mg* | Tier 1 | |
| *sorine tab 160mg* | Tier 1 | |
| *sorine tab 240mg* | Tier 1 | |
| *sotalol hcl (afib/afl) tab 80 mg* | Tier 1 | |
| *sotalol hcl (afib/afl) tab 120 mg* | Tier 1 | |
| *sotalol hcl (afib/afl) tab 160 mg* | Tier 1 | |
| *sotalol hcl tab 80 mg* | Tier 1 | |
| *sotalol hcl tab 120 mg* | Tier 1 | |
| *sotalol hcl tab 160 mg* | Tier 1 | |
| *sotalol hcl tab 240 mg* | Tier 1 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL*** | | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | Tier 1 | |
| *atorvastatin calcium tab 20 mg (base equivalent)* | Tier 1 | |
| *atorvastatin calcium tab 40 mg (base equivalent)* | Tier 1 | |
| *atorvastatin calcium tab 80 mg (base equivalent)* | Tier 1 | |
| *lovastatin tab 10 mg* | Tier 1 | |
| *lovastatin tab 20 mg* | Tier 1 | |
| *lovastatin tab 40 mg* | Tier 1 | |
| *pravastatin sodium tab 10 mg* | Tier 1 | |
| *pravastatin sodium tab 20 mg* | Tier 1 | |
| *pravastatin sodium tab 40 mg* | Tier 1 | |
| *pravastatin sodium tab 80 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *rosuvastatin calcium tab 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 10 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 20 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 40 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *simvastatin tab 5 mg* | Tier 1 | |
| *simvastatin tab 10 mg* | Tier 1 | |
| *simvastatin tab 20 mg* | Tier 1 | |
| *simvastatin tab 40 mg* | Tier 1 | |
| *simvastatin tab 80 mg* | Tier 1 | QL (30 tabs / 30 days) |
| ***ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL*** | | |
| *cholestyramine light powder 4 gm/dose* | Tier 1 | |
| *cholestyramine light powder packets 4 gm* | Tier 1 | |
| *cholestyramine powder 4 gm/dose* | Tier 1 | |
| *cholestyramine powder packets 4 gm* | Tier 1 | |
| *colesevelam hcl packet for susp 3.75 gm* | Tier 1 | |
| *colesevelam hcl tab 625 mg* | Tier 1 | |
| *colestipol hcl granule packets 5 gm* | Tier 1 | |
| *colestipol hcl granules 5 gm* | Tier 1 | |
| *colestipol hcl tab 1 gm* | Tier 1 | |
| *ezetimibe tab 10 mg* | Tier 1 | |
| *ezetimibe-simvastatin tab 10-10 mg* | Tier 1 | |
| *ezetimibe-simvastatin tab 10-20 mg* | Tier 1 | |
| *ezetimibe-simvastatin tab 10-40 mg* | Tier 1 | |
| *ezetimibe-simvastatin tab 10-80 mg* | Tier 1 | |
| *fenofibrate micronized cap 67 mg* | Tier 1 | |
| *fenofibrate micronized cap 134 mg* | Tier 1 | |
| *fenofibrate micronized cap 200 mg* | Tier 1 | |
| *fenofibrate tab 48 mg* | Tier 1 | |
| *fenofibrate tab 54 mg* | Tier 1 | |
| *fenofibrate tab 145 mg* | Tier 1 | |
| *fenofibrate tab 160 mg* | Tier 1 | |
| *gemfibrozil tab 600 mg* | Tier 1 | |
| JUXTAPID CAP 5MG | Tier 2 | LA, PA |
| JUXTAPID CAP 10MG | Tier 2 | LA, PA |
| JUXTAPID CAP 20MG | Tier 2 | LA, PA |
| JUXTAPID CAP 30MG | Tier 2 | LA, PA |
| JUXTAPID CAP 40MG | Tier 2 | LA, PA |
| JUXTAPID CAP 60MG | Tier 2 | LA, PA |
| KYNAMRO INJ 200MG/ML | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *niacin tab er 500 mg (antihyperlipidemic)* | Tier 1 | QL (90 tabs / 30 days) |
| *niacin tab er 750 mg (antihyperlipidemic)* | Tier 1 | |
| *niacin tab er 1000 mg (antihyperlipidemic)* | Tier 1 | |
| *niacor tab 500mg* | Tier 1 | |
| PRALUENT INJ 75MG/ML | Tier 2 | PA |
| PRALUENT INJ 150MG/ML | Tier 2 | PA |
| *prevalite pow 4gm* | Tier 1 | |
| *prevalite pow 4gm pk* | Tier 1 | |
| VASCEPA CAP 0.5GM | Tier 2 | |
| VASCEPA CAP 1GM | Tier 2 | |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | Tier 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | Tier 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | Tier 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | Tier 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | Tier 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | Tier 1 | |
| *propranolol & hydrochlorothiazide tab 40-25 mg* | Tier 1 | |
| *propranolol & hydrochlorothiazide tab 80-25 mg* | Tier 1 | |
| ***BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS*** | | |
| *acebutolol hcl cap 200 mg* | Tier 1 | |
| *acebutolol hcl cap 400 mg* | Tier 1 | |
| *atenolol tab 25 mg* | Tier 1 | |
| *atenolol tab 50 mg* | Tier 1 | |
| *atenolol tab 100 mg* | Tier 1 | |
| *betaxolol hcl tab 10 mg* | Tier 1 | |
| *betaxolol hcl tab 20 mg* | Tier 1 | |
| *bisoprolol fumarate tab 5 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *bisoprolol fumarate tab 10 mg* | Tier 1 | |
| BYSTOLIC TAB 2.5MG | Tier 2 | QL (30 tabs / 30 days) |
| BYSTOLIC TAB 5MG | Tier 2 | QL (30 tabs / 30 days) |
| BYSTOLIC TAB 10MG | Tier 2 | QL (30 tabs / 30 days) |
| BYSTOLIC TAB 20MG | Tier 2 | QL (60 tabs / 30 days) |
| *carvedilol tab 3.125 mg* | Tier 1 | |
| *carvedilol tab 6.25 mg* | Tier 1 | |
| *carvedilol tab 12.5 mg* | Tier 1 | |
| *carvedilol tab 25 mg* | Tier 1 | |
| *labetalol hcl tab 100 mg* | Tier 1 | |
| *labetalol hcl tab 200 mg* | Tier 1 | |
| *labetalol hcl tab 300 mg* | Tier 1 | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | Tier 1 | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | Tier 1 | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | Tier 1 | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | Tier 1 | |
| *metoprolol tartrate iv soln 5 mg/5ml* | Tier 1 | |
| *metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)* | Tier 1 | |
| *metoprolol tartrate tab 25 mg* | Tier 1 | |
| *metoprolol tartrate tab 50 mg* | Tier 1 | |
| *metoprolol tartrate tab 100 mg* | Tier 1 | |
| *nadolol tab 20 mg* | Tier 1 | |
| *nadolol tab 40 mg* | Tier 1 | |
| *nadolol tab 80 mg* | Tier 1 | |
| *pindolol tab 5 mg* | Tier 1 | |
| *pindolol tab 10 mg* | Tier 1 | |
| *propranolol hcl cap er 24hr 60 mg* | Tier 1 | |
| *propranolol hcl cap er 24hr 80 mg* | Tier 1 | |
| *propranolol hcl cap er 24hr 120 mg* | Tier 1 | |
| *propranolol hcl cap er 24hr 160 mg* | Tier 1 | |
| *propranolol hcl oral soln 20 mg/5ml* | Tier 1 | |
| *propranolol hcl oral soln 40 mg/5ml* | Tier 1 | |
| *propranolol hcl tab 10 mg* | Tier 1 | |
| *propranolol hcl tab 20 mg* | Tier 1 | |
| *propranolol hcl tab 40 mg* | Tier 1 | |
| *propranolol hcl tab 60 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *propranolol hcl tab 80 mg* | Tier 1 | |
| *timolol maleate tab 5 mg* | Tier 1 | |
| *timolol maleate tab 10 mg* | Tier 1 | |
| *timolol maleate tab 20 mg* | Tier 1 | |
| ***CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS*** | | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | Tier 1 | |
| *amlodipine besylate tab 5 mg (base equivalent)* | Tier 1 | |
| *amlodipine besylate tab 10 mg (base equivalent)* | Tier 1 | |
| *diltiazem hcl cap er 12hr 60 mg* | Tier 1 | |
| *diltiazem hcl cap er 12hr 90 mg* | Tier 1 | |
| *diltiazem hcl cap er 12hr 120 mg* | Tier 1 | |
| *diltiazem hcl cap er 24hr 120 mg* | Tier 1 | |
| *diltiazem hcl cap er 24hr 180 mg* | Tier 1 | |
| *diltiazem hcl cap er 24hr 240 mg* | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 240 mg* | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* | Tier 1 | |
| *diltiazem hcl coated beads cap er 24hr 360 mg* | Tier 1 | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* | Tier 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* | Tier 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* | Tier 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* | Tier 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* | Tier 1 | |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* | Tier 1 | |
| *diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)* | Tier 1 | |
| *diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)* | Tier 1 | |
| *diltiazem hcl tab 30 mg* | Tier 1 | |
| *diltiazem hcl tab 60 mg* | Tier 1 | |
| *diltiazem hcl tab 90 mg* | Tier 1 | |
| *diltiazem hcl tab 120 mg* | Tier 1 | |
| *felodipine tab er 24hr 2.5 mg* | Tier 1 | |
| *felodipine tab er 24hr 5 mg* | Tier 1 | |
| *felodipine tab er 24hr 10 mg* | Tier 1 | |
| *isradipine cap 2.5 mg* | Tier 1 | |
| *isradipine cap 5 mg* | Tier 1 | |
| *nicardipine hcl cap 20 mg* | Tier 1 | |
| *nicardipine hcl cap 30 mg* | Tier 1 | |
| *nifedipine tab er 24hr 30 mg* | Tier 1 | |
| *nifedipine tab er 24hr 60 mg* | Tier 1 | |
| *nifedipine tab er 24hr 90 mg* | Tier 1 | |
| *nifedipine tab er 24hr osmotic release 30 mg* | Tier 1 | |
| *nifedipine tab er 24hr osmotic release 60 mg* | Tier 1 | |
| *nifedipine tab er 24hr osmotic release 90 mg* | Tier 1 | |
| *nimodipine cap 30 mg* | Tier 2 | |
| NYMALIZE SOL 30/10ML | Tier 2 | |
| *taztia xt cap 120mg/24* | Tier 1 | |
| *taztia xt cap 180mg/24* | Tier 1 | |
| *taztia xt cap 240mg/24* | Tier 1 | |
| *taztia xt cap 300mg er* | Tier 1 | |
| *taztia xt cap 360mg/24* | Tier 1 | |
| *verapamil hcl cap er 24hr 100 mg* | Tier 1 | |
| *verapamil hcl cap er 24hr 120 mg* | Tier 1 | |
| *verapamil hcl cap er 24hr 180 mg* | Tier 1 | |
| *verapamil hcl cap er 24hr 200 mg* | Tier 1 | |
| *verapamil hcl cap er 24hr 240 mg* | Tier 1 | |
| *verapamil hcl cap er 24hr 300 mg* | Tier 1 | |
| *verapamil hcl cap er 24hr 360 mg* | Tier 1 | |
| *verapamil hcl iv soln 2.5 mg/ml* | Tier 1 | |
| *verapamil hcl tab 40 mg* | Tier 1 | |
| *verapamil hcl tab 80 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *verapamil hcl tab 120 mg* | Tier 1 | |
| *verapamil hcl tab er 120 mg* | Tier 1 | |
| *verapamil hcl tab er 180 mg* | Tier 1 | |
| *verapamil hcl tab er 240 mg* | Tier 1 | |
| ***DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS*** | | |
| *digitek tab 0.25mg* | Tier 1 | PA; PA if 70 years and older |
| *digitek tab 0.125mg* | Tier 1 | QL (30 tabs / 30 days) |
| *digoxin inj 0.25 mg/ml* | Tier 1 | |
| *digoxin oral soln 0.05 mg/ml* | Tier 1 | PA; PA if 70 years and older |
| *digoxin tab 125 mcg (0.125 mg)* | Tier 1 | QL (30 tabs / 30 days) |
| *digoxin tab 250 mcg (0.25 mg)* | Tier 1 | PA; PA if 70 years and older |
| ***DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS*** | | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | Tier 1 | |
| *aliskiren fumarate tab 300 mg (base equivalent)* | Tier 1 | |
| TEKTURNA HCT TAB 150-12.5 | Tier 2 | |
| TEKTURNA HCT TAB 150-25MG | Tier 2 | |
| TEKTURNA HCT TAB 300-12.5 | Tier 2 | |
| TEKTURNA HCT TAB 300-25MG | Tier 2 | |
| TEKTURNA TAB 150MG | Tier 2 | |
| TEKTURNA TAB 300MG | Tier 2 | |
| ***DIURETICS - DRUGS TO TREAT HEART CONDITIONS*** | | |
| *acetazolamide cap er 12hr 500 mg* | Tier 1 | |
| *acetazolamide tab 125 mg* | Tier 1 | |
| *acetazolamide tab 250 mg* | Tier 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | Tier 1 | |
| *amiloride hcl tab 5 mg* | Tier 1 | |
| *bumetanide inj 0.25 mg/ml* | Tier 1 | |
| *bumetanide tab 0.5 mg* | Tier 1 | |
| *bumetanide tab 1 mg* | Tier 1 | |
| *bumetanide tab 2 mg* | Tier 1 | |
| *chlorothiazide tab 250 mg* | Tier 1 | |
| *chlorothiazide tab 500 mg* | Tier 1 | |
| *chlorthalidone tab 25 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *chlorthalidone tab 50 mg* | Tier 1 | |
| *furosemide inj 10 mg/ml* | Tier 1 | |
| *furosemide oral soln 8 mg/ml* | Tier 1 | |
| *furosemide oral soln 10 mg/ml* | Tier 1 | |
| *furosemide tab 20 mg* | Tier 1 | |
| *furosemide tab 40 mg* | Tier 1 | |
| *furosemide tab 80 mg* | Tier 1 | |
| *hydrochlorothiazide cap 12.5 mg* | Tier 1 | |
| *hydrochlorothiazide tab 12.5 mg* | Tier 1 | |
| *hydrochlorothiazide tab 25 mg* | Tier 1 | |
| *hydrochlorothiazide tab 50 mg* | Tier 1 | |
| *indapamide tab 1.25 mg* | Tier 1 | |
| *indapamide tab 2.5 mg* | Tier 1 | |
| *methazolamide tab 25 mg* | Tier 1 | |
| *methazolamide tab 50 mg* | Tier 1 | |
| *methyclothiazide tab 5 mg* | Tier 1 | |
| *metolazone tab 2.5 mg* | Tier 1 | |
| *metolazone tab 5 mg* | Tier 1 | |
| *metolazone tab 10 mg* | Tier 1 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | Tier 1 | |
| *torsemide tab 5 mg* | Tier 1 | |
| *torsemide tab 10 mg* | Tier 1 | |
| *torsemide tab 20 mg* | Tier 1 | |
| *torsemide tab 100 mg* | Tier 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | Tier 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | Tier 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | Tier 1 | |
| ***MISCELLANEOUS*** | | |
| *clonidine hcl tab 0.1 mg* | Tier 1 | |
| *clonidine hcl tab 0.2 mg* | Tier 1 | |
| *clonidine hcl tab 0.3 mg* | Tier 1 | |
| *clonidine td patch weekly 0.1 mg/24hr* | Tier 1 | |
| *clonidine td patch weekly 0.2 mg/24hr* | Tier 1 | |
| *clonidine td patch weekly 0.3 mg/24hr* | Tier 1 | |
| CORLANOR TAB 5MG | Tier 2 | |
| CORLANOR TAB 7.5MG | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| DEMSER CAP 250MG | Tier 2 | PA |
| *hydralazine hcl inj 20 mg/ml* | Tier 1 | |
| *hydralazine hcl tab 10 mg* | Tier 1 | |
| *hydralazine hcl tab 25 mg* | Tier 1 | |
| *hydralazine hcl tab 50 mg* | Tier 1 | |
| *hydralazine hcl tab 100 mg* | Tier 1 | |
| *midodrine hcl tab 2.5 mg* | Tier 1 | |
| *midodrine hcl tab 5 mg* | Tier 1 | |
| *midodrine hcl tab 10 mg* | Tier 1 | |
| *minoxidil tab 2.5 mg* | Tier 1 | |
| *minoxidil tab 10 mg* | Tier 1 | |
| NORTHERA CAP 100MG | Tier 2 | LA, PA |
| NORTHERA CAP 200MG | Tier 2 | LA, PA |
| NORTHERA CAP 300MG | Tier 2 | LA, PA |
| *ranolazine tab er 12hr 500 mg* | Tier 1 | |
| *ranolazine tab er 12hr 1000 mg* | Tier 1 | |
| ***NITRATES - DRUGS TO TREAT HEART CONDITIONS*** | | |
| *isosorbide dinitrate tab 5 mg* | Tier 1 | |
| *isosorbide dinitrate tab 10 mg* | Tier 1 | |
| *isosorbide dinitrate tab 20 mg* | Tier 1 | |
| *isosorbide dinitrate tab 30 mg* | Tier 1 | |
| *isosorbide dinitrate tab er 40 mg* | Tier 1 | |
| *isosorbide mononitrate tab 10 mg* | Tier 1 | |
| *isosorbide mononitrate tab 20 mg* | Tier 1 | |
| *isosorbide mononitrate tab er 24hr 30 mg* | Tier 1 | |
| *isosorbide mononitrate tab er 24hr 60 mg* | Tier 1 | |
| *isosorbide mononitrate tab er 24hr 120 mg* | Tier 1 | |
| *minitran dis 0.1mg/hr* | Tier 1 | |
| *minitran dis 0.2mg/hr* | Tier 1 | |
| *minitran dis 0.4mg/hr* | Tier 1 | |
| *minitran dis 0.6mg/hr* | Tier 1 | |
| NITRO-BID OIN 2% | Tier 2 | |
| NITRO-DUR DIS 0.3MG/HR | Tier 2 | |
| NITRO-DUR DIS 0.8MG/HR | Tier 2 | |
| *nitroglycerin sl tab 0.3 mg* | Tier 1 | |
| *nitroglycerin sl tab 0.4 mg* | Tier 1 | |
| *nitroglycerin sl tab 0.6 mg* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | Tier 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *nitroglycerin td patch 24hr 0.6 mg/hr* | Tier 1 | |
| *nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* | Tier 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION*** | | |
| ADEMPAS TAB 0.5MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 1.5MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 1MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 2.5MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 2MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| *ambrisentan tab 5 mg* | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| *ambrisentan tab 10 mg* | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| *bosentan tab 62.5 mg* | Tier 2 | QL (120 tabs / 30 days), LA, PA |
| *bosentan tab 125 mg* | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| OPSUMIT TAB 10MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| REMODULIN INJ 1MG/ML | Tier 2 | LA, PA |
| REMODULIN INJ 2.5MG/ML | Tier 2 | LA, PA |
| REMODULIN INJ 5MG/ML | Tier 2 | LA, PA |
| REMODULIN INJ 10MG/ML | Tier 2 | LA, PA |
| *sildenafil citrate tab 20 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| TRACLEER TAB 62.5MG | Tier 2 | QL (120 tabs / 30 days), LA, PA |
| TRACLEER TAB 125MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | Tier 2 | LA, PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | Tier 2 | LA, PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | Tier 2 | LA, PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | Tier 2 | LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| VENTAVIS SOL 10MCG/ML | Tier 2 | PA |
| VENTAVIS SOL 20MCG/ML | Tier 2 | PA |
| **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS** | | |
| ***ANTIANXIETY - DRUGS TO TREAT ANXIETY*** | | |
| *alprazolam tab 0.5 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *alprazolam tab 0.25 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *alprazolam tab 1 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *alprazolam tab 2 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *buspirone hcl tab 5 mg* | Tier 1 | |
| *buspirone hcl tab 7.5 mg* | Tier 1 | |
| *buspirone hcl tab 10 mg* | Tier 1 | |
| *buspirone hcl tab 15 mg* | Tier 1 | |
| *buspirone hcl tab 30 mg* | Tier 1 | |
| *fluvoxamine maleate tab 25 mg* | Tier 1 | |
| *fluvoxamine maleate tab 50 mg* | Tier 1 | |
| *fluvoxamine maleate tab 100 mg* | Tier 1 | |
| *lorazepam conc 2 mg/ml* | Tier 1 | QL (150 mL / 30 days) |
| *lorazepam inj 2 mg/ml* | Tier 1 | |
| *lorazepam inj 4 mg/ml* | Tier 1 | |
| *lorazepam tab 0.5 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *lorazepam tab 1 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *lorazepam tab 2 mg* | Tier 1 | QL (150 tabs / 30 days) |
| ***ANTICONVULSANTS - DRUGS TO TREAT SEIZURES*** | | |
| APTIOM TAB 200MG | Tier 2 | QL (180 tabs / 30 days) |
| APTIOM TAB 400MG | Tier 2 | QL (90 tabs / 30 days) |
| APTIOM TAB 600MG | Tier 2 | QL (60 tabs / 30 days) |
| APTIOM TAB 800MG | Tier 2 | QL (60 tabs / 30 days) |
| BANZEL SUS 40MG/ML | Tier 2 | PA |
| BANZEL TAB 200MG | Tier 2 | PA |
| BANZEL TAB 400MG | Tier 2 | PA |
| BRIVIACT INJ 50MG/5ML | Tier 2 | PA |
| BRIVIACT SOL 10MG/ML | Tier 2 | PA |
| BRIVIACT TAB 10MG | Tier 2 | PA |
| BRIVIACT TAB 25MG | Tier 2 | PA |
| BRIVIACT TAB 50MG | Tier 2 | PA |
| BRIVIACT TAB 75MG | Tier 2 | PA |
| BRIVIACT TAB 100MG | Tier 2 | PA |
| *carbamazepine cap er 12hr 100 mg* | Tier 1 | |
| *carbamazepine cap er 12hr 200 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *carbamazepine cap er 12hr 300 mg* | Tier 1 | |
| *carbamazepine chew tab 100 mg* | Tier 1 | |
| *carbamazepine susp 100 mg/5ml* | Tier 1 | |
| *carbamazepine tab 200 mg* | Tier 1 | |
| *carbamazepine tab er 12hr 100 mg* | Tier 1 | |
| *carbamazepine tab er 12hr 200 mg* | Tier 1 | |
| *carbamazepine tab er 12hr 400 mg* | Tier 1 | |
| CELONTIN CAP 300MG | Tier 2 | |
| *clobazam suspension 2.5 mg/ml* | Tier 1 | PA |
| *clobazam tab 10 mg* | Tier 1 | PA |
| *clobazam tab 20 mg* | Tier 1 | PA |
| *clonazepam orally disintegrating tab 0.5 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.25 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.125 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 1 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 2 mg* | Tier 1 | QL (300 tabs / 30 days) |
| *clonazepam tab 0.5 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *clonazepam tab 1 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *clonazepam tab 2 mg* | Tier 1 | QL (300 tabs / 30 days) |
| *clorazepate dipotassium tab 3.75 mg* | Tier 1 | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| *clorazepate dipotassium tab 7.5 mg* | Tier 1 | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| *clorazepate dipotassium tab 15 mg* | Tier 1 | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIASTAT ACDL GEL 5-10MG | Tier 2 | |
| DIASTAT ACDL GEL 12.5-20 | Tier 2 | |
| DIASTAT PED GEL 2.5M GEL | Tier 2 | |
| *diazepam con 5mg/ml* | Tier 1 | QL (240 mL / 30 days), PA; PA if 65 years and older |
| *diazepam inj 5 mg/ml* | Tier 1 | |
| *diazepam oral soln 1 mg/ml* | Tier 1 | QL (1200 mL / 30 days), PA; PA if 65 years and older |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *diazepam rectal gel delivery system 2.5 mg* | Tier 1 | |
| *diazepam rectal gel delivery system 10 mg* | Tier 1 | |
| *diazepam rectal gel delivery system 20 mg* | Tier 1 | |
| *diazepam tab 2 mg* | Tier 1 | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| *diazepam tab 5 mg* | Tier 1 | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| *diazepam tab 10 mg* | Tier 1 | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| DILANTIN CAP 30MG | Tier 2 | |
| DILANTIN CAP 100MG | Tier 2 | |
| DILANTIN CHW 50MG | Tier 2 | |
| DILANTIN-125 SUS 125/5ML | Tier 2 | |
| *divalproex sodium cap delayed release sprinkle 125 mg* | Tier 1 | |
| *divalproex sodium tab delayed release 125 mg* | Tier 1 | |
| *divalproex sodium tab delayed release 250 mg* | Tier 1 | |
| *divalproex sodium tab delayed release 500 mg* | Tier 1 | |
| *divalproex sodium tab er 24 hr 250 mg* | Tier 1 | |
| *divalproex sodium tab er 24 hr 500 mg* | Tier 1 | |
| EPIDIOLEX SOL 100MG/ML | Tier 2 | QL (600 mL / 30 days), LA, PA |
| *epitol tab 200mg* | Tier 1 | |
| *ethosuximide cap 250 mg* | Tier 1 | |
| *ethosuximide soln 250 mg/5ml* | Tier 1 | |
| *felbamate susp 600 mg/5ml* | Tier 2 | |
| *felbamate tab 400 mg* | Tier 1 | |
| *felbamate tab 600 mg* | Tier 1 | |
| FYCOMPA SUS 0.5MG/ML | Tier 2 | QL (720 mL / 30 days), PA |
| FYCOMPA TAB 2MG | Tier 2 | QL (60 tabs / 30 days), PA |
| FYCOMPA TAB 4MG | Tier 2 | QL (60 tabs / 30 days), PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FYCOMPA TAB 6MG | Tier 2 | QL (60 tabs / 30 days), PA |
| FYCOMPA TAB 8MG | Tier 2 | QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 10MG | Tier 2 | QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 12MG | Tier 2 | QL (30 tabs / 30 days), PA |
| *gabapentin cap 100 mg* | Tier 1 | QL (1080 caps / 30 days) |
| *gabapentin cap 300 mg* | Tier 1 | QL (360 caps / 30 days) |
| *gabapentin cap 400 mg* | Tier 1 | QL (270 caps / 30 days) |
| *gabapentin oral soln 250 mg/5ml* | Tier 1 | QL (2160 mL / 30 days) |
| *gabapentin tab 600 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *gabapentin tab 800 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *lamotrigine tab 25 mg* | Tier 1 | |
| *lamotrigine tab 100 mg* | Tier 1 | |
| *lamotrigine tab 150 mg* | Tier 1 | |
| *lamotrigine tab 200 mg* | Tier 1 | |
| *lamotrigine tab chewable dispersible 5 mg* | Tier 1 | |
| *lamotrigine tab chewable dispersible 25 mg* | Tier 1 | |
| *lamotrigine tab er 24hr 25 mg* | Tier 1 | |
| *lamotrigine tab er 24hr 50 mg* | Tier 1 | |
| *lamotrigine tab er 24hr 100 mg* | Tier 1 | |
| *lamotrigine tab er 24hr 200 mg* | Tier 1 | |
| *lamotrigine tab er 24hr 250 mg* | Tier 1 | |
| *lamotrigine tab er 24hr 300 mg* | Tier 1 | |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | Tier 1 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | Tier 1 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | Tier 1 | |
| *levetiracetam inj 500 mg/5ml (100 mg/ml)* | Tier 1 | |
| *levetiracetam oral soln 100 mg/ml* | Tier 1 | |
| *levetiracetam tab 250 mg* | Tier 1 | |
| *levetiracetam tab 500 mg* | Tier 1 | |
| *levetiracetam tab 750 mg* | Tier 1 | |
| *levetiracetam tab 1000 mg* | Tier 1 | |
| *levetiracetam tab er 24hr 500 mg* | Tier 1 | |
| *levetiracetam tab er 24hr 750 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| LYRICA CAP 25MG | Tier 2 | QL (120 caps / 30 days) |
| LYRICA CAP 50MG | Tier 2 | QL (120 caps / 30 days) |
| LYRICA CAP 75MG | Tier 2 | QL (120 caps / 30 days) |
| LYRICA CAP 100MG | Tier 2 | QL (120 caps / 30 days) |
| LYRICA CAP 150MG | Tier 2 | QL (120 caps / 30 days) |
| LYRICA CAP 200MG | Tier 2 | QL (90 caps / 30 days) |
| LYRICA CAP 225MG | Tier 2 | QL (60 caps / 30 days) |
| LYRICA CAP 300MG | Tier 2 | QL (60 caps / 30 days) |
| LYRICA SOL 20MG/ML | Tier 2 | QL (946 mL / 30 days) |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | Tier 1 | |
| *oxcarbazepine tab 150 mg* | Tier 1 | |
| *oxcarbazepine tab 300 mg* | Tier 1 | |
| *oxcarbazepine tab 600 mg* | Tier 1 | |
| PEGANONE TAB 250MG | Tier 2 | |
| PHENOBARB INJ 65MG/ML | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital elixir 20 mg/5ml* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital sodium inj 130 mg/ml* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 15 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 16.2 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 30 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 32.4 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 60 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 64.8 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 97.2 mg* | Tier 2 | PA; PA if 70 years and older |
| *phenobarbital tab 100 mg* | Tier 2 | PA; PA if 70 years and older |
| PHENYTEK CAP 200MG | Tier 2 | |
| PHENYTEK CAP 300MG | Tier 2 | |
| *phenytoin chew tab 50 mg* | Tier 1 | |
| *phenytoin sodium extended cap 100 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *phenytoin sodium extended cap 200 mg* | Tier 1 | |
| *phenytoin sodium extended cap 300 mg* | Tier 1 | |
| *phenytoin sodium inj 50 mg/ml* | Tier 1 | |
| *phenytoin susp 125 mg/5ml* | Tier 1 | |
| *primidone tab 50 mg* | Tier 1 | |
| *primidone tab 250 mg* | Tier 1 | |
| *roweepra tab 500mg* | Tier 1 | |
| *roweepra tab 750mg* | Tier 1 | |
| *roweepra tab 1000mg* | Tier 1 | |
| *roweepra xr tab 500mg xr* | Tier 1 | |
| *roweepra xr tab 750mg xr* | Tier 1 | |
| SPRITAM TAB 250MG | Tier 2 | |
| SPRITAM TAB 500MG | Tier 2 | |
| SPRITAM TAB 750MG | Tier 2 | |
| SPRITAM TAB 1000MG | Tier 2 | |
| SYMPAZAN MIS 5MG | Tier 2 | PA |
| SYMPAZAN MIS 10MG | Tier 2 | PA |
| SYMPAZAN MIS 20MG | Tier 2 | PA |
| *tiagabine hcl tab 2 mg* | Tier 1 | |
| *tiagabine hcl tab 4 mg* | Tier 1 | |
| *tiagabine hcl tab 12 mg* | Tier 1 | |
| *tiagabine hcl tab 16 mg* | Tier 1 | |
| *topiramate sprinkle cap 15 mg* | Tier 1 | |
| *topiramate sprinkle cap 25 mg* | Tier 1 | |
| *topiramate tab 25 mg* | Tier 1 | |
| *topiramate tab 50 mg* | Tier 1 | |
| *topiramate tab 100 mg* | Tier 1 | |
| *topiramate tab 200 mg* | Tier 1 | |
| *valproate sodium inj 100 mg/ml* | Tier 1 | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | Tier 1 | |
| *valproic acid cap 250 mg* | Tier 1 | |
| *vigabatrin powd pack 500 mg* | Tier 2 | QL (180 packets / 30 days), LA, PA |
| *vigabatrin tab 500 mg* | Tier 2 | QL (180 tabs / 30 days), LA, PA |
| *vigadrone pow 500mg* | Tier 2 | QL (180 packets / 30 days), LA, PA |
| VIMPAT INJ 200MG/20 | Tier 2 | |
| VIMPAT SOL 10MG/ML | Tier 2 | QL (1200 mL / 30 days) |
| VIMPAT TAB 50MG | Tier 2 | QL (120 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| VIMPAT TAB 100MG | Tier 2 | QL (60 tabs / 30 days) |
| VIMPAT TAB 150MG | Tier 2 | QL (60 tabs / 30 days) |
| VIMPAT TAB 200MG | Tier 2 | QL (60 tabs / 30 days) |
| *zonisamide cap 25 mg* | Tier 1 | |
| *zonisamide cap 50 mg* | Tier 1 | |
| *zonisamide cap 100 mg* | Tier 1 | |
| ***ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS*** | | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | Tier 1 | |
| *donepezil hydrochloride tab 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *donepezil hydrochloride tab 10 mg* | Tier 1 | |
| *galantamine hydrobromide cap er 24hr 8 mg* | Tier 1 | QL (30 caps / 30 days) |
| *galantamine hydrobromide cap er 24hr 16 mg* | Tier 1 | QL (30 caps / 30 days) |
| *galantamine hydrobromide cap er 24hr 24 mg* | Tier 1 | QL (30 caps / 30 days) |
| *galantamine hydrobromide oral soln 4 mg/ml* | Tier 1 | |
| *galantamine hydrobromide tab 4 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *galantamine hydrobromide tab 8 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *galantamine hydrobromide tab 12 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *memantine hcl cap er 24hr 7 mg* | Tier 1 | PA; PA if < 30 yrs |
| *memantine hcl cap er 24hr 14 mg* | Tier 1 | PA; PA if < 30 yrs |
| *memantine hcl cap er 24hr 21 mg* | Tier 1 | PA; PA if < 30 yrs |
| *memantine hcl cap er 24hr 28 mg* | Tier 1 | PA; PA if < 30 yrs |
| *memantine hcl oral solution 2 mg/ml* | Tier 1 | PA; PA if < 30 yrs |
| *memantine hcl tab 5 mg* | Tier 1 | PA; PA if < 30 yrs |
| *memantine hcl tab 5 mg (28) & 10 mg (21) titration pak* | Tier 2 | PA; PA if < 30 yrs |
| *memantine hcl tab 10 mg* | Tier 1 | PA; PA if < 30 yrs |
| NAMZARIC CAP | Tier 2 | |
| NAMZARIC CAP 7-10MG | Tier 2 | |
| NAMZARIC CAP 14-10MG | Tier 2 | |
| NAMZARIC CAP 21-10MG | Tier 2 | |
| NAMZARIC CAP 28-10MG | Tier 2 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | Tier 1 | QL (90 caps / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *rivastigmine tartrate cap 3 mg (base equivalent)* | Tier 1 | QL (90 caps / 30 days) |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | Tier 1 | QL (60 caps / 30 days) |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | Tier 1 | QL (60 caps / 30 days) |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | Tier 1 | QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | Tier 1 | QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | Tier 1 | QL (30 patches / 30 days) |
| ***ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION*** | | |
| *amitriptyline hcl tab 10 mg* | Tier 2 | |
| *amitriptyline hcl tab 25 mg* | Tier 2 | |
| *amitriptyline hcl tab 50 mg* | Tier 2 | |
| *amitriptyline hcl tab 75 mg* | Tier 2 | |
| *amitriptyline hcl tab 100 mg* | Tier 2 | |
| *amitriptyline hcl tab 150 mg* | Tier 2 | |
| *amoxapine tab 25 mg* | Tier 2 | |
| *amoxapine tab 50 mg* | Tier 2 | |
| *amoxapine tab 100 mg* | Tier 2 | |
| *amoxapine tab 150 mg* | Tier 2 | |
| *bupropion hcl tab 75 mg* | Tier 1 | |
| *bupropion hcl tab 100 mg* | Tier 1 | |
| *bupropion hcl tab er 12hr 100 mg* | Tier 1 | |
| *bupropion hcl tab er 12hr 150 mg* | Tier 1 | |
| *bupropion hcl tab er 12hr 200 mg* | Tier 1 | |
| *bupropion hcl tab er 24hr 150 mg* | Tier 1 | |
| *bupropion hcl tab er 24hr 300 mg* | Tier 1 | |
| *citalopram hydrobromide oral soln 10 mg/5ml* | Tier 1 | |
| *citalopram hydrobromide tab 10 mg (base equiv)* | Tier 1 | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | Tier 1 | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | Tier 1 | |
| *clomipramine hcl cap 25 mg* | Tier 2 | PA |
| *clomipramine hcl cap 50 mg* | Tier 2 | PA |
| *clomipramine hcl cap 75 mg* | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *desipramine hcl tab 10 mg* | Tier 2 | |
| *desipramine hcl tab 25 mg* | Tier 2 | |
| *desipramine hcl tab 50 mg* | Tier 2 | |
| *desipramine hcl tab 75 mg* | Tier 2 | |
| *desipramine hcl tab 100 mg* | Tier 2 | |
| *desipramine hcl tab 150 mg* | Tier 2 | |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* | Tier 1 | QL (30 tabs / 30 days), PA |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* | Tier 1 | QL (30 tabs / 30 days), PA |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* | Tier 1 | QL (30 tabs / 30 days), PA |
| *doxepin hcl cap 10 mg* | Tier 2 | |
| *doxepin hcl cap 25 mg* | Tier 2 | |
| *doxepin hcl cap 50 mg* | Tier 2 | |
| *doxepin hcl cap 75 mg* | Tier 2 | |
| *doxepin hcl cap 100 mg* | Tier 2 | |
| *doxepin hcl cap 150 mg* | Tier 2 | |
| *doxepin hcl conc 10 mg/ml* | Tier 2 | |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | Tier 1 | QL (180 caps / 30 days) |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | Tier 1 | QL (120 caps / 30 days) |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | Tier 1 | QL (60 caps / 30 days) |
| EMSAM DIS 6MG/24HR | Tier 2 | QL (30 patches / 30 days), PA |
| EMSAM DIS 9MG/24HR | Tier 2 | QL (30 patches / 30 days), PA |
| EMSAM DIS 12MG/24H | Tier 2 | QL (30 patches / 30 days), PA |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | Tier 1 | |
| *escitalopram oxalate tab 5 mg (base equiv)* | Tier 1 | |
| *escitalopram oxalate tab 10 mg (base equiv)* | Tier 1 | |
| *escitalopram oxalate tab 20 mg (base equiv)* | Tier 1 | |
| FETZIMA CAP 20MG | Tier 2 | QL (180 caps / 30 days), PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FETZIMA CAP 40MG | Tier 2 | QL (90 caps / 30 days), PA |
| FETZIMA CAP 80MG | Tier 2 | QL (30 caps / 30 days), PA |
| FETZIMA CAP 120MG | Tier 2 | QL (30 caps / 30 days), PA |
| FETZIMA CAP TITRATIO | Tier 2 | PA |
| *fluoxetine hcl cap 10 mg* | Tier 1 | |
| *fluoxetine hcl cap 20 mg* | Tier 1 | |
| *fluoxetine hcl cap 40 mg* | Tier 1 | |
| *fluoxetine hcl solution 20 mg/5ml* | Tier 1 | |
| *imipramine hcl tab 10 mg* | Tier 2 | |
| *imipramine hcl tab 25 mg* | Tier 2 | |
| *imipramine hcl tab 50 mg* | Tier 2 | |
| *maprotiline hcl tab 25 mg* | Tier 1 | |
| *maprotiline hcl tab 50 mg* | Tier 1 | |
| *maprotiline hcl tab 75 mg* | Tier 1 | |
| MARPLAN TAB 10MG | Tier 2 | QL (180 tabs / 30 days) |
| *mirtazapine orally disintegrating tab 15 mg* | Tier 1 | |
| *mirtazapine orally disintegrating tab 30 mg* | Tier 1 | |
| *mirtazapine orally disintegrating tab 45 mg* | Tier 1 | |
| *mirtazapine tab 7.5 mg* | Tier 1 | |
| *mirtazapine tab 15 mg* | Tier 1 | |
| *mirtazapine tab 30 mg* | Tier 1 | |
| *mirtazapine tab 45 mg* | Tier 1 | |
| *nefazodone hcl tab 50 mg* | Tier 1 | |
| *nefazodone hcl tab 100 mg* | Tier 1 | |
| *nefazodone hcl tab 150 mg* | Tier 1 | |
| *nefazodone hcl tab 200 mg* | Tier 1 | |
| *nefazodone hcl tab 250 mg* | Tier 1 | |
| *nortriptyline hcl cap 10 mg* | Tier 2 | |
| *nortriptyline hcl cap 25 mg* | Tier 2 | |
| *nortriptyline hcl cap 50 mg* | Tier 2 | |
| *nortriptyline hcl cap 75 mg* | Tier 2 | |
| *nortriptyline hcl soln 10 mg/5ml* | Tier 2 | |
| *paroxetine hcl tab 10 mg* | Tier 2 | |
| *paroxetine hcl tab 20 mg* | Tier 2 | |
| *paroxetine hcl tab 30 mg* | Tier 2 | |
| *paroxetine hcl tab 40 mg* | Tier 2 | |
| PAXIL SUS 10MG/5ML | Tier 2 | QL (900 mL / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *phenelzine sulfate tab 15 mg* | Tier 1 | |
| *protriptyline hcl tab 5 mg* | Tier 2 | |
| *protriptyline hcl tab 10 mg* | Tier 2 | |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | Tier 1 | |
| *sertraline hcl tab 25 mg* | Tier 1 | |
| *sertraline hcl tab 50 mg* | Tier 1 | |
| *sertraline hcl tab 100 mg* | Tier 1 | |
| *tranylcypromine sulfate tab 10 mg* | Tier 1 | |
| *trazodone hcl tab 50 mg* | Tier 1 | |
| *trazodone hcl tab 100 mg* | Tier 1 | |
| *trazodone hcl tab 150 mg* | Tier 1 | |
| *trimipramine maleate cap 25 mg* | Tier 2 | QL (240 caps / 30 days) |
| *trimipramine maleate cap 50 mg* | Tier 2 | QL (120 caps / 30 days) |
| *trimipramine maleate cap 100 mg* | Tier 2 | QL (60 caps / 30 days) |
| TRINTELLIX TAB 5MG | Tier 2 | QL (120 tabs / 30 days) |
| TRINTELLIX TAB 10MG | Tier 2 | QL (60 tabs / 30 days) |
| TRINTELLIX TAB 20MG | Tier 2 | QL (30 tabs / 30 days) |
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | Tier 1 | |
| *venlafaxine hcl tab 100 mg (base equivalent)* | Tier 1 | |
| VIIBRYD KIT STARTER | Tier 2 | |
| VIIBRYD TAB 10MG | Tier 2 | QL (30 tabs / 30 days) |
| VIIBRYD TAB 20MG | Tier 2 | QL (30 tabs / 30 days) |
| VIIBRYD TAB 40MG | Tier 2 | QL (30 tabs / 30 days) |
| ***ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE*** | | |
| *amantadine hcl cap 100 mg* | Tier 1 | QL (120 caps / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *amantadine hcl syrup 50 mg/5ml* | Tier 1 | |
| *amantadine hcl tab 100 mg* | Tier 1 | |
| APOKYN INJ 10MG/ML | Tier 2 | QL (20 cartridges / 30 days), LA, PA |
| *benztropine mesylate inj 1 mg/ml* | Tier 1 | |
| *benztropine mesylate tab 0.5 mg* | Tier 2 | PA; PA if 70 years and older |
| *benztropine mesylate tab 1 mg* | Tier 2 | PA; PA if 70 years and older |
| *benztropine mesylate tab 2 mg* | Tier 2 | PA; PA if 70 years and older |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | Tier 1 | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | Tier 1 | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | Tier 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | Tier 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | Tier 1 | |
| *carbidopa & levodopa tab 10-100 mg* | Tier 1 | |
| *carbidopa & levodopa tab 25-100 mg* | Tier 1 | |
| *carbidopa & levodopa tab 25-250 mg* | Tier 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | Tier 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | Tier 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | Tier 1 | |
| *entacapone tab 200 mg* | Tier 1 | |
| NEUPRO DIS 1MG/24HR | Tier 2 | |
| NEUPRO DIS 2MG/24HR | Tier 2 | |
| NEUPRO DIS 3MG/24HR | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| NEUPRO DIS 4MG/24HR | Tier 2 | |
| NEUPRO DIS 6MG/24HR | Tier 2 | |
| NEUPRO DIS 8MG/24HR | Tier 2 | |
| *pramipexole dihydrochloride tab 0.5 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 0.25 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 0.75 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 0.125 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 1 mg* | Tier 1 | |
| *pramipexole dihydrochloride tab 1.5 mg* | Tier 1 | |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | Tier 1 | |
| *rasagiline mesylate tab 1 mg (base equiv)* | Tier 1 | |
| *ropinirole hydrochloride tab 0.5 mg* | Tier 1 | |
| *ropinirole hydrochloride tab 0.25 mg* | Tier 1 | |
| *ropinirole hydrochloride tab 1 mg* | Tier 1 | |
| *ropinirole hydrochloride tab 2 mg* | Tier 1 | |
| *ropinirole hydrochloride tab 3 mg* | Tier 1 | |
| *ropinirole hydrochloride tab 4 mg* | Tier 1 | |
| *ropinirole hydrochloride tab 5 mg* | Tier 1 | |
| *selegiline hcl cap 5 mg* | Tier 1 | |
| *selegiline hcl tab 5 mg* | Tier 1 | |
| *trihexyphenidyl hcl elixir 0.4 mg/ml* | Tier 2 | PA; PA if 70 years and older |
| *trihexyphenidyl hcl tab 2 mg* | Tier 2 | PA; PA if 70 years and older |
| *trihexyphenidyl hcl tab 5 mg* | Tier 2 | PA; PA if 70 years and older |
| ***ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES*** | | |
| ABILIFY MAIN INJ 300MG | Tier 2 | QL (1 injection / 28 days) |
| ABILIFY MAIN INJ 400MG | Tier 2 | QL (1 injection / 28 days) |
| *aripiprazole oral solution 1 mg/ml* | Tier 2 | QL (900 mL / 30 days) |
| *aripiprazole orally disintegrating tab 10 mg* | Tier 2 | QL (60 tabs / 30 days) |
| *aripiprazole orally disintegrating tab 15 mg* | Tier 2 | QL (60 tabs / 30 days) |
| *aripiprazole tab 2 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *aripiprazole tab 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *aripiprazole tab 10 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *aripiprazole tab 15 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *aripiprazole tab 20 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *aripiprazole tab 30 mg* | Tier 1 | QL (30 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ARISTADA INJ 441MG/1. | Tier 2 | QL (1 injection / 28 days) |
| ARISTADA INJ 662MG/2 | Tier 2 | QL (1 injection / 28 days) |
| ARISTADA INJ 882MG/3 | Tier 2 | QL (1 injection / 28 days) |
| ARISTADA INJ 1064MG | Tier 2 | QL (1 injection / 56 days) |
| ARISTADA INJ INITIO | Tier 2 | |
| CHLORPROMAZ INJ 25MG/ML | Tier 2 | |
| CHLORPROMAZ INJ 50MG/2ML | Tier 2 | |
| *chlorpromazine hcl tab 10 mg* | Tier 1 | |
| *chlorpromazine hcl tab 25 mg* | Tier 1 | |
| *chlorpromazine hcl tab 50 mg* | Tier 1 | |
| *chlorpromazine hcl tab 100 mg* | Tier 1 | |
| *chlorpromazine hcl tab 200 mg* | Tier 1 | |
| *clozapine orally disintegrating tab 12.5 mg* | Tier 1 | PA |
| *clozapine orally disintegrating tab 25 mg* | Tier 1 | PA |
| *clozapine orally disintegrating tab 100 mg* | Tier 1 | NDS, QL (270 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 150 mg* | Tier 1 | QL (180 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 200 mg* | Tier 2 | QL (135 tabs / 30 days), PA |
| *clozapine tab 25 mg* | Tier 1 | |
| *clozapine tab 50 mg* | Tier 1 | |
| *clozapine tab 100 mg* | Tier 1 | QL (270 tabs / 30 days) |
| *clozapine tab 200 mg* | Tier 1 | QL (135 tabs / 30 days) |
| FANAPT PAK | Tier 2 | |
| FANAPT TAB 1MG | Tier 2 | QL (60 tabs / 30 days) |
| FANAPT TAB 2MG | Tier 2 | QL (60 tabs / 30 days) |
| FANAPT TAB 4MG | Tier 2 | QL (60 tabs / 30 days) |
| FANAPT TAB 6MG | Tier 2 | QL (60 tabs / 30 days) |
| FANAPT TAB 8MG | Tier 2 | QL (60 tabs / 30 days) |
| FANAPT TAB 10MG | Tier 2 | QL (60 tabs / 30 days) |
| FANAPT TAB 12MG | Tier 2 | QL (60 tabs / 30 days) |
| *fluphenazine decanoate inj 25 mg/ml* | Tier 1 | |
| *fluphenazine hcl elixir 2.5 mg/5ml* | Tier 1 | |
| *fluphenazine hcl inj 2.5 mg/ml* | Tier 1 | |
| *fluphenazine hcl oral conc 5 mg/ml* | Tier 1 | |
| *fluphenazine hcl tab 1 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *fluphenazine hcl tab 2.5 mg* | Tier 1 | |
| *fluphenazine hcl tab 5 mg* | Tier 1 | |
| *fluphenazine hcl tab 10 mg* | Tier 1 | |
| GEODON INJ 20MG | Tier 2 | QL (6 mL / 3 days) |
| *haloperidol decanoate im soln 50 mg/ml* | Tier 1 | |
| *haloperidol decanoate im soln 100 mg/ml* | Tier 1 | |
| *haloperidol lactate inj 5 mg/ml* | Tier 1 | |
| *haloperidol lactate oral conc 2 mg/ml* | Tier 1 | |
| *haloperidol tab 0.5 mg* | Tier 1 | |
| *haloperidol tab 1 mg* | Tier 1 | |
| *haloperidol tab 2 mg* | Tier 1 | |
| *haloperidol tab 5 mg* | Tier 1 | |
| *haloperidol tab 10 mg* | Tier 1 | |
| *haloperidol tab 20 mg* | Tier 1 | |
| INVEGA SUST INJ 39/0.25 | Tier 2 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 78/0.5ML | Tier 2 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 117/0.75 | Tier 2 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 156MG/ML | Tier 2 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 234/1.5 | Tier 2 | QL (1 injection / 28 days) |
| INVEGA TRINZ INJ 273MG | Tier 2 | QL (1 injection / 90 days) |
| INVEGA TRINZ INJ 410MG | Tier 2 | QL (1 injection / 90 days) |
| INVEGA TRINZ INJ 546MG | Tier 2 | QL (1 injection / 90 days) |
| INVEGA TRINZ INJ 819MG | Tier 2 | QL (1 injection / 90 days) |
| LATUDA TAB 20MG | Tier 2 | QL (60 tabs / 30 days) |
| LATUDA TAB 40MG | Tier 2 | QL (30 tabs / 30 days) |
| LATUDA TAB 60MG | Tier 2 | QL (60 tabs / 30 days) |
| LATUDA TAB 80MG | Tier 2 | QL (60 tabs / 30 days) |
| LATUDA TAB 120MG | Tier 2 | QL (30 tabs / 30 days) |
| *loxapine succinate cap 5 mg* | Tier 1 | |
| *loxapine succinate cap 10 mg* | Tier 1 | |
| *loxapine succinate cap 25 mg* | Tier 1 | |
| *loxapine succinate cap 50 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *molindone hcl tab 5 mg* | Tier 1 | |
| *molindone hcl tab 10 mg* | Tier 1 | |
| *molindone hcl tab 25 mg* | Tier 1 | |
| NUPLAZID CAP 34MG | Tier 2 | QL (30 caps / 30 days), LA, PA |
| NUPLAZID TAB 10MG | Tier 2 | QL (30 tabs / 30 days), LA, PA |
| NUPLAZID TAB 17MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| *olanzapine for im inj 10 mg* | Tier 1 | QL (3 vials / 1 day) |
| *olanzapine orally disintegrating tab 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *olanzapine orally disintegrating tab 10 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *olanzapine orally disintegrating tab 15 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *olanzapine orally disintegrating tab 20 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *olanzapine tab 2.5 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *olanzapine tab 5 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *olanzapine tab 7.5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *olanzapine tab 10 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *olanzapine tab 15 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *olanzapine tab 20 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 1.5 mg* | Tier 2 | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 3 mg* | Tier 2 | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 6 mg* | Tier 2 | QL (60 tabs / 30 days) |
| *paliperidone tab er 24hr 9 mg* | Tier 2 | QL (30 tabs / 30 days) |
| *perphenazine tab 2 mg* | Tier 1 | |
| *perphenazine tab 4 mg* | Tier 1 | |
| *perphenazine tab 8 mg* | Tier 1 | |
| *perphenazine tab 16 mg* | Tier 1 | |
| PERSERIS INJ 90MG | Tier 2 | QL (1 injection / 30 days) |
| PERSERIS INJ 120MG | Tier 2 | QL (1 injection / 30 days) |
| *pimozide tab 1 mg* | Tier 1 | |
| *pimozide tab 2 mg* | Tier 1 | |
| *quetiapine fumarate tab 25 mg* | Tier 1 | |
| *quetiapine fumarate tab 50 mg* | Tier 1 | |
| *quetiapine fumarate tab 100 mg* | Tier 1 | |
| *quetiapine fumarate tab 200 mg* | Tier 1 | |
| *quetiapine fumarate tab 300 mg* | Tier 1 | |
| *quetiapine fumarate tab 400 mg* | Tier 1 | |
| *quetiapine fumarate tab er 24hr 50 mg* | Tier 1 | QL (60 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *quetiapine fumarate tab er 24hr 150 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *quetiapine fumarate tab er 24hr 200 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *quetiapine fumarate tab er 24hr 300 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab er 24hr 400 mg* | Tier 1 | QL (60 tabs / 30 days) |
| REXULTI TAB 0.5MG | Tier 2 | QL (180 tabs / 30 days) |
| REXULTI TAB 0.25MG | Tier 2 | QL (360 tabs / 30 days) |
| REXULTI TAB 1MG | Tier 2 | QL (90 tabs / 30 days) |
| REXULTI TAB 2MG | Tier 2 | QL (60 tabs / 30 days) |
| REXULTI TAB 3MG | Tier 2 | QL (30 tabs / 30 days) |
| REXULTI TAB 4MG | Tier 2 | QL (30 tabs / 30 days) |
| RISPERDAL INJ 12.5MG | Tier 2 | QL (2 injections / 28 days) |
| RISPERDAL INJ 25MG | Tier 2 | QL (2 injections / 28 days) |
| RISPERDAL INJ 37.5MG | Tier 2 | QL (2 injections / 28 days) |
| RISPERDAL INJ 50MG | Tier 2 | QL (2 injections / 28 days) |
| *risperidone orally disintegrating tab 0.5 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *risperidone orally disintegrating tab 0.25 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *risperidone orally disintegrating tab 1 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *risperidone orally disintegrating tab 2 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *risperidone orally disintegrating tab 3 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *risperidone orally disintegrating tab 4 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *risperidone soln 1 mg/ml* | Tier 1 | QL (240 mL / 30 days) |
| *risperidone tab 0.5 mg* | Tier 1 | |
| *risperidone tab 0.25 mg* | Tier 1 | |
| *risperidone tab 1 mg* | Tier 1 | |
| *risperidone tab 2 mg* | Tier 1 | |
| *risperidone tab 3 mg* | Tier 1 | |
| *risperidone tab 4 mg* | Tier 1 | |
| SAPHRIS SUB 2.5MG | Tier 2 | QL (240 tabs / 30 days) |
| SAPHRIS SUB 5MG | Tier 2 | QL (120 tabs / 30 days) |
| SAPHRIS SUB 10MG | Tier 2 | QL (60 tabs / 30 days) |
| *thioridazine hcl tab 10 mg* | Tier 1 | |
| *thioridazine hcl tab 25 mg* | Tier 1 | |
| *thioridazine hcl tab 50 mg* | Tier 1 | |
| *thioridazine hcl tab 100 mg* | Tier 1 | |
| *thiothixene cap 1 mg* | Tier 1 | |
| *thiothixene cap 2 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *thiothixene cap 5 mg* | Tier 1 | |
| *thiothixene cap 10 mg* | Tier 1 | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | Tier 1 | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | Tier 1 | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | Tier 1 | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | Tier 1 | |
| VERSACLOZ SUS 50MG/ML | Tier 2 | QL (600 mL / 30 days), PA |
| VRAYLAR CAP 1.5-3MG | Tier 2 | PA |
| VRAYLAR CAP 1.5MG | Tier 2 | QL (60 caps / 30 days), PA |
| VRAYLAR CAP 3MG | Tier 2 | QL (30 caps / 30 days), PA |
| VRAYLAR CAP 4.5MG | Tier 2 | QL (30 caps / 30 days), PA |
| VRAYLAR CAP 6MG | Tier 2 | QL (30 caps / 30 days), PA |
| *ziprasidone hcl cap 20 mg* | Tier 1 | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 40 mg* | Tier 1 | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 60 mg* | Tier 1 | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 80 mg* | Tier 1 | QL (60 caps / 30 days) |
| ZYPREXA RELP INJ 210MG | Tier 2 | QL (2 vials / 28 days), PA |
| ZYPREXA RELP INJ 300MG | Tier 2 | QL (2 vials / 28 days), PA |
| ZYPREXA RELP INJ 405MG | Tier 2 | QL (1 vial / 28 days), PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD*** | | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | Tier 1 | QL (90 caps / 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | Tier 1 | QL (90 caps / 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | Tier 1 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | Tier 1 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | Tier 1 | QL (30 caps / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | Tier 1 | QL (30 caps / 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | Tier 1 | QL (360 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *atomoxetine hcl cap 10 mg (base equiv)* | Tier 1 | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | Tier 1 | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 25 mg (base equiv)* | Tier 1 | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | Tier 1 | QL (60 caps / 30 days) |
| *atomoxetine hcl cap 60 mg (base equiv)* | Tier 1 | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | Tier 1 | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | Tier 1 | QL (30 caps / 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *dexmethylphenidate hcl tab 5 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *dexmethylphenidate hcl tab 10 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | Tier 2 | PA; PA if 70 years and older |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | Tier 2 | PA; PA if 70 years and older |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | Tier 2 | PA; PA if 70 years and older |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | Tier 2 | PA; PA if 70 years and older |
| *methylphenidate hcl soln 5 mg/5ml* | Tier 1 | QL (1800 mL / 30 days) |
| *methylphenidate hcl soln 10 mg/5ml* | Tier 1 | QL (900 mL / 30 days) |
| *methylphenidate hcl tab 5 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *methylphenidate hcl tab 10 mg* | Tier 1 | QL (180 tabs / 30 days) |
| *methylphenidate hcl tab 20 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *methylphenidate hcl tab er 10 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *methylphenidate hcl tab er 20 mg* | Tier 1 | QL (90 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ***HYPNOTICS - DRUGS TO TREAT INSOMNIA*** | | |
| *eszopiclone tab 1 mg* | Tier 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| *eszopiclone tab 2 mg* | Tier 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| *eszopiclone tab 3 mg* | Tier 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| HETLIOZ CAP 20MG | Tier 2 | LA, PA |
| SILENOR TAB 3MG | Tier 2 | QL (60 tabs / 30 days) |
| SILENOR TAB 6MG | Tier 2 | QL (30 tabs / 30 days) |
| *temazepam cap 7.5 mg* | Tier 1 | QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *temazepam cap 15 mg* | Tier 1 | QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *zaleplon cap 5 mg* | Tier 2 | QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| *zaleplon cap 10 mg* | Tier 2 | QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *zolpidem tartrate tab 5 mg* | Tier 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| *zolpidem tartrate tab 10 mg* | Tier 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| ***MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES*** | | |
| AIMOVIG INJ 70MG/ML | Tier 2 | QL (1 pen / 30 days), PA |
| AIMOVIG INJ 140MG/ML | Tier 2 | QL (1 pen / 30 days), PA |
| *dihydroergotamine mesylate inj 1 mg/ml* | Tier 2 | |
| *dihydroergotamine mesylate nasal spray 4 mg/ml* | Tier 2 | QL (8 mL / 30 days) |
| *eletriptan hydrobromide tab 20 mg (base equivalent)* | Tier 1 | QL (12 tabs / 30 days) |
| *eletriptan hydrobromide tab 40 mg (base equivalent)* | Tier 1 | QL (12 tabs / 30 days) |
| EMGALITY INJ 120MG/ML | Tier 2 | QL (2 pens / 30 days), PA |
| EMGALITY INJ 120MG/ML | Tier 2 | QL (2 syringes / 30 days), PA |
| *ergotamine w/ caffeine tab 1-100 mg* | Tier 1 | |
| *naratriptan hcl tab 1 mg (base equiv)* | Tier 1 | QL (12 tabs / 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | Tier 1 | QL (12 tabs / 30 days) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | Tier 1 | QL (18 tabs / 30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | Tier 1 | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | Tier 1 | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | Tier 1 | QL (18 tabs / 30 days) |
| *sumatriptan nasal spray 5 mg/act* | Tier 1 | QL (24 inhalers / 30 days) |
| *sumatriptan nasal spray 20 mg/act* | Tier 1 | QL (12 inhalers / 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | Tier 1 | QL (12 injections / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | Tier 1 | QL (18 injections / 30 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | Tier 1 | QL (12 injections / 30 days) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* | Tier 1 | QL (18 injections / 30 days) |
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* | Tier 1 | QL (12 injections / 30 days) |
| *sumatriptan succinate solution prefilled syringe 6 mg/0.5ml* | Tier 1 | QL (12 injections / 30 days) |
| *sumatriptan succinate tab 25 mg* | Tier 1 | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 50 mg* | Tier 1 | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 100 mg* | Tier 1 | QL (12 tabs / 30 days) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | Tier 1 | QL (12 tabs / 30 days) |
| *zolmitriptan orally disintegrating tab 5 mg* | Tier 1 | QL (12 tabs / 30 days) |
| *zolmitriptan tab 2.5 mg* | Tier 1 | QL (12 tabs / 30 days) |
| *zolmitriptan tab 5 mg* | Tier 1 | QL (12 tabs / 30 days) |
| ***MISCELLANEOUS*** | | |
| AUSTEDO TAB 6MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| AUSTEDO TAB 9MG | Tier 2 | QL (120 tabs / 30 days), LA, PA |
| AUSTEDO TAB 12MG | Tier 2 | QL (120 tabs / 30 days), LA, PA |
| *lithium carbonate cap 150 mg* | Tier 1 | |
| *lithium carbonate cap 300 mg* | Tier 1 | |
| *lithium carbonate cap 600 mg* | Tier 1 | |
| *lithium carbonate tab 300 mg* | Tier 1 | |
| *lithium carbonate tab er 300 mg* | Tier 1 | |
| *lithium carbonate tab er 450 mg* | Tier 1 | |
| LITHIUM SOL 8MEQ/5ML | Tier 2 | |
| LYRICA CR TAB 82.5MG | Tier 2 | QL (90 tabs / 30 days), PA |
| LYRICA CR TAB 165MG | Tier 2 | QL (90 tabs / 30 days), PA |
| LYRICA CR TAB 330MG | Tier 2 | QL (60 tabs / 30 days), PA |
| NUEDEXTA CAP 20-10MG | Tier 2 | QL (60 caps / 30 days), PA |
| *pyridostigmine bromide tab 60 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *riluzole tab 50 mg* | Tier 1 | |
| *tetrabenazine tab 12.5 mg* | Tier 2 | QL (240 tabs / 30 days), PA |
| *tetrabenazine tab 25 mg* | Tier 2 | QL (120 tabs / 30 days), PA |
| ***MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS*** | | |
| BETASERON INJ 0.3MG | Tier 2 | QL (14 syringes / 28 days), PA |
| *dalfampridine tab er 12hr 10 mg* | Tier 2 | PA |
| GILENYA CAP 0.5MG | Tier 2 | QL (28 caps / 28 days), PA |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | Tier 2 | QL (30 syringes / 30 days), PA |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | Tier 2 | QL (12 syringes / 28 days), PA |
| *glatopa inj 20mg/ml* | Tier 2 | QL (30 syringes / 30 days), PA |
| *glatopa inj 40mg/ml* | Tier 2 | QL (12 syringes / 28 days), PA |
| ***MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS*** | | |
| *baclofen tab 10 mg* | Tier 1 | |
| *baclofen tab 20 mg* | Tier 1 | |
| *carisoprodol tab 350 mg* | Tier 2 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| *cyclobenzaprine hcl tab 5 mg* | Tier 2 | PA; PA if 70 years and older |
| *cyclobenzaprine hcl tab 10 mg* | Tier 2 | PA; PA if 70 years and older |
| *dantrolene sodium cap 25 mg* | Tier 1 | |
| *dantrolene sodium cap 50 mg* | Tier 1 | |
| *dantrolene sodium cap 100 mg* | Tier 1 | |
| *methocarbamol tab 500 mg* | Tier 2 | PA; PA if 70 years and older |
| *methocarbamol tab 750 mg* | Tier 2 | PA; PA if 70 years and older |
| *tizanidine hcl tab 2 mg (base equivalent)* | Tier 1 | |
| *tizanidine hcl tab 4 mg (base equivalent)* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ***NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS*** | | |
| *armodafinil tab 50 mg* | Tier 1 | QL (90 tabs / 30 days), PA |
| *armodafinil tab 150 mg* | Tier 1 | QL (30 tabs / 30 days), PA |
| *armodafinil tab 200 mg* | Tier 1 | QL (30 tabs / 30 days), PA |
| *armodafinil tab 250 mg* | Tier 1 | QL (30 tabs / 30 days), PA |
| XYREM SOL 500MG/ML | Tier 2 | QL (540 mL / 30 days), LA, PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium tab delayed release 333 mg* | Tier 1 | |
| ADIPEX-P CAP 37.5MG | Tier 3 | DP |
| ADIPEX-P TAB 37.5MG | Tier 3 | DP |
| *benzphetamine hcl tab 50 mg* | Tier 3 | DP |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | Tier 1 | QL (90 tabs / 30 days), PA |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | Tier 1 | QL (90 tabs / 30 days), PA |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | Tier 1 | QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | Tier 1 | QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | Tier 1 | QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | Tier 1 | QL (60 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | Tier 1 | QL (90 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | Tier 1 | QL (90 tabs / 30 days) |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* | Tier 1 | |
| CAFFEINE POW ANHYDROU | Tier 3 | DP |
| CHANTIX PAK 0.5& 1MG | Tier 2 | PA |
| CHANTIX PAK 1MG | Tier 2 | PA |
| CHANTIX TAB 0.5MG | Tier 2 | PA |
| CHANTIX TAB 1MG | Tier 2 | PA |
| *diethylpropion hcl tab 25 mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *diethylpropion hcl tab er 24hr 75 mg* | Tier 3 | DP |
| *disulfiram tab 250 mg* | Tier 1 | |
| *disulfiram tab 500 mg* | Tier 1 | |
| *gnp nicotine gum 2mg mint* | Tier 3 | DP |
| *gnp nicotine gum 2mg orig* | Tier 3 | DP |
| *gnp nicotine gum 4mg mint* | Tier 3 | DP |
| *gnp nicotine loz 2mg mint* | Tier 3 | DP |
| *gnp nicotine loz 4mg mint* | Tier 3 | DP |
| *gnp nicotine loz mini 2mg* | Tier 3 | DP |
| *hm nicotine dis 14mg/24h* | Tier 3 | DP |
| *hm nicotine dis 21mg/24h* | Tier 3 | DP |
| *hm nicotine gum 2mg mint* | Tier 3 | DP |
| *hm nicotine gum 4mg mint* | Tier 3 | DP |
| *hm nicotine loz 2mg mint* | Tier 3 | DP |
| *hm nicotine loz 4mg mint* | Tier 3 | DP |
| *naloxone hcl inj 0.4 mg/ml* | Tier 1 | |
| *naloxone hcl inj 4 mg/10ml* | Tier 1 | |
| *naloxone hcl soln cartridge 0.4 mg/ml* | Tier 1 | |
| *naloxone hcl soln prefilled syringe 2 mg/2ml* | Tier 1 | |
| *naltrexone hcl tab 50 mg* | Tier 1 | |
| NARCAN SPR | Tier 2 | NDS |
| *nicorelief gum 2mg mint* | Tier 3 | DP |
| *nicorelief gum 2mg orig* | Tier 3 | DP |
| *nicorelief gum 4mg mint* | Tier 3 | DP |
| *nicorelief gum 4mg orig* | Tier 3 | DP |
| *nicotine pol loz 4mg mint* | Tier 3 | DP |
| *nicotine polacrilex gum 2 mg* | Tier 3 | DP |
| *nicotine polacrilex gum 4 mg* | Tier 3 | DP |
| *nicotine polacrilex lozenge 2 mg* | Tier 3 | DP |
| *nicotine polacrilex lozenge 4 mg* | Tier 3 | DP |
| *nicotine td dis 7mg/24hr* | Tier 3 | DP |
| *nicotine td patch 24hr 7 mg/24hr* | Tier 3 | DP |
| *nicotine td patch 24hr 14 mg/24hr* | Tier 3 | DP |
| *nicotine td patch 24hr 21 mg/24hr* | Tier 3 | DP |
| NICOTROL INH | Tier 2 | |
| NICOTROL NS SPR 10MG/ML | Tier 2 | |
| *phendimetrazine tartrate cap er 24hr 105 mg* | Tier 3 | DP |
| *phendimetrazine tartrate tab 35 mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *phentermine hcl cap 15 mg* | Tier 3 | DP |
| *phentermine hcl cap 30 mg* | Tier 3 | DP |
| *phentermine hcl cap 37.5 mg* | Tier 3 | DP |
| *phentermine hcl tab 37.5 mg* | Tier 3 | DP |
| QSYMIA CAP 3.75-23 | Tier 3 | DP |
| QSYMIA CAP 7.5-46MG | Tier 3 | DP |
| QSYMIA CAP 11.25-69 | Tier 3 | DP |
| QSYMIA CAP 15-92MG | Tier 3 | DP |
| *sm nicotine gum 2mg* | Tier 3 | DP |
| *sm nicotine gum 2mg mint* | Tier 3 | DP |
| *sm nicotine gum 4mg* | Tier 3 | DP |
| *sm nicotine gum 4mg mint* | Tier 3 | DP |
| *sm nicotine loz 2mg mint* | Tier 3 | DP |
| *sm nicotine loz 4mg mint* | Tier 3 | DP |
| *thrive gum 2mg mint* | Tier 3 | DP |
| VIVITROL INJ 380MG | Tier 2 | |

## ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

### *ANDROGENS - DRUGS TO REGULATE MALE HORMONES*

| | | |
|---|---|---|
| ANADROL-50 TAB 50MG | Tier 2 | PA |
| ANDRODERM DIS 2MG/24HR | Tier 2 | QL (30 patches / 30 days), PA |
| ANDRODERM DIS 4MG/24HR | Tier 2 | QL (30 patches / 30 days), PA |
| *oxandrolone tab 2.5 mg* | Tier 1 | PA |
| *oxandrolone tab 10 mg* | Tier 1 | PA |
| *testosterone cypionate im inj in oil 100 mg/ml* | Tier 1 | PA |
| *testosterone cypionate im inj in oil 200 mg/ml* | Tier 1 | PA |
| *testosterone enanthate im inj in oil 200 mg/ml* | Tier 1 | PA |
| *testosterone td gel 12.5 mg/act (1%)* | Tier 1 | QL (300 grams / 30 days), PA |
| *testosterone td gel 25 mg/2.5gm (1%)* | Tier 1 | QL (300 grams / 30 days), PA |
| *testosterone td gel 50 mg/5gm (1%)* | Tier 1 | QL (300 grams / 30 days), PA |

### *ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES*

| | | |
|---|---|---|
| ALCOHOL SWABS | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| BASAGLAR INJ 100UNIT | Tier 2 | |
| BD ULTRAFINE INSULIN SYRINGE | Tier 2 | |
| BD ULTRAFINE/NANO PEN NEEDLES | Tier 2 | |
| BYDUREON BC INJ 2/0.85ML | Tier 2 | QL (4 pens / 28 days) |
| BYDUREON INJ 2MG | Tier 2 | QL (4 vials / 28 days) |
| BYDUREON PEN INJ 2MG | Tier 2 | QL (4 pens / 28 days) |
| BYETTA INJ 5MCG | Tier 2 | QL (1 pen / 30 days) |
| BYETTA INJ 10MCG | Tier 2 | QL (1 pen / 30 days) |
| FIASP FLEX INJ TOUCH | Tier 2 | |
| FIASP INJ 100/ML | Tier 2 | |
| GAUZE PADS 2" X 2" | Tier 2 | |
| HUMULIN R INJ U-500 | Tier 2 | |
| HUMULIN R INJ U-500 | Tier 2 | B/D |
| INSULIN PEN NEEDLE | Tier 2 | |
| INSULIN SAFETY NEEDLES | Tier 2 | |
| INSULIN SYRINGE | Tier 2 | |
| LEVEMIR INJ | Tier 2 | |
| LEVEMIR INJ FLEXTOUC | Tier 2 | |
| NOVOLIN INJ 70/30 | Tier 2 | (brand RELION not covered) |
| NOVOLIN INJ FLEXPEN | Tier 2 | (brand RELION not covered) |
| NOVOLIN N INJ U-100 | Tier 2 | (brand RELION not covered) |
| NOVOLIN R INJ U-100 | Tier 2 | (brand RELION not covered) |
| NOVOLOG INJ 100/ML | Tier 2 | |
| NOVOLOG INJ FLEXPEN | Tier 2 | |
| NOVOLOG INJ PENFILL | Tier 2 | |
| NOVOLOG MIX INJ 70/30 | Tier 2 | |
| NOVOLOG MIX INJ FLEXPEN | Tier 2 | |
| OZEMPIC INJ 2/1.5ML | Tier 2 | QL (1 pen / 28 days) |
| OZEMPIC INJ 2/1.5ML | Tier 2 | QL (2 pens / 28 days) |
| SOLIQUA INJ 100/33 | Tier 2 | QL (10 pens / 30 days) |
| TRESIBA FLEX INJ 100UNIT | Tier 2 | |
| TRESIBA FLEX INJ 200UNIT | Tier 2 | |
| TRESIBA INJ 100UNIT | Tier 2 | |
| TRULICITY INJ 0.75/0.5 | Tier 2 | QL (4 pens / 28 days) |
| TRULICITY INJ 1.5/0.5 | Tier 2 | QL (4 pens / 28 days) |
| VICTOZA INJ 18MG/3ML | Tier 2 | QL (3 pens / 30 days) |
| XULTOPHY INJ 100/3.6 | Tier 2 | QL (5 pens / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ***ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES*** | | |
| *acarbose tab 25 mg* | Tier 1 | |
| *acarbose tab 50 mg* | Tier 1 | |
| *acarbose tab 100 mg* | Tier 1 | |
| FARXIGA TAB 5MG | Tier 2 | QL (60 tabs / 30 days) |
| FARXIGA TAB 10MG | Tier 2 | QL (30 tabs / 30 days) |
| *glimepiride tab 1 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *glimepiride tab 2 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *glimepiride tab 4 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *glipizide tab 5 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *glipizide tab 10 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *glipizide tab er 24hr 2.5 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *glipizide tab er 24hr 5 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *glipizide tab er 24hr 10 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *glipizide xl tab 2.5mg* | Tier 1 | QL (240 tabs / 30 days) |
| *glipizide xl tab 5mg* | Tier 1 | QL (120 tabs / 30 days) |
| *glipizide xl tab 10mg* | Tier 1 | QL (60 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-250 mg* | Tier 1 | QL (240 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-500 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *glipizide-metformin hcl tab 5-500 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *glyburide micronized tab 1.5 mg* | Tier 2 | QL (240 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide micronized tab 3 mg* | Tier 2 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide micronized tab 6 mg* | Tier 2 | QL (60 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide tab 1.25 mg* | Tier 2 | QL (480 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide tab 2.5 mg* | Tier 2 | QL (240 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide tab 5 mg* | Tier 2 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide-metformin tab 1.25-250 mg* | Tier 2 | QL (240 tabs / 30 days), PA; PA if 70 years and older |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *glyburide-metformin tab 2.5-500 mg* | Tier 2 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| *glyburide-metformin tab 5-500 mg* | Tier 2 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| JANUMET TAB 50-500MG | Tier 2 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | Tier 2 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | Tier 2 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | Tier 2 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | Tier 2 | QL (30 tabs / 30 days) |
| JANUVIA TAB 25MG | Tier 2 | QL (30 tabs / 30 days) |
| JANUVIA TAB 50MG | Tier 2 | QL (30 tabs / 30 days) |
| JANUVIA TAB 100MG | Tier 2 | QL (30 tabs / 30 days) |
| JARDIANCE TAB 10MG | Tier 2 | QL (60 tabs / 30 days) |
| JARDIANCE TAB 25MG | Tier 2 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | Tier 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | Tier 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | Tier 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR | Tier 2 | QL (30 tabs / 30 days) |
| JENTADUETO TAB XR | Tier 2 | QL (60 tabs / 30 days) |
| *metformin hcl tab 500 mg* | Tier 1 | QL (150 tabs / 30 days) |
| *metformin hcl tab 850 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *metformin hcl tab 1000 mg* | Tier 1 | QL (75 tabs / 30 days) |
| *metformin hcl tab er 24hr 500 mg* | Tier 1 | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl tab er 24hr 750 mg* | Tier 1 | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *nateglinide tab 60 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *nateglinide tab 120 mg* | Tier 1 | QL (90 tabs / 30 days) |
| *pioglitazone hcl tab 15 mg (base equiv)* | Tier 1 | QL (30 tabs / 30 days) |
| *pioglitazone hcl tab 30 mg (base equiv)* | Tier 1 | QL (30 tabs / 30 days) |
| *pioglitazone hcl tab 45 mg (base equiv)* | Tier 1 | QL (30 tabs / 30 days) |
| *repaglinide tab 0.5 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *repaglinide tab 1 mg* | Tier 1 | QL (120 tabs / 30 days) |
| *repaglinide tab 2 mg* | Tier 1 | QL (240 tabs / 30 days) |
| SYNJARDY TAB | Tier 2 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 5-500MG | Tier 2 | QL (120 tabs / 30 days) |
| SYNJARDY TAB 5-1000MG | Tier 2 | QL (60 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| SYNJARDY TAB 12.5-500 | Tier 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB | Tier 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 5-1000MG | Tier 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 10-1000 | Tier 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 25-1000 | Tier 2 | QL (30 tabs / 30 days) |
| TRADJENTA TAB 5MG | Tier 2 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 2.5-1000 | Tier 2 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | Tier 2 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | Tier 2 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | Tier 2 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | Tier 2 | QL (30 tabs / 30 days) |
| ***BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS*** | | |
| *alendronate sodium oral soln 70 mg/75ml* | Tier 1 | |
| *alendronate sodium tab 5 mg* | Tier 1 | |
| *alendronate sodium tab 10 mg* | Tier 1 | |
| *alendronate sodium tab 35 mg* | Tier 1 | |
| *alendronate sodium tab 40 mg* | Tier 1 | |
| *alendronate sodium tab 70 mg* | Tier 1 | |
| *ibandronate sodium tab 150 mg (base equivalent)* | Tier 1 | B/D |
| *pamidronate disodium for inj 30 mg* | Tier 1 | B/D |
| *pamidronate disodium for inj 90 mg* | Tier 1 | B/D |
| *pamidronate disodium iv soln 3 mg/ml* | Tier 1 | B/D |
| *pamidronate disodium iv soln 9 mg/ml* | Tier 1 | B/D |
| PAMIDRONATE INJ 6MG/ML | Tier 2 | B/D |
| *risedronate sodium tab 5 mg* | Tier 1 | |
| *risedronate sodium tab 35 mg* | Tier 1 | |
| *risedronate sodium tab 150 mg* | Tier 1 | |
| *risedronate sodium tab delayed release 35 mg* | Tier 1 | |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | Tier 1 | B/D |
| *zoledronic acid iv soln 5 mg/100ml* | Tier 1 | B/D |
| ***CALCIUM RECEPTOR AGONISTS*** | | |
| *cinacalcet hcl tab 30 mg (base equiv)* | Tier 2 | B/D, QL (120 tabs / 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | Tier 2 | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 90 mg (base equiv)* | Tier 2 | B/D, QL (120 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| SENSIPAR TAB 30MG | Tier 2 | NDS, B/D, QL (120 tabs / 30 days) |
| SENSIPAR TAB 60MG | Tier 2 | NDS, B/D, QL (60 tabs / 30 days) |
| SENSIPAR TAB 90MG | Tier 2 | NDS, B/D, QL (120 tabs / 30 days) |
| ***CHELATING AGENTS*** | | |
| CHEMET CAP 100MG | Tier 2 | |
| DEPEN TITRA TAB 250MG | Tier 2 | |
| JADENU SPRKL GRA 90MG | Tier 2 | LA, PA |
| JADENU SPRKL GRA 180MG | Tier 2 | LA, PA |
| JADENU SPRKL GRA 360MG | Tier 2 | LA, PA |
| JADENU TAB 90MG | Tier 2 | LA, PA |
| JADENU TAB 180MG | Tier 2 | LA, PA |
| JADENU TAB 360MG | Tier 2 | LA, PA |
| *sodium polystyrene sulfonate oral susp 15 gm/60ml* | Tier 1 | |
| *sodium polystyrene sulfonate powder* | Tier 1 | |
| *trientine hcl cap 250 mg* | Tier 2 | PA |
| ***CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL*** | | |
| AIMSCO MIS LUBRICAT | Tier 3 | DP |
| *alyacen tab 1/35* | Tier 1 | |
| *amethia lo tab* | Tier 1 | |
| *amethia tab* | Tier 1 | |
| *apri tab* | Tier 1 | |
| *aranelle tab* | Tier 1 | |
| *ashlyna tab* | Tier 1 | |
| ATLAS CONDOM MIS COLR/SPM | Tier 3 | DP |
| ATLAS CONDOM MIS LUB/COLR | Tier 3 | DP |
| ATLAS CONDOM MIS LUB/SPMC | Tier 3 | DP |
| ATLAS CONDOM MIS LUBRICAT | Tier 3 | DP |
| *aubra tab 0.1-0.02* | Tier 1 | |
| *aviane tab* | Tier 1 | |
| *balziva tab* | Tier 1 | |
| *bekyree tab* | Tier 1 | |
| *blisovi 24 tab fe 1/20* | Tier 1 | |
| *blisovi fe tab 1.5/30* | Tier 1 | |
| *briellyn tab* | Tier 1 | |
| *camila tab 0.35mg* | Tier 1 | |
| *camrese lo tab* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CLASS ACT MIS LUBRICAT | Tier 3 | DP |
| COLOR CONDOM MIS + LUBE | Tier 3 | DP |
| CONDOMS MIS | Tier 3 | DP |
| CONDOMS MIS LUBRICAT | Tier 3 | DP |
| *cryselle-28 tab 28 tabs* | Tier 1 | |
| *cyclafem tab 1/35* | Tier 1 | |
| *cyclafem tab 7/7/7* | Tier 1 | |
| *dasetta tab 1/35* | Tier 1 | |
| *dasetta tab 7/7/7* | Tier 1 | |
| *deblitane tab 0.35mg* | Tier 1 | |
| *delyla tab 0.1-0.02* | Tier 1 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | Tier 1 | |
| *desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg* | Tier 1 | |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | Tier 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | Tier 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | Tier 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | Tier 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | Tier 1 | |
| DUREX EXTRA MIS SENSITIV | Tier 3 | DP |
| DUREX MIS REALFEEL | Tier 3 | DP |
| ELEXA MIS STIMULAT | Tier 3 | DP |
| ELEXA NATURL MIS FEEL | Tier 3 | DP |
| ELEXA ULTRA MIS SENSITIV | Tier 3 | DP |
| ELLA TAB 30MG | Tier 2 | |
| *emoquette tab* | Tier 1 | |
| *enpresse-28 tab* | Tier 1 | |
| *enskyce tab* | Tier 1 | |
| *errin tab 0.35mg* | Tier 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | Tier 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | Tier 1 | |
| EXTRA SENSIT MIS SPERMICI | Tier 3 | DP |
| *falmina tab* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FANTASY LUBR MIS | Tier 3 | DP |
| FANTASY LUBR MIS COLORS | Tier 3 | DP |
| FANTASY LUBR MIS SPERMICI | Tier 3 | DP |
| FANTASY MIS LUBRICAT | Tier 3 | DP |
| *fayosim tab* | Tier 1 | |
| FC2 FEMALE MIS CONDOM | Tier 3 | DP |
| FC FEMALE MIS CONDOM | Tier 3 | DP |
| *femynor tab 0.25-35* | Tier 1 | NDS |
| *hailey 24 tab fe* | Tier 1 | |
| *heather tab 0.35mg* | Tier 1 | |
| HIGH SENSATI MIS SPERMICI | Tier 3 | DP |
| *incassia tab 0.35mg* | Tier 1 | |
| INTENSE SENS MIS | Tier 3 | DP |
| *introvale tab* | Tier 1 | |
| *isibloom tab* | Tier 1 | |
| *jasmiel tab 3-0.02mg* | Tier 1 | |
| *jolivette tab 0.35mg* | Tier 1 | |
| *juleber tab* | Tier 1 | |
| *junel 1.5/30 tab* | Tier 1 | |
| *junel 1/20 tab* | Tier 1 | |
| *junel fe 24 tab 1/20* | Tier 1 | |
| *junel fe tab 1.5/30* | Tier 1 | |
| *junel fe tab 1/20* | Tier 1 | |
| *kaitlib fe chw* | Tier 1 | |
| KAMELEON LUB MIS COLORS | Tier 3 | DP |
| KAMELEON MIS TRI-COLR | Tier 3 | DP |
| *kariva tab 28 day* | Tier 1 | |
| *kelnor 1/50 tab* | Tier 1 | |
| *kelnor tab 1/35* | Tier 1 | |
| KIMONO COLOR MIS | Tier 3 | DP |
| KIMONO MICRO MIS THIN | Tier 3 | DP |
| KIMONO MICRO MIS THIN + | Tier 3 | DP |
| KIMONO MICRO MIS THIN PLS | Tier 3 | DP |
| KIMONO MIS LUBRICAT | Tier 3 | DP |
| KIMONO MIS SENSATIO | Tier 3 | DP |
| KIMONO PLUS MIS LUBRICAT | Tier 3 | DP |
| KIMONO PLUS MIS SPERMICI | Tier 3 | DP |
| KIMONO PS MIS LUBRICAT | Tier 3 | DP |
| KIMONO PS MIS PLUS | Tier 3 | DP |
| KIMONO SENSA MIS PLUS | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| KIMONO SPEC MIS | Tier 3 | DP |
| *kurvelo tab 0.15/30* | Tier 1 | |
| *larin fe tab 1.5/30* | Tier 1 | |
| *larin fe tab 1/20* | Tier 1 | |
| *larin tab 1.5/30* | Tier 1 | |
| *larin tab 1/20* | Tier 1 | |
| *layolis fe chw* | Tier 1 | |
| *lessina tab* | Tier 1 | |
| *levonest tab* | Tier 1 | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | Tier 1 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | Tier 1 | |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* | Tier 1 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | Tier 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | Tier 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | Tier 1 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | Tier 1 | |
| *levora-28 tab 0.15/30* | Tier 1 | |
| LIFESTYLES MIS COLORS | Tier 3 | DP |
| LIFESTYLES MIS EXT STR | Tier 3 | DP |
| LIFESTYLES MIS FORM FIT | Tier 3 | DP |
| LIFESTYLES MIS LUBRICAT | Tier 3 | DP |
| LIFESTYLES MIS RIBBED | Tier 3 | DP |
| LIFESTYLES MIS SKYN | Tier 3 | DP |
| LIFESTYLES MIS SPERM/LU | Tier 3 | DP |
| LIFESTYLES MIS STUDDED | Tier 3 | DP |
| LIFESTYLES MIS ULT/SENS | Tier 3 | DP |
| LIFESTYLES MIS VIBRA-RI | Tier 3 | DP |
| LIFESTYLES MIS XPLEASUR | Tier 3 | DP |
| *lomedia 24 tab fe* | Tier 1 | |
| *loryna tab 3-0.02mg* | Tier 1 | |
| *lutera tab* | Tier 1 | |
| *lyza tab 0.35mg* | Tier 1 | |
| *marlissa tab 0.15/30* | Tier 1 | |
| MAXX MIS LUBRICAT | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| MAXX PLUS MIS SPERMICI | Tier 3 | DP |
| *medroxyprogesterone acetate im susp 150 mg/ml* | Tier 1 | |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | Tier 1 | |
| *melodetta chw 24 fe* | Tier 1 | |
| *mibelas 24 chw fe* | Tier 1 | |
| *mili tab 0.25/35* | Tier 1 | |
| *mononessa tab* | Tier 1 | NDS |
| *myzilra tab* | Tier 1 | |
| NATURAL COND MIS + LUBE | Tier 3 | DP |
| *necon tab 0.5/35* | Tier 1 | |
| *necon tab 7/7/7* | Tier 1 | |
| *nikki tab 3-0.02mg* | Tier 1 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | Tier 1 | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* | Tier 1 | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* | Tier 1 | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | Tier 1 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | Tier 1 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | Tier 1 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | Tier 1 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* | Tier 1 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | Tier 1 | |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* | Tier 1 | |
| *norethindrone tab 0.35 mg* | Tier 1 | |
| *norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* | Tier 1 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | Tier 1 | NDS |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | Tier 1 | |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* | Tier 1 | |
| *norlyroc tab 0.35mg* | Tier 1 | |
| *nortrel tab 0.5/35* | Tier 1 | |
| *nortrel tab 1/35* | Tier 1 | |
| *nortrel tab 7/7/7* | Tier 1 | |
| NUVARING MIS | Tier 2 | |
| *orsythia tab* | Tier 1 | |
| *philith tab 0.4-35* | Tier 1 | |
| *pimtrea tab* | Tier 1 | |
| *pirmella tab 1/35* | Tier 1 | |
| *portia-28 tab* | Tier 1 | |
| *previfem tab* | Tier 1 | NDS |
| *quasense tab* | Tier 1 | |
| REALITY MIS LUBRICAT | Tier 3 | DP |
| REALITY ULTR MIS TEXTURED | Tier 3 | DP |
| REALITY ULTR MIS THIN | Tier 3 | DP |
| *reclipsen tab* | Tier 1 | |
| *rivelsa tab* | Tier 1 | |
| *sharobel tab 0.35mg* | Tier 1 | |
| *sprintec 28 tab 28 day* | Tier 1 | NDS |
| *tarina 24 fe tab* | Tier 1 | |
| *tarina fe tab 1/20* | Tier 1 | |
| *tri-estaryll tab* | Tier 1 | |
| *tri-legest tab fe* | Tier 1 | |
| *tri-lo- tab sprintec* | Tier 1 | |
| *tri-mili tab* | Tier 1 | |
| *tri-previfem tab* | Tier 1 | |
| *tri-sprintec tab* | Tier 1 | |
| *tri-vylibra tab* | Tier 1 | |
| *tri-vylibra tab lo* | Tier 1 | |
| *trinessa lo tab* | Tier 1 | |
| *trinessa tab* | Tier 1 | |
| *trivora-28 tab* | Tier 1 | |
| TROJAN EXTEN MIS LUBRICAT | Tier 3 | DP |
| TROJAN MAGN MIS | Tier 3 | DP |
| TROJAN MAGN MIS WARM SEN | Tier 3 | DP |
| TROJAN MAGN MIS XL/LUBE | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| TROJAN MIS | Tier 3 | DP |
| TROJAN MIS ENZ-LUB | Tier 3 | DP |
| TROJAN MIS NAT LAMB | Tier 3 | DP |
| TROJAN MIS NATULAMB | Tier 3 | DP |
| TROJAN MIS REGULAR | Tier 3 | DP |
| TROJAN MIS RIBBED | Tier 3 | DP |
| TROJAN MIS VERY SEN | Tier 3 | DP |
| TROJAN MIS VERY THN | Tier 3 | DP |
| TROJAN PLEAS MIS SPERMICI | Tier 3 | DP |
| TROJAN PLUS MIS | Tier 3 | DP |
| TROJAN RIB MIS | Tier 3 | DP |
| TROJAN SHARE MIS LUBRICAT | Tier 3 | DP |
| TROJAN SUPRA MIS SPERMICI | Tier 3 | DP |
| TROJAN TWIST MIS PLEASURE | Tier 3 | DP |
| TROJAN ULTRA MIS LUBRICAT | Tier 3 | DP |
| TROJAN-ASSRT MIS PACK | Tier 3 | DP |
| TROJAN-ENZ MIS LARGE | Tier 3 | DP |
| TROJAN-ENZ MIS LUBRICAT | Tier 3 | DP |
| TROJAN-ENZ MIS W/SPERMI | Tier 3 | DP |
| TROJAN/SPERM MIS VERY SEN | Tier 3 | DP |
| TROJAN/SPERM MIS VERY THN | Tier 3 | DP |
| TRUSTEX LUBR MIS ASSORTED | Tier 3 | DP |
| TRUSTEX LUBR MIS BANANA | Tier 3 | DP |
| TRUSTEX LUBR MIS CHOC | Tier 3 | DP |
| TRUSTEX LUBR MIS COLA | Tier 3 | DP |
| TRUSTEX LUBR MIS COLORS | Tier 3 | DP |
| TRUSTEX LUBR MIS EX LARGE | Tier 3 | DP |
| TRUSTEX LUBR MIS EX STR | Tier 3 | DP |
| TRUSTEX LUBR MIS GRAPE | Tier 3 | DP |
| TRUSTEX LUBR MIS MINT | Tier 3 | DP |
| TRUSTEX LUBR MIS RIB/STUD | Tier 3 | DP |
| TRUSTEX LUBR MIS SPERMICI | Tier 3 | DP |
| TRUSTEX LUBR MIS STRWBRY | Tier 3 | DP |
| TRUSTEX LUBR MIS VANILLA | Tier 3 | DP |
| TRUSTEX MIS BANANA | Tier 3 | DP |
| TRUSTEX MIS CHOCOLAT | Tier 3 | DP |
| TRUSTEX MIS FLAVORS | Tier 3 | DP |
| TRUSTEX MIS MINT | Tier 3 | DP |
| TRUSTEX MIS STRWBRY | Tier 3 | DP |
| TRUSTEX MIS VANILLA | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| TRUSTEX/RIA MIS LUBRICAT | Tier 3 | DP |
| TRUSTEX/RIA MIS NON-LUB | Tier 3 | DP |
| TRUSTEX/RIA MIS SPERMICI | Tier 3 | DP |
| TRUSTX NON-9 MIS RIB/STUD | Tier 3 | DP |
| *tulana tab 0.35mg* | Tier 1 | |
| *tydemy tab* | Tier 1 | |
| ULTIMATE FEE MIS | Tier 3 | DP |
| *velivet pak* | Tier 1 | |
| *vienva tab 0.1-20* | Tier 1 | |
| *viorele tab* | Tier 1 | |
| *vyfemla tab 0.4-35* | Tier 1 | |
| *vylibra tab 0.25-35* | Tier 1 | NDS |
| *wymzya fe chw 0.4mg-35* | Tier 1 | |
| *zarah tab 3-0.03mg* | Tier 1 | |
| *zovia 1/35e tab* | Tier 1 | |
| ***ENDOMETRIOSIS*** | | |
| *danazol cap 50 mg* | Tier 1 | |
| *danazol cap 100 mg* | Tier 1 | |
| *danazol cap 200 mg* | Tier 1 | |
| SYNAREL SOL 2MG/ML | Tier 2 | |
| ***ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES*** | | |
| ALDURAZYME INJ 2.9MG/5M | Tier 2 | LA, PA |
| CARBAGLU TAB 200MG | Tier 2 | LA, PA |
| CERDELGA CAP 84MG | Tier 2 | PA |
| CEREZYME INJ 400UNIT | Tier 2 | LA, PA |
| CYSTADANE POW | Tier 2 | LA |
| CYSTAGON CAP 50MG | Tier 2 | LA, PA |
| CYSTAGON CAP 150MG | Tier 2 | LA, PA |
| FABRAZYME INJ 5MG | Tier 2 | LA, PA |
| FABRAZYME INJ 35MG | Tier 2 | LA, PA |
| KUVAN POW 100MG | Tier 2 | LA, PA |
| KUVAN POW 500MG | Tier 2 | LA, PA |
| KUVAN TAB 100MG | Tier 2 | LA, PA |
| *levocarnitine oral soln 1 gm/10ml (10%)* | Tier 1 | B/D |
| *levocarnitine tab 330 mg* | Tier 1 | B/D |
| LUMIZYME INJ 50MG | Tier 2 | NDS, LA, PA |
| *miglustat cap 100 mg* | Tier 2 | PA |
| NAGLAZYME INJ 1MG/ML | Tier 2 | LA, PA |
| NITYR TAB 2MG | Tier 2 | LA, PA |
| NITYR TAB 5MG | Tier 2 | LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| NITYR TAB 10MG | Tier 2 | LA, PA |
| ORFADIN CAP 2MG | Tier 2 | LA, PA |
| ORFADIN CAP 5MG | Tier 2 | LA, PA |
| ORFADIN CAP 10MG | Tier 2 | LA, PA |
| ORFADIN CAP 20MG | Tier 2 | LA, PA |
| ORFADIN SUS 4MG/ML | Tier 2 | LA, PA |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | Tier 2 | PA |
| *sodium phenylbutyrate tab 500 mg* | Tier 2 | PA |
| ***ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES*** | | |
| DELESTROGEN INJ 10MG/ML | Tier 2 | |
| *estradiol tab 0.5 mg* | Tier 2 | |
| *estradiol tab 1 mg* | Tier 2 | |
| *estradiol tab 2 mg* | Tier 2 | |
| *estradiol td patch weekly 0.1 mg/24hr* | Tier 2 | |
| *estradiol td patch weekly 0.05 mg/24hr* | Tier 2 | |
| *estradiol td patch weekly 0.06 mg/24hr* | Tier 2 | |
| *estradiol td patch weekly 0.025 mg/24hr* | Tier 2 | |
| *estradiol td patch weekly 0.075 mg/24hr* | Tier 2 | |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | Tier 2 | |
| *estradiol vaginal cream 0.1 mg/gm* | Tier 1 | |
| *estradiol vaginal tab 10 mcg* | Tier 1 | |
| *estradiol valerate im in oil 20 mg/ml* | Tier 1 | |
| *estradiol valerate im in oil 40 mg/ml* | Tier 1 | NDS |
| *fyavolv tab 0.5-2.5* | Tier 2 | |
| *jinteli tab 1mg-5mcg* | Tier 2 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | Tier 2 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | Tier 2 | |
| ***GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE*** | | |
| *cortisone acetate tab 25 mg* | Tier 1 | |
| DEXAMETHASON CON 1MG/ML | Tier 2 | |
| *dexamethasone elixir 0.5 mg/5ml* | Tier 1 | |
| *dexamethasone sod phosphate preservative free inj 10 mg/ml* | Tier 1 | |
| *dexamethasone sodium phosphate inj 4 mg/ml* | Tier 1 | |
| *dexamethasone sodium phosphate inj 10 mg/ml* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *dexamethasone sodium phosphate inj 20 mg/5ml* | Tier 1 | |
| *dexamethasone sodium phosphate inj 100 mg/10ml* | Tier 1 | |
| *dexamethasone sodium phosphate inj 120 mg/30ml* | Tier 1 | |
| *dexamethasone soln 0.5 mg/5ml* | Tier 1 | |
| *dexamethasone tab 0.5 mg* | Tier 1 | |
| *dexamethasone tab 0.75 mg* | Tier 1 | |
| *dexamethasone tab 1 mg* | Tier 1 | |
| *dexamethasone tab 1.5 mg* | Tier 1 | |
| *dexamethasone tab 2 mg* | Tier 1 | |
| *dexamethasone tab 4 mg* | Tier 1 | |
| *dexamethasone tab 6 mg* | Tier 1 | |
| *fludrocortisone acetate tab 0.1 mg* | Tier 1 | |
| *hydrocortisone tab 5 mg* | Tier 1 | |
| *hydrocortisone tab 10 mg* | Tier 1 | |
| *hydrocortisone tab 20 mg* | Tier 1 | |
| *methylprednisolone acetate inj susp 40 mg/ml* | Tier 1 | B/D |
| *methylprednisolone acetate inj susp 80 mg/ml* | Tier 1 | B/D |
| *methylprednisolone sod succ for inj 40 mg (base equiv)* | Tier 1 | B/D |
| *methylprednisolone sod succ for inj 125 mg (base equiv)* | Tier 1 | B/D |
| *methylprednisolone sod succ for inj 1000 mg (base equiv)* | Tier 1 | B/D |
| *methylprednisolone tab 4 mg* | Tier 1 | B/D |
| *methylprednisolone tab 8 mg* | Tier 1 | B/D |
| *methylprednisolone tab 16 mg* | Tier 1 | B/D |
| *methylprednisolone tab 32 mg* | Tier 1 | B/D |
| *methylprednisolone tab therapy pack 4 mg (21)* | Tier 1 | NDS |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* | Tier 1 | B/D |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | Tier 1 | B/D |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | Tier 1 | B/D |
| *prednisolone syrup 15 mg/5ml (usp solution equivalent)* | Tier 1 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| PREDNISONE CON 5MG/ML | Tier 2 | B/D |
| *prednisone oral soln 5 mg/5ml* | Tier 1 | B/D |
| *prednisone tab 1 mg* | Tier 1 | B/D |
| *prednisone tab 2.5 mg* | Tier 1 | B/D |
| *prednisone tab 5 mg* | Tier 1 | B/D |
| *prednisone tab 10 mg* | Tier 1 | B/D |
| *prednisone tab 20 mg* | Tier 1 | B/D |
| *prednisone tab 50 mg* | Tier 1 | B/D |
| *prednisone tab therapy pack 5 mg (21)* | Tier 1 | |
| *prednisone tab therapy pack 5 mg (48)* | Tier 1 | |
| *prednisone tab therapy pack 10 mg (21)* | Tier 1 | |
| *prednisone tab therapy pack 10 mg (48)* | Tier 1 | |
| SOLU-CORTEF INJ 100MG | Tier 2 | |
| SOLU-CORTEF INJ 250MG | Tier 2 | |
| SOLU-CORTEF INJ 500MG | Tier 2 | |
| SOLU-CORTEF INJ 1000MG | Tier 2 | |
| ***GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR*** | | |
| GLUCAGEN INJ HYPOKIT | Tier 2 | |
| GLUCAGON KIT 1MG | Tier 2 | |
| PROGLYCEM SUS 50MG/ML | Tier 2 | |
| ***MISCELLANEOUS*** | | |
| *cabergoline tab 0.5 mg* | Tier 1 | |
| *calcitonin (salmon) nasal soln 200 unit/act* | Tier 1 | B/D |
| CHARCOAL POW | Tier 3 | DP |
| CHEMSTRIP TES UGK | Tier 3 | DP |
| D-XYLOSE POW | Tier 3 | DP |
| DIASCREEN 3 MIS | Tier 3 | DP |
| DIASCREEN 5 MIS | Tier 3 | DP |
| DIASCREEN 6 MIS | Tier 3 | DP |
| DIASCREEN 7 MIS | Tier 3 | DP |
| DIASCREEN 8 MIS | Tier 3 | DP |
| DIASCREEN 9 MIS | Tier 3 | DP |
| DIASCREEN 10 MIS | Tier 3 | DP |
| DIASCREEN MIS 1G | Tier 3 | DP |
| DIASCREEN MIS 2GK | Tier 3 | DP |
| DIASCREEN MIS 4OBL | Tier 3 | DP |
| DIASTIX TES STRIPS | Tier 3 | DP |
| FORTEO SOL 600/2.4 | Tier 2 | PA |
| GENOTROPIN INJ 0.2MG | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| GENOTROPIN INJ 0.4MG | Tier 2 | PA |
| GENOTROPIN INJ 0.6MG | Tier 2 | PA |
| GENOTROPIN INJ 0.8MG | Tier 2 | PA |
| GENOTROPIN INJ 1.2MG | Tier 2 | PA |
| GENOTROPIN INJ 1.4MG | Tier 2 | PA |
| GENOTROPIN INJ 1.6MG | Tier 2 | PA |
| GENOTROPIN INJ 1.8MG | Tier 2 | PA |
| GENOTROPIN INJ 1MG | Tier 2 | PA |
| GENOTROPIN INJ 2MG | Tier 2 | PA |
| GENOTROPIN INJ 5MG | Tier 2 | PA |
| GENOTROPIN INJ 12MG | Tier 2 | PA |
| INCRELEX INJ 40MG/4ML | Tier 2 | LA, PA |
| KETO-DIASTIX TES | Tier 3 | DP |
| KORLYM TAB 300MG | Tier 2 | LA, PA |
| LUPR DEP-PED INJ 3M 30MG | Tier 2 | PA |
| LUPR DEP-PED INJ 7.5MG | Tier 2 | PA |
| LUPR DEP-PED INJ 11.25MG | Tier 2 | PA |
| LUPR DEP-PED INJ 15MG | Tier 2 | PA |
| NATPARA INJ 25MCG | Tier 2 | PA |
| NATPARA INJ 50MCG | Tier 2 | PA |
| NATPARA INJ 75MCG | Tier 2 | PA |
| NATPARA INJ 100MCG | Tier 2 | PA |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | Tier 1 | PA |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | Tier 1 | PA |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | Tier 1 | PA |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | Tier 2 | PA |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | Tier 2 | PA |
| PROLIA SOL 60MG/ML | Tier 2 | QL (1 injection / 180 days) |
| *raloxifene hcl tab 60 mg* | Tier 1 | |
| SIGNIFOR INJ 0.3MG/ML | Tier 2 | LA, PA |
| SIGNIFOR INJ 0.6MG/ML | Tier 2 | LA, PA |
| SIGNIFOR INJ 0.9MG/ML | Tier 2 | LA, PA |
| SOMATULINE INJ 60/0.2ML | Tier 2 | PA |
| SOMATULINE INJ 90/0.3ML | Tier 2 | PA |
| SOMATULINE INJ 120/.5ML | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| SOMAVERT INJ 10MG | Tier 2 | LA, PA |
| SOMAVERT INJ 15MG | Tier 2 | LA, PA |
| SOMAVERT INJ 20MG | Tier 2 | LA, PA |
| SOMAVERT INJ 25MG | Tier 2 | LA, PA |
| SOMAVERT INJ 30MG | Tier 2 | LA, PA |
| TYMLOS INJ | Tier 2 | PA |
| XENICAL CAP 120MG | Tier 3 | DP |
| XGEVA INJ | Tier 2 | PA |
| ***PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS*** | | |
| AURYXIA TAB 210MG | Tier 2 | QL (360 tabs / 30 days), PA |
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* | Tier 1 | QL (360 caps / 30 days) |
| *calcium acetate (phosphate binder) tab 667 mg* | Tier 1 | QL (360 tabs / 30 days) |
| *sevelamer carbonate packet 0.8 gm* | Tier 2 | QL (540 packets / 30 days) |
| *sevelamer carbonate packet 2.4 gm* | Tier 2 | QL (180 packets / 30 days) |
| *sevelamer carbonate tab 800 mg* | Tier 1 | QL (540 tabs / 30 days) |
| ***PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES*** | | |
| *medroxyprogesterone acetate tab 2.5 mg* | Tier 1 | |
| *medroxyprogesterone acetate tab 5 mg* | Tier 1 | |
| *medroxyprogesterone acetate tab 10 mg* | Tier 1 | |
| *norethindrone acetate tab 5 mg* | Tier 1 | |
| ***THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS*** | | |
| *levo-t tab 25mcg* | Tier 1 | |
| *levo-t tab 50mcg* | Tier 1 | |
| *levo-t tab 75mcg* | Tier 1 | |
| *levo-t tab 88mcg* | Tier 1 | |
| *levo-t tab 100mcg* | Tier 1 | |
| *levo-t tab 112mcg* | Tier 1 | |
| *levo-t tab 125mcg* | Tier 1 | |
| *levo-t tab 137mcg* | Tier 1 | |
| *levo-t tab 150mcg* | Tier 1 | |
| *levo-t tab 175mcg* | Tier 1 | |
| *levo-t tab 200 mcg* | Tier 1 | |
| *levo-t tab 300 mcg* | Tier 1 | |
| *levothyroxine sodium tab 25 mcg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *levothyroxine sodium tab 50 mcg* | Tier 1 | |
| *levothyroxine sodium tab 75 mcg* | Tier 1 | |
| *levothyroxine sodium tab 88 mcg* | Tier 1 | |
| *levothyroxine sodium tab 100 mcg* | Tier 1 | |
| *levothyroxine sodium tab 112 mcg* | Tier 1 | |
| *levothyroxine sodium tab 125 mcg* | Tier 1 | |
| *levothyroxine sodium tab 137 mcg* | Tier 1 | |
| *levothyroxine sodium tab 150 mcg* | Tier 1 | |
| *levothyroxine sodium tab 175 mcg* | Tier 1 | |
| *levothyroxine sodium tab 200 mcg* | Tier 1 | |
| *levothyroxine sodium tab 300 mcg* | Tier 1 | |
| *levoxyl tab 25mcg* | Tier 1 | |
| *levoxyl tab 50mcg* | Tier 1 | |
| *levoxyl tab 75mcg* | Tier 1 | |
| *levoxyl tab 88mcg* | Tier 1 | |
| *levoxyl tab 100mcg* | Tier 1 | |
| *levoxyl tab 112mcg* | Tier 1 | |
| *levoxyl tab 125mcg* | Tier 1 | |
| *levoxyl tab 137mcg* | Tier 1 | |
| *levoxyl tab 150mcg* | Tier 1 | |
| *levoxyl tab 175mcg* | Tier 1 | |
| *levoxyl tab 200mcg* | Tier 1 | |
| *liothyronine sodium tab 5 mcg* | Tier 1 | |
| *liothyronine sodium tab 25 mcg* | Tier 1 | |
| *liothyronine sodium tab 50 mcg* | Tier 1 | |
| *methimazole tab 5 mg* | Tier 1 | |
| *methimazole tab 10 mg* | Tier 1 | |
| *propylthiouracil tab 50 mg* | Tier 1 | |
| SYNTHROID TAB 25MCG | Tier 2 | |
| SYNTHROID TAB 50MCG | Tier 2 | |
| SYNTHROID TAB 75MCG | Tier 2 | |
| SYNTHROID TAB 88MCG | Tier 2 | |
| SYNTHROID TAB 100MCG | Tier 2 | |
| SYNTHROID TAB 112MCG | Tier 2 | |
| SYNTHROID TAB 125MCG | Tier 2 | |
| SYNTHROID TAB 137MCG | Tier 2 | |
| SYNTHROID TAB 150MCG | Tier 2 | |
| SYNTHROID TAB 175MCG | Tier 2 | |
| SYNTHROID TAB 200MCG | Tier 2 | |
| SYNTHROID TAB 300MCG | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *unithroid tab 25mcg* | Tier 1 | |
| *unithroid tab 50mcg* | Tier 1 | |
| *unithroid tab 75mcg* | Tier 1 | |
| *unithroid tab 88mcg* | Tier 1 | |
| *unithroid tab 100mcg* | Tier 1 | |
| *unithroid tab 112mcg* | Tier 1 | |
| *unithroid tab 125mcg* | Tier 1 | |
| *unithroid tab 137mcg* | Tier 1 | |
| *unithroid tab 150mcg* | Tier 1 | |
| *unithroid tab 175mcg* | Tier 1 | |
| *unithroid tab 200mcg* | Tier 1 | |
| *unithroid tab 300mcg* | Tier 1 | |
| ***VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES*** | | |
| *desmopressin acetate inj 4 mcg/ml* | Tier 1 | |
| *desmopressin acetate nasal spray soln 0.01%* | Tier 1 | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | Tier 1 | |
| *desmopressin acetate tab 0.1 mg* | Tier 1 | |
| *desmopressin acetate tab 0.2 mg* | Tier 1 | |
| STIMATE SOL 1.5MG/ML | Tier 2 | |
| **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS** | | |
| ***ANTACIDS*** | | |
| *advanced sus antacid* | Tier 3 | DP |
| *almacone chw* | Tier 3 | DP |
| *almacone dbl sus strength* | Tier 3 | DP |
| *almacone sus* | Tier 3 | DP |
| ALUM HYDROX SUS 320/5ML | Tier 3 | DP |
| *antacid fast sus acting* | Tier 3 | DP |
| *antacid fast sus relief* | Tier 3 | DP |
| *antacid plus sus anti-gas* | Tier 3 | DP |
| *antacid plus sus gas rel* | Tier 3 | DP |
| *antacid sus* | Tier 3 | DP |
| *antacid sus anti-gas* | Tier 3 | DP |
| *antacid sus max st* | Tier 3 | DP |
| *antacid sus mint crm* | Tier 3 | DP |
| *antacid sus reg st* | Tier 3 | DP |
| *antacid/sime sus ds* | Tier 3 | DP |
| CALCIUM CARB TAB 648MG | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| GELUSIL CHW | Tier 3 | DP |
| *gnp antacid sus anti-gas* | Tier 3 | DP |
| *gnp antacid sus cherry* | Tier 3 | DP |
| *gnp masanti sus max st* | Tier 3 | DP |
| *gnp masanti sus reg st* | Tier 3 | DP |
| *hm antacid sus anti-gas* | Tier 3 | DP |
| *mag-al plus liq* | Tier 3 | DP |
| *mag-al plus liq xs* | Tier 3 | DP |
| MAGN OXIDE POW HEAVY | Tier 3 | DP |
| MAGN OXIDE POW LIGHT | Tier 3 | DP |
| *magnesium oxide tab 400 mg* | Tier 3 | DP |
| *magnesium oxide tab 420 mg* | Tier 3 | DP |
| *mi-acid sus* | Tier 3 | DP |
| *mi-acid sus max st* | Tier 3 | DP |
| *milantex sus ex st* | Tier 3 | DP |
| *milantex sus original* | Tier 3 | DP |
| *mintox plus chw* | Tier 3 | DP |
| *mintox sus* | Tier 3 | DP |
| *mintox sus max st* | Tier 3 | DP |
| *qc antacid sus* | Tier 3 | DP |
| *qc antacid sus anti-gas* | Tier 3 | DP |
| *rulox sus* | Tier 3 | DP |
| *sb antacid sus anti-gas* | Tier 3 | DP |
| *sm antacid sus advanced* | Tier 3 | DP |
| *sm antacid sus anti-gas* | Tier 3 | DP |
| *sm antacid/ sus antigas* | Tier 3 | DP |
| SODIUM POW BICARBON | Tier 3 | DP |
| URO-MAG CAP 140MG | Tier 3 | DP |
| ***ANTI-DIARRHEAL*** | | |
| *anti-diarrhe cap 2mg* | Tier 3 | DP |
| *anti-diarrhe tab 2mg* | Tier 3 | DP |
| *bismatrol chw 262mg* | Tier 3 | DP |
| *bismatrol sus 262/15ml* | Tier 3 | DP |
| BISMUTH POW SUBGALLA | Tier 3 | DP |
| *bismuth subsalicylate chew tab 262 mg* | Tier 3 | DP |
| *diarrhea rel sus 262/15ml* | Tier 3 | DP |
| *gnp k-pec sus 262/15ml* | Tier 3 | DP |
| *kao-tin sus 262/15ml* | Tier 3 | DP |
| KAOLIN POW COLLOID | Tier 3 | DP |
| *loperamide cap 2mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *loperamide hcl liq 1 mg/5ml (0.2 mg/ml)* | Tier 3 | DP |
| *medi-bismuth chw 262mg* | Tier 3 | DP |
| PECTIN POW | Tier 3 | DP |
| *peptic relf chw 262mg* | Tier 3 | DP |
| *peptic relf sus 262/15ml* | Tier 3 | DP |
| *pink bismuth chw 262mg* | Tier 3 | DP |
| *pink bismuth tab 262mg* | Tier 3 | DP |
| *sm anti-diar tab 2mg* | Tier 3 | DP |
| *sm stomach sus 262/15ml* | Tier 3 | DP |
| *stomach relf chw 262mg* | Tier 3 | DP |
| *stomach relf sus 262/15ml* | Tier 3 | DP |
| *stomach relf tab 262mg* | Tier 3 | DP |
| ***ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING*** | | |
| *aprepitant capsule 40 mg* | Tier 1 | B/D |
| *aprepitant capsule 80 mg* | Tier 1 | B/D |
| *aprepitant capsule 125 mg* | Tier 1 | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | Tier 1 | B/D |
| *compro sup 25mg* | Tier 1 | |
| *dronabinol cap 2.5 mg* | Tier 1 | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 5 mg* | Tier 1 | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 10 mg* | Tier 1 | B/D, QL (60 caps / 30 days) |
| EMEND SUS 125MG | Tier 2 | B/D |
| *granisetron hcl inj 1 mg/ml* | Tier 1 | |
| *granisetron hcl inj 4 mg/4ml (1 mg/ml)* | Tier 1 | |
| *granisetron hcl tab 1 mg* | Tier 1 | B/D |
| *meclizine hcl tab 12.5 mg* | Tier 2 | |
| *meclizine hcl tab 25 mg* | Tier 2 | |
| *metoclopramide hcl inj 5 mg/ml (base equivalent)* | Tier 1 | |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | Tier 1 | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | Tier 1 | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | Tier 1 | |
| *ondansetron hcl inj 4 mg/2ml (2 mg/ml)* | Tier 1 | |
| *ondansetron hcl inj 40 mg/20ml (2 mg/ml)* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *ondansetron hcl oral soln 4 mg/5ml* | Tier 1 | B/D |
| *ondansetron hcl tab 4 mg* | Tier 1 | B/D |
| *ondansetron hcl tab 8 mg* | Tier 1 | B/D |
| *ondansetron hcl tab 24 mg* | Tier 1 | B/D |
| *ondansetron orally disintegrating tab 4 mg* | Tier 1 | B/D |
| *ondansetron orally disintegrating tab 8 mg* | Tier 1 | B/D |
| *prochlorperazine edisylate inj 10 mg/2ml* | Tier 1 | |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | Tier 1 | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | Tier 1 | |
| *prochlorperazine suppos 25 mg* | Tier 1 | |
| *promethazine hcl inj 25 mg/ml* | Tier 2 | PA; PA if 70 years and older |
| *promethazine hcl inj 50 mg/ml* | Tier 2 | PA; PA if 70 years and older |
| *promethazine hcl syrup 6.25 mg/5ml* | Tier 2 | PA; PA if 70 years and older |
| *promethazine hcl tab 12.5 mg* | Tier 2 | PA; PA if 70 years and older |
| *promethazine hcl tab 25 mg* | Tier 2 | PA; PA if 70 years and older |
| *promethazine hcl tab 50 mg* | Tier 2 | PA; PA if 70 years and older |
| *scopolamine td patch 72hr 1 mg/3days* | Tier 2 | QL (10 patches / 30 days), PA; PA if 70 years and older |
| TRANSDERM-SC DIS 1.5MG | Tier 2 | QL (10 patches / 30 days), PA; PA if 70 years and older |
| ***ANTISPASMODICS - DRUGS FOR STOMACH SPASMS*** | | |
| *dicyclomine hcl cap 10 mg* | Tier 2 | |
| *dicyclomine hcl oral soln 10 mg/5ml* | Tier 2 | |
| *dicyclomine hcl tab 20 mg* | Tier 2 | |
| *glycopyrrolate tab 1 mg* | Tier 1 | |
| *glycopyrrolate tab 2 mg* | Tier 1 | |
| ***H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID*** | | |
| *famotidine for susp 40 mg/5ml* | Tier 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *famotidine inj 20 mg/2ml* | Tier 1 | |
| *famotidine inj 40 mg/4ml* | Tier 1 | |
| *famotidine inj 200 mg/20ml* | Tier 1 | |
| *famotidine tab 20 mg* | Tier 1 | |
| *famotidine tab 40 mg* | Tier 1 | |
| *ranitidine hcl inj 50 mg/2ml (25 mg/ml)* | Tier 1 | |
| *ranitidine hcl inj 150 mg/6ml (25 mg/ml)* | Tier 1 | |
| *ranitidine hcl syrup 15 mg/ml (75 mg/5ml)* | Tier 1 | |
| *ranitidine hcl tab 150 mg* | Tier 1 | |
| *ranitidine hcl tab 300 mg* | Tier 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| APRISO CAP 0.375GM | Tier 2 | QL (120 caps / 30 days) |
| *balsalazide disodium cap 750 mg* | Tier 1 | |
| *budesonide delayed release particles cap 3 mg* | Tier 2 | |
| DELZICOL CAP 400MG | Tier 2 | |
| *hydrocortisone enema 100 mg/60ml* | Tier 1 | |
| *mesalamine cap dr 400 mg* | Tier 1 | |
| *mesalamine enema 4 gm* | Tier 1 | |
| *mesalamine rectal enema 4 gm & cleanser wipe kit* | Tier 1 | |
| *mesalamine suppos 1000 mg* | Tier 1 | |
| *mesalamine tab delayed release 800 mg* | Tier 1 | |
| *sulfasalazine tab 500 mg* | Tier 1 | |
| *sulfasalazine tab delayed release 500 mg* | Tier 1 | |
| ***LAXATIVES*** | | |
| *bisac-evac sup 10mg* | Tier 3 | DP |
| *bisacodyl suppos 10 mg* | Tier 3 | DP |
| *bisacodyl tab 5mg ec* | Tier 3 | DP |
| *biscolax sup 10mg* | Tier 3 | DP |
| *constulose sol 10gm/15* | Tier 1 | |
| *docqlace cap 100mg* | Tier 3 | DP |
| *docu liq 50mg/5ml* | Tier 3 | DP |
| *docu soft cap 100mg* | Tier 3 | DP |
| *docusate cal cap 240mg* | Tier 3 | DP |
| *docusate sod cap 100mg* | Tier 3 | DP |
| *docusate sod liq 50mg/5ml* | Tier 3 | DP |
| *docusate sodium cap 100 mg* | Tier 3 | DP |
| *docusate sodium liquid 150 mg/15ml* | Tier 3 | DP |
| *docusil cap 100mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| DOCUSOL MINI ENE | Tier 3 | DP |
| *dok plus tab 8.6-50mg* | Tier 3 | DP |
| *ducodyl tab 5mg ec* | Tier 3 | DP |
| ENEMEEZ MINI ENE | Tier 3 | DP |
| ENEMEEZ PLUS ENE 20-283 | Tier 3 | DP |
| *enulose sol 10gm/15* | Tier 1 | |
| *epsom salt gra* | Tier 3 | DP |
| EPSOM SALT POW | Tier 3 | DP |
| *gavilyte-c sol* | Tier 1 | |
| *gavilyte-g sol* | Tier 1 | |
| *gavilyte-n sol flav pk* | Tier 1 | |
| *generlac sol 10gm/15* | Tier 1 | |
| *gentle laxat sup 10mg* | Tier 3 | DP |
| *gentle laxat tab 5mg ec* | Tier 3 | DP |
| *glycerin suppos 1 gm* | Tier 3 | DP |
| *gnp bisa-lax tab 5mg ec* | Tier 3 | DP |
| *gnp glycerin sup 1.2gm* | Tier 3 | DP |
| *gnp laxative sup 10mg* | Tier 3 | DP |
| *gnp laxative tab 5mg ec* | Tier 3 | DP |
| *gnp laxative tab 25mg* | Tier 3 | DP |
| GOLYTELY SOL | Tier 2 | |
| *hm epsom gra salt* | Tier 3 | DP |
| *hm laxative tab 5mg ec* | Tier 3 | DP |
| *lactulose (encephalopathy) solution 10 gm/15ml* | Tier 1 | |
| *lactulose solution 10 gm/15ml* | Tier 1 | |
| *lax/stl soft tab 8.6-50mg* | Tier 3 | DP |
| *laxative sup 10mg* | Tier 3 | DP |
| *laxative tab 25mg* | Tier 3 | DP |
| *medi-natural tab 8.6-50mg* | Tier 3 | DP |
| *medi-natural tab 8.6mg* | Tier 3 | DP |
| MINERAL OIL | Tier 3 | DP |
| MINERAL OIL HEAVY | Tier 3 | DP |
| MINERAL OIL LIGHT | Tier 3 | DP |
| MOVIPREP SOL | Tier 2 | |
| *nat fiber pow therapy* | Tier 3 | DP |
| *nat veg lax tab 8.6mg* | Tier 3 | DP |
| *naturl fiber pow 28.3%* | Tier 3 | DP |
| NULYTELY SOL FLAV PKS | Tier 2 | |
| PEDIA-LAX LIQ 50MG | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| PEDIA-LAX SUP 1GM | Tier 3 | DP |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | Tier 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm* | Tier 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | Tier 1 | |
| *qc epsom gra salt* | Tier 3 | DP |
| *qc laxative sup 10mg* | Tier 3 | DP |
| *qc natural pow vegetabl* | Tier 3 | DP |
| *qc senna tab 8.6mg* | Tier 3 | DP |
| *ra epsom gra salt* | Tier 3 | DP |
| RA EPSOM GRA SALT/LVN | Tier 3 | DP |
| *ra glycerin sup 80.7%* | Tier 3 | DP |
| *reguloid pow 28.3%* | Tier 3 | DP |
| *reguloid pow 48.57%* | Tier 3 | DP |
| *reguloid pow 58.6%* | Tier 3 | DP |
| *sani-supp sup pediatri* | Tier 3 | DP |
| *sb docusate tab 8.6-50mg* | Tier 3 | DP |
| *sb fib lax pow 33%* | Tier 3 | DP |
| *sb laxative sup 10mg* | Tier 3 | DP |
| *sb senna-lax tab 8.6mg* | Tier 3 | DP |
| *senexon tab 8.6mg* | Tier 3 | DP |
| *senexon-s tab 8.6-50mg* | Tier 3 | DP |
| *senna plus tab 8.6-50mg* | Tier 3 | DP |
| *senna-lax tab 8.6mg* | Tier 3 | DP |
| *senna-s tab 8.6-50mg* | Tier 3 | DP |
| *senna-tabs tab 8.6mg* | Tier 3 | DP |
| *senna-time s tab 8.6-50mg* | Tier 3 | DP |
| *senna-time tab 8.6mg* | Tier 3 | DP |
| *senno tab 8.6mg* | Tier 3 | DP |
| *sennosides syrup 8.8 mg/5ml* | Tier 3 | DP |
| *sennosides-docusate sodium tab 8.6-50 mg* | Tier 3 | DP |
| *silace liq 10mg/ml* | Tier 3 | DP |
| *silace syp 60/15ml* | Tier 3 | DP |
| *sm fiber pow 28.3%* | Tier 3 | DP |
| *sm fiber pow 48.57%* | Tier 3 | DP |
| *sm fiber pow 58.6%* | Tier 3 | DP |
| *sm laxative sup 10mg* | Tier 3 | DP |
| *sm laxative tab 5mg ec* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *sm senna lax tab 8.6mg* | Tier 3 | DP |
| *sm senna lax tab max str* | Tier 3 | DP |
| *stim laxat tab 5mg ec* | Tier 3 | DP |
| *stool softnr cap 100mg* | Tier 3 | DP |
| *stool softnr cap 250mg* | Tier 3 | DP |
| *stool softnr syp 60/15ml* | Tier 3 | DP |
| *stool softnr tab 8.6-50mg* | Tier 3 | DP |
| SUPREP BOWEL SOL PREP KIT | Tier 2 | |
| *trilyte sol* | Tier 1 | |
| *womans laxat tab 5mg ec* | Tier 3 | DP |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl tab 0.5 mg (base equiv)* | Tier 2 | PA |
| *alosetron hcl tab 1 mg (base equiv)* | Tier 2 | PA |
| AMITIZA CAP 8MCG | Tier 2 | QL (180 caps / 30 days) |
| AMITIZA CAP 24MCG | Tier 2 | QL (60 caps / 30 days) |
| *cromolyn sodium oral conc 100 mg/5ml* | Tier 2 | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | Tier 2 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | Tier 2 | |
| GATTEX KIT 5MG | Tier 2 | LA, PA |
| LINZESS CAP 72MCG | Tier 2 | QL (30 caps / 30 days) |
| LINZESS CAP 145MCG | Tier 2 | QL (30 caps / 30 days) |
| LINZESS CAP 290MCG | Tier 2 | QL (30 caps / 30 days) |
| *loperamide hcl cap 2 mg* | Tier 1 | |
| *misoprostol tab 100 mcg* | Tier 1 | |
| *misoprostol tab 200 mcg* | Tier 1 | |
| MOVANTIK TAB 12.5MG | Tier 2 | QL (60 tabs / 30 days) |
| MOVANTIK TAB 25MG | Tier 2 | QL (30 tabs / 30 days) |
| RELISTOR INJ 8/0.4ML | Tier 2 | PA |
| RELISTOR INJ 12/0.6ML | Tier 2 | PA |
| SIMETHICONE LIQ | Tier 3 | DP |
| *sucralfate tab 1 gm* | Tier 1 | |
| SYMPROIC TAB 0.2MG | Tier 2 | |
| *ursodiol cap 300 mg* | Tier 1 | |
| *ursodiol tab 250 mg* | Tier 1 | |
| *ursodiol tab 500 mg* | Tier 1 | |
| XIFAXAN TAB 550MG | Tier 2 | PA |
| ***PANCREATIC ENZYMES*** | | |
| CREON CAP 3000UNIT | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CREON CAP 6000UNIT | Tier 2 | |
| CREON CAP 12000UNT | Tier 2 | |
| CREON CAP 24000UNT | Tier 2 | |
| CREON CAP 36000UNT | Tier 2 | |
| ZENPEP CAP 3000UNIT | Tier 2 | |
| ZENPEP CAP 5000UNIT | Tier 2 | |
| ZENPEP CAP 10000UNT | Tier 2 | |
| ZENPEP CAP 15000UNT | Tier 2 | |
| ZENPEP CAP 20000UNT | Tier 2 | |
| ZENPEP CAP 25000 | Tier 2 | |
| ZENPEP CAP 40000 | Tier 2 | |
| ***PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID*** | | |
| DEXILANT CAP 30MG DR | Tier 2 | QL (30 caps / 30 days) |
| DEXILANT CAP 60MG DR | Tier 2 | QL (30 caps / 30 days) |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | Tier 1 | QL (30 caps / 30 days) |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | Tier 1 | QL (30 caps / 30 days) |
| *esomeprazole sodium for intravenous soln 20 mg (base equiv)* | Tier 1 | |
| *esomeprazole sodium for intravenous soln 40 mg (base equiv)* | Tier 1 | |
| *lansoprazole cap delayed release 15 mg* | Tier 1 | QL (30 caps / 30 days) |
| *lansoprazole cap delayed release 30 mg* | Tier 1 | QL (30 caps / 30 days) |
| *omeprazole cap delayed release 10 mg* | Tier 1 | |
| *omeprazole cap delayed release 20 mg* | Tier 1 | |
| *omeprazole cap delayed release 40 mg* | Tier 1 | |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | Tier 1 | |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | Tier 1 | |
| *pantoprazole sodium for iv soln 40 mg (base equiv)* | Tier 1 | |
| *rabeprazole sodium ec tab 20 mg* | Tier 1 | QL (30 tabs / 30 days) |
| **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS** | | |
| ***BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE*** | | |
| *alfuzosin hcl tab er 24hr 10 mg* | Tier 1 | QL (30 tabs / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *dutasteride cap 0.5 mg* | Tier 1 | QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | Tier 1 | QL (30 caps / 30 days) |
| *finasteride tab 5 mg* | Tier 1 | |
| *tamsulosin hcl cap 0.4 mg* | Tier 1 | |
| ***MISCELLANEOUS*** | | |
| *bethanechol chloride tab 5 mg* | Tier 1 | |
| *bethanechol chloride tab 10 mg* | Tier 1 | |
| *bethanechol chloride tab 25 mg* | Tier 1 | |
| *bethanechol chloride tab 50 mg* | Tier 1 | |
| GLYCINE POW | Tier 3 | DP |
| POT CITRATE GRA | Tier 3 | DP |
| *potassium citrate tab er 5 meq (540 mg)* | Tier 1 | |
| *potassium citrate tab er 10 meq (1080 mg)* | Tier 1 | |
| *potassium citrate tab er 15 meq (1620 mg)* | Tier 1 | |
| ***URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE*** | | |
| MYRBETRIQ TAB 25MG | Tier 2 | QL (60 tabs / 30 days) |
| MYRBETRIQ TAB 50MG | Tier 2 | QL (30 tabs / 30 days) |
| *oxybutynin chloride syrup 5 mg/5ml* | Tier 1 | |
| *oxybutynin chloride tab 5 mg* | Tier 1 | |
| *oxybutynin chloride tab er 24hr 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *oxybutynin chloride tab er 24hr 10 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *oxybutynin chloride tab er 24hr 15 mg* | Tier 1 | QL (60 tabs / 30 days) |
| *solifenacin succinate tab 5 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *solifenacin succinate tab 10 mg* | Tier 1 | QL (30 tabs / 30 days) |
| *tolterodine tartrate cap er 24hr 2 mg* | Tier 1 | QL (30 caps / 30 days), ST |
| *tolterodine tartrate cap er 24hr 4 mg* | Tier 1 | QL (30 caps / 30 days), ST |
| *tolterodine tartrate tab 1 mg* | Tier 1 | ST |
| *tolterodine tartrate tab 2 mg* | Tier 1 | ST |
| TOVIAZ TAB 4MG | Tier 2 | QL (30 tabs / 30 days) |
| TOVIAZ TAB 8MG | Tier 2 | QL (30 tabs / 30 days) |
| *trospium chloride tab 20 mg* | Tier 1 | QL (60 tabs / 30 days) |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| *clindamycin phosphate vaginal cream 2%* | Tier 1 | |
| *clotrimazole cre 1% vag* | Tier 3 | DP |
| *clotrimazole cre 3 day* | Tier 3 | DP |
| *clotrimazole vaginal cream 1%* | Tier 3 | DP |
| *3 day vaginl cre 2%* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *metronidazole vaginal gel 0.75%* | Tier 1 | |
| *miconazole 3 kit combinat* | Tier 3 | DP |
| *miconazole 3 kit combo pk* | Tier 3 | DP |
| *miconazole 7 cre 2%* | Tier 3 | DP |
| *miconazole 7 cre tube/kit* | Tier 3 | DP |
| *miconazole 7 sup 100mg* | Tier 3 | DP |
| *miconazole nitrate vaginal cream 2%* | Tier 3 | DP |
| *miconazole nitrate vaginal suppos 100 mg* | Tier 3 | DP |
| *sm micon 7 sup 100mg* | Tier 3 | DP |
| *terconazole vaginal cream 0.4%* | Tier 1 | |
| *terconazole vaginal cream 0.8%* | Tier 1 | |
| *terconazole vaginal suppos 80 mg* | Tier 1 | |
| *vandazole gel 0.75%* | Tier 1 | |
| **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS** | | |
| ***ANTICOAGULANTS - BLOOD THINNERS*** | | |
| COUMADIN TAB 1MG | Tier 2 | |
| COUMADIN TAB 2.5MG | Tier 2 | |
| COUMADIN TAB 2MG | Tier 2 | |
| COUMADIN TAB 3MG | Tier 2 | |
| COUMADIN TAB 4MG | Tier 2 | |
| COUMADIN TAB 5MG | Tier 2 | |
| COUMADIN TAB 6MG | Tier 2 | |
| COUMADIN TAB 7.5MG | Tier 2 | |
| COUMADIN TAB 10MG | Tier 2 | |
| ELIQUIS ST P TAB 5MG | Tier 2 | |
| ELIQUIS TAB 2.5MG | Tier 2 | |
| ELIQUIS TAB 5MG | Tier 2 | |
| *enoxaparin sodium inj 30 mg/0.3ml* | Tier 1 | |
| *enoxaparin sodium inj 40 mg/0.4ml* | Tier 1 | |
| *enoxaparin sodium inj 60 mg/0.6ml* | Tier 1 | |
| *enoxaparin sodium inj 80 mg/0.8ml* | Tier 1 | |
| *enoxaparin sodium inj 100 mg/ml* | Tier 1 | |
| *enoxaparin sodium inj 120 mg/0.8ml* | Tier 1 | |
| *enoxaparin sodium inj 150 mg/ml* | Tier 1 | |
| *enoxaparin sodium inj 300 mg/3ml* | Tier 1 | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | Tier 1 | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | Tier 2 | |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | Tier 2 | |
| HEP SOD/NACL INJ 25000UNT | Tier 2 | |
| *heparin sodium (porcine) 100 unit/ml in d5w* | Tier 2 | |
| *heparin sodium (porcine) inj 1000 unit/ml* | Tier 1 | B/D |
| *heparin sodium (porcine) inj 5000 unit/ml* | Tier 1 | B/D |
| *heparin sodium (porcine) inj 10000 unit/ml* | Tier 1 | B/D |
| *heparin sodium (porcine) inj 20000 unit/ml* | Tier 1 | B/D |
| *heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%* | Tier 2 | |
| *heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%* | Tier 2 | |
| HEPARIN/NACL INJ 25000UNT | Tier 2 | |
| *jantoven tab 1mg* | Tier 1 | |
| *jantoven tab 2.5mg* | Tier 1 | |
| *jantoven tab 2mg* | Tier 1 | |
| *jantoven tab 3mg* | Tier 1 | |
| *jantoven tab 4mg* | Tier 1 | |
| *jantoven tab 5mg* | Tier 1 | |
| *jantoven tab 6mg* | Tier 1 | |
| *jantoven tab 7.5mg* | Tier 1 | |
| *jantoven tab 10mg* | Tier 1 | |
| PRADAXA CAP 75MG | Tier 2 | |
| PRADAXA CAP 110MG | Tier 2 | |
| PRADAXA CAP 150MG | Tier 2 | |
| *warfarin sodium tab 1 mg* | Tier 1 | |
| *warfarin sodium tab 2 mg* | Tier 1 | |
| *warfarin sodium tab 2.5 mg* | Tier 1 | |
| *warfarin sodium tab 3 mg* | Tier 1 | |
| *warfarin sodium tab 4 mg* | Tier 1 | |
| *warfarin sodium tab 5 mg* | Tier 1 | |
| *warfarin sodium tab 6 mg* | Tier 1 | |
| *warfarin sodium tab 7.5 mg* | Tier 1 | |
| *warfarin sodium tab 10 mg* | Tier 1 | |
| XARELTO STAR TAB 15/20MG | Tier 2 | |
| XARELTO TAB 2.5MG | Tier 2 | |
| XARELTO TAB 10MG | Tier 2 | |
| XARELTO TAB 15MG | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| XARELTO TAB 20MG | Tier 2 | |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| GRANIX INJ 300/0.5 | Tier 2 | PA |
| GRANIX INJ 300/1ML | Tier 2 | PA |
| GRANIX INJ 480/0.8 | Tier 2 | PA |
| GRANIX INJ 480/1.6 | Tier 2 | PA |
| NEUPOGEN INJ 300/0.5 | Tier 2 | PA |
| NEUPOGEN INJ 300MCG | Tier 2 | PA |
| NEUPOGEN INJ 480/0.8 | Tier 2 | PA |
| NEUPOGEN INJ 480MCG | Tier 2 | PA |
| PROCRIT INJ 2000/ML | Tier 2 | PA |
| PROCRIT INJ 3000/ML | Tier 2 | PA |
| PROCRIT INJ 4000/ML | Tier 2 | PA |
| PROCRIT INJ 10000/ML | Tier 2 | PA |
| PROCRIT INJ 20000/ML | Tier 2 | PA |
| PROCRIT INJ 40000/ML | Tier 2 | PA |
| ***IRON*** | | |
| DUOFER TAB 28MG | Tier 3 | DP |
| EZFE 200 CAP 200MG | Tier 3 | DP |
| FE SULFATE POW | Tier 3 | DP |
| FERAHEME INJ 510/17ML | Tier 3 | DP |
| *ferate tab 27mg* | Tier 3 | DP |
| FERGON TAB 27MG | Tier 3 | DP |
| *ferosul elx 220/5ml* | Tier 3 | DP |
| *ferosul tab 325mg* | Tier 3 | DP |
| FERRETTS IPS SOL | Tier 3 | DP |
| FERRETTS TAB 325MG | Tier 3 | DP |
| *ferrex 150 cap 150mg* | Tier 3 | DP |
| FERRIMIN 150 TAB | Tier 3 | DP |
| FERRLECIT INJ 12.5MG/M | Tier 3 | DP |
| *ferrous fumarate tab 324 mg (106 mg elemental fe)* | Tier 3 | DP |
| FERROUS GLUC TAB 324MG | Tier 3 | DP |
| *ferrous gluconate tab 240 mg (27 mg elemental fe)* | Tier 3 | DP |
| *ferrous gluconate tab 324 mg (37.5 mg elemental iron)* | Tier 3 | DP |
| FERROUS SUL LIQ 220/5ML | Tier 3 | DP |
| FERROUS SULF SYP 300/5ML | Tier 3 | DP |
| FERROUS SULF TAB 140MG | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FERROUS SULF TAB 324MG EC | Tier 3 | DP |
| *ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)* | Tier 3 | DP |
| *ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)* | Tier 3 | DP |
| *ferrous sulfate tab 325 mg (65 mg elemental fe)* | Tier 3 | DP |
| *ferrous sulfate tab ec 325 mg (65 mg fe equivalent)* | Tier 3 | DP |
| *ferrousul tab 325mg* | Tier 3 | DP |
| FOLITAB 500 TAB | Tier 3 | DP |
| FUSION CAP | Tier 3 | DP |
| *gnp iron tab 45mg* | Tier 3 | DP |
| *gnp iron tab 65mg* | Tier 3 | DP |
| HEMOCYTE TAB 324MG | Tier 3 | DP |
| *hm iron tab 65mg* | Tier 3 | DP |
| ICAR PEDS SUS GRAPE | Tier 3 | DP |
| ICAR-C TAB | Tier 3 | DP |
| *iferex 150 cap* | Tier 3 | DP |
| INFED INJ 50MG/ML | Tier 3 | DP |
| INTEGRA CAP | Tier 3 | DP |
| *iron 100 tab plus* | Tier 3 | DP |
| *iron 100/c tab 100-250* | Tier 3 | DP |
| NOVAFERRUM CAP 50MG | Tier 3 | DP |
| NOVAFERRUM DRO 15MG/ML | Tier 3 | DP |
| NOVAFERRUM LIQ 125 | Tier 3 | DP |
| *nu-iron 150 cap 150mg* | Tier 3 | DP |
| *poly-iron cap 150mg* | Tier 3 | DP |
| PROFE CAP 180MG | Tier 3 | DP |
| SLOW REL FE TAB 143MG CR | Tier 3 | DP |
| *slow release tab 47.5mg* | Tier 3 | DP |
| *sm iron slow tab 160mg cr* | Tier 3 | DP |
| *sm iron tab 325mg* | Tier 3 | DP |
| TANDEM CAP | Tier 3 | DP |
| VENOFER INJ 20MG/ML | Tier 3 | DP |
| *wee care sus 15/1.25* | Tier 3 | DP |
| ***MISCELLANEOUS*** | | |
| *anagrelide hcl cap 0.5 mg* | Tier 1 | |
| *anagrelide hcl cap 1 mg* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| BERINERT INJ 500UNIT | Tier 2 | QL (24 boxes / 30 days), LA, PA |
| *cilostazol tab 50 mg* | Tier 1 | |
| *cilostazol tab 100 mg* | Tier 1 | |
| DROXIA CAP 200MG | Tier 2 | |
| DROXIA CAP 300MG | Tier 2 | |
| DROXIA CAP 400MG | Tier 2 | |
| ENDARI POW 5GM | Tier 2 | LA, PA |
| FIRAZYR INJ 30MG/3ML | Tier 2 | QL (9 syringes / 30 days), PA |
| HAEGARDA INJ 2000UNIT | Tier 2 | QL (30 vials / 30 days), LA, PA |
| HAEGARDA INJ 3000UNIT | Tier 2 | QL (20 vials / 30 days), LA, PA |
| *pentoxifylline tab er 400 mg* | Tier 1 | |
| PROMACTA POW 12.5MG | Tier 2 | QL (360 packets / 30 days), LA, PA |
| PROMACTA TAB 12.5MG | Tier 2 | QL (360 tabs / 30 days), LA, PA |
| PROMACTA TAB 25MG | Tier 2 | QL (180 tabs / 30 days), LA, PA |
| PROMACTA TAB 50MG | Tier 2 | QL (90 tabs / 30 days), LA, PA |
| PROMACTA TAB 75MG | Tier 2 | QL (60 tabs / 30 days), LA, PA |
| *tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)* | Tier 1 | |
| *tranexamic acid tab 650 mg* | Tier 1 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | Tier 1 | |
| BRILINTA TAB 60MG | Tier 2 | |
| BRILINTA TAB 90MG | Tier 2 | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | Tier 1 | |
| *prasugrel hcl tab 5 mg (base equiv)* | Tier 1 | |
| *prasugrel hcl tab 10 mg (base equiv)* | Tier 1 | |
| ZONTIVITY TAB 2.08MG | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM** | | |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS*** | | |
| HUMIRA INJ 10/0.1ML | Tier 2 | QL (2 injections / 28 days), PA |
| HUMIRA INJ 10MG/0.2 | Tier 2 | QL (2 syringes / 28 days), PA |
| HUMIRA INJ 20/0.2ML | Tier 2 | QL (2 injections / 28 days), PA |
| HUMIRA INJ 40/0.4ML | Tier 2 | QL (6 injections / 28 days), PA |
| HUMIRA KIT 20MG/0.4 | Tier 2 | QL (2 syringes / 28 days), PA |
| HUMIRA KIT 40MG/0.8 | Tier 2 | QL (6 syringes / 28 days), PA |
| HUMIRA PEDIA INJ CROHNS | Tier 2 | PA |
| HUMIRA PEN INJ 40/0.4ML | Tier 2 | QL (6 pens / 28 days), PA |
| HUMIRA PEN INJ 40MG/0.8 | Tier 2 | QL (6 pens / 28 days), PA |
| HUMIRA PEN INJ CD/UC/HS | Tier 2 | PA |
| HUMIRA PEN INJ PS/UV | Tier 2 | PA |
| HUMIRA PEN KIT CD/UC/HS | Tier 2 | PA |
| HUMIRA PEN KIT PS/UV | Tier 2 | PA |
| *hydroxychloroquine sulfate tab 200 mg* | Tier 1 | |
| *leflunomide tab 10 mg* | Tier 1 | |
| *leflunomide tab 20 mg* | Tier 1 | |
| *methotrexate sodium tab 2.5 mg (base equiv)* | Tier 1 | |
| REMICADE INJ 100MG | Tier 2 | PA |
| XATMEP SOL 2.5MG/ML | Tier 2 | B/D |
| XELJANZ TAB 5MG | Tier 2 | QL (60 tabs / 30 days), PA |
| XELJANZ TAB 10MG | Tier 2 | QL (60 tabs / 30 days), PA |
| XELJANZ XR TAB 11MG | Tier 2 | QL (30 tabs / 30 days), PA |
| ***IMMUNOGLOBULINS*** | | |
| BIVIGAM INJ 10% | Tier 2 | PA |
| CARIMUNE NF INJ 12GM | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FLEBOGAMMA INJ 5GM/50ML | Tier 2 | PA |
| FLEBOGAMMA INJ 10/100ML | Tier 2 | PA |
| FLEBOGAMMA INJ 10/200ML | Tier 2 | PA |
| FLEBOGAMMA INJ 20/200ML | Tier 2 | PA |
| FLEBOGAMMA INJ 20/400ML | Tier 2 | PA |
| FLEBOGAMMA INJ DIF 5% | Tier 2 | PA |
| GAMASTAN S/D INJ | Tier 2 | B/D |
| GAMMAGARD INJ 1GM/10ML | Tier 2 | PA |
| GAMMAGARD INJ 2.5GM/25 | Tier 2 | PA |
| GAMMAGARD INJ 5GM/50ML | Tier 2 | PA |
| GAMMAGARD INJ 10GM/100 | Tier 2 | PA |
| GAMMAGARD INJ 20GM/200 | Tier 2 | PA |
| GAMMAGARD INJ 30GM/300 | Tier 2 | PA |
| GAMMAGARD SD INJ 5GM HU | Tier 2 | PA |
| GAMMAGARD SD INJ 10GM HU | Tier 2 | PA |
| GAMMAKED INJ 1GM/10ML | Tier 2 | PA |
| GAMMAKED INJ 2.5GM/25 | Tier 2 | PA |
| GAMMAKED INJ 5GM/50ML | Tier 2 | PA |
| GAMMAKED INJ 10GM/100 | Tier 2 | PA |
| GAMMAKED INJ 20GM/200 | Tier 2 | PA |
| GAMMAPLEX INJ 5% | Tier 2 | PA |
| GAMMAPLEX INJ 10% | Tier 2 | PA |
| GAMUNEX-C INJ 1GM/10ML | Tier 2 | PA |
| GAMUNEX-C INJ 2.5GM/25 | Tier 2 | PA |
| GAMUNEX-C INJ 5GM/50ML | Tier 2 | PA |
| GAMUNEX-C INJ 10GM/100 | Tier 2 | PA |
| GAMUNEX-C INJ 20GM/200 | Tier 2 | PA |
| GAMUNEX-C INJ 40/400ML | Tier 2 | PA |
| OCTAGAM INJ 1GM | Tier 2 | PA |
| OCTAGAM INJ 2.5GM | Tier 2 | PA |
| OCTAGAM INJ 2GM/20ML | Tier 2 | PA |
| OCTAGAM INJ 5GM | Tier 2 | PA |
| OCTAGAM INJ 5GM/50ML | Tier 2 | PA |
| OCTAGAM INJ 10/100ML | Tier 2 | PA |
| OCTAGAM INJ 10GM | Tier 2 | PA |
| OCTAGAM INJ 20/200ML | Tier 2 | PA |
| OCTAGAM INJ 25GM | Tier 2 | PA |
| PANZYGA SOL 1GM/10ML | Tier 2 | PA |
| PANZYGA SOL 2.5/25ML | Tier 2 | PA |
| PANZYGA SOL 5GM/50ML | Tier 2 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| PANZYGA SOL 10/100ML | Tier 2 | PA |
| PANZYGA SOL 20/200ML | Tier 2 | PA |
| PANZYGA SOL 30/300ML | Tier 2 | PA |
| PRIVIGEN INJ 5 GRAMS | Tier 2 | PA |
| PRIVIGEN INJ 10GRAMS | Tier 2 | PA |
| PRIVIGEN INJ 20GRAMS | Tier 2 | PA |
| PRIVIGEN INJ 40GRAMS | Tier 2 | PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE INJ 2MU/0.5 | Tier 2 | LA, PA |
| ARCALYST INJ 220MG | Tier 2 | PA |
| INTRON A INJ 10MU | Tier 2 | B/D |
| INTRON A INJ 18MU | Tier 2 | B/D |
| INTRON A INJ 25MU | Tier 2 | B/D |
| INTRON A INJ 50MU | Tier 2 | B/D |
| ***IMMUNOSUPPRESSANTS*** | | |
| *azathioprine tab 50 mg* | Tier 1 | B/D |
| BENLYSTA INJ 120MG | Tier 2 | PA |
| BENLYSTA INJ 200MG/ML | Tier 2 | PA |
| BENLYSTA INJ 400MG | Tier 2 | PA |
| *cyclosporine cap 25 mg* | Tier 1 | B/D |
| *cyclosporine cap 100 mg* | Tier 1 | B/D |
| *cyclosporine iv soln 50 mg/ml* | Tier 1 | B/D |
| *cyclosporine modified cap 25 mg* | Tier 1 | B/D |
| *cyclosporine modified cap 50 mg* | Tier 1 | B/D |
| *cyclosporine modified cap 100 mg* | Tier 1 | B/D |
| *cyclosporine modified oral soln 100 mg/ml* | Tier 1 | B/D |
| *gengraf cap 25mg* | Tier 1 | B/D |
| *gengraf cap 100mg* | Tier 1 | B/D |
| *gengraf sol 100mg/ml* | Tier 1 | B/D |
| *mycophenolate mofetil cap 250 mg* | Tier 1 | B/D |
| *mycophenolate mofetil for oral susp 200 mg/ml* | Tier 2 | B/D |
| *mycophenolate mofetil tab 500 mg* | Tier 1 | B/D |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | Tier 1 | B/D |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | Tier 1 | B/D |
| NULOJIX INJ 250MG | Tier 2 | B/D |
| PROGRAF GRA 0.2MG | Tier 2 | B/D |
| PROGRAF GRA 1MG | Tier 2 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| RAPAMUNE SOL 1MG/ML | Tier 2 | B/D |
| SANDIMMUNE SOL 100MG/ML | Tier 2 | B/D |
| *sirolimus oral soln 1 mg/ml* | Tier 2 | B/D |
| *sirolimus tab 0.5 mg* | Tier 1 | B/D |
| *sirolimus tab 1 mg* | Tier 1 | B/D |
| *sirolimus tab 2 mg* | Tier 2 | B/D |
| *tacrolimus cap 0.5 mg* | Tier 1 | B/D |
| *tacrolimus cap 1 mg* | Tier 1 | B/D |
| *tacrolimus cap 5 mg* | Tier 1 | B/D |
| ZORTRESS TAB 0.5MG | Tier 2 | B/D |
| ZORTRESS TAB 0.25MG | Tier 2 | B/D |
| ZORTRESS TAB 0.75MG | Tier 2 | B/D |
| ZORTRESS TAB 1MG | Tier 2 | B/D |
| ***VACCINES*** | | |
| ACTHIB INJ | Tier 2 | |
| ADACEL INJ | Tier 2 | |
| BCG VACCINE INJ | Tier 2 | |
| BEXSERO INJ | Tier 2 | |
| BOOSTRIX INJ | Tier 2 | |
| DAPTACEL INJ | Tier 2 | |
| DIP/TET PED INJ 25-5LFU | Tier 2 | B/D |
| ENGERIX-B INJ 10/0.5ML | Tier 2 | B/D |
| ENGERIX-B INJ 20MCG/ML | Tier 2 | B/D |
| GARDASIL 9 INJ | Tier 2 | |
| HAVRIX INJ 720UNIT | Tier 2 | |
| HAVRIX INJ 1440UNIT | Tier 2 | |
| HIBERIX SOL 10MCG | Tier 2 | |
| IMOVAX RABIE INJ 2.5/ML | Tier 2 | B/D |
| INFANRIX INJ | Tier 2 | |
| IPOL INJ INACTIVE | Tier 2 | |
| IXIARO INJ | Tier 2 | |
| KINRIX INJ | Tier 2 | |
| M-M-R II INJ | Tier 2 | |
| MENACTRA INJ | Tier 2 | |
| MENVEO INJ | Tier 2 | |
| PEDIARIX INJ 0.5ML | Tier 2 | |
| PEDVAX HIB INJ | Tier 2 | |
| PENTACEL INJ | Tier 2 | |
| PROQUAD INJ | Tier 2 | |
| QUADRACEL INJ | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| RABAVERT INJ | Tier 2 | B/D |
| RECOMBIVA HB INJ 5MCG/0.5 | Tier 2 | B/D |
| RECOMBIVA HB INJ 10MCG/ML | Tier 2 | B/D |
| RECOMBIVA-HB INJ 40MCG/ML | Tier 2 | B/D |
| ROTARIX SUS | Tier 2 | |
| ROTATEQ SOL | Tier 2 | |
| SHINGRIX INJ 50MCG | Tier 2 | QL (2 vials per lifetime) |
| TDVAX INJ 2-2 LF | Tier 2 | B/D |
| TENIVAC INJ 5-2LF | Tier 2 | B/D |
| TRUMENBA INJ | Tier 2 | |
| TWINRIX INJ | Tier 2 | |
| TYPHIM VI INJ | Tier 2 | |
| VAQTA INJ 25/0.5ML | Tier 2 | |
| VAQTA INJ 50UNT/ML | Tier 2 | |
| VARIVAX INJ | Tier 2 | |
| YF-VAX INJ | Tier 2 | |
| ZOSTAVAX INJ | Tier 2 | QL (1 vial per lifetime) |
| **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS** | | |
| ***ELECTROLYTES*** | | |
| *gnp pediatri sol electrol* | Tier 3 | DP |
| *klor-con 8 tab 8meq er* | Tier 1 | |
| *klor-con 10 tab 10meq er* | Tier 1 | |
| MAGNESIUM SU INJ 2GM/50ML | Tier 2 | |
| MAGNESIUM SU INJ 4G/100ML | Tier 2 | |
| MAGNESIUM SU INJ 20/500ML | Tier 2 | |
| MAGNESIUM SU INJ 40G/1000 | Tier 2 | |
| MAGNESIUM SU INJ 80MG/ML | Tier 2 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | Tier 2 | |
| *magnesium sulfate inj 50%* | Tier 2 | |
| *magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)* | Tier 2 | |
| *magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)* | Tier 2 | |
| *magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)* | Tier 2 | |
| *magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)* | Tier 2 | |
| *magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)* | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| MG SO4/D5W INJ 10MG/ML | Tier 2 | |
| *oral electrolyte solution* | Tier 3 | DP |
| *oralyte sol* | Tier 3 | DP |
| *oralyte sol freeze* | Tier 3 | DP |
| *ped elctrlyt sol freezer* | Tier 3 | DP |
| *ped elctrlyt sol fruit* | Tier 3 | DP |
| *ped elctrlyt sol grape* | Tier 3 | DP |
| *ped elctrlyt sol unflavrd* | Tier 3 | DP |
| *potassium chloride cap er 8 meq* | Tier 1 | |
| *potassium chloride cap er 10 meq* | Tier 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* | Tier 1 | |
| *potassium chloride microencapsulated crys er tab 15 meq* | Tier 2 | |
| *potassium chloride microencapsulated crys er tab 20 meq* | Tier 1 | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | Tier 1 | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | Tier 1 | |
| *potassium chloride powder packet 20 meq* | Tier 1 | |
| *potassium chloride tab er 8 meq (600 mg)* | Tier 1 | |
| *potassium chloride tab er 10 meq* | Tier 1 | |
| *potassium chloride tab er 20 meq (1500 mg)* | Tier 1 | |
| *sodium chloride inj 2.5 meq/ml (14.6%)* | Tier 1 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | Tier 1 | |
| *tpn electrol inj* | Tier 2 | B/D |
| ***IV NUTRITION*** | | |
| *amino acid infusion 6%* | Tier 1 | B/D |
| AMINOSYN II INJ 10% | Tier 2 | B/D |
| AMINOSYN-PF INJ 7% | Tier 2 | B/D |
| AMINOSYN-PF INJ 10% | Tier 2 | B/D |
| *chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)* | Tier 3 | DP |
| CLINIMIX INJ 4.25/D5W | Tier 2 | B/D |
| CLINIMIX INJ 4.25/D10 | Tier 2 | B/D |
| CLINIMIX INJ 4.25/D25 | Tier 2 | B/D |
| CLINIMIX INJ 5%/D15W | Tier 2 | B/D |
| CLINIMIX INJ 5%/D20W | Tier 2 | B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CLINIMIX INJ 5%/D25W | Tier 2 | B/D |
| COPPER SULF CRY | Tier 3 | DP |
| *cupric chloride inj 0.4 mg/ml* | Tier 3 | DP |
| FAT EMULSION PLANT BASED IV EMULSION 20% | Tier 2 | B/D |
| FREAMINE HBC INJ 6.9% | Tier 2 | B/D |
| FREAMINE III INJ 10% | Tier 2 | B/D |
| *hepatamine sol 8%* | Tier 2 | B/D |
| INTRALIPID INJ 30% | Tier 2 | B/D |
| NEPHRAMINE INJ 5.4% | Tier 2 | B/D |
| PREMASOL SOL 10% | Tier 2 | B/D |
| PROCALAMINE INJ 3% | Tier 2 | B/D |
| PROSOL INJ 20% | Tier 2 | B/D |
| TRAVASOL INJ 10% | Tier 2 | B/D |
| TROPHAMINE INJ 10% | Tier 2 | B/D |
| *zinc chloride inj 1 mg/ml* | Tier 3 | DP |
| ***IV REPLACEMENT SOLUTIONS*** | | |
| D5W/LYTES INJ #48 | Tier 2 | |
| D5W/NACL INJ 0.3% | Tier 2 | |
| D10W/NACL INJ 0.2% | Tier 2 | |
| *dextrose 2.5% w/ sodium chloride 0.45%* | Tier 1 | |
| *dextrose 5% in lactated ringers* | Tier 1 | |
| *dextrose 5% w/ sodium chloride 0.2%* | Tier 1 | |
| *dextrose 5% w/ sodium chloride 0.9%* | Tier 1 | |
| *dextrose 5% w/ sodium chloride 0.33%* | Tier 1 | |
| *dextrose 5% w/ sodium chloride 0.45%* | Tier 1 | |
| *dextrose 5% w/ sodium chloride 0.225%* | Tier 1 | |
| *dextrose 10% w/ sodium chloride 0.45%* | Tier 1 | |
| *dextrose inj 5%* | Tier 1 | |
| *dextrose inj 10%* | Tier 1 | |
| *dextrose inj 50%* | Tier 1 | |
| *dextrose inj 70%* | Tier 1 | |
| IONOSOL-MB INJ D5W | Tier 2 | |
| ISOLYTE-P INJ /D5W | Tier 2 | |
| ISOLYTE-S INJ | Tier 2 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* | Tier 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* | Tier 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj* | Tier 1 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* | Tier 1 | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* | Tier 1 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* | Tier 1 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* | Tier 1 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* | Tier 1 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* | Tier 1 | |
| KCL/D5W/NACL INJ 0.3/0.9% | Tier 2 | |
| KCL/D5W/NACL INJ 0.15/0.2 | Tier 2 | |
| *lactated ringer's solution* | Tier 1 | |
| NORMOSOL -M INJ /D5W | Tier 2 | |
| NORMOSOL -R INJ /D5W | Tier 2 | |
| NORMOSOL-R INJ PH 7.4 | Tier 2 | |
| PLASMA-LYTE INJ -148 | Tier 2 | |
| PLASMA-LYTE INJ -A | Tier 2 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* | Tier 1 | |
| *potassium chloride 40 meq/l (0.3%) in dextrose 5% inj* | Tier 1 | |
| *potassium chloride inj 2 meq/ml* | Tier 1 | |
| *potassium chloride inj 10 meq/50ml* | Tier 1 | |
| *potassium chloride inj 10 meq/100ml* | Tier 1 | |
| *potassium chloride inj 20 meq/50ml* | Tier 1 | |
| *potassium chloride inj 20 meq/100ml* | Tier 1 | |
| *potassium chloride inj 40 meq/100ml* | Tier 1 | |
| *sodium chloride iv soln 0.9%* | Tier 1 | |
| *sodium chloride iv soln 0.45%* | Tier 1 | |
| *sodium chloride iv soln 3%* | Tier 1 | |
| *sodium chloride iv soln 5%* | Tier 1 | |
| ***MINERALS*** | | |
| BEELITH TAB | Tier 3 | DP |
| CA PHOS DIHY POW DIBASIC | Tier 3 | DP |
| CALCET CHW BITES | Tier 3 | DP |
| CALCET PETIT TAB 200-250 | Tier 3 | DP |
| CALCI-CHEW CHW 1250MG | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CALCI-MIX CAP 1250MG | Tier 3 | DP |
| *calcitrate tab* | Tier 3 | DP |
| *calcitrate tab 950mg* | Tier 3 | DP |
| *calcium 600 chw +d/miner* | Tier 3 | DP |
| *calcium 600 tab* | Tier 3 | DP |
| *calcium 600 tab + d* | Tier 3 | DP |
| *calcium 600 tab +d/mnrls* | Tier 3 | DP |
| *calcium 600 tab -d* | Tier 3 | DP |
| *calcium +d tab maximum* | Tier 3 | DP |
| CALCIUM CARB POW | Tier 3 | DP |
| CALCIUM CARB POW EX-LIGHT | Tier 3 | DP |
| CALCIUM CARB POW HEAVY | Tier 3 | DP |
| *calcium carb-vit d w/ minerals chew tab 600 mg-400 unit* | Tier 3 | DP |
| *calcium carbonate (antacid) susp 1250 mg/5ml* | Tier 3 | DP |
| *calcium carbonate tab 1250 mg (500 mg elemental ca)* | Tier 3 | DP |
| *calcium carbonate tab 1500 mg (600 mg elemental ca)* | Tier 3 | DP |
| *calcium carbonate-cholecalciferol chew tab 500 mg-100 unit* | Tier 3 | DP |
| *calcium carbonate-cholecalciferol tab 250 mg-125 unit* | Tier 3 | DP |
| *calcium carbonate-cholecalciferol tab 500 mg-200 unit* | Tier 3 | DP |
| *calcium carbonate-cholecalciferol tab 500 mg-400 unit* | Tier 3 | DP |
| *calcium carbonate-cholecalciferol tab 600 mg-200 unit* | Tier 3 | DP |
| *calcium carbonate-cholecalciferol tab 600 mg-400 unit* | Tier 3 | DP |
| *calcium carbonate-vitamin d tab 500 mg-200 unit* | Tier 3 | DP |
| *calcium carbonate-vitamin d tab 500 mg-400 unit* | Tier 3 | DP |
| *calcium carbonate-vitamin d tab 600 mg-125 unit* | Tier 3 | DP |
| *calcium chloride inj 10%* | Tier 3 | DP |
| *calcium citr tab w/vit d3* | Tier 3 | DP |
| *calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CALCIUM GLUC POW | Tier 3 | DP |
| CALCIUM GLUC TAB 500MG | Tier 3 | DP |
| CALCIUM LACT POW PENTAHYD | Tier 3 | DP |
| CALCIUM LACT TAB 648MG | Tier 3 | DP |
| CALCIUM PHOS POW TRIBASIC | Tier 3 | DP |
| *calcium plus tab 600 +d* | Tier 3 | DP |
| *calcium soft chw mlk choc* | Tier 3 | DP |
| *calcium tab 500/d* | Tier 3 | DP |
| *calcium tab 600mg* | Tier 3 | DP |
| *calcium tab vit d* | Tier 3 | DP |
| *calcium-magnesium-zinc tab 333-133-5 mg* | Tier 3 | DP |
| *calcium-magnesium-zinc tab 334-134-5 mg* | Tier 3 | DP |
| *calcium/d3 tab* | Tier 3 | DP |
| *calcium/d chw 500-400* | Tier 3 | DP |
| *cit calc/d tab 315-250* | Tier 3 | DP |
| *gnp ca/mg/zn tab* | Tier 3 | DP |
| *gnp ca/vit d chw minerals* | Tier 3 | DP |
| *gnp calcium tab 500/d* | Tier 3 | DP |
| *gnp calcium tab 600/d* | Tier 3 | DP |
| *gnp calcium tab cit +d3* | Tier 3 | DP |
| *gnp magnesiu tab 250mg* | Tier 3 | DP |
| *gnp zinc tab 50mg* | Tier 3 | DP |
| MAG CARBONAT POW HEAVY | Tier 3 | DP |
| *mag-g tab 500mg* | Tier 3 | DP |
| MAG-TAB SR TAB 84MG | Tier 3 | DP |
| MAGDELAY TAB 70MG | Tier 3 | DP |
| MAGN CHLORID POW | Tier 3 | DP |
| MAGNEBIND TAB 200 | Tier 3 | DP |
| MAGNEBIND TAB 300 | Tier 3 | DP |
| *magnesium gluconate tab 500 mg (27 mg elemental mg)* | Tier 3 | DP |
| *magnesium lactate tab er 84 mg (elemental mg) (7 meq)* | Tier 3 | DP |
| *magnesium oxide tab 400 mg (240 mg elemental mg)* | Tier 3 | DP |
| *magnesium oxide tab 400 mg (241.3 mg elemental mg)* | Tier 3 | DP |
| *magnesium oxide tab 500 mg (mg supplement)* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *magnesium tab 250 mg* | Tier 3 | DP |
| *magnesium tab 250mg* | Tier 3 | DP |
| MAGONATE LIQ 1000/5ML | Tier 3 | DP |
| *magonate tab 500mg* | Tier 3 | DP |
| *manganese chloride inj 0.1 mg/ml* | Tier 3 | DP |
| *oysco 500 tab 500mg* | Tier 3 | DP |
| *oysco 500+d chw* | Tier 3 | DP |
| *oysco 500+d tab* | Tier 3 | DP |
| *oyst cal/d tab 500mg* | Tier 3 | DP |
| *oyst shell/d tab 500mg* | Tier 3 | DP |
| *oyst-cal d tab 250mg* | Tier 3 | DP |
| *oyster shell calcium tab 500 mg* | Tier 3 | DP |
| *oyster shell tab 500mg* | Tier 3 | DP |
| PHOS-NAK POW CONCENTR | Tier 3 | DP |
| RISACAL-D TAB | Tier 3 | DP |
| *sm ca/mg/zn tab* | Tier 3 | DP |
| *sm calcium chw* | Tier 3 | DP |
| *sm calcium/d tab 600-400* | Tier 3 | DP |
| SM CORAL CAL TAB 1000MG | Tier 3 | DP |
| *sm zinc tab 50mg* | Tier 3 | DP |
| SOD ACETATE POW ANHYDR | Tier 3 | DP |
| SOD CHLORIDE GRA | Tier 3 | DP |
| *sodium chloride tab 1 gm* | Tier 3 | DP |
| VITAMIN D TAB 400UNIT | Tier 3 | DP |
| *zinc gluconate tab 50 mg (elemental zn)* | Tier 3 | DP |
| *zinc sulfate cap 50mg* | Tier 3 | DP |
| ZINC SULFATE POW HEPTAHYD | Tier 3 | DP |
| ZINC SULFATE POW MONOHYD | Tier 3 | DP |
| *zinc sulfate tab 220 mg (50 mg zinc equivalent)* | Tier 3 | DP |
| *zinc tab 50 mg* | Tier 3 | DP |
| ***MISCELLANEOUS*** | | |
| ACACIA POW | Tier 3 | DP |
| APPLE FLAVOR LIQ | Tier 3 | DP |
| ASPARTAME POW | Tier 3 | DP |
| AZ CREAM CRE | Tier 3 | DP |
| BANANA LIQ FLAVOR | Tier 3 | DP |
| BENZYL ALC LIQ | Tier 3 | DP |
| BITTERNESS POW NATURAL | Tier 3 | DP |
| BUFFER CREAM POW | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| BUTTER RUM LIQ FLAVOR | Tier 3 | DP |
| BUTYLPARABEN POW | Tier 3 | DP |
| CARBOGEL GEL 940 | Tier 3 | DP |
| CARBOHOL GEL 940 | Tier 3 | DP |
| CETYL ALCOHO GRA | Tier 3 | DP |
| CHERRY CON | Tier 3 | DP |
| CHERRY SYP | Tier 3 | DP |
| CHERRY SYP CONCENTR | Tier 3 | DP |
| CHOCOLATE CON FLAVOR | Tier 3 | DP |
| CINNAMON OIL FLAVOR | Tier 3 | DP |
| CLOVE FLAVOR OIL | Tier 3 | DP |
| CO-ENZYME WAF Q10/E | Tier 3 | DP |
| COCOA BUTTER MIS | Tier 3 | DP |
| *coenzyme q10 cap 10 mg* | Tier 3 | DP |
| *coenzyme q10 cap 30 mg* | Tier 3 | DP |
| *coenzyme q10 cap 30mg* | Tier 3 | DP |
| *coenzyme q10 cap 50 mg* | Tier 3 | DP |
| *coenzyme q10 cap 50mg* | Tier 3 | DP |
| *coenzyme q10 cap 60 mg* | Tier 3 | DP |
| *coenzyme q10 cap 75 mg* | Tier 3 | DP |
| *coenzyme q10 cap 100 mg* | Tier 3 | DP |
| *coenzyme q10 cap 100mg* | Tier 3 | DP |
| *coenzyme q10 cap 150 mg* | Tier 3 | DP |
| COENZYME Q10 CHW 60MG | Tier 3 | DP |
| COENZYME Q10 LIQ 30MG/5ML | Tier 3 | DP |
| COENZYME Q10 TAB 25MG | Tier 3 | DP |
| *coenzyme q10 tab 60 mg* | Tier 3 | DP |
| COENZYME Q10 TAB 200MG | Tier 3 | DP |
| COLLODION LIQ | Tier 3 | DP |
| COLLODION LIQ FLEXIBLE | Tier 3 | DP |
| COQ-10 CAP 100MG TR | Tier 3 | DP |
| DEXTROSE GRA ANHYDROU | Tier 3 | DP |
| DIABETISWEET POW | Tier 3 | DP |
| DISTILLED LIQ WATER | Tier 3 | DP |
| *eql coq10 cap 100mg* | Tier 3 | DP |
| ETHYL ALCOHO SOL 100% | Tier 3 | DP |
| FATTYBLEND MIS | Tier 3 | DP |
| FDC BLUE 1 POW | Tier 3 | DP |
| FDC BLUE 1 POW AL LAKE | Tier 3 | DP |
| FDC BLUE 2 POW | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| FDC GREEN #3 POW | Tier 3 | DP |
| FDC RED 40 POW | Tier 3 | DP |
| FDC RED #3 POW | Tier 3 | DP |
| FDC RED #40 POW AL LAKE | Tier 3 | DP |
| FDC YELLOW 5 POW | Tier 3 | DP |
| FDC YELLOW 5 POW AL LAKE | Tier 3 | DP |
| FDC YELLOW 6 POW | Tier 3 | DP |
| FLAVORX LIQ | Tier 3 | DP |
| FRUCTOSE GRA | Tier 3 | DP |
| *gnp co q10 cap 60mg* | Tier 3 | DP |
| *gnp co q10 cap 100mg* | Tier 3 | DP |
| GOWEY TIN TINCTURE | Tier 3 | DP |
| GRAPE LIQ FLAVOR | Tier 3 | DP |
| GRAPE SYP | Tier 3 | DP |
| *h2q cap 100mg* | Tier 3 | DP |
| *hm coq10 cap 50mg* | Tier 3 | DP |
| *hm coq10 cap 100mg* | Tier 3 | DP |
| HRT BASE CRE | Tier 3 | DP |
| HYDROPHILIC OIN | Tier 3 | DP |
| HYDROUS CRE EMULSIFI | Tier 3 | DP |
| JELENE OIN | Tier 3 | DP |
| KARAYA GUM | Tier 3 | DP |
| L-ARGININE POW | Tier 3 | DP |
| L-CYSTINE POW | Tier 3 | DP |
| L-GLUTAMINE POW | Tier 3 | DP |
| L-GLUTATHION CRY | Tier 3 | DP |
| L-ISOLEUCINE POW | Tier 3 | DP |
| L-METHIONINE POW | Tier 3 | DP |
| L-TYROSINE POW | Tier 3 | DP |
| L-VALINE POW | Tier 3 | DP |
| LACTOSE POW | Tier 3 | DP |
| LACTOSE POW ANHYDROU | Tier 3 | DP |
| LACTOSE POW HYDROUS | Tier 3 | DP |
| LACTOSE POW MONOHYDR | Tier 3 | DP |
| LECITHIN GRA | Tier 3 | DP |
| LEMON FLAVOR OIL | Tier 3 | DP |
| LIP BALM OIN BASE | Tier 3 | DP |
| LIP BALM OIN NATURAL | Tier 3 | DP |
| LIPOBASE CRE | Tier 3 | DP |
| LIPOIL OIL | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| LIPOVAN BASE CRE | Tier 3 | DP |
| LOLLIBASE POW | Tier 3 | DP |
| LOZIBASE MIS | Tier 3 | DP |
| METHYLCELLUL GEL 1% | Tier 3 | DP |
| METHYLCELLUL GEL 2% | Tier 3 | DP |
| METHYLCELLUL GEL 3% | Tier 3 | DP |
| METHYLCELLUL POW 1500CPS | Tier 3 | DP |
| METHYLCELLUL POW 4000CPS | Tier 3 | DP |
| METHYLPARABE POW | Tier 3 | DP |
| MICRODERM CRE BASE | Tier 3 | DP |
| MICROSOME CRE BASE | Tier 3 | DP |
| NICE DISTILL LIQ WATER | Tier 3 | DP |
| ORA-BLEND SF SUS | Tier 3 | DP |
| ORA-BLEND SUS | Tier 3 | DP |
| ORA-HESIVE PST BASE | Tier 3 | DP |
| ORA-PLUS LIQ | Tier 3 | DP |
| ORA-SWEET SF SYP | Tier 3 | DP |
| ORA-SWEET SYP | Tier 3 | DP |
| ORANGE CONC LIQ | Tier 3 | DP |
| PCCA BASE CRE 7542 | Tier 3 | DP |
| PCCA MBK MIS FAT ACID | Tier 3 | DP |
| PEG 300 LIQ | Tier 3 | DP |
| PEG 1000 LIQ | Tier 3 | DP |
| PEG 3350 POW | Tier 3 | DP |
| PEG BLEND OIN | Tier 3 | DP |
| PEPPERMINT OIL FLAVOR | Tier 3 | DP |
| PFCB CRE | Tier 3 | DP |
| PHARMABASE CRE ANTIOXID | Tier 3 | DP |
| PHARMABASE CRE COSMETIC | Tier 3 | DP |
| PHARMABASE CRE LIGHT | Tier 3 | DP |
| PHARMABASE CRE VAGINAL | Tier 3 | DP |
| PHYTOBASE CRE | Tier 3 | DP |
| PLO20 GEL FLOWABLE | Tier 3 | DP |
| PLO LECITHIN GEL BASE | Tier 3 | DP |
| PLO ULTRAMAX GEL | Tier 3 | DP |
| PNA-HRT BASE CRE | Tier 3 | DP |
| POLOX GEL 20% | Tier 3 | DP |
| POLOX GEL 30% | Tier 3 | DP |
| POLOXAMER POW 407 | Tier 3 | DP |
| POLY GLYCOL LIQ 1450 | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| POLY GLYCOL POW 8000 | Tier 3 | DP |
| POLYETHYLENE LIQ GLY 400 | Tier 3 | DP |
| POLYOXYL 40 POW STEARATE | Tier 3 | DP |
| POT SORBATE CRY | Tier 3 | DP |
| *prasterone (dhea) cap 25 mg* | Tier 3 | DP |
| PROPYLENE GL SOL | Tier 3 | DP |
| PROPYLENE LIQ GLYCOL | Tier 3 | DP |
| PROPYPARABEN POW | Tier 3 | DP |
| Q-DERM CRE | Tier 3 | DP |
| *q-sorb cap 30mg* | Tier 3 | DP |
| *q-sorb cap 75mg* | Tier 3 | DP |
| *q-sorb cap 150mg* | Tier 3 | DP |
| *q-sorb co-q cap 100mg* | Tier 3 | DP |
| RASPBERRY LIQ FLAVOR | Tier 3 | DP |
| RDT BASE POW | Tier 3 | DP |
| SACCHARIN POW | Tier 3 | DP |
| SACCHARIN POW SODIUM | Tier 3 | DP |
| SALTSTABLE CRE | Tier 3 | DP |
| SHEA BUTTER MIS | Tier 3 | DP |
| SIMPLE SYP | Tier 3 | DP |
| *sm coq-10 cap 50mg* | Tier 3 | DP |
| SOD BENZOATE POW | Tier 3 | DP |
| SOD LAURYL POW SULFATE | Tier 3 | DP |
| SOD SACCHARI GRA | Tier 3 | DP |
| SORBIC ACID POW | Tier 3 | DP |
| SORBITOL SOL 70% | Tier 3 | DP |
| STRAWBERRY LIQ FLAVOR | Tier 3 | DP |
| SUPPOSIBLEND MIS | Tier 3 | DP |
| SUSPENDIT GEL | Tier 3 | DP |
| SYRSPEND SF SUS ALKA | Tier 3 | DP |
| TANGERINE POW FLAVOR | Tier 3 | DP |
| THREONINE POW | Tier 3 | DP |
| TROCHIBASE MIS | Tier 3 | DP |
| TROCHIBASE MIS CLASSIC | Tier 3 | DP |
| TROCHIBASE S MIS | Tier 3 | DP |
| TROLAMINE LIQ | Tier 3 | DP |
| TUTTI FRUTTI CON | Tier 3 | DP |
| U-BASE CRE | Tier 3 | DP |
| UNIBASE CRE | Tier 3 | DP |
| V-MAX CRE | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| V-R FATIGUE TAB COMPLEX | Tier 3 | DP |
| VANIBASE CRE | Tier 3 | DP |
| VERSATILE CRE BASE | Tier 3 | DP |
| VERSIGEL CRE | Tier 3 | DP |
| WATERMELON LIQ FLAVOR | Tier 3 | DP |
| *white petrolatum gel* | Tier 3 | DP |
| WITEPSOL H15 MIS | Tier 3 | DP |
| XANTHAN GUM POW | Tier 3 | DP |
| ***VITAMINS*** | | |
| ADULT 50+ CAP OCUVITE | Tier 3 | DP |
| *animal shape chw* | Tier 3 | DP |
| *animal shape chw complete* | Tier 3 | DP |
| ANIMAL SHAPE CHW IRON | Tier 3 | DP |
| ANTIOXIDANT CAP | Tier 3 | DP |
| *antioxidant tab* | Tier 3 | DP |
| *antioxidant tab vitamins* | Tier 3 | DP |
| APATATE FORT LIQ | Tier 3 | DP |
| APATATE LIQ | Tier 3 | DP |
| AQUADEKS CHW | Tier 3 | DP |
| *aquadeks dro* | Tier 3 | DP |
| AQUASOL A INJ 50000/ML | Tier 3 | DP |
| AQUASOL E DRO 15/0.3ML | Tier 3 | DP |
| *aqueous e dro 15/0.3ml* | Tier 3 | DP |
| *ascorbic acid cap er 500 mg* | Tier 3 | DP |
| *ascorbic acid chew tab 250 mg* | Tier 3 | DP |
| *ascorbic acid chew tab 500 mg* | Tier 3 | DP |
| *ascorbic acid tab 250 mg* | Tier 3 | DP |
| *ascorbic acid tab 500 mg* | Tier 3 | DP |
| *ascorbic acid tab 1000 mg* | Tier 3 | DP |
| B-12 DOTS TAB 500MCG | Tier 3 | DP |
| *b-complex vitamin cap* | Tier 3 | DP |
| *b-complex vitamin tab* | Tier 3 | DP |
| *b-complex w/ c & calcium tab* | Tier 3 | DP |
| *b-complex w/ c tab* | Tier 3 | DP |
| *balanc b-50 tab* | Tier 3 | DP |
| *balanc b-100 tab 100mg* | Tier 3 | DP |
| *bee zee tab* | Tier 3 | DP |
| *biotin cap 5 mg* | Tier 3 | DP |
| *biotin tab 5 mg* | Tier 3 | DP |
| *biotin tab 300 mcg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *brewers yeast tab* | Tier 3 | DP |
| *c 250 tab* | Tier 3 | DP |
| *c-500 chw 500mg* | Tier 3 | DP |
| *c-1000/rh tab 1000mg* | Tier 3 | DP |
| *c/rosehip tr tab 1000mg* | Tier 3 | DP |
| *ca citrate + tab* | Tier 3 | DP |
| *cal-mag-zinc tab +d3* | Tier 3 | DP |
| *calciferol dro 8000/ml* | Tier 3 | DP |
| *calcitriol cap 0.5 mcg* | Tier 1 | B/D |
| *calcitriol cap 0.25 mcg* | Tier 1 | B/D |
| *calcitriol inj 1 mcg/ml* | Tier 1 | B/D |
| *calcitriol oral soln 1 mcg/ml* | Tier 1 | B/D |
| *centamin liq* | Tier 3 | DP |
| *centavite liq* | Tier 3 | DP |
| *century tab* | Tier 3 | DP |
| *century tab mature* | Tier 3 | DP |
| *cerovite jr chw* | Tier 3 | DP |
| *cerovite tab advanced* | Tier 3 | DP |
| *cerovite tab senior* | Tier 3 | DP |
| CERTAVITE TAB SENIOR | Tier 3 | DP |
| *certavite/ tab antioxid* | Tier 3 | DP |
| *chewabl vite chw childrns* | Tier 3 | DP |
| *chewable c chw 500mg* | Tier 3 | DP |
| *child chew chw iron* | Tier 3 | DP |
| *child chew chw vitamins* | Tier 3 | DP |
| *child chew/ chw extra c* | Tier 3 | DP |
| *childrens chw /iron* | Tier 3 | DP |
| CHILDRENS CHW COMPLETE | Tier 3 | DP |
| *cholecalciferol cap 400 unit* | Tier 3 | DP |
| *cholecalciferol cap 1000 unit* | Tier 3 | DP |
| *cholecalciferol cap 2000 unit* | Tier 3 | DP |
| *cholecalciferol cap 5000 unit* | Tier 3 | DP |
| *cholecalciferol cap 10000 unit* | Tier 3 | DP |
| *cholecalciferol cap 50000 unit* | Tier 3 | DP |
| *cholecalciferol oral liquid 400 unit/ml* | Tier 3 | DP |
| *cholecalciferol tab 400 unit* | Tier 3 | DP |
| *cholecalciferol tab 1000 unit* | Tier 3 | DP |
| *cholecalciferol tab 2000 unit* | Tier 3 | DP |
| CL PRENATAL TAB 28-0.8MG | Tier 3 | DP |
| *cod liver cap* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *cod liver oil cap* | Tier 3 | DP |
| COD LIVER OIL OIL | Tier 3 | DP |
| *compete tab* | Tier 3 | DP |
| *complete tab* | Tier 3 | DP |
| *complete tab senior* | Tier 3 | DP |
| *cyanocobalamin inj 1000 mcg/ml* | Tier 3 | DP |
| *cyanocobalamin tab 100 mcg* | Tier 3 | DP |
| *cyanocobalamin tab 250 mcg* | Tier 3 | DP |
| *cyanocobalamin tab 500 mcg* | Tier 3 | DP |
| *cyanocobalamin tab 1000 mcg* | Tier 3 | DP |
| *cyanocobalamin tab er 1000 mcg* | Tier 3 | DP |
| *cyanocobalamin tab er 2000 mcg* | Tier 3 | DP |
| *d3 cap 1000unit* | Tier 3 | DP |
| *d3 super str cap 2000unit* | Tier 3 | DP |
| *d 400 tab 400unit* | Tier 3 | DP |
| *daily multi tab* | Tier 3 | DP |
| *daily vit tab* | Tier 3 | DP |
| *daily-vite tab* | Tier 3 | DP |
| *daily-vite/ tab iron* | Tier 3 | DP |
| DIALYVIT 800 TAB ZINC 15 | Tier 3 | DP |
| *dialyvite d cap 5000unit* | Tier 3 | DP |
| *dialyvite tab 800* | Tier 3 | DP |
| *dialyvite tab 800/d* | Tier 3 | DP |
| DIALYVITE TAB 800/ZINC | Tier 3 | DP |
| *e-400 cap 400unit* | Tier 3 | DP |
| *ecee plus tab* | Tier 3 | DP |
| ELDERTONIC LIQ | Tier 3 | DP |
| *ergocalciferol cap 50000 unit* | Tier 3 | DP |
| *ergocalciferol soln 8000 unit/ml* | Tier 3 | DP |
| *essentl one tab daily* | Tier 3 | DP |
| *ester-c tab 500mg* | Tier 3 | DP |
| EZFE FORTE CAP | Tier 3 | DP |
| FOLGARD TAB | Tier 3 | DP |
| *folic acid inj 5 mg/ml* | Tier 3 | DP |
| *folic acid tab 1 mg* | Tier 3 | DP |
| *folic acid tab 400 mcg* | Tier 3 | DP |
| *folic acid tab 400mcg* | Tier 3 | DP |
| *folic acid tab 800 mcg* | Tier 3 | DP |
| FOSFREE TAB | Tier 3 | DP |
| *geriaton liq* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| GERIATRIC LIQ VITAMIN | Tier 3 | DP |
| *gnp b-50 tab balanced* | Tier 3 | DP |
| *gnp b-100 tab* | Tier 3 | DP |
| *gnp century tab* | Tier 3 | DP |
| *gnp century tab cardio* | Tier 3 | DP |
| GNP CENTURY TAB ENERGY | Tier 3 | DP |
| *gnp century tab mature* | Tier 3 | DP |
| *gnp century tab senior* | Tier 3 | DP |
| *gnp century tab ultimate* | Tier 3 | DP |
| *gnp healthy tab eyes* | Tier 3 | DP |
| *gnp little chw ones* | Tier 3 | DP |
| *gnp niacin tab 250mg tr* | Tier 3 | DP |
| *gnp one dail tab maximum* | Tier 3 | DP |
| *gnp opti-vit tab* | Tier 3 | DP |
| GNP PRENATAL TAB 28-0.8MG | Tier 3 | DP |
| *gnp vit b1 tab 100mg* | Tier 3 | DP |
| *gnp vit b-6 tab 100mg* | Tier 3 | DP |
| *gnp vit b-12 tab 500mcg* | Tier 3 | DP |
| *gnp vit b-12 tab 1000 cr* | Tier 3 | DP |
| *gnp vit c chw 500mg* | Tier 3 | DP |
| *gnp vit c loz 60mg* | Tier 3 | DP |
| *gnp vit c tab 250mg* | Tier 3 | DP |
| *gnp vit c tab 1000mg* | Tier 3 | DP |
| *gnp vit d tab 1000unit* | Tier 3 | DP |
| *gnp vit e cap 200unit* | Tier 3 | DP |
| *gnp vit e cap 400unit* | Tier 3 | DP |
| *gnp vit e cap 1000unit* | Tier 3 | DP |
| *gnp zoochews chw gummies* | Tier 3 | DP |
| *healthy eyes cap supervis* | Tier 3 | DP |
| *healthy eyes tab* | Tier 3 | DP |
| *hm niacin tab 250mg* | Tier 3 | DP |
| *hm vit b1 tab 100mg* | Tier 3 | DP |
| *hm vitamin e cap 200unit* | Tier 3 | DP |
| *hm vitamin e cap 1000unit* | Tier 3 | DP |
| *hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)* | Tier 3 | DP |
| *i-vite prote tab* | Tier 3 | DP |
| *i-vite tab* | Tier 3 | DP |
| ICAPS AREDS TAB FORMULA | Tier 3 | DP |
| *icaps cap* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *icaps lutein cap /omega-3* | Tier 3 | DP |
| ICAPS LUTEIN TAB ZEAXANTH | Tier 3 | DP |
| *icaps mv tab* | Tier 3 | DP |
| ICAPS PLUS TAB | Tier 3 | DP |
| INFUVITE INJ | Tier 3 | DP |
| INFUVITE INJ ADULT | Tier 3 | DP |
| INFUVITE INJ PEDIATRI | Tier 3 | DP |
| M-NATAL PLUS TAB | Tier 2 | |
| M.V.I PEDIAT INJ | Tier 3 | DP |
| M.V.I. ADULT INJ | Tier 3 | DP |
| *mega multi tab men* | Tier 3 | DP |
| *mega multi tab women* | Tier 3 | DP |
| MEGA MULTIVI TAB MEN | Tier 3 | DP |
| MEGA MULTIVI TAB WOMEN | Tier 3 | DP |
| MEPHYTON TAB 5MG | Tier 3 | DP |
| *mult vitamin tab essent* | Tier 3 | DP |
| *mult vitamin tab mens* | Tier 3 | DP |
| *mult vitamin tab womens* | Tier 3 | DP |
| *multi-delyn liq* | Tier 3 | DP |
| MULTI-DELYN LIQ /IRON | Tier 3 | DP |
| *multi-vitamn tab* | Tier 3 | DP |
| *multilex tab* | Tier 3 | DP |
| *multilex-t&m tab* | Tier 3 | DP |
| *multiple vitamins w/ minerals tab* | Tier 3 | DP |
| *nail-ex tab 2.5mg* | Tier 3 | DP |
| NASCOBAL SPR 500MCG | Tier 3 | DP |
| NEPHRO-VITE TAB | Tier 3 | DP |
| NEPHRONEX LIQ 0.9/5ML | Tier 3 | DP |
| *niacin cap 500mg* | Tier 3 | DP |
| *niacin cap er 250 mg* | Tier 3 | DP |
| *niacin cap er 500 mg* | Tier 3 | DP |
| NIACIN POW | Tier 3 | DP |
| *niacin tab 100 mg* | Tier 3 | DP |
| *niacin tab 500 mg* | Tier 3 | DP |
| *niacin tab er 500 mg* | Tier 3 | DP |
| *niacin tab er 750 mg* | Tier 3 | DP |
| NIACIN TR TAB 1000MG | Tier 3 | DP |
| NIACINAMIDE POW | Tier 3 | DP |
| *niacinamide tab 500 mg* | Tier 3 | DP |
| *nutr-e-sol liq 400/15ml* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| OCUVITE CAP ADULT | Tier 3 | DP |
| *ocuvite tab lutein* | Tier 3 | DP |
| *ocuvite xtra tab* | Tier 3 | DP |
| *once daily tab* | Tier 3 | DP |
| *once daily tab iron* | Tier 3 | DP |
| ONCOVITE TAB | Tier 3 | DP |
| *one daily tab* | Tier 3 | DP |
| *one daily tab maximum* | Tier 3 | DP |
| *one daily tab men 50+* | Tier 3 | DP |
| *one daily tab mens* | Tier 3 | DP |
| *one daily tab mens 50+* | Tier 3 | DP |
| *one daily tab pls iron* | Tier 3 | DP |
| *one daily tab wom 50+* | Tier 3 | DP |
| *one daily tab womens* | Tier 3 | DP |
| *paricalcitol cap 1 mcg* | Tier 1 | B/D |
| *paricalcitol cap 2 mcg* | Tier 1 | B/D |
| *paricalcitol cap 4 mcg* | Tier 1 | B/D |
| *phytonadione inj 1 mg/0.5ml (2 mg/ml)* | Tier 3 | DP |
| *phytonadione inj 10 mg/ml* | Tier 3 | DP |
| PNV FOLIC AC TAB + IRON | Tier 2 | |
| *poly vitamin chw* | Tier 3 | DP |
| POLY-VI-SOL DRO /IRON | Tier 3 | DP |
| *polyvitamin chw /iron* | Tier 3 | DP |
| PRENATAL PLUS | Tier 2 | |
| PRENATAL TAB | Tier 3 | DP |
| PRENATAL TAB 27-0.8MG | Tier 3 | DP |
| PRENATAL TAB 27-1MG | Tier 2 | |
| PRENATAL TAB 28-0.8MG | Tier 3 | DP |
| PRENATAL TAB LOW IRON | Tier 3 | DP |
| PRENATAL TAB PLUS | Tier 2 | |
| PRENATAL VIT TAB LOW IRON | Tier 2 | |
| PRESERVISION CAP AREDS | Tier 3 | DP |
| PRESERVISION CAP AREDS 2 | Tier 3 | DP |
| PRESERVISION CAP LUTEIN | Tier 3 | DP |
| PRESERVISION TAB AREDS | Tier 3 | DP |
| PROFE FORTE CAP 155-1MG | Tier 3 | DP |
| *prosight tab* | Tier 3 | DP |
| *pyridoxine hcl inj 100 mg/ml* | Tier 3 | DP |
| *pyridoxine hcl tab 25 mg* | Tier 3 | DP |
| *pyridoxine hcl tab 50 mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *pyridoxine hcl tab 100 mg* | Tier 3 | DP |
| *qc therin-m tab* | Tier 3 | DP |
| RAYALDEE CAP 30MCG | Tier 2 | |
| *rena-vite tab* | Tier 3 | DP |
| *sentry tab* | Tier 3 | DP |
| *sentry tab senior* | Tier 3 | DP |
| *slo-niacin tab 250mg cr* | Tier 3 | DP |
| SLO-NIACIN TAB 500MG CR | Tier 3 | DP |
| SLO-NIACIN TAB 750MG CR | Tier 3 | DP |
| *sm animal chw shapes* | Tier 3 | DP |
| *sm balanced tab b-50* | Tier 3 | DP |
| *sm balanced tab b-100* | Tier 3 | DP |
| *sm complete tab* | Tier 3 | DP |
| *sm complete tab adv form* | Tier 3 | DP |
| *sm complete tab senior* | Tier 3 | DP |
| *sm folic acd tab 400mcg* | Tier 3 | DP |
| *sm multiple tab vit/iron* | Tier 3 | DP |
| *sm multiple tab vitamins* | Tier 3 | DP |
| *sm opti-vita tab* | Tier 3 | DP |
| SM PRENATAL TAB VITAMINS | Tier 3 | DP |
| *sm vit b-6 tab 100mg* | Tier 3 | DP |
| *sm vit b-12 tab 100mcg* | Tier 3 | DP |
| *sm vit b-12 tab 500mcg* | Tier 3 | DP |
| *sm vit b-12 tab 1000 tr* | Tier 3 | DP |
| *sm vit c/rh tab 1000mg* | Tier 3 | DP |
| *sm vitamin c chw 500mg* | Tier 3 | DP |
| *sm vitamin c tab 250mg* | Tier 3 | DP |
| *sm vitamin c tab 1000mg* | Tier 3 | DP |
| *sm vitamin e cap 200unit* | Tier 3 | DP |
| *sm vitamin e cap 400unit* | Tier 3 | DP |
| *sm vitamin e cap 1000unit* | Tier 3 | DP |
| *stress form/ tab zinc* | Tier 3 | DP |
| *stress formu tab* | Tier 3 | DP |
| *stress formu tab w/iron* | Tier 3 | DP |
| STUART ONE CAP | Tier 3 | DP |
| *super b comp tab vit c* | Tier 3 | DP |
| *super liq nu-thera* | Tier 3 | DP |
| SUPER POW NU-THERA | Tier 3 | DP |
| *super tab nu-thera* | Tier 3 | DP |
| *super vikaps tab* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *superplex-t tab* | Tier 3 | DP |
| *tab-a-vite tab* | Tier 3 | DP |
| *tab-a-vite tab /iron* | Tier 3 | DP |
| *tab-a-vite tab beta car* | Tier 3 | DP |
| *tab-a-vite tab maximum* | Tier 3 | DP |
| THERA M PLUS TAB | Tier 3 | DP |
| *thera tab* | Tier 3 | DP |
| THERA TAB | Tier 3 | DP |
| *thera-m tab* | Tier 3 | DP |
| THERA-M TAB | Tier 3 | DP |
| THERAPEUTIC SOL | Tier 3 | DP |
| *therapeutic- tab m* | Tier 3 | DP |
| *therems tab* | Tier 3 | DP |
| THEREMS-H TAB | Tier 3 | DP |
| THEREMS-M TAB | Tier 3 | DP |
| *thiamine hcl inj 100 mg/ml* | Tier 3 | DP |
| THIAMINE HCL POW | Tier 3 | DP |
| *thiamine hcl tab 50 mg* | Tier 3 | DP |
| *thiamine hcl tab 100 mg* | Tier 3 | DP |
| *total b/c tab* | Tier 3 | DP |
| TRICARE TAB PRENATAL | Tier 2 | |
| UNICOMPLEX-M TAB | Tier 3 | DP |
| *vit c & e cap combo* | Tier 3 | DP |
| *vita-bee/c tab* | Tier 3 | DP |
| *vitamin a cap 8000unit* | Tier 3 | DP |
| *vitamin a cap 10000 unit* | Tier 3 | DP |
| *vitamin b12 tab 1000mcg* | Tier 3 | DP |
| *vitamin c tab 500mg* | Tier 3 | DP |
| *vitamin c tab 500mg tr* | Tier 3 | DP |
| *vitamin d3 cap 10000unt* | Tier 3 | DP |
| *vitamin d3 dro 400unit* | Tier 3 | DP |
| *vitamin d3 tab 1000unit* | Tier 3 | DP |
| *vitamin d3 tab 50000unt* | Tier 3 | DP |
| *vitamin d tab 1000unit* | Tier 3 | DP |
| *vitamin d-3 tab 5000unit* | Tier 3 | DP |
| *vitamin e cap 100 unit* | Tier 3 | DP |
| *vitamin e cap 200 unit* | Tier 3 | DP |
| *vitamin e cap 400 unit* | Tier 3 | DP |
| *vitamin e cap 1000 unit* | Tier 3 | DP |
| *vite/iron chw children* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *womens one tab daily* | Tier 3 | DP |
| *zoo friends chw* | Tier 3 | DP |
| ZOO FRIENDS CHW COMPLETE | Tier 3 | DP |
| *zoo friends chw extra c* | Tier 3 | DP |
| *zoo friends chw gummies* | Tier 3 | DP |
| **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | Tier 1 | |
| BLEPHAMIDE OIN S.O.P. | Tier 2 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | Tier 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | Tier 1 | |
| *neomycin-polymyxin-hc ophth susp* | Tier 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | Tier 1 | |
| TOBRADEX OIN 0.3-0.1% | Tier 2 | |
| TOBRADEX ST SUS 0.3-0.05 | Tier 2 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | Tier 1 | |
| ZYLET SUS 0.5-0.3% | Tier 2 | |
| ***ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS*** | | |
| AZASITE SOL 1% | Tier 2 | |
| *bacitracin ophth oint 500 unit/gm* | Tier 1 | |
| *bacitracin-polymyxin b ophth oint* | Tier 1 | |
| BESIVANCE SUS 0.6% | Tier 2 | |
| CILOXAN OIN 0.3% OP | Tier 2 | |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | Tier 1 | |
| *erythromycin ophth oint 5 mg/gm* | Tier 1 | |
| *gatifloxacin ophth soln 0.5%* | Tier 1 | |
| *gentak oin 0.3% op* | Tier 1 | |
| *gentamicin sulfate ophth soln 0.3%* | Tier 1 | |
| MOXEZA SOL 0.5% | Tier 2 | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | Tier 1 | |
| NATACYN SUS 5% OP | Tier 2 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | Tier 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | Tier 1 | |
| *ofloxacin ophth soln 0.3%* | Tier 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | Tier 1 | |
| *sulfacetamide sodium ophth oint 10%* | Tier 1 | |
| *sulfacetamide sodium ophth soln 10%* | Tier 1 | |
| *tobramycin ophth soln 0.3%* | Tier 1 | |
| *trifluridine ophth soln 1%* | Tier 1 | |
| ZIRGAN GEL 0.15% | Tier 2 | |
| ***ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION*** | | |
| ALREX SUS 0.2% | Tier 2 | |
| *bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)* | Tier 1 | |
| BROMSITE DRO 0.075% | Tier 2 | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | Tier 1 | |
| *diclofenac sodium ophth soln 0.1%* | Tier 1 | |
| DUREZOL EMU 0.05% | Tier 2 | |
| *fluorometholone ophth susp 0.1%* | Tier 1 | |
| *flurbiprofen sodium ophth soln 0.03%* | Tier 1 | |
| ILEVRO DRO 0.3% OP | Tier 2 | |
| *ketorolac tromethamine ophth soln 0.4%* | Tier 1 | |
| *ketorolac tromethamine ophth soln 0.5%* | Tier 1 | |
| LOTEMAX GEL 0.5% | Tier 2 | |
| LOTEMAX OIN 0.5% | Tier 2 | |
| LOTEMAX SUS 0.5% | Tier 2 | |
| *loteprednol etabonate ophth susp 0.5%* | Tier 1 | |
| PRED SOD PHO SOL 1% OP | Tier 2 | |
| *prednisolone acetate ophth susp 1%* | Tier 1 | |
| PROLENSA SOL 0.07% | Tier 2 | |
| ***ANTIALLERGICS - DRUGS TO TREAT ALLERGIES*** | | |
| *allergy eye dro* | Tier 3 | DP |
| *allergy eye dro op* | Tier 3 | DP |
| *azelastine hcl ophth soln 0.05%* | Tier 1 | |
| BEPREVE DRO 1.5% | Tier 2 | |
| *cromolyn sodium ophth soln 4%* | Tier 1 | |
| *eye allergy sol relief* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| LASTACAFT SOL 0.25% | Tier 2 | |
| NAPHCON-A SOL OP | Tier 3 | DP |
| *olopatadine hcl ophth soln 0.2% (base equivalent)* | Tier 1 | |
| OPCON-A SOL OP | Tier 3 | DP |
| PAZEO DRO 0.7% | Tier 2 | |
| *visine-a sol op* | Tier 3 | DP |
| ***ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA*** | | |
| ALPHAGAN P SOL 0.1% | Tier 2 | |
| AZOPT SUS 1% OP | Tier 2 | |
| *betaxolol hcl ophth soln 0.5%* | Tier 1 | |
| BETOPTIC-S SUS 0.25% OP | Tier 2 | |
| *brimonidine tartrate ophth soln 0.2%* | Tier 1 | |
| *brimonidine tartrate ophth soln 0.15%* | Tier 1 | |
| *carteolol hcl ophth soln 1%* | Tier 1 | |
| COMBIGAN SOL 0.2/0.5% | Tier 2 | |
| *dorzolamide hcl ophth soln 2%* | Tier 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml* | Tier 1 | |
| *latanoprost ophth soln 0.005%* | Tier 1 | |
| *levobunolol hcl ophth soln 0.5%* | Tier 1 | |
| LUMIGAN SOL 0.01% | Tier 2 | |
| PHOSPHOLINE SOL 0.125%OP | Tier 2 | |
| *pilocarpine hcl ophth soln 1%* | Tier 1 | |
| *pilocarpine hcl ophth soln 2%* | Tier 1 | |
| *pilocarpine hcl ophth soln 4%* | Tier 1 | |
| RHOPRESSA SOL 0.02% | Tier 2 | |
| SIMBRINZA SUS 1-0.2% | Tier 2 | |
| *timolol maleate ophth gel forming soln 0.5%* | Tier 1 | |
| *timolol maleate ophth gel forming soln 0.25%* | Tier 1 | |
| *timolol maleate ophth soln 0.5%* | Tier 1 | |
| *timolol maleate ophth soln 0.5% (once-daily)* | Tier 1 | |
| *timolol maleate ophth soln 0.25%* | Tier 1 | |
| TRAVATAN Z DRO 0.004% | Tier 2 | |
| ***MISCELLANEOUS*** | | |
| CYSTARAN SOL 0.44% | Tier 2 | LA, PA |
| *proparacaine hcl ophth soln 0.5%* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| RESTASIS EMU 0.05% | Tier 2 | QL (60 single use vials / 30 days) |
| RESTASIS MUL EMU 0.05% | Tier 2 | QL (1 bottle / 30 days) |
| **RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS** | | |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD*** | | |
| ANORO ELLIPT AER 62.5-25 | Tier 2 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG | Tier 2 | QL (1 inhaler / 30 days) |
| COMBIVENT AER 20-100 | Tier 2 | QL (2 inhalers / 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | Tier 1 | B/D |
| TRELEGY AER ELLIPTA | Tier 2 | QL (60 blisters / 30 days) |
| ***ANTICHOLINERGICS - DRUGS TO TREAT COPD*** | | |
| ATROVENT HFA AER 17MCG | Tier 2 | QL (2 inhalers / 30 days) |
| INCRUSE ELPT INH 62.5MCG | Tier 2 | QL (30 blisters / 30 days) |
| *ipratropium bromide inhal soln 0.02%* | Tier 1 | B/D |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | Tier 1 | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | Tier 1 | |
| ***ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES*** | | |
| *all day allg chw 10mg* | Tier 3 | DP |
| *all day allg sol 1mg/ml* | Tier 3 | DP |
| *all day allg sol 5mg/5ml* | Tier 3 | DP |
| *all day allg tab 10mg* | Tier 3 | DP |
| *aller-chlor tab 4mg* | Tier 3 | DP |
| *aller-ease tab 60mg* | Tier 3 | DP |
| *aller-ease tab 180mg* | Tier 3 | DP |
| *aller-tec tab 10mg* | Tier 3 | DP |
| *allerclear tab 10mg* | Tier 3 | DP |
| *allergy cap 25mg* | Tier 3 | DP |
| *allergy chld liq 12.5/5ml* | Tier 3 | DP |
| *allergy comp sol 1mg/ml* | Tier 3 | DP |
| *allergy liq 12.5/5ml* | Tier 3 | DP |
| *allergy med tab 25mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *allergy relf cap 25mg* | Tier 3 | DP |
| *allergy relf liq 12.5/5ml* | Tier 3 | DP |
| *allergy relf tab 1.34mg* | Tier 3 | DP |
| *allergy relf tab 10mg* | Tier 3 | DP |
| *allergy relf tab 25mg* | Tier 3 | DP |
| *allergy tab 4mg* | Tier 3 | DP |
| *allergy tab 10mg* | Tier 3 | DP |
| *allergy tab 25mg* | Tier 3 | DP |
| *allergy-time tab 4mg* | Tier 3 | DP |
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | Tier 1 | |
| *azelastine hcl nasal spray 0.15% (205.5 mcg/spray)* | Tier 1 | |
| *banophen cap 25mg* | Tier 3 | DP |
| *banophen cap 50mg* | Tier 3 | DP |
| *banophen liq 12.5/5ml* | Tier 3 | DP |
| *banophen tab 25mg* | Tier 3 | DP |
| *cetirizine hcl chew tab 5 mg* | Tier 3 | DP |
| *cetirizine hcl chew tab 10 mg* | Tier 3 | DP |
| *cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)* | Tier 1 | |
| *cetirizine hcl tab 5 mg* | Tier 3 | DP |
| *cetirizine hcl tab 10 mg* | Tier 3 | DP |
| *cetirizine sol 1mg/ml* | Tier 3 | DP |
| *cetirizine sol 5mg/5ml* | Tier 3 | DP |
| *chld allergy liq 12.5/5ml* | Tier 3 | DP |
| *chlor-phenir tab 4mg* | Tier 3 | DP |
| *comp allergy cap 25mg* | Tier 3 | DP |
| *cyproheptadine hcl syrup 2 mg/5ml* | Tier 2 | PA; PA if 70 years and older |
| *cyproheptadine hcl tab 4 mg* | Tier 2 | PA; PA if 70 years and older |
| *dayhist alrg tab 12 hour* | Tier 3 | DP |
| *diphenhist cap 25mg* | Tier 3 | DP |
| *diphenhist liq 12.5/5ml* | Tier 3 | DP |
| *diphenhist tab 25mg* | Tier 3 | DP |
| *diphenhydramine hcl cap 25 mg* | Tier 3 | DP |
| *diphenhydramine hcl cap 50 mg* | Tier 3 | DP |
| *diphenhydramine hcl inj 50 mg/ml* | Tier 1 | |
| *diphenhydramine hcl tab 25 mg* | Tier 3 | DP |
| *ed chlorped syp jr* | Tier 3 | DP |
| *fexofenadine hcl tab 60 mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *fexofenadine hcl tab 180 mg* | Tier 3 | DP |
| *fexofenadine tab 60mg* | Tier 3 | DP |
| *fexofenadine tab 180mg* | Tier 3 | DP |
| *gnp all day tab allergy* | Tier 3 | DP |
| *gnp allergy cap 25mg* | Tier 3 | DP |
| *gnp allergy tab 4mg* | Tier 3 | DP |
| *gnp allergy tab 25mg* | Tier 3 | DP |
| *gnp allergy tab 180mg* | Tier 3 | DP |
| *gnp dayhist tab 1.34mg* | Tier 3 | DP |
| *hm allergy tab 4mg* | Tier 3 | DP |
| *hm allergy tab 25mg* | Tier 3 | DP |
| *hydroxyzine hcl im soln 25 mg/ml* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine hcl im soln 50 mg/ml* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine hcl syrup 10 mg/5ml* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine hcl tab 10 mg* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine hcl tab 25 mg* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine hcl tab 50 mg* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine pamoate cap 25 mg* | Tier 2 | PA; PA if 70 years and older |
| *hydroxyzine pamoate cap 50 mg* | Tier 2 | PA; PA if 70 years and older |
| *levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)* | Tier 1 | |
| *levocetirizine dihydrochloride tab 5 mg* | Tier 1 | |
| *loratadine sol 5mg/5ml* | Tier 3 | DP |
| *loratadine syp 5mg/5ml* | Tier 3 | DP |
| *loratadine tab 10 mg* | Tier 3 | DP |
| *loratadine tab 10mg* | Tier 3 | DP |
| *medi-phedryl cap 25mg* | Tier 3 | DP |
| *mucinex allr tab 180mg* | Tier 3 | DP |
| *pharbechlor tab 4mg* | Tier 3 | DP |
| *pharbedryl cap 25mg* | Tier 3 | DP |
| *pharbedryl cap 50mg* | Tier 3 | DP |
| *qc allergy tab 10mg* | Tier 3 | DP |
| *sb allergy tab 10mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *sb allergy tab 25mg med* | Tier 3 | DP |
| *siladryl alr liq 12.5/5ml* | Tier 3 | DP |
| *sm all day tab allergy* | Tier 3 | DP |
| *sm allergy tab 4mg* | Tier 3 | DP |
| *sm allergy tab 25mg rlf* | Tier 3 | DP |
| *sm loratadin tab 10mg* | Tier 3 | DP |
| ***BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD*** | | |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | Tier 1 | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | Tier 1 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | Tier 1 | B/D |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | Tier 1 | B/D |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | Tier 1 | B/D |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | Tier 1 | B/D |
| *albuterol sulfate syrup 2 mg/5ml* | Tier 1 | |
| *albuterol sulfate tab 2 mg* | Tier 1 | |
| *albuterol sulfate tab 4 mg* | Tier 1 | |
| *albuterol sulfate tab er 12hr 4 mg* | Tier 1 | |
| *albuterol sulfate tab er 12hr 8 mg* | Tier 1 | |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | Tier 1 | B/D |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | Tier 1 | B/D |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | Tier 1 | B/D |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | Tier 1 | B/D |
| *levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)* | Tier 1 | QL (2 inhalers / 30 days) |
| SEREVENT DIS AER 50MCG | Tier 2 | QL (60 inhalations / 30 days) |
| *terbutaline sulfate tab 2.5 mg* | Tier 1 | |
| *terbutaline sulfate tab 5 mg* | Tier 1 | |
| VENTOLIN HFA AER | Tier 2 | QL (2 inhalers / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ***COUGH AND COLD*** | | |
| AERCHMBR PLS MIS FLOW-VU | Tier 3 | DP |
| AERCHMBR PLS MIS LRG MASK | Tier 3 | DP |
| AERCHMBR PLS MIS MED MASK | Tier 3 | DP |
| AERCHMBR PLS MIS SM MASK | Tier 3 | DP |
| AERCHMBR Z- MIS STAT PLS | Tier 3 | DP |
| AEROCHAMBER MIS CHAMBER | Tier 3 | DP |
| AEROCHAMBER MIS FLOSIGNA | Tier 3 | DP |
| AEROCHAMBER MIS MV | Tier 3 | DP |
| AEROCHAMBER MIS PLUS | Tier 3 | DP |
| AEROVENT MIS PLUS | Tier 3 | DP |
| *aller/conges tab 10-240mg* | Tier 3 | DP |
| *allergy d tab 5-120mg* | Tier 3 | DP |
| *allergy rel/ tab deconges* | Tier 3 | DP |
| *allergy relf tab /nsl dec* | Tier 3 | DP |
| *allergy relf tab d-24* | Tier 3 | DP |
| *allergy-d tab 5-120mg* | Tier 3 | DP |
| *allergy/cong tab 5-120mg* | Tier 3 | DP |
| *allgy comp-d tab 5-120mg* | Tier 3 | DP |
| *ambi 10peh/ tab 400gfn* | Tier 3 | DP |
| *ambi 40pse/ tab 400gfn* | Tier 3 | DP |
| ARIAL MIS CHAMBER | Tier 3 | DP |
| *benzonatate cap 100 mg* | Tier 3 | DP |
| *benzonatate cap 200 mg* | Tier 3 | DP |
| BREATHERITE MIS | Tier 3 | DP |
| BREATHERITE MIS LG MASK | Tier 3 | DP |
| BREATHERITE MIS MED MASK | Tier 3 | DP |
| BREATHERITE MIS SM MASK | Tier 3 | DP |
| BREATHERITE MIS SPACER | Tier 3 | DP |
| BREATHERITE MIS W/MASK | Tier 3 | DP |
| *bromfed dm syp* | Tier 3 | DP |
| CAPCOF SYP 5-2-10MG | Tier 3 | DP |
| *cetirizine-pseudoephedrine tab er 12hr 5-120 mg* | Tier 3 | DP |
| *cheratussin syp ac* | Tier 3 | DP |
| *child silfed liq 15mg/5ml* | Tier 3 | DP |
| CODAR AR LIQ 2-8/5ML | Tier 3 | DP |
| *cold/allergy elx children* | Tier 3 | DP |
| COMPACT SPAC MIS CHAMBER | Tier 3 | DP |
| COMPACT SPAC MIS LG MASK | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| COMPACT SPAC MIS MD MASK | Tier 3 | DP |
| COMPACT SPAC MIS SM MASK | Tier 3 | DP |
| *cough cont liq dm max* | Tier 3 | DP |
| *cough dm sus 30mg/5ml* | Tier 3 | DP |
| *cough syp 100/5ml* | Tier 3 | DP |
| *cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)* | Tier 3 | DP |
| *cvs cough dm sus 30mg/5ml* | Tier 3 | DP |
| *decongestant tab 120mg er* | Tier 3 | DP |
| DELSYM SUS 30MG/5ML | Tier 3 | DP |
| *dextromethorphan polistirex extended release susp 30 mg/5ml* | Tier 3 | DP |
| *dextromethorphan-guaifenesin syrup 10-100 mg/5ml* | Tier 3 | DP |
| *diabetic tus liq 100/5ml* | Tier 3 | DP |
| *diabetic tus liq dm* | Tier 3 | DP |
| *diabetic tus liq max st* | Tier 3 | DP |
| E-Z SPACER MIS | Tier 3 | DP |
| E-Z SPACER MIS BODY GRD | Tier 3 | DP |
| EASIVENT MIS | Tier 3 | DP |
| EASIVENT MIS MASK LG | Tier 3 | DP |
| EASIVENT MIS MASK MED | Tier 3 | DP |
| EASIVENT MIS MASK SM | Tier 3 | DP |
| *eq cough dm sus 30mg/5ml* | Tier 3 | DP |
| *extra action syp 100-10/5* | Tier 3 | DP |
| FLEXICHAMBER MIS | Tier 3 | DP |
| *genaphed tab 30mg* | Tier 3 | DP |
| *gnp cough dm sus 30mg/5ml* | Tier 3 | DP |
| *gnp suphedrn liq 15mg/5ml* | Tier 3 | DP |
| *gnp tussin liq dm* | Tier 3 | DP |
| *gnp tussin liq dm cough* | Tier 3 | DP |
| *gnp tussin liq dm max* | Tier 3 | DP |
| *gnp tussin syp cf* | Tier 3 | DP |
| *guaiatuss ac syp 100-10/5* | Tier 3 | DP |
| *guaifenesin liquid 100 mg/5ml* | Tier 3 | DP |
| *guaifenesin syp 100-10/5* | Tier 3 | DP |
| *guaifenesin-codeine soln 100-10 mg/5ml* | Tier 3 | DP |
| *hm cough dm sus 30mg/5ml* | Tier 3 | DP |
| *hm tussin liq adlt dm* | Tier 3 | DP |
| HOLD CHAMBER MIS ADLT LG | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| HOLD CHAMBER MIS MEDIUM | Tier 3 | DP |
| HOLD CHAMBER MIS SMALL | Tier 3 | DP |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* | Tier 3 | DP |
| *hydrocodone w/ homatropine syrup 5-1.5 mg/5ml* | Tier 3 | DP |
| *hydrocodone w/ homatropine tab 5-1.5 mg* | Tier 3 | DP |
| *hydromet syp 5-1.5/5* | Tier 3 | DP |
| INSPIRACHAMB MIS LARGE | Tier 3 | DP |
| INSPIRACHAMB MIS MEDIUM | Tier 3 | DP |
| INSPIRACHAMB MIS MOUTHPCE | Tier 3 | DP |
| INSPIRACHAMB MIS SMALL | Tier 3 | DP |
| INSPIREASE MIS DD SYST | Tier 3 | DP |
| LITEAIRE MIS | Tier 3 | DP |
| LOHIST-DM SYP 5-2-10MG | Tier 3 | DP |
| *lorata-dine tab d 24hr* | Tier 3 | DP |
| *loratadine d tab 5-120mg* | Tier 3 | DP |
| *loratadine-d tab 5-120mg* | Tier 3 | DP |
| *loratadine-d tab 10-240mg* | Tier 3 | DP |
| LORTUSS EX LIQ | Tier 3 | DP |
| *m-clear wc liq 100-6.3* | Tier 3 | DP |
| MAR-COF CG LIQ 225-7.5 | Tier 3 | DP |
| *medi-tussin syp dm* | Tier 3 | DP |
| MICROCHAMBER MIS | Tier 3 | DP |
| MICROSPACER MIS | Tier 3 | DP |
| *mucinex chld liq 100/5ml* | Tier 3 | DP |
| *mucus relief liq 100/5ml* | Tier 3 | DP |
| *mucus relief liq 400/20ml* | Tier 3 | DP |
| *nasal decong tab 10mg* | Tier 3 | DP |
| *nasal decong tab 30mg* | Tier 3 | DP |
| *nasal decong tab 120mg er* | Tier 3 | DP |
| NASALCROM SPR 5.2/ACT | Tier 3 | DP |
| NINJACOF-XG LIQ 200-8/5 | Tier 3 | DP |
| OPTICHAMBER MIS ADV LRG | Tier 3 | DP |
| OPTICHAMBER MIS ADV MED | Tier 3 | DP |
| OPTICHAMBER MIS ADV SM | Tier 3 | DP |
| OPTICHAMBER MIS DIA LG | Tier 3 | DP |
| OPTICHAMBER MIS DIA MD | Tier 3 | DP |
| OPTICHAMBER MIS DIA SM | Tier 3 | DP |
| OPTICHAMBER MIS DIAMOND | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| OPTICHAMBER MIS FACE MAS | Tier 3 | DP |
| OPTIHALER MIS | Tier 3 | DP |
| *10peh/400gfn tab /20dm* | Tier 3 | DP |
| POCKET CHAMB MIS | Tier 3 | DP |
| POCKET SPACE MIS | Tier 3 | DP |
| POLY-TUSSIN LIQ 10-4-10 | Tier 3 | DP |
| PRO-RED AC SYP 5-1-9/5 | Tier 3 | DP |
| *prometh vc/ syp codeine* | Tier 3 | DP |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | Tier 3 | DP |
| *promethazine-dm syrup 6.25-15 mg/5ml* | Tier 3 | DP |
| *pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml* | Tier 3 | DP |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | Tier 3 | DP |
| *pseudoephedr tab 120mg er* | Tier 3 | DP |
| *pseudoephedrine hcl tab 30 mg* | Tier 3 | DP |
| *pseudoephedrine hcl tab 60 mg* | Tier 3 | DP |
| *pseudoephedrine hcl tab er 12hr 120 mg* | Tier 3 | DP |
| *qc suphedrin tab 120mg sr* | Tier 3 | DP |
| *ra cough dm sus 30mg/5ml* | Tier 3 | DP |
| REFENESEN TAB CHST CNG | Tier 3 | DP |
| RITEFLO MIS | Tier 3 | DP |
| *robafen dm syp 100-10/5* | Tier 3 | DP |
| *robafen syp 100/5ml* | Tier 3 | DP |
| RYDEX LIQ | Tier 3 | DP |
| *rynex pse liq* | Tier 3 | DP |
| *sb cgh contr liq dm* | Tier 3 | DP |
| *siltuss das liq 100/5ml* | Tier 3 | DP |
| *siltussin dm liq das* | Tier 3 | DP |
| *siltussin sa syp 100/5ml* | Tier 3 | DP |
| *siltussin-dm liq diabetic* | Tier 3 | DP |
| *siltussin-dm liq max st* | Tier 3 | DP |
| *siltussin-dm syp alc free* | Tier 3 | DP |
| *sm nasal dec tab 30mg* | Tier 3 | DP |
| *sm tussin cf liq* | Tier 3 | DP |
| *sm tussin dm syp 100-10/5* | Tier 3 | DP |
| *sm tussin syp dm* | Tier 3 | DP |
| *sudogest pe tab 10mg* | Tier 3 | DP |
| *sudogest tab 30mg* | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *sudogest tab 60mg* | Tier 3 | DP |
| *sudogest tab 120mg er* | Tier 3 | DP |
| TESSALON PER CAP 100MG | Tier 3 | DP |
| *trymine cg liq 225-7.5* | Tier 3 | DP |
| TUSNEL C SYP | Tier 3 | DP |
| *tusnel diabt liq 10-100/5* | Tier 3 | DP |
| TUSSICAPS CAP 5-4MG | Tier 3 | DP |
| TUSSICAPS CAP 10-8MG | Tier 3 | DP |
| *tussigon tab 5-1.5mg* | Tier 3 | DP |
| *tussin adult liq 100/5ml* | Tier 3 | DP |
| *tussin adult liq cgh/cong* | Tier 3 | DP |
| *tussin adult liq cold* | Tier 3 | DP |
| *tussin cf liq* | Tier 3 | DP |
| *tussin cf liq cgh/cold* | Tier 3 | DP |
| *tussin chest syp 100/5ml* | Tier 3 | DP |
| *tussin dm liq* | Tier 3 | DP |
| *tussin dm liq 10-200/5* | Tier 3 | DP |
| *tussin dm liq 100-10/5* | Tier 3 | DP |
| *tussin dm liq max* | Tier 3 | DP |
| *tussin dm syp 100-10/5* | Tier 3 | DP |
| VALVD HOLDNG MIS CHAMBER | Tier 3 | DP |
| VORTEX VALVE MIS CHAMBER | Tier 3 | DP |
| WATCHHALER MIS | Tier 3 | DP |
| ZUTRIPRO LIQ 60-4-5MG | Tier 3 | DP |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium chew tab 4 mg (base equiv)* | Tier 1 | |
| *montelukast sodium chew tab 5 mg (base equiv)* | Tier 1 | |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | Tier 1 | |
| *montelukast sodium tab 10 mg (base equiv)* | Tier 1 | |
| *zafirlukast tab 10 mg* | Tier 1 | |
| *zafirlukast tab 20 mg* | Tier 1 | |
| ***MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES*** | | |
| *cromolyn sodium soln nebu 20 mg/2ml* | Tier 1 | B/D |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine inhal soln 10%* | Tier 1 | NDS, B/D |
| *acetylcysteine inhal soln 20%* | Tier 1 | NDS, B/D |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ARALAST NP INJ 500MG | Tier 2 | LA, PA |
| ARALAST NP INJ 1000MG | Tier 2 | NDS, LA, PA |
| AYR SALINE KIT NETI RNS | Tier 3 | DP |
| AYR SALINE KIT RINSE | Tier 3 | DP |
| DALIRESP TAB 250MCG | Tier 2 | |
| DALIRESP TAB 500MCG | Tier 2 | |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | Tier 1 | (generic of Adrenaclick) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | Tier 1 | (generic of Adrenaclick) |
| ESBRIET CAP 267MG | Tier 2 | PA |
| ESBRIET TAB 267MG | Tier 2 | PA |
| ESBRIET TAB 801MG | Tier 2 | PA |
| KALYDECO PAK 25MG | Tier 2 | PA |
| KALYDECO PAK 50MG | Tier 2 | PA |
| KALYDECO PAK 75MG | Tier 2 | PA |
| KALYDECO TAB 150MG | Tier 2 | PA |
| OFEV CAP 100MG | Tier 2 | PA |
| OFEV CAP 150MG | Tier 2 | PA |
| ORKAMBI GRA 100-125 | Tier 2 | PA |
| ORKAMBI GRA 150-188 | Tier 2 | PA |
| ORKAMBI TAB 100-125 | Tier 2 | PA |
| ORKAMBI TAB 200-125 | Tier 2 | PA |
| PROLASTIN-C INJ 1000MG | Tier 2 | LA, PA |
| PROLASTIN-C INJ 1000MG | Tier 2 | NDS, LA, PA |
| PULMOZYME SOL 1MG/ML | Tier 2 | PA |
| SYMDEKO TAB 100-150 | Tier 2 | LA, PA |
| THEO-24 CAP 100MG CR | Tier 2 | |
| THEO-24 CAP 200MG CR | Tier 2 | |
| THEO-24 CAP 300MG CR | Tier 2 | |
| THEO-24 CAP 400MG ER | Tier 2 | |
| *theophylline soln 80 mg/15ml* | Tier 1 | |
| *theophylline tab er 12hr 100 mg* | Tier 1 | |
| *theophylline tab er 12hr 200 mg* | Tier 1 | |
| *theophylline tab er 12hr 300 mg* | Tier 1 | |
| *theophylline tab er 12hr 450 mg* | Tier 1 | |
| *theophylline tab er 24hr 400 mg* | Tier 1 | |
| *theophylline tab er 24hr 600 mg* | Tier 1 | |
| XOLAIR INJ 75/0.5 | Tier 2 | LA, PA |
| XOLAIR INJ 150MG/ML | Tier 2 | LA, PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| XOLAIR SOL 150MG | Tier 2 | LA, PA |
| ZEMAIRA INJ 1000MG | Tier 2 | NDS, LA, PA |
| ***NASAL STEROIDS - DRUGS TO TREAT ALLERGIES*** | | |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | Tier 1 | QL (3 bottles / 30 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | Tier 1 | QL (1 bottle / 30 days) |
| ***STEROID INHALANTS - DRUGS TO TREAT ASTHMA*** | | |
| ARNUITY ELPT INH 50MCG | Tier 2 | QL (30 inhalations / 30 days) |
| ARNUITY ELPT INH 100MCG | Tier 2 | QL (30 inhalations / 30 days) |
| ARNUITY ELPT INH 200MCG | Tier 2 | QL (30 inhalations / 30 days) |
| *budesonide inhalation susp 0.5 mg/2ml* | Tier 1 | B/D |
| *budesonide inhalation susp 0.25 mg/2ml* | Tier 1 | B/D |
| FLOVENT DISK AER 50MCG | Tier 2 | QL (120 inhalations / 30 days) |
| FLOVENT DISK AER 100MCG | Tier 2 | QL (120 inhalations / 30 days) |
| FLOVENT DISK AER 250MCG | Tier 2 | QL (240 inhalations / 30 days) |
| FLOVENT HFA AER 44MCG | Tier 2 | QL (2 inhalers / 30 days) |
| FLOVENT HFA AER 110MCG | Tier 2 | QL (2 inhalers / 30 days) |
| FLOVENT HFA AER 220MCG | Tier 2 | QL (2 inhalers / 30 days) |
| PULMICORT INH 90MCG | Tier 2 | QL (2 inhalers / 30 days) |
| PULMICORT INH 180MCG | Tier 2 | QL (2 inhalers / 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD*** | | |
| ADVAIR DISKU AER 100/50 | Tier 2 | QL (60 inhalations / 30 days) |
| ADVAIR DISKU AER 250/50 | Tier 2 | QL (60 inhalations / 30 days) |
| ADVAIR DISKU AER 500/50 | Tier 2 | QL (60 inhalations / 30 days) |
| ADVAIR HFA AER 45/21 | Tier 2 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | Tier 2 | QL (1 inhaler / 30 days) |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ADVAIR HFA AER 230/21 | Tier 2 | QL (1 inhaler / 30 days) |
| BREO ELLIPTA INH 100-25 | Tier 2 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | Tier 2 | QL (60 blisters / 30 days) |
| SYMBICORT AER 80-4.5 | Tier 2 | QL (1 inhaler / 30 days) |
| SYMBICORT AER 160-4.5 | Tier 2 | QL (1 inhaler / 30 days) |
| **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS** | | |
| ***DERMATOLOGY, ACNE*** | | |
| *amnesteem cap 10mg* | Tier 1 | PA |
| *amnesteem cap 20mg* | Tier 1 | PA |
| *amnesteem cap 40mg* | Tier 1 | PA |
| *avita cre 0.025%* | Tier 1 | PA |
| *avita gel 0.025%* | Tier 1 | PA |
| *benzoyl peroxide-erythromycin gel 5-3%* | Tier 1 | |
| *claravis cap 10mg* | Tier 1 | PA |
| *claravis cap 20mg* | Tier 1 | PA |
| *claravis cap 30mg* | Tier 1 | PA |
| *claravis cap 40mg* | Tier 1 | PA |
| *clindacin-p pad 1%* | Tier 1 | |
| *clindamycin phosphate gel 1%* | Tier 1 | |
| *clindamycin phosphate lotion 1%* | Tier 1 | |
| *clindamycin phosphate soln 1%* | Tier 1 | |
| *clindamycin phosphate swab 1%* | Tier 1 | |
| *erythromycin gel 2%* | Tier 1 | |
| *erythromycin pads 2%* | Tier 1 | |
| *erythromycin soln 2%* | Tier 1 | |
| *isotretinoin cap 10 mg* | Tier 1 | PA |
| *isotretinoin cap 20 mg* | Tier 1 | PA |
| *isotretinoin cap 30 mg* | Tier 1 | PA |
| *isotretinoin cap 40 mg* | Tier 1 | PA |
| *myorisan cap 10mg* | Tier 1 | PA |
| *myorisan cap 20mg* | Tier 1 | PA |
| *myorisan cap 30mg* | Tier 1 | PA |
| *myorisan cap 40mg* | Tier 1 | PA |
| *sulfacetamide sodium lotion 10% (acne)* | Tier 1 | |
| *tretinoin cream 0.1%* | Tier 1 | PA |
| *tretinoin cream 0.05%* | Tier 1 | PA |
| *tretinoin cream 0.025%* | Tier 1 | PA |
| *tretinoin gel 0.01%* | Tier 1 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *tretinoin gel 0.025%* | Tier 1 | PA |
| *zenatane cap 10mg* | Tier 1 | PA |
| *zenatane cap 20mg* | Tier 1 | PA |
| *zenatane cap 30mg* | Tier 1 | PA |
| *zenatane cap 40mg* | Tier 1 | PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *bacitr zinc oin 500/gm* | Tier 3 | DP |
| *bacitracin oin 500/gm* | Tier 3 | DP |
| *bacitracin oint 500 unit/gm* | Tier 3 | DP |
| *bacitracin zinc oint 500 unit/gm* | Tier 3 | DP |
| *double antib oin* | Tier 3 | DP |
| *gentamicin sulfate cream 0.1%* | Tier 1 | |
| *gentamicin sulfate oint 0.1%* | Tier 1 | |
| *hm triple oin antibiot* | Tier 3 | DP |
| *mupirocin oint 2%* | Tier 1 | |
| *neomycin-bacitracin-polymyxin oint* | Tier 3 | DP |
| *sb triple oin antibiot* | Tier 3 | DP |
| *silver sulfadiazine cream 1%* | Tier 1 | |
| *sm antibioti oin 500/gm* | Tier 3 | DP |
| *sm triple oin antibiot* | Tier 3 | DP |
| *ssd cre 1%* | Tier 1 | |
| SULFAMYLON CRE 85MG/GM | Tier 2 | |
| *tri-biozene oin* | Tier 3 | DP |
| *triple antib oin* | Tier 3 | DP |
| *triple antib oin max st* | Tier 3 | DP |
| *triple antib oin plus* | Tier 3 | DP |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *anti-fungal cre 1%* | Tier 3 | DP |
| *anti-fungal pow 1%* | Tier 3 | DP |
| *antifungal aer 1%* | Tier 3 | DP |
| *antifungal cre 1%* | Tier 3 | DP |
| *antifungal cre 2%* | Tier 3 | DP |
| *athlete foot cre 1%* | Tier 3 | DP |
| *athlete foot cre af* | Tier 3 | DP |
| *baza antifun cre 2%* | Tier 3 | DP |
| BENZOIN TIN | Tier 3 | DP |
| BENZOIN TIN PLAIN | Tier 3 | DP |
| *castellani paint* | Tier 3 | DP |
| *ciclopirox gel 0.77%* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *ciclopirox olamine cream 0.77% (base equiv)* | Tier 1 | |
| *ciclopirox olamine susp 0.77% (base equiv)* | Tier 1 | |
| *ciclopirox shampoo 1%* | Tier 1 | |
| *clotrimazole cre 1%* | Tier 3 | DP |
| *clotrimazole cream 1%* | Tier 1 | |
| *clotrimazole cream 1%* | Tier 3 | DP |
| *clotrimazole soln 1%* | Tier 1 | |
| *clotrimazole soln 1%* | Tier 3 | DP |
| *clotrimazole w/ betamethasone cream 1-0.05%* | Tier 1 | |
| *fungoid-d cre 1%* | Tier 3 | DP |
| *jock itch aer 1%* | Tier 3 | DP |
| *ketoconazole cream 2%* | Tier 1 | |
| *miconazole nitrate cream 2%* | Tier 3 | DP |
| *nyamyc pow 100000* | Tier 1 | |
| *nystatin cream 100000 unit/gm* | Tier 1 | |
| *nystatin oint 100000 unit/gm* | Tier 1 | |
| *nystatin topical powder 100000 unit/gm* | Tier 1 | |
| *nystop pow 100000* | Tier 1 | |
| *podactin pow 1%* | Tier 3 | DP |
| *sm antifungl cre 1%* | Tier 3 | DP |
| *sm antifungl cre 2%* | Tier 3 | DP |
| *soothe&cool cre inzo 2%* | Tier 3 | DP |
| *terbinafine cre 1%* | Tier 3 | DP |
| *terbinafine hcl cream 1%* | Tier 3 | DP |
| *tolnaftate cre 1%* | Tier 3 | DP |
| *tolnaftate cream 1%* | Tier 3 | DP |
| *tolnaftate powder 1%* | Tier 3 | DP |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin cap 10 mg* | Tier 2 | PA |
| *acitretin cap 17.5 mg* | Tier 2 | PA |
| *acitretin cap 25 mg* | Tier 2 | PA |
| *calcipotriene cream 0.005%* | Tier 1 | QL (120 gm / 30 days), PA |
| *calcipotriene oint 0.005%* | Tier 1 | QL (120 gm / 30 days), PA |
| *calcipotriene soln 0.005% (50 mcg/ml)* | Tier 1 | QL (120 mL / 30 days), PA |
| *tazarotene cream 0.1%* | Tier 1 | PA |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| TAZORAC CRE 0.05% | Tier 2 | PA |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole shampoo 2%* | Tier 1 | |
| *selenium sulfide lotion 2.5%* | Tier 1 | |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort cre 1%* | Tier 1 | |
| *ala-cort cre 2.5%* | Tier 1 | |
| *alclometasone dipropionate cream 0.05%* | Tier 1 | |
| *alclometasone dipropionate oint 0.05%* | Tier 1 | |
| *betamethasone dipropionate augmented cream 0.05%* | Tier 1 | |
| *betamethasone dipropionate augmented gel 0.05%* | Tier 1 | |
| *betamethasone dipropionate augmented lotion 0.05%* | Tier 1 | |
| *betamethasone dipropionate augmented oint 0.05%* | Tier 1 | |
| *betamethasone dipropionate cream 0.05%* | Tier 1 | |
| *betamethasone dipropionate lotion 0.05%* | Tier 1 | |
| *betamethasone dipropionate oint 0.05%* | Tier 1 | |
| *betamethasone valerate cream 0.1% (base equivalent)* | Tier 1 | |
| *betamethasone valerate lotion 0.1% (base equivalent)* | Tier 1 | |
| *betamethasone valerate oint 0.1% (base equivalent)* | Tier 1 | |
| ENSTILAR AER | Tier 2 | PA |
| *fluocinolone acetonide cream 0.01%* | Tier 1 | |
| *fluocinolone acetonide cream 0.025%* | Tier 1 | |
| *fluocinolone acetonide oil 0.01% (body oil)* | Tier 1 | |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | Tier 1 | |
| *fluocinolone acetonide oint 0.025%* | Tier 1 | |
| *fluocinolone acetonide soln 0.01%* | Tier 1 | |
| *fluocinonide cream 0.05%* | Tier 1 | |
| *fluocinonide emulsified base cream 0.05%* | Tier 1 | |
| *fluocinonide gel 0.05%* | Tier 1 | |
| *fluocinonide soln 0.05%* | Tier 1 | |
| *fluticasone propionate cream 0.05%* | Tier 1 | |
| *fluticasone propionate oint 0.005%* | Tier 1 | |
| *halobetasol propionate cream 0.05%* | Tier 1 | |
| *halobetasol propionate oint 0.05%* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| *hydrocortisone butyrate cream 0.1%* | Tier 1 | |
| *hydrocortisone butyrate oint 0.1%* | Tier 1 | |
| *hydrocortisone cream 1%* | Tier 1 | |
| *hydrocortisone cream 2.5%* | Tier 1 | |
| *hydrocortisone lotion 2.5%* | Tier 1 | |
| *hydrocortisone oint 2.5%* | Tier 1 | |
| *hydrocortisone valerate cream 0.2%* | Tier 1 | |
| *hydrocortisone valerate oint 0.2%* | Tier 1 | |
| *mometasone furoate cream 0.1%* | Tier 1 | |
| *mometasone furoate oint 0.1%* | Tier 1 | |
| *mometasone furoate solution 0.1% (lotion)* | Tier 1 | |
| TEXACORT SOL 2.5% | Tier 2 | |
| *triamcinolone acetonide cream 0.1%* | Tier 1 | |
| *triamcinolone acetonide cream 0.5%* | Tier 1 | |
| *triamcinolone acetonide cream 0.025%* | Tier 1 | |
| *triamcinolone acetonide lotion 0.1%* | Tier 1 | |
| *triamcinolone acetonide lotion 0.025%* | Tier 1 | |
| *triamcinolone acetonide oint 0.1%* | Tier 1 | |
| *triamcinolone acetonide oint 0.5%* | Tier 1 | |
| *triamcinolone acetonide oint 0.025%* | Tier 1 | |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *glydo gel 2%* | Tier 1 | QL (30 mL / 30 days), PA |
| *lidocaine hcl soln 4%* | Tier 1 | QL (50 mL / 30 days), PA |
| *lidocaine hcl urethral/mucosal gel 2%* | Tier 1 | QL (30 mL / 30 days), PA |
| *lidocaine oint 5%* | Tier 1 | QL (50 grams / 30 days), PA |
| *lidocaine patch 5%* | Tier 1 | QL (3 patches / 1 day), PA |
| *lidocaine-prilocaine cream 2.5-2.5%* | Tier 1 | QL (30 grams / 30 days), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| ACESULFAME POW POTASSIU | Tier 3 | DP |
| ACETAMIN POW | Tier 3 | DP |
| ACETIC ACID SOL 3% | Tier 3 | DP |
| ACETIC ACID SOL GLACIAL | Tier 3 | DP |
| ACETYL-L-CAR POW HCL | Tier 3 | DP |
| ALLANTOIN POW | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ALMOND OIL SWEET | Tier 3 | DP |
| ALOE VERA POW | Tier 3 | DP |
| ALUM AMMONIU POW | Tier 3 | DP |
| ALUMINUM CL CRY | Tier 3 | DP |
| ALUMINUM POW HYDROXID | Tier 3 | DP |
| *amlactin lot 12%* | Tier 3 | DP |
| AMMONIUM GRA CHLORIDE | Tier 3 | DP |
| AMMONIUM POW ALUMINUM | Tier 3 | DP |
| ARGININE HCL POW | Tier 3 | DP |
| ASCORBIC ACD GRA | Tier 3 | DP |
| ASCORBIC ACD POW | Tier 3 | DP |
| ASCORBYL POW PALMITAT | Tier 3 | DP |
| BETAINE POW ANHYDROU | Tier 3 | DP |
| BIOFLAVINOID POW LEMON | Tier 3 | DP |
| BIOFLAVONOID POW CITRUS | Tier 3 | DP |
| BISMUTH POW SUBNITRA | Tier 3 | DP |
| BISMUTH SUBC POW | Tier 3 | DP |
| BORIC ACID GRA | Tier 3 | DP |
| BORIC ACID POW | Tier 3 | DP |
| CALAMINE LOT | Tier 3 | DP |
| CALAMINE LOT 8-8% | Tier 3 | DP |
| CALAMINE LOT PHENOLAT | Tier 3 | DP |
| CALAMINE POW | Tier 3 | DP |
| CALCIUM POW CITRATE | Tier 3 | DP |
| CALCIUM POW HYDROXID | Tier 3 | DP |
| CALCIUM POW SACCHARA | Tier 3 | DP |
| CAMPHOR CRY | Tier 3 | DP |
| *capsaicin cre 0.1%* | Tier 3 | DP |
| *capsaicin cream 0.025%* | Tier 3 | DP |
| CAPSAICIN LIQ 0.15% | Tier 3 | DP |
| CAPSAICIN POW | Tier 3 | DP |
| CARBOMER POW HOMOPOLY | Tier 3 | DP |
| CARBOXYMETHY POW SODIUM | Tier 3 | DP |
| CHLOROFORM SOL | Tier 3 | DP |
| CHOLESTEROL POW ACETATE | Tier 3 | DP |
| CHRYSIN POW | Tier 3 | DP |
| CITRIC ACID GRA ANHYDROU | Tier 3 | DP |
| CITRIC ACID GRA MONOHYDR | Tier 3 | DP |
| CITRIC ACID POW ANHYDROU | Tier 3 | DP |
| CLORPACTIN POW WCS-90 | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| CLOVE OIL | Tier 3 | DP |
| COAL TAR SOL 20% | Tier 3 | DP |
| COCONUT OIL | Tier 3 | DP |
| COENZYME Q10 POW | Tier 3 | DP |
| CORN STARCH POW | Tier 3 | DP |
| COTTONSEED OIL | Tier 3 | DP |
| CREATINE POW MONOHYDR | Tier 3 | DP |
| CROTON OIL | Tier 3 | DP |
| D-VITAMIN E POW SUCCINAT | Tier 3 | DP |
| *diclofenac sodium gel 1%* | Tier 1 | PA |
| ETHOXY ETHNL LIQ REAGENT | Tier 3 | DP |
| ETHYL ALCOHO SOL 95% | Tier 3 | DP |
| ETHYL ALCOHO SOL 95% USP | Tier 3 | DP |
| ETHYL ALCOHO SOL SDA 95% | Tier 3 | DP |
| ETHYL OLEATE LIQ | Tier 3 | DP |
| EUGENOL SOL | Tier 3 | DP |
| FERRIC POW SUBSULFA | Tier 3 | DP |
| FERRIC SUBSU SOL | Tier 3 | DP |
| *fluorouracil cream 5%* | Tier 1 | |
| *fluorouracil soln 2%* | Tier 1 | |
| *fluorouracil soln 5%* | Tier 1 | |
| FORMALDEHYDE SOL 37% | Tier 3 | DP |
| FREE & CLEAR SHA | Tier 3 | DP |
| FULLERS POW EARTH | Tier 3 | DP |
| GLUCOSAMINE POW HCL | Tier 3 | DP |
| GLUCOSAMINE POW SULFATE | Tier 3 | DP |
| GLYCERIN LIQ | Tier 3 | DP |
| GLYCOLIC ACD CRY | Tier 3 | DP |
| GLYCOLIC ACD SOL 70% | Tier 3 | DP |
| GRAPE SEED OIL | Tier 3 | DP |
| GREEN TEA EX LIQ 90% | Tier 3 | DP |
| HYDROCHL ACD LIQ 37% | Tier 3 | DP |
| *hydrocortisone rectal cream 2.5%* | Tier 1 | |
| ICHTHAMMOL POW | Tier 3 | DP |
| *imiquimod cream 5%* | Tier 1 | |
| INDOLE-3- POW CARBINOL | Tier 3 | DP |
| INOSITOL POW HEXANICO | Tier 3 | DP |
| IODINE CRY RESUBLIM | Tier 3 | DP |
| IODOFORM POW | Tier 3 | DP |
| ISOPROPYL LIQ PALMITAT | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| JESSNERS SOL | Tier 3 | DP |
| KOJIC ACID POW | Tier 3 | DP |
| L-CITRULLINE POW | Tier 3 | DP |
| LAC-HYDRIN LOT 12% | Tier 3 | DP |
| *lactic acid (ammonium lactate) cream 12%* | Tier 1 | |
| *lactic acid (ammonium lactate) cream 12%* | Tier 3 | DP |
| *lactic acid (ammonium lactate) lotion 12%* | Tier 1 | |
| *lactic acid (ammonium lactate) lotion 12%* | Tier 3 | DP |
| LACTIC ACID SOL | Tier 3 | DP |
| LIPOIC ACID POW | Tier 3 | DP |
| MAG CITRATE POW TRIBASIC | Tier 3 | DP |
| MAGNESIUM POW HYDROXID | Tier 3 | DP |
| MALIC ACID POW | Tier 3 | DP |
| MANNITOL POW | Tier 3 | DP |
| MENTHOL CRY | Tier 3 | DP |
| MENTHOL-L CRY | Tier 3 | DP |
| METHYL SULF CRY | Tier 3 | DP |
| *metronidazole cream 0.75%* | Tier 1 | |
| *metronidazole gel 0.75%* | Tier 1 | |
| *metronidazole lotion 0.75%* | Tier 1 | |
| NA PHOS MONO POW ANHYDROU | Tier 3 | DP |
| NEW SKIN AER | Tier 3 | DP |
| OIL-ALMOND OIL SWEET | Tier 3 | DP |
| OIL-COCONUT OIL | Tier 3 | DP |
| ORNITHINE POW HCL | Tier 3 | DP |
| OXALIC ACID CRY | Tier 3 | DP |
| PANRETIN GEL 0.1% | Tier 2 | |
| PENTRAVAN CRE | Tier 3 | DP |
| PENTRAVAN CRE PLUS | Tier 3 | DP |
| PERUVIAN LIQ BALSAM | Tier 3 | DP |
| PHENOL LIQ | Tier 3 | DP |
| PHOSPHATIDYL POW 20% | Tier 3 | DP |
| PICATO GEL 0.05% | Tier 2 | QL (2 tubes / 30 days) |
| PICATO GEL 0.015% | Tier 2 | QL (3 tubes / 30 days) |
| *podofilox soln 0.5%* | Tier 1 | |
| POLYSORBATE SOL 20 | Tier 3 | DP |
| POT GLUCONAT POW ANHYDROU | Tier 3 | DP |
| POT HYDROXID SOL 10% | Tier 3 | DP |
| POT HYDROXID SOL 20% | Tier 3 | DP |
| POT NITRATE GRA | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| POT NITRATE GRA PURIFIED | Tier 3 | DP |
| POTASSIUM CRY BROMIDE | Tier 3 | DP |
| POTASSIUM CRY IODIDE | Tier 3 | DP |
| POTASSIUM MIS HYDROXID | Tier 3 | DP |
| *procto-med cre hc 2.5%* | Tier 1 | |
| *procto-pak cre 1%* | Tier 1 | |
| *proctozone cre -hc 2.5%* | Tier 1 | |
| PSYLLIUM POW HUSK 95% | Tier 3 | DP |
| PX CALAMINE LOT | Tier 3 | DP |
| PYRUVIC ACID LIQ | Tier 3 | DP |
| RA CALAMINE LOT | Tier 3 | DP |
| RED YEAST POW RICE | Tier 3 | DP |
| RESORCINOL POW | Tier 3 | DP |
| *rosadan cre 0.75%* | Tier 1 | |
| SAFFLOWER OIL | Tier 3 | DP |
| SALICYLIC POW ACID | Tier 3 | DP |
| SM CALAMINE LOT | Tier 3 | DP |
| SM CALAMINE LOT PHENOLAT | Tier 3 | DP |
| SOD BROMIDE GRA | Tier 3 | DP |
| SOD FLUORIDE POW | Tier 3 | DP |
| SOD METABISU GRA ANHYDR | Tier 3 | DP |
| SOD PERBORAT CRY | Tier 3 | DP |
| SOD PHOSPHAT GRA DIBASIC | Tier 3 | DP |
| SOD PROPION POW | Tier 3 | DP |
| SOD SULFITE POW ANHYDROU | Tier 3 | DP |
| SODIUM BORAT POW | Tier 3 | DP |
| SODIUM CITRA GRA DIHYDRAT | Tier 3 | DP |
| SODIUM MIS HYDROXID | Tier 3 | DP |
| SODIUM POW BICARBON | Tier 3 | DP |
| SOYBEAN OIL | Tier 3 | DP |
| SPERMACETI MIS | Tier 3 | DP |
| SQUARIC ACID LIQ BUTANOL | Tier 3 | DP |
| SQUARIC ACID POW DI-N-BUT | Tier 3 | DP |
| STEVIA POW EXTRACT | Tier 3 | DP |
| SULFUR POW | Tier 3 | DP |
| SULFUR POW PRECIPIT | Tier 3 | DP |
| *tacrolimus oint 0.1%* | Tier 1 | |
| *tacrolimus oint 0.03%* | Tier 1 | |
| TALC POW | Tier 3 | DP |
| TANNIC ACID POW | Tier 3 | DP |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| TARGRETIN GEL 1% | Tier 2 | PA |
| TARTARIC ACD GRA | Tier 3 | DP |
| THYMOL CRY | Tier 3 | DP |
| TURPENTINE LIQ SPIRITS | Tier 3 | DP |
| UNDECYLENIC LIQ ACID | Tier 3 | DP |
| UREA BEA | Tier 3 | DP |
| UREA POW PEROXIDE | Tier 3 | DP |
| VALCHLOR GEL 0.016% | Tier 2 | LA, PA |
| VEEGUM MIS LUMP | Tier 3 | DP |
| VITAMIN K-1 POW | Tier 3 | DP |
| XYLITOL POW | Tier 3 | DP |
| ZINC CHLORID GRA | Tier 3 | DP |
| ZINC OXIDE POW | Tier 3 | DP |
| *zostrix hp cre 0.1%* | Tier 3 | DP |
| ZOSTRIX NAT CRE 0.033% | Tier 3 | DP |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *complete kit lice* | Tier 3 | DP |
| *gnp lice kit* | Tier 3 | DP |
| *lice killing sha* | Tier 3 | DP |
| *lice killing sha 0.33-4%* | Tier 3 | DP |
| *lice treatmt lot 1%* | Tier 3 | DP |
| *lice treatmt sha 0.33-4%* | Tier 3 | DP |
| *lice trtmnt liq* | Tier 3 | DP |
| *lice trtmnt liq 1%* | Tier 3 | DP |
| *licide sha 0.33-4%* | Tier 3 | DP |
| *malathion lotion 0.5%* | Tier 1 | |
| *permethrin cream 5%* | Tier 1 | |
| *ra lice liq max st* | Tier 3 | DP |
| RID COMPLETE KIT LICE | Tier 3 | DP |
| RID ESS LICE KIT 0.33-4% | Tier 3 | DP |
| *rid lice kil sha 0.33-4%* | Tier 3 | DP |
| *rid licekill sha 0.33-4%* | Tier 3 | DP |
| *sm lice soln kit* | Tier 3 | DP |
| *tgt lice kit complete* | Tier 3 | DP |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| *acetic acid irrigation soln 0.25%* | Tier 1 | |
| REGRANEX GEL 0.01% | Tier 2 | PA |
| SANTYL OIN 250/GM | Tier 2 | |
| *sodium chloride irrigation soln 0.9%* | Tier 1 | |
| *water for irrigation, sterile irrigation soln* | Tier 1 | |

| Drug Name | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl cap 30 mg* | Tier 1 | |
| *chlorhexidine gluconate soln 0.12%* | Tier 1 | |
| *clotrimazole troche 10 mg* | Tier 1 | |
| *lidocaine hcl viscous soln 2%* | Tier 1 | |
| *little teeth gel 7.5%* | Tier 3 | DP |
| *nystatin susp 100000 unit/ml* | Tier 1 | |
| ORASEP SPR | Tier 3 | DP |
| *periogard sol 0.12%* | Tier 1 | |
| *periomed con 0.63%* | Tier 3 | DP |
| *pilocarpine hcl tab 5 mg* | Tier 1 | |
| *pilocarpine hcl tab 7.5 mg* | Tier 1 | |
| *triamcinolone acetonide dental paste 0.1%* | Tier 1 | |
| ***OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR*** | | |
| *acetic acid otic soln 2%* | Tier 1 | |
| CIPRODEX SUS 0.3-0.1% | Tier 2 | |
| *flac oil 0.01%* | Tier 1 | |
| *fluocinolone acetonide (otic) oil 0.01%* | Tier 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | Tier 1 | |
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