CCA One Care (HMO D-SNP)

Lista de medicamentos cubiertos (*Lista de medicamentos* o Formulario) de 2026

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

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Esta *Lista de medicamentos* se actualizó el 10/06/2025.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite ccama.org.

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocida como la *Lista de medicamentos*). Le indica qué medicamentos y productos no farmacológicos están cubiertos por CCA One Care. La *Lista de medicamentos* también le indica si existen reglas o restricciones especiales sobre los medicamentos cubiertos por CCA One Care. Los términos clave y sus definiciones aparecen en el último capítulo del Manual para miembros, también conocido como Evidencia de cobertura.

Índice

A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en *CCA One Care*.

- CCA One Care (HMO D-SNP) es un plan de salud que tiene contratos con Medicare y MassHealth (Medicaid) para proporcionar los beneficios de ambos programas a los inscritos. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.
- Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA One Care.
- En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- **Concientización sobre la recuperación del patrimonio:** la ley federal exige que MassHealth (Medicaid) recupere dinero de los patrimonios de determinados miembros de MassHealth (Medicaid)

que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth (Medicaid), visite www.mass.gov/estaterecovery.

- La lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.
- Los beneficios pueden cambiar el 1 de enero de cada año.
- Siempre puede consultar la *Lista de medicamentos cubiertos* de CCA One Care más reciente en línea en ccama.org o llamando a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, 7 días a la semana. Esta llamada es gratuita.
- Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.

- Este documento está disponible de forma gratuita en otros idiomas.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- Para las comunicaciones futuras, conservaremos su solicitud de formatos alternativos e idioma especial. Comuníquese con Servicios al miembro para cambiar su solicitud por un idioma o formato preferido.

Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia.
Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
    - Intérpretes calificados de lenguaje de señas
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
    - Intérpretes calificados
    - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios al miembro.

Si considera que Commonwealth Care Alliance, Inc. no ha proporcionado estos servicios o lo ha discriminado de otra manera por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia, puede presentar un reclamo ante la siguiente entidad:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108

Teléfono: 617-960-0474, ext. 3932 (TTY: 711)
fax: 857-453-4517
Correo electrónico:
civilrightscoordinator@commonwealthcare.org

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

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

Los formularios de quejas están disponibles en www.hhs.gov/ocr/office/file/index.html.

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Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d’assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Actualizó el 10/06/2025.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711)

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કૉલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງ ສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

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Actualizó el 10/06/2025.

Greek: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

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B. Preguntas frecuentes (FAQ)

Encuentre aquí respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos (Lista de medicamentos)*. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y respuesta.

B1. ¿Qué medicamentos están en la *Lista de Medicamentos Cubiertos*? (Para abreviar, llamamos *Lista de Medicamentos* a la *Lista de Medicamentos cubiertos*).

Los medicamentos en la *Lista de medicamentos* que comienza en la **Sección C** son los medicamentos cubiertos por CCA One Care. Los medicamentos están disponibles en farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar juntos y brindarle servicios a usted. A estas farmacias las llamamos "farmacias de la red".

- CCA One Care cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* si:
    - su médico u otro médico que le receta medicamentos le dice que los necesita para mejorar o mantenerse saludable;
    - CCA One Care está de acuerdo con que el medicamento es médicamente necesario para usted; **y**

- usted surte la receta en una farmacia de la red CCA One Care.

- En algunos casos, es necesario hacer algo antes de poder conseguir un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web ccama.org o llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana.

B2. ¿La *Lista de medicamentos* cambia alguna vez?

Sí, y CCA One Care debe seguir las reglas de Medicare y MassHealth (Medicaid) al realizar cambios. Podemos agregar o eliminar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir si se requiere o no autorización previa para un medicamento. (La autorización previa es el permiso de CCA One Care antes de que pueda obtener un medicamento).
- Agregar o cambiar la cantidad de un medicamento que puede obtener (llamados límites de cantidad).
- Agregar o cambiar las restricciones de terapia escalonada en un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas sobre medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- aparezca un medicamento nuevo y más barato en el mercado que funciona tan bien como un medicamento que figura actualmente en la *Lista de Medicamentos*, **o**
- nos enteremos de que un medicamento no es seguro, **o**
- un medicamento se retire del mercado.

Las preguntas B3 y B6 a continuación tienen más información sobre lo que sucede cuando cambia la *Lista de medicamentos*.

- Siempre puede consultar la *Lista de medicamentos* actualizada de CCA One Care en línea en ccama.org. Las actualizaciones de la *Lista de medicamentos* se publican en el sitio web mensualmente.
- También puede llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana para consultar la *Lista de medicamentos* actual.

B3. ¿Qué sucede cuando hay un cambio en la *Lista de Medicamentos*?

Algunos cambios en la *Lista de Medicamentos* se producirán **de inmediato**. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Sustituciones de ciertas nuevas versiones de medicamentos.** Podemos eliminar de inmediato los medicamentos de la *Lista de medicamentos* si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo el mismo. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
    - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que ocurra.

- Podemos realizar estos cambios solo si el medicamento que estamos agregando:
  - es una nueva versión genérica de un medicamento de marca, o
  - es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).
  - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.
- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

- **Eliminar medicamentos inseguros y otros medicamentos que se retiran del mercado.** A veces, un medicamento puede resultar inseguro o retirarse del mercado por otro motivo. Si esto sucede, podemos retirarlo de inmediato de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso después de que realicemos el cambio. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al medicamento que se retiró del mercado.

Podemos realizar otros cambios que afecten a los medicamentos que toma. Le informaremos con antelación sobre estos otros cambios en la *Lista de Medicamentos*. Estos cambios podrían ocurrir si:

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre un medicamento.

- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original al agregar uno biosimilar, o
- Cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- informarle al menos 30 días antes de que hagamos el cambio en la *Lista de Medicamentos*, **o**
- le informaremos y le daremos un suministro del medicamento para 31 días después de que solicite un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir lo siguiente:

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, **o**

- si se debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna acción obligatoria a tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otro profesional que le receta el medicamento deben hacer algo antes de que pueda obtenerlo. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener autorización de CCA One Care antes de surtir su receta. La autorización previa es diferente a una remisión. Es posible que CCA One Care no cubra el medicamento si no obtiene autorización previa.

- **Límites de cantidad:** A veces CCA One Care limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** A veces CCA One Care requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos para su afección médica en un orden determinado. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
- **Cobertura basada en indicaciones:** Si CCA One Care cubre un medicamento solo para algunas afecciones médicas, lo identificamos claramente en la *Lista de medicamentos* junto con las afecciones médicas específicas que están cubiertas.

Puede consultar las tablas de la **Sección C** para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información visitando nuestro sitio web ccama.org. Hemos publicado documentos en línea que

explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay acciones necesarias a realizar para obtenerlo?

La tabla en la sección titulada “Lista de medicamentos por afección médica” tiene una columna denominada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si CCA One Care cambia sus reglas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le informaremos con anticipación si agregamos o modificamos la autorización previa, los límites de cantidad y/o las restricciones de terapia escalonada de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no podamos informarle con anticipación cuando cambien nuestras reglas sobre los medicamentos en la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos formas de encontrar un medicamento:

- Puede buscar alfabéticamente, **o**
- Puede buscar por afección médica.

Para buscar **alfabéticamente**, busque su medicamento en la sección Índice de medicamentos cubiertos. Puede encontrarlo en la **Sección D**. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la *Lista de Medicamentos*. En el índice se enumeran los medicamentos de marca y los medicamentos genéricos.

Para buscar por afección médica, busque la **Sección C** denominada “Lista de medicamentos por afección médica”. Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de Medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana y pregunte al respecto. Si se entera de que

CCA One Care no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicite a Servicios al miembro una lista de medicamentos como el que desea tomar. Luego, muestre la lista a su médico u otro profesional que receta. Pueden recetarle un medicamento de la *Lista de Medicamentos* que sea similar al que usted desea tomar. **O bien**
- Pídale a CCA One Care que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un nuevo miembro de CCA One Care y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo un problema para obtenerlo?

Podemos ayudar. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días que sea miembro de CCA One Care. Esto le dará tiempo para

hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

Si su receta está escrita para menos días, permitiremos múltiples resurtidos para proporcionar hasta un máximo de 31 días de medicación.

Cubriremos un suministro para 31 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de Medicamentos*, **o**
- las reglas de nuestro plan no le permiten obtener la cantidad ordenada por su médico, **o**
- el medicamento requiere autorización previa de CCA One Care, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si está tomando un medicamento cubierto que CCA One Care no considera un medicamento de la Parte D, tiene derecho a obtener un suministro único del medicamento para 72 horas. Si la farmacia no puede facturar a CCA One Care por este suministro único, MassHealth (Medicaid) lo pagará.

Si se encuentra en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos*, o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan durante más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro del medicamento que necesita por 31 días (a menos que tenga una receta para menos días), independientemente de si es o no un nuevo miembro de CCA One Care.
- Esto se suma al suministro temporal durante los primeros 90 días que es miembro de CCA One Care.

Proporcionaremos un suministro de emergencia para al menos 31 días (a menos que la receta esté indicada para menos días) para todos los medicamentos que no estén en el formulario, incluidos los que pueden tener requisitos de tratamiento escalonado o autorización previa. Un nivel de atención no planeado podría incluir cualquiera de las siguientes situaciones:

- El alta de un centro de atención a largo plazo o la admisión en este
- El alta de un hospital o la admisión en este
- Un cambio de nivel de un centro de atención de enfermería especializada

B10. ¿Puedo solicitar una excepción para la cobertura de mi medicamento?

Sí. Puede solicitarle a CCA One Care que haga una excepción para cubrir un medicamento que no esté en la *Lista de medicamentos*.

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, CCA One Care puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y cubramos más.
- Otros ejemplos: Puede solicitarnos que eliminemos las restricciones de la terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a *Servicios al miembro*. Un representante de Servicios al miembro trabajará con usted y su médico para ayudarlo a solicitar una excepción. También puede leer el **Capítulo 9** del *Manual para miembros* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se tarda en obtener una excepción?

Después de que recibamos una declaración de su médico que respalde su solicitud de excepción, le daremos una decisión dentro de las 72 horas.

Un miembro, el profesional que receta de un miembro y/o representante designado (con consentimiento por escrito) puede solicitar la excepción completando el formulario de Solicitud de determinación de cobertura de medicamentos recetados disponible en nuestro sitio web en ccama.org. El formulario puede enviarse por correo o fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Pheonix, AZ 85072-2000
Fax: 855-633-7673

Si usted o su médico creen que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si su médico respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo de su médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos

de marca y, en general, funcionan igual de bien. Estos generalmente no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Food and Drug Administration (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA One Care cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podríamos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares.

Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según la ley estatal, pueden reemplazarse por el producto biológico original en la farmacia sin la necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden reemplazarse por los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual para miembros*.

B15. ¿Qué son los medicamentos OTC?

OTC significa “over-the-counter” (de venta libre).
CCA One Care cubre algunos medicamentos OTC cuando su proveedor los prescribe como recetas.

Puede leer la *Lista de medicamentos* de CCA One Care para saber qué medicamentos OTC están cubiertos.

B16. ¿CCA One Care cubre productos OTC que no son medicamentos?

CCA One Care cubre algunos productos OTC que no son medicamentos cuando su proveedor los prescribe como recetas. Algunos ejemplos de productos OTC que no son medicamentos incluyen gasas y apósitos, hisopos con alcohol y ciertas agujas y jeringas.

Puede leer la *Lista de medicamentos* de CCA One Care para saber qué productos OTC que no son medicamentos están cubiertos.

B17. ¿CCA One Care cubre el suministro de recetas a largo plazo?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos, que se envían directamente a su hogar. No hay copago para medicamentos pedidos por correo. Los medicamentos especializados se limitan a un suministro para 31 días.

- **Programas de 100 días de farmacias minoristas**. Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos cubiertos. No hay copago para recetas de farmacias minoristas. Los medicamentos especializados se limitan a un suministro para 31 días.

B18. ¿Puedo obtener recetas enviadas a mi domicilio desde mi farmacia local?

Es posible que su farmacia local pueda entregarle su medicamento recetado a su domicilio. Puede llamar a su farmacia para averiguar si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de CCA One Care no tienen copagos para medicamentos recetados y OTC siempre que el miembro siga las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre medicamentos OTC y productos que no son medicamentos.

Los niveles son grupos de medicamentos en nuestra *Lista de medicamentos*.

Todos los medicamentos de la Lista de medicamentos del plan están en el nivel 1. No tiene copagos para medicamentos recetados y OTC en la Lista de medicamentos de CCA One Care. Para encontrar sus medicamentos, puede consultar la Lista de medicamentos.

El nivel 1 consta de medicamentos de la Parte D y medicamentos no cubiertos por Medicare, y/o medicamentos OTC no cubiertos por Medicare.

Si tiene preguntas, llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por CCA One Care. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza

en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por CCA One Care.

Nota: El asterisco (*) junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. Estos medicamentos tienen diferentes reglas de apelación.

- Una apelación es una forma formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o MassHealth (Medicaid).
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si alguna vez tiene alguna pregunta, llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, *o* a los números que aparecen al final de esta página o al pie de página de este documento.

- También puede leer el **Capítulo 9** del *Manual para miembros* para saber cómo apelar una decisión.

C1. Lista de medicamentos por afección médica

Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría de agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

A continuación se detallan los significados de los códigos utilizados en la columna “Acciones necesarias, restricciones o límites de uso”:

PA = Autorización previa: debe tener autorización del plan antes de poder obtener este medicamento.

ST = Terapia escalonada: debe probar otro medicamento antes de poder obtener éste.

QL = Límite de cantidad. A veces CCA One Care limita la cantidad de un medicamento que puede obtener.

NDS = Suministro no extendido por día. Es posible que pueda recibir un suministro para más de un mes de la mayoría de los medicamentos de su Formulario a través de pedidos minoristas o por correo. Los medicamentos con la indicación “NDS” están limitados a un suministro de 1 mes tanto para venta minorista como para pedidos por correo.

B/D = Este medicamento puede ser elegible para pago bajo la Parte B o la Parte D de Medicare. Usted o su proveedor de atención médica deben obtener una autorización previa de CCA One Care para determinar que este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que CCA no cubra este medicamento. PA_BVD no se aplica a quienes solo son miembros de Medicaid.

Asterisco (*) = Indica medicamentos que no pertenecen a la Parte D.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *valsartán*), los medicamentos de marca aparecen en mayúscula (por ejemplo,

MYRBETRIQ). La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si CCA One Care tiene alguna regla para cubrir su medicamento.

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NAME OF DRUG	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 tab 0.6 mg	Tier 1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
probenecid tab 500 mg	Tier 1	
MISCELLANEOUS		
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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl local preservative free (pf) inj 1%	Tier 1	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	Tier 1	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib cap 50 mg	Tier 1	QL (60 caps / 30 days)
celecoxib cap 100 mg	Tier 1	QL (60 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 100 mg	Tier 1	
ibu	Tier 1	
ibuprofen susp 100 mg/5ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibuprofen tab 400 mg	Tier 1	
ibuprofen tab 600 mg	Tier 1	
ibuprofen tab 800 mg	Tier 1	
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 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	
naproxen tab ec 375 mg	Tier 1	QL (120 tabs / 30 days)
piroxicam cap 10 mg	Tier 1	
piroxicam cap 20 mg	Tier 1	
sulindac tab 150 mg	Tier 1	
sulindac tab 200 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPIOID ANALGESICS, LONG-ACTING		
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
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 37.5 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 62.5 mcg/hr	Tier 1	QL (10 patches / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 75 mcg/hr	Tier 1	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 87.5 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
hydrocodone bitartrate tab er 24hr deter 20 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 80 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 100 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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
methadone hydrochloride i	Tier 1	QL (90 mL / 30 days), PA
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 (90 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 10MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	Tier 1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
butorphanol tartrate inj 1 mg/ml	Tier 1	
butorphanol tartrate inj 2 mg/ml	Tier 1	
endocet tab 2.5-325mg	Tier 1	QL (360 tabs / 30 days)
endocet tab 5-325mg	Tier 1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	Tier 1	QL (240 tabs / 30 days)
endocet tab 10-325mg	Tier 1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	QL (2700 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 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)
morphine sulfate iv soln 2 mg/ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate iv soln 4 mg/ml	Tier 1	B/D
morphine sulfate iv soln 8 mg/ml	Tier 1	B/D
morphine sulfate iv soln 10 mg/ml	Tier 1	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 (900 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 (180 tabs / 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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days)
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)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tab 200 mg	Tier 1	QL (672 tabs / year), PA
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	Tier 1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	Tier 1	
ARIKAYCE SUS	Tier 1	PA
atovaquone susp 750 mg/5ml	Tier 1	QL (300 mL / 30 days), PA
aztreonam for inj 1 gm	Tier 1	
aztreonam for inj 2 gm	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAYSTON INH 75MG	Tier 1	PA
clindamycin hcl cap 75 mg	Tier 1	
clindamycin hcl cap 150 mg	Tier 1	
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 300 mg/2ml	Tier 1	
clindamycin phosphate inj 600 mg/4ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin phosphate inj 900 mg/6ml	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
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 350 mg	Tier 1	
daptomycin for iv soln 500 mg	Tier 1	
DAPTOMYCIN INJ 350MG	Tier 1	
EMVERM CHW 100MG	Tier 1	QL (12 tabs / year)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ertapenem sodium for inj 1 gm (base equivalent)	Tier 1	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	
IMPAVIDO CAP 50MG	Tier 1	PA
ivermectin tab 3 mg	Tier 1	QL (20 tabs / 90 days), PA
ivermectin tab 6 mg	Tier 1	QL (10 tabs / 90 days), PA
linezolid for susp 100 mg/5ml	Tier 1	QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	Tier 1	
linezolid iv soln 600 mg/300ml (2 mg/ml)	Tier 1	
linezolid tab 600 mg	Tier 1	QL (60 tabs / 30 days)
meropenem iv for soln 1 gm	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
meropenem iv for soln 2 gm	Tier 1	
meropenem iv for soln 500 mg	Tier 1	
methenamine hippurate tab 1 gm	Tier 1	
metronidazole iv soln 500 mg/100ml	Tier 1	
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
neomycin sulfate tab 500 mg	Tier 1	
nitazoxanide tab 500 mg	Tier 1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystalline cap 50 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitrofurantoin macrocrystalline cap 100 mg	Tier 1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 1	
pentamidine isethionate inh	Tier 1	B/D
pentamidine isethionate inj	Tier 1	
polymyxin b sulfate for inj 500000 unit	Tier 1	
praziquantel tab 600 mg	Tier 1	
pyrimethamine tab 25 mg	Tier 1	QL (90 tabs / 30 days), PA
streptomycin sulfate for inj 1 gm	Tier 1	
sulfadiazine tab 500 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
tinidazole tab 250 mg	Tier 1	
tinidazole tab 500 mg	Tier 1	
TOBI PODHALR CAP 28MG	Tier 1	PA
tobramycin nebu soln 300 mg/5ml	Tier 1	PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
trimethoprim tab 100 mg	Tier 1	
vancomycin hcl cap 125 mg (base equivalent)	Tier 1	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	Tier 1	QL (160 caps / 180 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	Tier 1	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vancomycin hcl for iv soln 1.25 gm (base equivalent)	Tier 1	
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 1	
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b for iv soln 50 mg	Tier 1	B/D
amphotericin b liposome iv for susp 50 mg	Tier 1	B/D
caspofungin acetate for iv soln 50 mg	Tier 1	
caspofungin acetate for iv soln 70 mg	Tier 1	
CRESEMBA CAP 74.5MG	Tier 1	PA
CRESEMBA CAP 186MG	Tier 1	PA
fluconazole for susp 10 mg/ml	Tier 1	
fluconazole for susp 40 mg/ml	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluconazole tab 100 mg	Tier 1	
fluconazole tab 150 mg	Tier 1	
fluconazole tab 200 mg	Tier 1	
flucytosine cap 250 mg	Tier 1	PA
flucytosine cap 500 mg	Tier 1	PA
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	QL (120 caps / 30 days)
ketoconazole tab 200 mg	Tier 1	PA
micafungin sodium for iv soln 50 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
micafungin sodium for iv soln 100 mg	Tier 1	
nystatin tab 500000 unit	Tier 1	
posaconazole tab delayed release 100 mg	Tier 1	QL (93 tabs / 30 days), PA
terbinafine hcl tab 250 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole for inj 200 mg	Tier 1	PA
voriconazole for susp 40 mg/ml	Tier 1	QL (600 mL / 28 days), PA
voriconazole tab 50 mg	Tier 1	QL (480 tabs / 30 days)
voriconazole tab 200 mg	Tier 1	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	
mefloquine hcl tab 250 mg	Tier 1	
primaquine phosphate tab 26.3 mg (15 mg base)	Tier 1	
PRIMAQUINE TAB 26.3MG	Tier 1	
quinine sulfate cap 324 mg	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	
darunavir tab 600 mg	Tier 1	QL (60 tabs / 30 days)
darunavir tab 800 mg	Tier 1	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	Tier 1	
EDURANT TAB 25MG	Tier 1	
efavirenz tab 600 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
emtricitabine caps 200 mg	Tier 1	
EMTRIVA SOL 10MG/ML	Tier 1	
etravirine tab 100 mg	Tier 1	
etravirine tab 200 mg	Tier 1	
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	
INTELENCE TAB 25MG	Tier 1	
ISENTRESS CHW 25MG	Tier 1	
ISENTRESS CHW 100MG	Tier 1	
ISENTRESS HD TAB 600MG	Tier 1	
ISENTRESS POW 100MG	Tier 1	
ISENTRESS TAB 400MG	Tier 1	
lamivudine oral soln 10 mg/ml	Tier 1	
lamivudine tab 150 mg	Tier 1	
lamivudine tab 300 mg	Tier 1	
maraviroc tab 150 mg	Tier 1	
maraviroc tab 300 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nevirapine susp 50 mg/5ml	Tier 1	
nevirapine tab 200 mg	Tier 1	
nevirapine tab er 24hr 400 mg	Tier 1	
NORVIR POW 100MG	Tier 1	
PIFELTRO TAB 100MG	Tier 1	
PREZISTA SUS 100MG/ML	Tier 1	QL (400 mL / 30 days)
PREZISTA TAB 75MG	Tier 1	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	Tier 1	QL (240 tabs / 30 days)
REYATAZ POW 50MG	Tier 1	
ritonavir tab 100 mg	Tier 1	
RUKOBIA TAB 600MG ER	Tier 1	
SELZENTRY SOL 20MG/ML	Tier 1	
SUNLENCA TAB 300MG	Tier 1	
tenofovir disoproxil fumarate tab 300 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIVICAY PD TAB 5MG	Tier 1	
TIVICAY TAB 50MG	Tier 1	
TROGARZO INJ 150MG/ML	Tier 1	
TYBOST TAB 150MG	Tier 1	
VIRACEPT TAB 250MG	Tier 1	
VIRACEPT TAB 625MG	Tier 1	
VIREAD POW 40MG/GM	Tier 1	
VIREAD TAB 150MG	Tier 1	
VIREAD TAB 200MG	Tier 1	
VIREAD TAB 250MG	Tier 1	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BIKTARVY TAB 30-120-15 MG	Tier 1	
BIKTARVY TAB 50-200-25 MG	Tier 1	
CIMDUO TAB 300-300	Tier 1	
DELSTRIGO TAB	Tier 1	
DESCOVY TAB 120-15MG	Tier 1	
DESCOVY TAB 200/25MG	Tier 1	
DOVATO TAB 50-300MG	Tier 1	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	
EVOTAZ TAB 300-150	Tier 1	
GENVOYA TAB	Tier 1	
JULUCA TAB 50-25MG	Tier 1	
KALETRA SOL	Tier 1	
lamivudine-zidovudine tab 150-300 mg	Tier 1	
lopinavir-ritonavir tab 100-25 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lopinavir-ritonavir tab 200-50 mg	Tier 1	
ODEFSEY TAB	Tier 1	
PREZCOBIX TAB 675/150	Tier 1	
PREZCOBIX TAB 800-150	Tier 1	
STRIBILD TAB	Tier 1	
SYMTUZA TAB	Tier 1	
TRIUMEQ PD TAB	Tier 1	
TRIUMEQ TAB	Tier 1	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	Tier 1	
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	
PRIFTIN TAB 150MG	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
SIRTURO TAB 20MG	Tier 1	PA
SIRTURO TAB 100MG	Tier 1	PA
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 1	
BARACLUDE SOL	Tier 1	ST
entecavir tab 0.5 mg	Tier 1	
entecavir tab 1 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EPCLUSA PAK 150-37.5	Tier 1	PA
EPCLUSA PAK 200-50MG	Tier 1	PA
EPCLUSA TAB 200-50MG	Tier 1	PA
EPCLUSA TAB 400-100	Tier 1	PA
famciclovir tab 125 mg	Tier 1	
famciclovir tab 250 mg	Tier 1	
famciclovir tab 500 mg	Tier 1	
ganciclovir sodium for inj 500 mg	Tier 1	B/D
lamivudine tab 100 mg (hbv)	Tier 1	
LIVTENCITY TAB 200MG	Tier 1	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	Tier 1	PA
MAVYRET TAB 100-40MG	Tier 1	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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	QL (1080 mL / year)
PAXLOVID PAK	Tier 1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	Tier 1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	Tier 1	QL (60 tabs / 90 days)
PEGASYS INJ	Tier 1	PA
PEGASYS INJ 180MCG/M	Tier 1	PA
PREVYMIS TAB 240MG	Tier 1	QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	Tier 1	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	Tier 1	QL (6 inhalers / year)
ribavirin cap 200 mg	Tier 1	
ribavirin tab 200 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	
valganciclovir hcl tab 450 mg (base equivalent)	Tier 1	
VOSEVI TAB	Tier 1	PA
XOFLUZA TAB 40MG	Tier 1	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	Tier 1	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	Tier 1	
cefaclor cap 500 mg	Tier 1	
cefadroxil cap 500 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefadroxil for susp 250 mg/5ml	Tier 1	
cefadroxil for susp 500 mg/5ml	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 1	
CEFAZOLIN INJ 2GM	Tier 1	
CEFAZOLIN INJ 3GM	Tier 1	
cefazolin sodium for inj 1 gm	Tier 1	
cefazolin sodium for inj 2 gm	Tier 1	
cefazolin sodium for inj 3 gm	Tier 1	
cefazolin sodium for inj 10 gm	Tier 1	
cefazolin sodium for inj 500 mg	Tier 1	
cefazolin sodium for iv soln 1 gm	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 1	
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 iv soln 2 gm	Tier 1	
cefixime cap 400 mg	Tier 1	
cefixime for susp 100 mg/5ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefixime for susp 200 mg/5ml	Tier 1	
cefotetan disodium for inj 1 gm	Tier 1	
cefotetan disodium for inj 2 gm	Tier 1	
cefoxitin sodium for iv soln 1 gm	Tier 1	
cefoxitin sodium for iv soln 2 gm	Tier 1	
cefoxitin sodium for iv soln 10 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 6 gm	Tier 1	
ceftazidime for iv soln 2 gm	Tier 1	
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	

NAME OF DRUG	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 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	
tazicef	Tier 1	
TEFLARO INJ 400MG	Tier 1	
TEFLARO INJ 600MG	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIFICID SUS	Tier 1	
DIFICID TAB 200MG	Tier 1	
e.e.s. 400	Tier 1	
ERYTHROCIN INJ 500MG	Tier 1	
erythromycin ethylsuccinate tab 400 mg	Tier 1	
erythromycin lactobionate for inj 500 mg	Tier 1	
erythromycin tab 250 mg	Tier 1	
erythromycin tab 500 mg	Tier 1	
erythromycin tab delayed release 250 mg	Tier 1	
erythromycin tab delayed release 333 mg	Tier 1	
erythromycin tab delayed release 500 mg	Tier 1	
erythromycin w/ delayed release particles cap 250 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fidaxomicin tab 200 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 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 iv soln 1.5 (1-0.5) gm	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin & sulbactam sodium for iv soln 3 (2-1) 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 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A INJ 600000	Tier 1	
BICILLIN L-A INJ 1200000	Tier 1	
BICILLIN L-A INJ 2400000	Tier 1	
dicloxacillin sodium cap 250 mg	Tier 1	
dicloxacillin sodium cap 500 mg	Tier 1	
nafcillin sodium for inj 1 gm	Tier 1	
nafcillin sodium for inj 2 gm	Tier 1	
nafcillin sodium for iv soln 10 gm	Tier 1	
oxacillin sodium for inj 1 gm (base equivalent)	Tier 1	
oxacillin sodium for inj 2 gm (base equivalent)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxacillin sodium for iv soln 10 gm (base equivalent)	Tier 1	
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	
pfizerpen	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 13.5 gm (12-1.5 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	Tier 1	
doxycycline hyclate cap 50 mg	Tier 1	
doxycycline hyclate cap 100 mg	Tier 1	
doxycycline hyclate for inj 100 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 for susp 25 mg/5ml	Tier 1	
doxycycline monohydrate tab 50 mg	Tier 1	
doxycycline monohydrate tab 75 mg	Tier 1	
doxycycline monohydrate tab 100 mg	Tier 1	
minocycline hcl cap 50 mg	Tier 1	
minocycline hcl cap 75 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minocycline hcl cap 100 mg	Tier 1	
NUZYRA INJ 100MG	Tier 1	
NUZYRA TAB 150MG	Tier 1	QL (30 tabs / 14 days)
tetracycline hcl cap 250 mg	Tier 1	
tetracycline hcl cap 500 mg	Tier 1	
tigecycline for iv soln 50 mg	Tier 1	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE SOL 100/4ML	Tier 1	B/D
BENDEKA INJ 100/4ML	Tier 1	B/D
carboplatin iv soln 50 mg/5ml	Tier 1	B/D
carboplatin iv soln 150 mg/15ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
CYCLOPHOSPH INJ 1GM	Tier 1	B/D
CYCLOPHOSPH INJ 1GM/2ML	Tier 1	B/D
CYCLOPHOSPH INJ 2GM/4ML	Tier 1	B/D
CYCLOPHOSPH INJ 500/5ML	Tier 1	B/D
CYCLOPHOSPH INJ 500MG/ML	Tier 1	B/D
CYCLOPHOSPH INJ 1000MG	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYCLOPHOSPH INJ 2000MG	Tier 1	B/D
CYCLOPHOSPH TAB 25MG	Tier 1	B/D
CYCLOPHOSPH TAB 50MG	Tier 1	B/D
CYCLOPHOSPHA INJ 2GM/10ML	Tier 1	B/D
CYCLOPHOSPHA INJ 500/2.5M	Tier 1	B/D
cyclophosphamide cap 25 mg	Tier 1	B/D
cyclophosphamide cap 50 mg	Tier 1	B/D
cyclophosphamide for inj 1 gm	Tier 1	B/D
cyclophosphamide for inj 2 gm	Tier 1	B/D
cyclophosphamide for inj 500 mg	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FRINDOVYX INJ 1GM/2ML	Tier 1	B/D
FRINDOVYX INJ 2GM/4ML	Tier 1	B/D
FRINDOVYX INJ 500MG/ML	Tier 1	B/D
GLEOSTINE CAP 10MG	Tier 1	
GLEOSTINE CAP 40MG	Tier 1	
GLEOSTINE CAP 100MG	Tier 1	
LEUKERAN TAB 2MG	Tier 1	PA
oxaliplatin for iv inj 50 mg	Tier 1	B/D
oxaliplatin for iv inj 100 mg	Tier 1	B/D
oxaliplatin iv soln 50 mg/10ml	Tier 1	B/D
oxaliplatin iv soln 100 mg/20ml	Tier 1	B/D
oxaliplatin iv soln 200 mg/40ml	Tier 1	B/D
VIVIMUSTA INJ 100/4ML	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIMETABOLITES		
azacitidine for inj 100 mg	Tier 1	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
INQOVI TAB 35-100MG	Tier 1	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	Tier 1	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	Tier 1	QL (80 tabs / 28 days), PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	Tier 1	
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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
ONUREG TAB 200MG	Tier 1	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	Tier 1	QL (14 tabs / 28 days), PA
pemetrexed disodium for iv soln 100 mg (base equiv)	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pemetrexed disodium for iv soln 500 mg (base equiv)	Tier 1	B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	Tier 1	B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	Tier 1	B/D
TABLOID TAB 40MG	Tier 1	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	Tier 1	QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	Tier 1	QL (60 tabs / 30 days), PA
abirtega tab 250mg	Tier 1	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	Tier 1	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	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	
ELIGARD INJ 7.5MG	Tier 1	PA
ELIGARD INJ 22.5MG	Tier 1	PA
ELIGARD INJ 30MG	Tier 1	PA
ELIGARD INJ 45MG	Tier 1	PA
ERLEADA TAB 60MG	Tier 1	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	Tier 1	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	Tier 1	
exemestane tab 25 mg	Tier 1	
FIRMAGON INJ 80MG	Tier 1	PA
FIRMAGON INJ 120MG	Tier 1	PA
fulvestrant inj soln pref syr 250 mg/5ml	Tier 1	B/D
letrozole tab 2.5 mg	Tier 1	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	Tier 1	PA
LUPRON DEPOT INJ 3.75MG	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUPRON DEPOT INJ 11.25MG	Tier 1	PA
LYSODREN TAB 500MG	Tier 1	
megestrol acetate tab 20 mg	Tier 1	
megestrol acetate tab 40 mg	Tier 1	
nilutamide tab 150 mg	Tier 1	
NUBEQA TAB 300MG	Tier 1	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	Tier 1	PA
ORSERDU TAB 86MG	Tier 1	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	Tier 1	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	Tier 1	
tamoxifen citrate tab 10 mg (base equivalent)	Tier 1	
tamoxifen citrate tab 20 mg (base equivalent)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
toremifene citrate tab 60 mg (base equivalent)	Tier 1	PA
XTANDI CAP 40MG	Tier 1	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	Tier 1	QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	Tier 1	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	Tier 1	QL (120 tabs / 30 days), PA
IMMUNOMODULATORS		
lenalidomide cap 5 mg	Tier 1	QL (28 caps / 28 days), PA
lenalidomide cap 10 mg	Tier 1	QL (28 caps / 28 days), PA
lenalidomide cap 15 mg	Tier 1	QL (28 caps / 28 days), PA
lenalidomide cap 20 mg	Tier 1	QL (21 caps / 28 days), PA
lenalidomide cap 25 mg	Tier 1	QL (21 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lenalidomide caps 2.5 mg	Tier 1	QL (28 caps / 28 days), PA
POMALYST CAP 1MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	Tier 1	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	Tier 1	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	Tier 1	QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	Tier 1	QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	Tier 1	QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	Tier 1	B/D
hydroxyurea cap 500 mg	Tier 1	
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 300 mg/15ml (20 mg/ml)	Tier 1	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	Tier 1	B/D
IWILFIN TAB 192MG	Tier 1	QL (240 tabs / 30 days), PA
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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
MATULANE CAP 50MG	Tier 1	
mesna tab 400 mg	Tier 1	
MODEYSO CAP 125MG	Tier 1	QL (20 caps / 28 days), PA
tretinoin cap 10 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
WELIREG TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	Tier 1	B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	Tier 1	B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	Tier 1	B/D
DOCETAXEL INJ 20MG/2ML	Tier 1	B/D
DOCETAXEL INJ 80MG/4ML	Tier 1	B/D
DOCETAXEL INJ 80MG/8ML	Tier 1	B/D
DOCETAXEL INJ 160/8ML	Tier 1	B/D
DOCETAXEL INJ 160/16ML	Tier 1	B/D
docetaxel soln for iv infusion 20 mg/2ml	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
docetaxel soln for iv infusion 80 mg/8ml	Tier 1	B/D
docetaxel soln for iv infusion 160 mg/16ml	Tier 1	B/D
DOCIVYX INJ 20MG/2ML	Tier 1	B/D
DOCIVYX INJ 80MG/8ML	Tier 1	B/D
DOCIVYX INJ 160/16ML	Tier 1	B/D
etoposide inj 1 gm/50ml (20 mg/ml)	Tier 1	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	Tier 1	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	Tier 1	B/D
paclitaxel inj 100mg	Tier 1	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paclitaxel iv conc 300 mg/50ml (6 mg/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
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	Tier 1	QL (240 caps / 30 days), PA
ALUNBRIG PAK	Tier 1	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	Tier 1	QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	Tier 1	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUGTYRO CAP 40MG	Tier 1	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	Tier 1	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	Tier 1	QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	Tier 1	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	Tier 1	QL (56 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BALVERSA TAB 5MG	Tier 1	QL (28 tabs / 28 days), PA
bortezomib for inj 3.5 mg	Tier 1	PA
BORTEZOMIB INJ 1MG	Tier 1	PA
BORTEZOMIB INJ 2.5MG	Tier 1	PA
BOSULIF CAP 50MG	Tier 1	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	Tier 1	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	Tier 1	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	Tier 1	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	Tier 1	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	Tier 1	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	Tier 1	QL (120 caps / 30 days), PA
CABOMETYX TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	Tier 1	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	Tier 1	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	Tier 1	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	Tier 1	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	Tier 1	QL (56 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COTELLIC TAB 20MG	Tier 1	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	Tier 1	QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	Tier 1	QL (112 tabs / 28 days), PA
dasatinib tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 70 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 80 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 100 mg	Tier 1	QL (30 tabs / 30 days), PA
dasatinib tab 140 mg	Tier 1	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DAURISMO TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
ERIVEDGE CAP 150MG	Tier 1	QL (30 caps / 30 days), PA
erlotinib hcl tab 25 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), PA
erlotinib hcl tab 150 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA
everolimus tab for oral susp 2 mg	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus tab for oral susp 3 mg	Tier 1	QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	Tier 1	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	Tier 1	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	Tier 1	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	Tier 1	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	Tier 1	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
gefitinib tab 250 mg	Tier 1	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GILOTRIF TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	Tier 1	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	Tier 1	QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	Tier 1	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	Tier 1	PA
HERCEPTIN INJ 150MG	Tier 1	PA
HERNEXEOS TAB 60MG	Tier 1	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	Tier 1	PA
HERZUMA INJ 420MG	Tier 1	PA
IBRANCE CAP 75MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	Tier 1	QL (21 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE TAB 75MG	Tier 1	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	Tier 1	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	Tier 1	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	Tier 1	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	Tier 1	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imatinib mesylate tab 100 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	Tier 1	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	Tier 1	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	Tier 1	QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	Tier 1	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	Tier 1	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	Tier 1	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	Tier 1	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	Tier 1	QL (280 mL / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLYTA TAB 1MG	Tier 1	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	Tier 1	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	Tier 1	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	Tier 1	QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAYPIRCA TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	Tier 1	B/D
KADCYLA INJ 160MG	Tier 1	B/D
KANJINTI INJ 420MG	Tier 1	PA
KANJINTI SOL 150MG	Tier 1	PA
KEYTRUDA INJ 100MG/4M	Tier 1	PA
KISQALI 200 DOSE	Tier 1	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	Tier 1	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	Tier 1	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	Tier 1	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	Tier 1	QL (91 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KOSELUGO CAP 10MG	Tier 1	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	Tier 1	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	Tier 1	QL (180 tabs / 30 days), PA
lapatinib ditosylate tab 250 mg (base equiv)	Tier 1	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	Tier 1	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	Tier 1	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	Tier 1	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	Tier 1	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	Tier 1	QL (90 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 14 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	Tier 1	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	Tier 1	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	Tier 1	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	Tier 1	QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	Tier 1	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	Tier 1	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	Tier 1	QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYNPARZA TAB 150MG	Tier 1	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	Tier 1	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	Tier 1	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	Tier 1	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	Tier 1	QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	Tier 1	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	Tier 1	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	Tier 1	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	Tier 1	PA
NERLYNX TAB 40MG	Tier 1	QL (180 tabs / 30 days), PA
nilotinib hcl cap 50 mg (base equivalent)	Tier 1	QL (120 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nilotinib hcl cap 150 mg (base equivalent)	Tier 1	QL (112 caps / 28 days), PA
nilotinib hcl cap 200 mg (base equivalent)	Tier 1	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	Tier 1	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	Tier 1	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	Tier 1	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	Tier 1	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	Tier 1	PA
OGIVRI INJ 420MG	Tier 1	PA
OGSIVEO TAB 50MG	Tier 1	QL (180 tabs / 30 days), PA
OGSIVEO TAB 100MG	Tier 1	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	Tier 1	QL (56 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OJEMDA SUS 25MG/ML	Tier 1	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	Tier 1	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	Tier 1	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	Tier 1	PA
ONTRUZANT INJ 420MG	Tier 1	PA
pazopanib hcl tab 200 mg (base equiv)	Tier 1	QL (120 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	Tier 1	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	Tier 1	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	Tier 1	QL (28 tabs / 28 days), PA
PHESGO SOL	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIQRAY 200MG TAB DOSE	Tier 1	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	Tier 1	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	Tier 1	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	Tier 1	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	Tier 1	QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	Tier 1	QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	Tier 1	QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVUFORJ TAB 160MG	Tier 1	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	Tier 1	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	Tier 1	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	Tier 1	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	Tier 1	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	Tier 1	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	Tier 1	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	Tier 1	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	Tier 1	QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	Tier 1	QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RUBRACA TAB 300MG	Tier 1	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	Tier 1	QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	Tier 1	QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	Tier 1	QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	Tier 1	QL (120 tabs / 30 days), PA
sorafenib tosylate tab 200 mg (base equivalent)	Tier 1	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	Tier 1	QL (84 tabs / 28 days), PA
sunitinib malate cap 12.5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA
sunitinib malate cap 25 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA
sunitinib malate cap 37.5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sunitinib malate cap 50 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	Tier 1	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	Tier 1	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	Tier 1	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	Tier 1	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	Tier 1	QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	Tier 1	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	Tier 1	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.25MG	Tier 1	QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	Tier 1	QL (30 caps / 30 days), PA
TAZVERIK TAB 200MG	Tier 1	QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	Tier 1	PA
TECENTRIQ INJ 1200/20	Tier 1	PA
TECENTRIQ INJ HYBREZA	Tier 1	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	Tier 1	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	Tier 1	QL (60 tabs / 30 days), PA
torpenz	Tier 1	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRAZIMERA INJ 420MG	Tier 1	PA
TRUQAP PAK 160MG	Tier 1	QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	Tier 1	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	Tier 1	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	Tier 1	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	Tier 1	PA
TRUXIMA INJ 500/50ML	Tier 1	PA
TUKYSA TAB 50MG	Tier 1	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	Tier 1	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	Tier 1	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	Tier 1	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	Tier 1	QL (56 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENCLEXTA TAB 10MG	Tier 1	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	Tier 1	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	Tier 1	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	Tier 1	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	Tier 1	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	Tier 1	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	Tier 1	QL (60 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITRAKVI SOL 20MG/ML	Tier 1	QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	Tier 1	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	Tier 1	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	Tier 1	QL (180 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XALKORI CAP 200MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	Tier 1	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	Tier 1	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	Tier 1	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	Tier 1	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	Tier 1	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	Tier 1	QL (32 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (100 MG ONCE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	Tier 1	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	Tier 1	PA
ZIRABEV INJ 400/16ML	Tier 1	PA
ZOLINZA CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	Tier 1	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	Tier 1	QL (84 tabs / 28 days), PA

NAME OF DRUG	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	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	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	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
perindopril erbumine tab 4 mg	Tier 1	
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	
KERENDIA TAB 10MG	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KERENDIA TAB 20MG	Tier 1	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	Tier 1	QL (30 tabs / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	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	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENTRESTO CAP 6-6MG	Tier 1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	QL (30 tabs / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	Tier 1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	Tier 1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	Tier 1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil tab 32 mg	Tier 1	QL (30 tabs / 30 days)
irbesartan tab 75 mg	Tier 1	QL (30 tabs / 30 days)
irbesartan tab 150 mg	Tier 1	QL (30 tabs / 30 days)
irbesartan tab 300 mg	Tier 1	QL (30 tabs / 30 days)
losartan potassium tab 25 mg	Tier 1	
losartan potassium tab 50 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
losartan potassium tab 100 mg	Tier 1	
olmesartan medoxomil tab 5 mg	Tier 1	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan tab 20 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan tab 40 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan tab 80 mg	Tier 1	QL (30 tabs / 30 days)
valsartan tab 40 mg	Tier 1	QL (60 tabs / 30 days)
valsartan tab 80 mg	Tier 1	QL (60 tabs / 30 days)
valsartan tab 160 mg	Tier 1	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valsartan tab 320 mg	Tier 1	QL (30 tabs / 30 days)
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 1	
disopyramide phosphate cap 150 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
MULTAQ TAB 400MG	Tier 1	QL (60 tabs / 30 days)
pacerone	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propafenone hcl tab 150 mg	Tier 1	
propafenone hcl tab 225 mg	Tier 1	
propafenone hcl tab 300 mg	Tier 1	
quinidine sulfate tab 200 mg	Tier 1	
quinidine sulfate tab 300 mg	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTILIPEMICS, FIBRATES		
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	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
lovastatin tab 10 mg	Tier 1	QL (60 tabs / 30 days)
lovastatin tab 20 mg	Tier 1	QL (60 tabs / 30 days)
lovastatin tab 40 mg	Tier 1	QL (60 tabs / 30 days)
pravastatin sodium tab 10 mg	Tier 1	QL (30 tabs / 30 days)
pravastatin sodium tab 20 mg	Tier 1	QL (30 tabs / 30 days)
pravastatin sodium tab 40 mg	Tier 1	QL (30 tabs / 30 days)
pravastatin sodium tab 80 mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 5 mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	QL (30 tabs / 30 days)
simvastatin tab 10 mg	Tier 1	QL (30 tabs / 30 days)
simvastatin tab 20 mg	Tier 1	QL (30 tabs / 30 days)
simvastatin tab 40 mg	Tier 1	QL (30 tabs / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ezetimibe-simvastatin tab 10-80 mg	Tier 1	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	Tier 1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	Tier 1	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	Tier 1	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	Tier 1	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	Tier 1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	Tier 1	PA
prevalite	Tier 1	
REPATHA INJ 140MG/ML	Tier 1	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	Tier 1	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VASCEPA CAP 1GM	Tier 1	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bisoprolol fumarate tab 10 mg	Tier 1	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol tartrate iv soln 5 mg/5ml	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	
nebivolol hcl tab 2.5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	Tier 1	QL (60 tabs / 30 days)
pindolol tab 5 mg	Tier 1	
pindolol tab 10 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	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	
cartia xt	Tier 1	
dilt-xr	Tier 1	
diltiazem hcl cap er 12hr 60 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl cap er 12hr 90 mg	Tier 1	
diltiazem hcl cap er 12hr 120 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	

NAME OF DRUG	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	
tiadylt er	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
chlorthalidone tab 25 mg	Tier 1	
chlorthalidone tab 50 mg	Tier 1	
furosemide inj	Tier 1	
furosemide oral soln 8 mg/ml	Tier 1	
furosemide oral soln 10 mg/ml	Tier 1	
furosemide tab 20 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
metolazone tab 2.5 mg	Tier 1	
metolazone tab 5 mg	Tier 1	
metolazone tab 10 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aliskiren fumarate tab 300 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
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 SOL 5MG/5ML	Tier 1	QL (450 mL / 30 days)
digoxin inj 0.25 mg/ml	Tier 1	
digoxin oral soln 0.05 mg/ml	Tier 1	
digoxin tab 125 mcg (0.125 mg)	Tier 1	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
droxidopa cap 100 mg	Tier 1	QL (90 caps / 30 days), PA
droxidopa cap 200 mg	Tier 1	QL (180 caps / 30 days), PA
droxidopa cap 300 mg	Tier 1	QL (180 caps / 30 days), PA
epinephrine inj 1 mg/ml (1:1000)	Tier 1	
guanfacine hcl tab 1 mg	Tier 1	PA; PA applies if 65 years and older
guanfacine hcl tab 2 mg	Tier 1	PA; PA applies if 65 years and older
hydralazine hcl inj 20 mg/ml	Tier 1	
hydralazine hcl tab 10 mg	Tier 1	
hydralazine hcl tab 25 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydralazine hcl tab 50 mg	Tier 1	
hydralazine hcl tab 100 mg	Tier 1	
ivabradine hcl tab 5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
metyrosine cap 250 mg	Tier 1	PA
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	
ranolazine tab er 12hr 500 mg	Tier 1	
ranolazine tab er 12hr 1000 mg	Tier 1	
VERQUVO TAB 2.5MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERQUVO TAB 5MG	Tier 1	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
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 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	
NITRO-BID OIN 2%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
nitroglycerin td patch 24hr 0.6 mg/hr	Tier 1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	Tier 1	QL (90 tabs / 30 days), PA
alyq	Tier 1	QL (60 tabs / 30 days), PA
ambrisentan tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bosentan tab 125 mg	Tier 1	QL (60 tabs / 30 days), PA
bosentan tab for oral susp 32 mg	Tier 1	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
sildenafil citrate tab 20 mg	Tier 1	QL (360 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	Tier 1	QL (60 tabs / 30 days), PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 1	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 1	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 1	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Tier 1	PA
UPTRAVI PACK TAB 200/800	Tier 1	QL (1 pack / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 200MCG	Tier 1	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 1	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	Tier 1	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	Tier 1	QL (2 vials / 21 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YUTREPIA CAP 26.5MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	Tier 1	QL (224 caps / 28 days), 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 intensol	Tier 1	QL (150 mL / 30 days)
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
galantamine hydrobromide oral soln 4 mg/ml	Tier 1	QL (200 mL / 30 days)
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 applies if 29 years and younger
memantine hcl cap er 24hr 14 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 21 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 28 mg	Tier 1	PA; PA applies if 29 years and younger

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl oral solution 2 mg/ml	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 1	QL (60 caps / 30 days)

NAME OF DRUG	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 (60 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 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amitriptyline hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 75 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 100 mg	Tier 1	PA; PA applies if 65 years and older
amitriptyline hcl tab 150 mg	Tier 1	PA; PA applies if 65 years and older
amoxapine tab 25 mg	Tier 1	PA; PA applies if 65 years and older
amoxapine tab 50 mg	Tier 1	PA; PA applies if 65 years and older
amoxapine tab 100 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxapine tab 150 mg	Tier 1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs / 30 days), PA
bupropion hcl tab 75 mg	Tier 1	
bupropion hcl tab 100 mg	Tier 1	
bupropion hcl tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 150 mg	Tier 1	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	Tier 1	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	PA
clomipramine hcl cap 50 mg	Tier 1	PA
clomipramine hcl cap 75 mg	Tier 1	PA
desipramine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desipramine hcl tab 75 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 100 mg	Tier 1	PA; PA applies if 65 years and older
desipramine hcl tab 150 mg	Tier 1	PA; PA applies if 65 years and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl cap 25 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 50 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 75 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 100 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl cap 150 mg	Tier 1	PA; PA applies if 65 years and older
doxepin hcl conc 10 mg/ml	Tier 1	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	Tier 1	QL (60 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DRIZALMA CAP 30MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	Tier 1	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	Tier 1	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 1	QL (60 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 1	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	Tier 1	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	Tier 1	QL (30 patches / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	Tier 1	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	Tier 1	
fluoxetine hcl cap 20 mg	Tier 1	
fluoxetine hcl cap 40 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluoxetine hcl solution 20 mg/5ml	Tier 1	
imipramine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older
imipramine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older
imipramine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	Tier 1	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	
nortriptyline hcl cap 25 mg	Tier 1	
nortriptyline hcl cap 50 mg	Tier 1	
nortriptyline hcl cap 75 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nortriptyline hcl soln 10 mg/5ml	Tier 1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older
paroxetine hcl tab 20 mg	Tier 1	PA; PA applies if 65 years and older
paroxetine hcl tab 30 mg	Tier 1	PA; PA applies if 65 years and older
paroxetine hcl tab 40 mg	Tier 1	PA; PA applies if 65 years and older
phenelzine sulfate tab 15 mg	Tier 1	
protriptyline hcl tab 5 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
protriptyline hcl tab 10 mg	Tier 1	
RALDESY SOL 10MG/ML	Tier 1	QL (1800 mL / 30 days), PA
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 1	QL (120 caps / 30 days)
trimipramine maleate cap 50 mg	Tier 1	QL (120 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trimipramine maleate cap 100 mg	Tier 1	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	Tier 1	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
vilazodone hcl tab 10 mg	Tier 1	QL (30 tabs / 30 days)
vilazodone hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	Tier 1	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	Tier 1	QL (14 caps / 14 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	Tier 1	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	Tier 1	
amantadine hcl tab 100 mg	Tier 1	
benztropine mesylate inj 1 mg/ml	Tier 1	
benztropine mesylate tab 0.5 mg	Tier 1	PA; PA applies if 65 years and older
benztropine mesylate tab 1 mg	Tier 1	PA; PA applies if 65 years and older
benztropine mesylate tab 2 mg	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 1	
carb/levo orally disintegrating tab 10-100mg	Tier 1	
carb/levo orally disintegrating tab 25-100mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa & levodopa tablet 25-100 mg	Tier 1	
carbidopa & levodopa tablet 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone tab 200 mg	Tier 1	
INBRIJA CAP 42MG	Tier 1	QL (300 caps / 30 days), PA
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pramipexole dihydrochloride tab 1.5 mg	Tier 1	
rasagiline mesylate tab 0.5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
rasagiline mesylate tab 1 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
selegiline hcl cap 5 mg	Tier 1	
selegiline hcl tab 5 mg	Tier 1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl tab 2 mg	Tier 1	
trihexyphenidyl hcl tab 5 mg	Tier 1	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	Tier 1	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	Tier 1	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	Tier 1	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	Tier 1	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	Tier 1	QL (1 injection / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	Tier 1	QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	Tier 1	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	Tier 1	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	Tier 1	QL (60 tabs / 30 days), ST
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARISTADA INJ 441MG/1.	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	Tier 1	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	Tier 1	
asenapine maleate sl tab 2.5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
asenapine maleate sl tab 5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	Tier 1	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	Tier 1	QL (30 caps / 30 days)
CAPLYTA CAP 21MG	Tier 1	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	Tier 1	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chlorpromazine hcl conc 30 mg/ml	Tier 1	
chlorpromazine hcl conc 100 mg/ml	Tier 1	
chlorpromazine hcl inj 25 mg/ml	Tier 1	
chlorpromazine hcl inj 50 mg/2ml	Tier 1	
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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine orally disintegrating tab 25 mg	Tier 1	PA
clozapine orally disintegrating tab 100 mg	Tier 1	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 1	QL (120 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 (120 tabs / 30 days)
COBENFY CAP 50-20MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	Tier 1	QL (60 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COBENFY CAP 125-30MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	Tier 1	QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	Tier 1	QL (2 syringes / year)
FANAPT PAK PACK A	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK B	Tier 1	QL (2 packs / year), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT PAK PACK C	Tier 1	QL (2 packs / year), PA
FANAPT TAB 1MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	Tier 1	QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	Tier 1	
fluphenazine hcl elixir 2.5 mg/5ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
fluphenazine hcl tab 2.5 mg	Tier 1	
fluphenazine hcl tab 5 mg	Tier 1	
fluphenazine hcl tab 10 mg	Tier 1	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 HAFYE INJ 1092MG	Tier 1	QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	Tier 1	QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	Tier 1	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	Tier 1	QL (1 syringe / 90 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 410MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	Tier 1	QL (1 syringe / 90 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	
lurasidone hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days)
lurasidone hcl tab 40 mg	Tier 1	QL (30 tabs / 30 days)
lurasidone hcl tab 60 mg	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lurasidone hcl tab 80 mg	Tier 1	QL (60 tabs / 30 days)
lurasidone hcl tab 120 mg	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	Tier 1	QL (30 tabs / 30 days)
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 1	QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
olanzapine for im inj 10 mg	Tier 1	QL (3 vials / 1 day)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olanzapine orally disintegrating tab 5 mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 10 mg	Tier 1	QL (60 tabs / 30 days), ST
olanzapine orally disintegrating tab 15 mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 20 mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine tab 2.5 mg	Tier 1	QL (60 tabs / 30 days)
olanzapine tab 5 mg	Tier 1	QL (60 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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPIPZA MIS 2MG	Tier 1	QL (30 films / 30 days), PA
OPIPZA MIS 5MG	Tier 1	QL (30 films / 30 days), PA
OPIPZA MIS 10MG	Tier 1	QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	Tier 1	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	Tier 1	QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	Tier 1	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	Tier 1	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	
pimozide tab 1 mg	Tier 1	
pimozide tab 2 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quetiapine fumarate tab 25 mg	Tier 1	QL (180 tabs / 30 days)
quetiapine fumarate tab 50 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 150 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 200 mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	Tier 1	QL (60 tabs / 30 days)
quetiapine fumarate tab 400 mg	Tier 1	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	Tier 1	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg	Tier 1	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quetiapine fumarate tab er 24hr 300 mg	Tier 1	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg	Tier 1	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 1MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 2MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 3MG	Tier 1	QL (30 tabs / 30 days)
REXULTI TAB 4MG	Tier 1	QL (30 tabs / 30 days)
risperidone microspheres for im extended rel susp 12.5 mg	Tier 1	QL (2 injections / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone microspheres for im extended rel susp 25 mg	Tier 1	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 37.5 mg	Tier 1	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 50 mg	Tier 1	QL (2 injections / 28 days)
risperidone orally disintegrating tab 0.5 mg	Tier 1	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 0.25 mg	Tier 1	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 1 mg	Tier 1	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 2 mg	Tier 1	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 3 mg	Tier 1	QL (60 tabs / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone orally disintegrating tab 4 mg	Tier 1	QL (120 tabs / 30 days), ST
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	
SECUADO DIS 3.8MG	Tier 1	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	Tier 1	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	Tier 1	QL (30 patches / 30 days)
thioridazine hcl tab 10 mg	Tier 1	
thioridazine hcl tab 25 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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 1	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	Tier 1	QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VRAYLAR CAP 3MG	Tier 1	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	Tier 1	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	Tier 1	QL (30 caps / 30 days)
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)
ziprasidone mesylate for inj 20 mg (base equivalent)	Tier 1	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	Tier 1	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	Tier 1	QL (2 vials / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYPREXA RELP INJ 405MG	Tier 1	QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	Tier 1	QL (30 tabs / 30 days)
APTIOM TAB 400MG	Tier 1	QL (30 tabs / 30 days)
APTIOM TAB 600MG	Tier 1	QL (60 tabs / 30 days)
APTIOM TAB 800MG	Tier 1	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	Tier 1	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
carbamazepine cap er 12hr 100 mg	Tier 1	
carbamazepine cap er 12hr 200 mg	Tier 1	
carbamazepine cap er 12hr 300 mg	Tier 1	
carbamazepine chew tab 100 mg	Tier 1	
carbamazepine chew tab 200 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine tab er 12hr 400 mg	Tier 1	
clobazam suspension 2.5 mg/ml	Tier 1	QL (480 mL / 30 days), PA
clobazam tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA
clobazam tab 20 mg	Tier 1	QL (60 tabs / 30 days), 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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 15 mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	Tier 1	QL (360 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIACOMIT CAP 500MG	Tier 1	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	Tier 1	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	Tier 1	QL (180 packets / 30 days), PA
diazepam inj	Tier 1	
diazepam intensol	Tier 1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam oral soln 1 mg/ml	Tier 1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
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 applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 5 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 10 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	Tier 1	
divalproex sodium cap delayed release sprinkle 125 mg	Tier 1	
divalproex sodium tab delayed release 125 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	QL (600 mL / 30 days), PA
eslicarbazepine acetate tab 200 mg	Tier 1	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 400 mg	Tier 1	QL (30 tabs / 30 days)
eslicarbazepine acetate tab 600 mg	Tier 1	QL (60 tabs / 30 days)
eslicarbazepine acetate tab 800 mg	Tier 1	QL (60 tabs / 30 days)
ethosuximide cap 250 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ethosuximide soln 250 mg/5ml	Tier 1	
felbamate susp 600 mg/5ml	Tier 1	
felbamate tab 400 mg	Tier 1	
felbamate tab 600 mg	Tier 1	
FINTEPLA SOL 2.2MG/ML	Tier 1	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	Tier 1	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	Tier 1	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 12MG	Tier 1	QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	Tier 1	QL (360 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)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	Tier 1	
lacosamide oral	Tier 1	QL (1200 mL / 30 days)
lacosamide tab 50 mg	Tier 1	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lacosamide tab 100 mg	Tier 1	QL (60 tabs / 30 days)
lacosamide tab 150 mg	Tier 1	QL (60 tabs / 30 days)
lacosamide tab 200 mg	Tier 1	QL (60 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	ST
lamotrigine tab er 24hr 50 mg	Tier 1	ST
lamotrigine tab er 24hr 100 mg	Tier 1	ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab er 24hr 200 mg	Tier 1	ST
lamotrigine tab er 24hr 250 mg	Tier 1	ST
lamotrigine tab er 24hr 300 mg	Tier 1	ST
LEVETIRACETA TAB 250MG	Tier 1	QL (360 tabs / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
methsuximide cap 300 mg	Tier 1	
NAYZILAM SPR 5MG	Tier 1	QL (10 nasal units / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	
oxcarbazepine tab 150 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxcarbazepine tab 300 mg	Tier 1	
oxcarbazepine tab 600 mg	Tier 1	
perampanel tab 2 mg	Tier 1	QL (60 tabs / 30 days), PA
perampanel tab 4 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 6 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 8 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA
perampanel tab 12 mg	Tier 1	QL (30 tabs / 30 days), PA
phenobarbital elixir 20 mg/5ml	Tier 1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital sodium inj 65 mg/ml	Tier 1	PA; PA applies if 65 years and older
phenobarbital sodium inj 130 mg/ml	Tier 1	PA; PA applies if 65 years and older
phenobarbital tab 15 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 16.2 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 30 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 32.4 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 60 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 64.8 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 97.2 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital tab 100 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenytek	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenytoin chew tab 50 mg	Tier 1	
phenytoin sodium extended cap 100 mg	Tier 1	
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	
pregabalin cap 25 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 50 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 75 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 100 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 150 mg	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 200 mg	Tier 1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin cap 225 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 300 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin soln 20 mg/ml	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone tab 50 mg	Tier 1	
primidone tab 125 mg	Tier 1	
primidone tab 250 mg	Tier 1	
roweepra	Tier 1	
rufinamide susp 40 mg/ml	Tier 1	QL (2400 mL / 30 days), PA
rufinamide tab 200 mg	Tier 1	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	Tier 1	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	Tier 1	QL (360 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 500MG	Tier 1	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	Tier 1	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	Tier 1	QL (90 tabs / 30 days)
subvenite	Tier 1	
SYMPAZAN MIS 5MG	Tier 1	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	Tier 1	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	Tier 1	QL (60 films / 30 days), 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 oral soln 25 mg/ml	Tier 1	QL (480 mL / 30 days), PA
topiramate sprinkle cap 15 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
topiramate sprinkle cap 25 mg	Tier 1	
topiramate sprinkle cap 50 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	
VALTOCO SPR 5MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	Tier 1	QL (10 blister packs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALTOCO SPR 15MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	Tier 1	QL (10 blister packs / 30 days)
vigabatrin powd pack 500 mg	Tier 1	QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	Tier 1	QL (180 tabs / 30 days), PA
vigadrone	Tier 1	QL (180 packets / 30 days), PA
vigadrone	Tier 1	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	Tier 1	QL (900 mL / 30 days), PA
vigpoder	Tier 1	QL (180 packets / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 150MG	Tier 1	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	Tier 1	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZONISADE SUS 100MG/5	Tier 1	QL (900 mL / 30 days), PA
zonisamide cap 25 mg	Tier 1	
zonisamide cap 50 mg	Tier 1	
zonisamide cap 100 mg	Tier 1	
ZTALMY SUS 50MG/ML	Tier 1	QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs / 30 days), PA
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexmethylphenidate hcl tab 2.5 mg	Tier 1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 5 mg	Tier 1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
guanfacine hcl tab er 24hr 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl chew tab 2.5 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 5 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl soln 5 mg/5ml	Tier 1	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	Tier 1	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl tab er 10 mg	Tier 1	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 20 mg	Tier 1	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TAB 5MG	Tier 1	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	Tier 1	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 1	QL (30 tabs / 30 days)
eszopiclone tab 1 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eszopiclone tab 2 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ramelteon tab 8 mg	Tier 1	QL (30 tabs / 30 days)
tasimelteon capsule 20 mg	Tier 1	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
temazepam cap 7.5 mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 15 mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 30 mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
zaleplon cap 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zaleplon cap 10 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
zolpidem tartrate tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	Tier 1	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	Tier 1	QL (1 pen / 30 days), PA
dihydroergotamine mesylate nasal spray 4 mg/ml	Tier 1	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	Tier 1	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 1	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 1	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	Tier 1	QL (40 tabs / 28 days), PA
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NURTEC TAB 75MG ODT	Tier 1	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
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 units / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan nasal spray 20 mg/act	Tier 1	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	Tier 1	QL (12 injections / 30 days)
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 tab 25 mg	Tier 1	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	Tier 1	QL (12 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate tab 100 mg	Tier 1	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	Tier 1	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	Tier 1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	Tier 1	QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	Tier 1	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 30MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	Tier 1	QL (2 packs / year), 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lithium carbonate tab er 450 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 1	
NUEDEXTA CAP 20-10MG	Tier 1	QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	Tier 1	
riluzole tab 50 mg	Tier 1	
tetrabenazine tab 12.5 mg	Tier 1	QL (90 tabs / 30 days), PA
tetrabenazine tab 25 mg	Tier 1	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG	Tier 1	QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	Tier 1	QL (14 kits / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COPAXONE INJ 20MG/ML	Tier 1	QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	Tier 1	QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	Tier 1	QL (60 tabs / 30 days), PA
fingolimod hcl cap 0.5 mg (base equiv)	Tier 1	QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 1	QL (30 syringes / 30 days), PA
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 1	QL (12 syringes / 28 days), PA
glatopa	Tier 1	QL (12 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glatopa	Tier 1	QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	Tier 1	QL (16 pens / 365 days), PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 5 mg	Tier 1	QL (90 tabs / 30 days)
baclofen tab 10 mg	Tier 1	
baclofen tab 20 mg	Tier 1	
carisoprodol tab 350 mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 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 1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
methocarbamol tab 750 mg	Tier 1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	Tier 1	QL (60 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
modafinil tab 100 mg	Tier 1	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	Tier 1	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	Tier 1	QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (180 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (180 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 (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (180 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 1	QL (60 tabs / 30 days)
disulfiram tab 250 mg	Tier 1	
disulfiram tab 500 mg	Tier 1	
KLOXXADO SPR 8MG	Tier 1	
naloxone hcl inj 0.4 mg/ml	Tier 1	
naloxone hcl inj 4 mg/10ml	Tier 1	
naloxone hcl nasal spray 4 mg/0.1ml	Tier 1	
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	
NICOTROL NS SPR 10MG/ML	Tier 1	
varenicline tartrate tab 0.5 mg (base equiv)	Tier 1	QL (56 tabs / 28 days)
varenicline tartrate tab 1 mg (base equiv)	Tier 1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 1	QL (2 packs / year)
VIVITROL INJ 380MG	Tier 1	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

danazol cap 50 mg	Tier 1	
danazol cap 100 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
danazol cap 200 mg	Tier 1	
depo-testosterone	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 pump	Tier 1	QL (150 gm / 30 days), PA
testosterone td gel 12.5 mg/act (1%)	Tier 1	QL (300 gm / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	Tier 1	QL (300 gm / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	Tier 1	QL (300 gm / 30 days), PA
ANTIDIABETICS		
acarbose tab 25 mg	Tier 1	
acarbose tab 50 mg	Tier 1	
acarbose tab 100 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dapagliflozin propanediol tab 5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
dapagliflozin propanediol tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	Tier 1	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	Tier 1	QL (30 tabs / 30 days)
glimepiride tab 1 mg	Tier 1	QL (90 tabs / 30 days)
glimepiride tab 2 mg	Tier 1	QL (90 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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide tab er 24hr 2.5 mg	Tier 1	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	Tier 1	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	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)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	Tier 1	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JANUMET XR TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	Tier 1	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	Tier 1	QL (30 tabs / 30 days), ST
JARDIANCE TAB 25MG	Tier 1	QL (30 tabs / 30 days), ST
JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs / 30 days)
metformin hcl oral soln 500 mg/5ml	Tier 1	QL (765 mL / 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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metformin hcl tab er 24hr 750 mg	Tier 1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	Tier 1	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	Tier 1	QL (90 tabs / 30 days)
nateglinide tab 120 mg	Tier 1	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC (0.25 OR 0.5MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
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)
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	QL (90 tabs / 30 days)
repaglinide tab 0.5 mg	Tier 1	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
repaglinide tab 1 mg	Tier 1	QL (120 tabs / 30 days)
repaglinide tab 2 mg	Tier 1	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	Tier 1	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	Tier 1	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	Tier 1	QL (30 tabs / 30 days), PA
TRADJENTA TAB 5MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRULICITY INJ 0.75/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	Tier 1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADMELOG SOLO INJ 100U/ML	Tier 1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 1	PA
APIDRA INJ SOLOSTAR	Tier 1	
APIDRA INJ U-100	Tier 1	B/D
BASAGLAR INJ 100UNIT	Tier 1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	Tier 1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	Tier 1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	Tier 1	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	Tier 1	
FIASP INJ 100/ML	Tier 1	B/D
FIASP PENFIL INJ U-100	Tier 1	
FIASP PMPCRT INJ U-100	Tier 1	B/D
GAUZE PADS 2" X 2"	Tier 1	PA
GLARGIN YFGN INJ 100U/ML	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLARGIN YFGN SOL 100U/ML	Tier 1	
HUMALOG INJ 100/ML	Tier 1	
HUMALOG INJ 100/ML	Tier 1	B/D
HUMALOG JR INJ 100/ML	Tier 1	
HUMALOG KWIK INJ 100/ML	Tier 1	
HUMALOG KWIK INJ 200/ML	Tier 1	
HUMALOG MIX INJ 50/50KWP	Tier 1	
HUMALOG MIX INJ 75/25KWP	Tier 1	
HUMALOG MIX SUS 75/25	Tier 1	
HUMALOG TMPO INJ 100/ML	Tier 1	
HUMULIN INJ 70/30	Tier 1	
HUMULIN INJ 70/30KWP	Tier 1	
HUMULIN N INJ U-100	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMULIN N INJ U-100KWP	Tier 1	
HUMULIN R INJ U-100	Tier 1	B/D
HUMULIN R INJ U-500	Tier 1	
HUMULIN R INJ U-500	Tier 1	B/D
INSULIN GLAR INJ 300/ML	Tier 1	
INSULIN LISP INJ 100/ML	Tier 1	
INSULIN LISP INJ 100/ML	Tier 1	B/D
INSULIN LISP INJ JUNIOR	Tier 1	
INSULIN LISP INJ PROTAMIN	Tier 1	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LANTUS INJ 100/ML	Tier 1	
LANTUS SOLOS INJ 100/ML	Tier 1	
LYUMJEV INJ 100UT/ML	Tier 1	B/D
LYUMJEV KWPN INJ 100UT/ML	Tier 1	
LYUMJEV KWPN INJ 200UT/ML	Tier 1	
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	Tier 1	(brand RELION not covered)
NOVOLIN N INJ U-100	Tier 1	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	Tier 1	(brand RELION not covered)
NOVOLIN R INJ U-100	Tier 1	B/D; (brand RELION not covered)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG INJ 100/ML	Tier 1	B/D
NOVOLOG INJ FLEX REL	Tier 1	
NOVOLOG INJ FLEXPEN	Tier 1	
NOVOLOG INJ PENFILL	Tier 1	
NOVOLOG INJ RELION	Tier 1	B/D
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REZVOGLAR INJ 100UT/ML	Tier 1	
SEMGLEE INJ 100U/ML	Tier 1	
SOLIQUA INJ 100/33	Tier 1	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	Tier 1	
TOUJEO SOLO INJ 300/ML	Tier 1	
TRESIBA FLEX INJ 100UNIT	Tier 1	
TRESIBA FLEX INJ 200UNIT	Tier 1	
TRESIBA INJ 100UNIT	Tier 1	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium oral soln 70 mg/75ml	Tier 1	ST
alendronate sodium tab 10 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alendronate sodium tab 35 mg	Tier 1	
alendronate sodium tab 70 mg	Tier 1	
BONSITY INJ 560/2.24	Tier 1	QL (1 pen / 28 days), PA
calcitonin (salmon) spray	Tier 1	B/D
ibandronate sodium tab 150 mg (base equivalent)	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 1	B/D
PROLIA INJ 60MG/ML	Tier 1	QL (1 syringe / 180 days)
risedronate sodium tab 5 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risedronate sodium tab 35 mg	Tier 1	
risedronate sodium tab 150 mg	Tier 1	
risedronate sodium tab delayed release 35 mg	Tier 1	ST
TERIPARATIDE INJ 560/2.24	Tier 1	QL (1 pen / 28 days), PA; (ALVOGEN product)
WYOST INJ 120/1.7	Tier 1	PA
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
CHELATING AGENTS		
CHEMET CAP 100MG	Tier 1	
deferasirox tab 90 mg	Tier 1	PA
deferasirox tab 180 mg	Tier 1	PA
deferasirox tab 360 mg	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
deferasirox tab for oral susp 125 mg	Tier 1	PA
deferasirox tab for oral susp 250 mg	Tier 1	PA
deferasirox tab for oral susp 500 mg	Tier 1	PA
kionex	Tier 1	
LOKELMA PAK 5GM	Tier 1	
LOKELMA PAK 10GM	Tier 1	
penicillamine tab 250 mg	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sps	Tier 1	
sps rectal	Tier 1	
trientine hcl cap 250 mg	Tier 1	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amethyst	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
ashlyna	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela 24 fe	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi 24 fe	Tier 1	
blisovi fe 1.5/30	Tier 1	
briellyn	Tier 1	
camila	Tier 1	
camrese	Tier 1	
camrese lo	Tier 1	
chateal eq	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cryselle-28	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	Tier 1	
deblitane	Tier 1	
DEPO-SQ PROV INJ 104	Tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	
dolishale	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
elinest	Tier 1	
eluryng	Tier 1	
emzahh	Tier 1	
enilloring	Tier 1	
enskyce	Tier 1	
errin	Tier 1	
estarylla	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	Tier 1	
falmina	Tier 1	
feirza tab 1.5/30	Tier 1	
feirza tab 1/20	Tier 1	
finzala	Tier 1	
galbriela chw	Tier 1	
hailey 1.5/30	Tier 1	
hailey 24 fe	Tier 1	
haloette	Tier 1	
heather	Tier 1	
iclevia	Tier 1	
incassia	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
introvale	Tier 1	
isibloom	Tier 1	
jaimiess tab	Tier 1	
jasmiel	Tier 1	
jolessa	Tier 1	
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
junel fe 24	Tier 1	
kaitlib fe	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin 24 fe	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lessina	Tier 1	
levonest	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	
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-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	
levora 0.15/30-28	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LILETTA IUD 52MG	Tier 1	
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
lojaimiess tab	Tier 1	
loryna	Tier 1	
low-ogestrel	Tier 1	
lutera	Tier 1	
lyleq	Tier 1	
lyza	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate im susp 150 mg/ml	Tier 1	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 1	
meleya tab 0.35mg	Tier 1	
mibelas 24 fe	Tier 1	
microgestin 1.5/30	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
microgestin 1/20	Tier 1	
microgestin fe 1.5/30	Tier 1	
microgestin fe 1/20	Tier 1	
mili	Tier 1	
mono-linyah	Tier 1	
necon 0.5/35-28	Tier 1	
NEXPLANON IMP 68MG	Tier 1	
nikki	Tier 1	
nora-be	Tier 1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	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-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone tab 0.35 mg	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	
norlyroc	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (21)	Tier 1	
nortrel 1/35 (28)	Tier 1	
nortrel 7/7/7	Tier 1	
nylia 1/35	Tier 1	
nylia 7/7/7	Tier 1	
ocella	Tier 1	
orquidea tab 0.35mg	Tier 1	
philith	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pimtrea	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
rivelsa	Tier 1	
rosyrah tab	Tier 1	
setlakin	Tier 1	
sharobel	Tier 1	
simliya	Tier 1	
simpesse	Tier 1	
sprintec 28	Tier 1	
sronyx	Tier 1	
syeda	Tier 1	
tarina 24 fe	Tier 1	
tarina fe 1/20 eq	Tier 1	
tilia fe	Tier 1	
tri-estarylla	Tier 1	
tri-legest fe	Tier 1	
tri-linyah	Tier 1	
tri-lo-estarylla	Tier 1	
tri-lo-marzia	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-lo-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-sprintec	Tier 1	
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
turqoz	Tier 1	
valtya 1/50 tab	Tier 1	
velivet	Tier 1	
vestura	Tier 1	
vienva	Tier 1	
viorele	Tier 1	
vyfemla	Tier 1	
vylibra	Tier 1	
wera	Tier 1	
wymzya fe	Tier 1	
xarah fe tab	Tier 1	
xelria fe chw 0.4mg-35	Tier 1	
xulane	Tier 1	
zafemy	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zovia 1/35	Tier 1	
zumandimine	Tier 1	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
abigale lo tab 0.5-0.1	Tier 1	
abigale tab 1-0.5mg	Tier 1	
dotti	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol tab 0.5 mg	Tier 1	
estradiol tab 1 mg	Tier 1	
estradiol tab 2 mg	Tier 1	
estradiol td patch twice weekly 0.1 mg/24hr	Tier 1	
estradiol td patch twice weekly 0.05 mg/24hr	Tier 1	
estradiol td patch twice weekly 0.025 mg/24hr	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch twice weekly 0.075 mg/24hr	Tier 1	
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 1	
estradiol td patch weekly 0.1 mg/24hr	Tier 1	
estradiol td patch weekly 0.05 mg/24hr	Tier 1	
estradiol td patch weekly 0.06 mg/24hr	Tier 1	
estradiol td patch weekly 0.025 mg/24hr	Tier 1	
estradiol td patch weekly 0.075 mg/24hr	Tier 1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 1	
estradiol vaginal cream 0.01%	Tier 1	
estradiol vaginal tab 10 mcg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol valerate im in oil 10 mg/ml	Tier 1	
estradiol valerate im in oil 20 mg/ml	Tier 1	
estradiol valerate im in oil 40 mg/ml	Tier 1	
fyavolv tab 0.5mg-2.5mcg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 1	
jinteli	Tier 1	
lyllana	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 1	
yuvafem	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASON CON 1MG/ML	Tier 1	
dexamethasone elixir 0.5 mg/5ml	Tier 1	
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	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	
dexamethasone sodium phosphate inj 20 mg/5ml	Tier 1	
dexamethasone sodium phosphate inj 100 mg/10ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate inj 120 mg/30ml	Tier 1	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone sodium succinate pf for inj 100 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone sod succ for inj 500 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	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 soln 15 mg/5ml	Tier 1	B/D
PREDNISONE CON 5MG/ML	Tier 1	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 250MG	Tier 1	
SOLU-CORTEF INJ 500MG	Tier 1	
SOLU-CORTEF INJ 1000MG	Tier 1	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE POW 3MG/DOSE	Tier 1	
BAQSIMI TWO POW 3MG/DOSE	Tier 1	
diazoxide susp 50 mg/ml	Tier 1	
ZEGALOGUE INJ 0.6/0.6	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	Tier 1	PA
betaine powder for oral solution	Tier 1	
cabergoline tab 0.5 mg	Tier 1	
carglumic acid soluble tab 200 mg	Tier 1	PA
CERDELGA CAP 84MG	Tier 1	PA
CEREZYME INJ 400UNIT	Tier 1	PA
cinacalcet hcl tab 30 mg (base equiv)	Tier 1	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	Tier 1	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	Tier 1	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	Tier 1	PA
CYSTAGON CAP 150MG	Tier 1	PA
desmopressin acetate inj 4 mcg/ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desmopressin acetate nasal spray soln 0.01%	Tier 1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 1	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	Tier 1	
desmopressin acetate tab 0.1 mg	Tier 1	
desmopressin acetate tab 0.2 mg	Tier 1	
FABRAZYME INJ 5MG	Tier 1	PA
FABRAZYME INJ 35MG	Tier 1	PA
GENOTROPIN INJ 0.2MG	Tier 1	PA
GENOTROPIN INJ 0.4MG	Tier 1	PA
GENOTROPIN INJ 0.6MG	Tier 1	PA
GENOTROPIN INJ 0.8MG	Tier 1	PA
GENOTROPIN INJ 1.2MG	Tier 1	PA
GENOTROPIN INJ 1.4MG	Tier 1	PA
GENOTROPIN INJ 1.6MG	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 1.8MG	Tier 1	PA
GENOTROPIN INJ 1MG	Tier 1	PA
GENOTROPIN INJ 2MG	Tier 1	PA
GENOTROPIN INJ 5MG	Tier 1	PA
GENOTROPIN INJ 12MG	Tier 1	PA
INCRELEX INJ 40MG/4ML	Tier 1	PA
javygtor	Tier 1	PA
lanreotide acetate extended release inj 120 mg/0.5ml	Tier 1	PA
levocarnitine oral soln 1 gm/10ml (10%)	Tier 1	B/D
levocarnitine tab 330 mg	Tier 1	B/D
LUMIZYME INJ 50MG	Tier 1	PA
LUPR DEP-PED INJ 3M 30MG	Tier 1	PA
LUPR DEP-PED INJ 7.5MG	Tier 1	PA
LUPR DEP-PED INJ 11.25MG	Tier 1	PA
LUPR DEP-PED INJ 15MG	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUPRON DEPOT INJ 45MG	Tier 1	PA
mifepristone tab 300 mg	Tier 1	PA
NAGLAZYME INJ 1MG/ML	Tier 1	PA
nitisinone cap 2 mg	Tier 1	PA
nitisinone cap 5 mg	Tier 1	PA
nitisinone cap 10 mg	Tier 1	PA
nitisinone cap 20 mg	Tier 1	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 1	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 1	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	Tier 1	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	Tier 1	PA
raloxifene hcl tab 60 mg	Tier 1	
REVCOVI INJ 1.6MG/ML	Tier 1	PA
REZDIFFRA TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	Tier 1	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
sapropterin dihydrochloride powder packet 100 mg	Tier 1	PA
sapropterin dihydrochloride powder packet 500 mg	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sapropterin dihydrochloride tab 100 mg	Tier 1	PA
SIGNIFOR INJ 0.3MG/ML	Tier 1	PA
SIGNIFOR INJ 0.6MG/ML	Tier 1	PA
SIGNIFOR INJ 0.9MG/ML	Tier 1	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	Tier 1	PA
sodium phenylbutyrate tab 500 mg	Tier 1	PA
SOMATULINE INJ 60/0.2ML	Tier 1	PA
SOMATULINE INJ 90/0.3ML	Tier 1	PA
SOMAVERT INJ 10MG	Tier 1	PA
SOMAVERT INJ 15MG	Tier 1	PA
SOMAVERT INJ 20MG	Tier 1	PA
SOMAVERT INJ 25MG	Tier 1	PA
SOMAVERT INJ 30MG	Tier 1	PA
SYNAREL SOL 2MG/ML	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolvaptan tab 15 mg	Tier 1	PA; (generic of JYNARQUE)
tolvaptan tab 30 mg	Tier 1	PA; (generic of JYNARQUE)
tolvaptan tab therapy pack 15 mg	Tier 1	PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 1	PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 1	PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 1	PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 1	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey	Tier 1	
medroxyprogesterone acetate tab 2.5 mg	Tier 1	
medroxyprogesterone acetate tab 5 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
medroxyprogesterone acetate tab 10 mg	Tier 1	
megestrol acetate susp 40 mg/ml	Tier 1	
megestrol acetate susp 625 mg/5ml	Tier 1	PA
norethindrone acetate tab 5 mg	Tier 1	
progesterone cap 100 mg	Tier 1	
progesterone cap 200 mg	Tier 1	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t	Tier 1	
levothyroxine sodium tab 25 mcg	Tier 1	
levothyroxine sodium tab 50 mcg	Tier 1	
levothyroxine sodium tab 75 mcg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	Tier 1	
liothyronine sodium tab 5 mcg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	
SYNTHROID TAB 50MCG	Tier 1	
SYNTHROID TAB 75MCG	Tier 1	
SYNTHROID TAB 88MCG	Tier 1	
SYNTHROID TAB 100MCG	Tier 1	
SYNTHROID TAB 112MCG	Tier 1	
SYNTHROID TAB 125MCG	Tier 1	
SYNTHROID TAB 137MCG	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 150MCG	Tier 1	
SYNTHROID TAB 175MCG	Tier 1	
SYNTHROID TAB 200MCG	Tier 1	
SYNTHROID TAB 300MCG	Tier 1	
unithroid	Tier 1	
VITAMIN D ANALOGS		
calcitriol (oral)	Tier 1	B/D
calcitriol cap 0.5 mcg	Tier 1	B/D
calcitriol cap 0.25 mcg	Tier 1	B/D
paricalcitol cap 1 mcg	Tier 1	B/D
paricalcitol cap 2 mcg	Tier 1	B/D
paricalcitol cap 4 mcg	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
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	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)
granisetron hcl inj 1 mg/ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
meclizine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
ondansetron hcl inj soln pref syr 4 mg/2ml	Tier 1	
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 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl inj 50 mg/ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl oral soln 6.25 mg/5ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 12.5 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
scopolamine td patch 72hr 1 mg/3days	Tier 1	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	Tier 1	PA; PA applies if 65 years and older
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	PA; PA applies if 65 years and older
dicyclomine hcl tab 20 mg	Tier 1	PA; PA applies if 65 years and older
glycopyrrolate tab 1 mg	Tier 1	QL (90 tabs / 30 days)
glycopyrrolate tab 2 mg	Tier 1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine for susp 40 mg/5ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	
famotidine inj 40 mg/4ml	Tier 1	
famotidine inj 200 mg/20ml	Tier 1	
famotidine preservative free inj 20 mg/2ml	Tier 1	
famotidine tab 20 mg	Tier 1	
famotidine tab 40 mg	Tier 1	
nizatidine cap 150 mg	Tier 1	
nizatidine cap 300 mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	Tier 1	
budesonide delayed release particles cap 3 mg	Tier 1	QL (90 caps / 30 days)
budesonide tab er 24hr 9 mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mesalamine cap dr 400 mg	Tier 1	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	Tier 1	QL (120 caps / 30 days)
mesalamine enema 4 gm	Tier 1	QL (1680 mL / 28 days)
mesalamine rectal enema 4 gm & cleanser wipe kit	Tier 1	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	Tier 1	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	Tier 1	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	Tier 1	
sulfasalazine tab delayed release 500 mg	Tier 1	
LAXATIVES		
constulose	Tier 1	
enulose	Tier 1	
gavilyte-c	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac	Tier 1	
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	
lactulose solution 10 gm/15ml	Tier 1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alosetron hcl tab 1 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
cromolyn sodium oral conc 100 mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
GATTEX KIT 5MG	Tier 1	PA
LINZESS CAP 72MCG	Tier 1	QL (30 caps / 30 days)
LINZESS CAP 145MCG	Tier 1	QL (30 caps / 30 days)
LINZESS CAP 290MCG	Tier 1	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	Tier 1	
misoprostol tab 100 mcg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
misoprostol tab 200 mcg	Tier 1	
MOVANTIK TAB 12.5MG	Tier 1	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	Tier 1	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	Tier 1	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	Tier 1	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	Tier 1	QL (28 vials / 28 days), PA
sucralfate susp 1 gm/10ml	Tier 1	
sucralfate tab 1 gm	Tier 1	
TRULANCE TAB 3MG	Tier 1	QL (30 tabs / 30 days)
ursodiol cap 300 mg	Tier 1	
ursodiol tab 250 mg	Tier 1	
ursodiol tab 500 mg	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VOQUEZNA PAK DUAL PAK	Tier 1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	Tier 1	QL (2 kits / year), PA
VOWST CAP	Tier 1	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	Tier 1	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	Tier 1	PA
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium cap delayed release 20 mg (base eq)	Tier 1	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	Tier 1	QL (30 caps / 30 days), ST
esomeprazole magnesium for delayed release susp pack 2.5 mg	Tier 1	
esomeprazole magnesium for delayed release susp packet 5 mg	Tier 1	
esomeprazole magnesium for delayed release susp packet 10 mg	Tier 1	QL (30 packets / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
esomeprazole magnesium for delayed release susp packet 20 mg	Tier 1	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	Tier 1	QL (30 packets / 30 days)
lansoprazole cap delayed release 15 mg	Tier 1	QL (60 caps / 30 days)
lansoprazole cap delayed release 30 mg	Tier 1	QL (60 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tadalafil tab 5 mg	Tier 1	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid irrigation soln 0.25%	Tier 1	
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	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
fesoterodine fumarate tab er 24hr 4 mg	Tier 1	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	Tier 1	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	Tier 1	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 25 mg	Tier 1	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 50 mg	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	Tier 1	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	Tier 1	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	Tier 1	QL (600 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxybutynin chloride tab 5 mg	Tier 1	QL (120 tabs / 30 days)
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)
tolterodine tartrate cap er 24hr 4 mg	Tier 1	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	Tier 1	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	Tier 1	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trospium chloride tab 20 mg	Tier 1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	Tier 1	
metronidazole vaginal gel 0.75%	Tier 1	
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	Tier 1	QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Tier 1	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	Tier 1	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	Tier 1	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	Tier 1	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	Tier 1	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	Tier 1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 100 mg/ml	Tier 1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 150 mg/ml	Tier 1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 1	

NAME OF DRUG	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 1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 1	
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) pf inj 1000 unit/ml	Tier 1	B/D
jantoven	Tier 1	
rivaroxaban for susp 1 mg/ml	Tier 1	QL (620 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivaroxaban tab 2.5 mg	Tier 1	QL (60 tabs / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	Tier 1	QL (60 tabs / 30 days)
XARELTO TAB 10MG	Tier 1	QL (30 tabs / 30 days)
XARELTO TAB 15MG	Tier 1	QL (30 tabs / 30 days)
XARELTO TAB 20MG	Tier 1	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	Tier 1	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	Tier 1	PA
PROCRIT INJ 3000/ML	Tier 1	PA
PROCRIT INJ 4000/ML	Tier 1	PA
PROCRIT INJ 10000/ML	Tier 1	PA
PROCRIT INJ 20000/ML	Tier 1	PA
PROCRIT INJ 40000/ML	Tier 1	PA
ZARXIO INJ 300/0.5	Tier 1	PA
ZARXIO INJ 480/0.8	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
ALVAIZ TAB 9MG	Tier 1	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	Tier 1	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	Tier 1	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	Tier 1	QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	Tier 1	
anagrelide hcl cap 1 mg	Tier 1	
BERINERT INJ 500UNIT	Tier 1	QL (24 boxes / 30 days), PA
cilostazol tab 50 mg	Tier 1	
cilostazol tab 100 mg	Tier 1	
DOPTELET TAB 20MG	Tier 1	PA
HAEGARDA INJ 2000UNIT	Tier 1	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	Tier 1	QL (20 vials / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	Tier 1	QL (9 syringes / 30 days), PA
l-glutamine (sickle cell)	Tier 1	PA
pentoxifylline tab er 400 mg	Tier 1	
sajazir	Tier 1	QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	Tier 1	
SIKLOS TAB 1000MG	Tier 1	
TAVNEOS CAP 10MG	Tier 1	QL (180 caps / 30 days), 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 1	
dipyridamole tab 25 mg	Tier 1	PA; PA applies if 65 years and older
dipyridamole tab 50 mg	Tier 1	PA; PA applies if 65 years and older
dipyridamole tab 75 mg	Tier 1	PA; PA applies if 65 years and older
prasugrel hcl tab 5 mg (base equiv)	Tier 1	
prasugrel hcl tab 10 mg (base equiv)	Tier 1	
ticagrelor tab 60 mg	Tier 1	
ticagrelor tab 90 mg	Tier 1	

NAME OF DRUG	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		
AUTOIMMUNE AGENTS		
BIMZELX INJ 160MG/ML	Tier 1	QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	Tier 1	QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	Tier 1	QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	Tier 1	QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	Tier 1	QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	Tier 1	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	Tier 1	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	Tier 1	QL (4 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL INJ 25/0.5ML	Tier 1	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	Tier 1	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	Tier 1	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	Tier 1	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	Tier 1	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	Tier 1	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	Tier 1	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	Tier 1	QL (6 autoinjectors / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HADLIMA PUSH INJ 40/0.8ML	Tier 1	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	Tier 1	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 1	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 1	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	Tier 1	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	Tier 1	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	Tier 1	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	Tier 1	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	Tier 1	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	Tier 1	QL (3 pens / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFLIXIMAB INJ 100MG	Tier 1	PA
KINERET INJ	Tier 1	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	Tier 1	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	Tier 1	PA
REMICADE INJ 100MG	Tier 1	PA
RENFLEXIS INJ 100MG	Tier 1	PA
RINVOQ LQ SOL 1MG/ML	Tier 1	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RINVOQ TAB 30MG ER	Tier 1	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	Tier 1	QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	Tier 1	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	Tier 1	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	Tier 1	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	Tier 1	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	Tier 1	PA
SOTYKTU TAB 6MG	Tier 1	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	Tier 1	PA
STELARA INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STELARA INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	Tier 1	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	Tier 1	QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	Tier 1	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	Tier 1	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	Tier 1	PA
TYENNE INJ 80MG/4ML	Tier 1	PA
TYENNE INJ 162/0.9	Tier 1	QL (4 pens / 28 days), PA
TYENNE INJ 162MG	Tier 1	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	Tier 1	PA
TYENNE INJ 400/20ML	Tier 1	PA
USTEKINUMAB INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
USTEKINUMAB INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	Tier 1	PA
VELSIPITY TAB 2MG	Tier 1	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	Tier 1	QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	Tier 1	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	Tier 1	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	Tier 1	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YESINTEK INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	Tier 1	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate tab 200 mg	Tier 1	
JYLAMVO SOL 2MG/ML	Tier 1	B/D
leflunomide tab 10 mg	Tier 1	QL (30 tabs / 30 days)
leflunomide tab 20 mg	Tier 1	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	
XATMEP SOL 2.5MG/ML	Tier 1	B/D
IMMUNOGLOBULINS		
ALYGLO INJ 5GM/50ML	Tier 1	PA
ALYGLO INJ 10/100ML	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALYGLO INJ 20/200ML	Tier 1	PA
BIVIGAM INJ 10%	Tier 1	PA
FLEBOGAMMA INJ 10/200ML	Tier 1	PA
FLEBOGAMMA INJ 20/400ML	Tier 1	PA
FLEBOGAMMA INJ DIF 5%	Tier 1	PA
GAMASTAN INJ	Tier 1	B/D
GAMMAGARD INJ 1GM/10ML	Tier 1	PA
GAMMAGARD INJ 2.5GM/25	Tier 1	PA
GAMMAGARD INJ 5GM/50ML	Tier 1	PA
GAMMAGARD INJ 10GM/100	Tier 1	PA
GAMMAGARD INJ 20GM/200	Tier 1	PA
GAMMAGARD INJ 30GM/300	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAGARD SD INJ 5GM HU	Tier 1	PA
GAMMAGARD SD INJ 10GM HU	Tier 1	PA
GAMMAKED INJ 1GM/10ML	Tier 1	PA
GAMMAKED INJ 5GM/50ML	Tier 1	PA
GAMMAKED INJ 10GM/100	Tier 1	PA
GAMMAKED INJ 20GM/200	Tier 1	PA
GAMMAPLEX INJ 5%	Tier 1	PA
GAMMAPLEX INJ 10%	Tier 1	PA
GAMUNEX-C INJ 1GM/10ML	Tier 1	PA
GAMUNEX-C INJ 2.5GM/25	Tier 1	PA
GAMUNEX-C INJ 5GM/50ML	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMUNEX-C INJ 10GM/100	Tier 1	PA
GAMUNEX-C INJ 20GM/200	Tier 1	PA
GAMUNEX-C INJ 40/400ML	Tier 1	PA
OCTAGAM INJ 1GM	Tier 1	PA
OCTAGAM INJ 2.5GM	Tier 1	PA
OCTAGAM INJ 2GM/20ML	Tier 1	PA
OCTAGAM INJ 5GM	Tier 1	PA
OCTAGAM INJ 5GM/50ML	Tier 1	PA
OCTAGAM INJ 10/100ML	Tier 1	PA
OCTAGAM INJ 10GM	Tier 1	PA
OCTAGAM INJ 20/200ML	Tier 1	PA
OCTAGAM INJ 30/300ML	Tier 1	PA
PANZYGA SOL 1GM/10ML	Tier 1	PA
PANZYGA SOL 2.5/25ML	Tier 1	PA
PANZYGA SOL 5GM/50ML	Tier 1	PA
PANZYGA SOL 10/100ML	Tier 1	PA
PANZYGA SOL 20/200ML	Tier 1	PA
PANZYGA SOL 30/300ML	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRIVIGEN INJ 5 GRAMS	Tier 1	PA
PRIVIGEN INJ 10GRAMS	Tier 1	PA
PRIVIGEN INJ 20GRAMS	Tier 1	PA
PRIVIGEN INJ 40GRAMS	Tier 1	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	Tier 1	PA
ARCALYST INJ 220MG	Tier 1	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	Tier 1	B/D
ASTAGRAF XL CAP 1MG	Tier 1	B/D
ASTAGRAF XL CAP 5MG	Tier 1	B/D
azathioprine tab 50 mg	Tier 1	B/D
BENLYSTA INJ 120MG	Tier 1	PA
BENLYSTA INJ 200MG/ML	Tier 1	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	Tier 1	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	Tier 1	PA
cyclosporine cap 25 mg	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclosporine cap 100 mg	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
everolimus tab 0.5 mg	Tier 1	B/D
everolimus tab 0.25 mg	Tier 1	B/D
everolimus tab 0.75 mg	Tier 1	B/D
everolimus tab 1 mg	Tier 1	B/D
gengraf	Tier 1	B/D
mycophenolate mofetil cap 250 mg	Tier 1	B/D
mycophenolate mofetil for oral susp 200 mg/ml	Tier 1	B/D
mycophenolate mofetil tab 500 mg	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 1	B/D
PROGRAF GRA 0.2MG	Tier 1	B/D
PROGRAF GRA 1MG	Tier 1	B/D
REZUROCK TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
sirolimus oral soln 1 mg/ml	Tier 1	B/D
sirolimus tab 0.5 mg	Tier 1	B/D
sirolimus tab 1 mg	Tier 1	B/D
sirolimus tab 2 mg	Tier 1	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VACCINES		
ABRYSVO INJ	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY INJ 120MCG	Tier 1	PA
BCG VACCINE INJ 50MG	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
ENGERIX-B INJ 10/0.5ML	Tier 1	B/D
ENGERIX-B INJ 20MCG/ML	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX INJ 720UNIT	Tier 1	
HAVRIX INJ 1440UNIT	Tier 1	
HEPLISAV-B INJ 20/0.5ML	Tier 1	B/D
HIBERIX SOL 10MCG	Tier 1	
IMOVAX RABIE INJ 2.5/ML	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS INJ	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA INJ 50MCG	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB INJ	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVA HB INJ 5MCG/0.5	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RECOMBIVA HB INJ 10MCG/ML	Tier 1	B/D
RECOMBIVA-HB INJ 40MCG/ML	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX INJ 50/0.5ML	Tier 1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC INJ	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI INJ	Tier 1	
VAQTA INJ 25/0.5ML	Tier 1	
VAQTA INJ 50UNT/ML	Tier 1	
VARIVAX INJ	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA INJ 40/0.8ML	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 1	
D10W/NACL INJ 0.2%	Tier 1	
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 0.3%	Tier 1	
dextrose 5% w/ sodium chloride 0.9%	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISOLYTE-P INJ /D5W	Tier 1	
ISOLYTE-S INJ PH 7.4	Tier 1	
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	
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 0.45% 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 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 0.9% 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 1	
lactated ringer's solution	Tier 1	
MAGNESIUM SU INJ 2GM/50ML	Tier 1	
MAGNESIUM SU INJ 4G/100ML	Tier 1	
MAGNESIUM SU INJ 20/500ML	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM SU INJ 40G/1000	Tier 1	
MAGNESIUM SU INJ 80MG/ML	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 1	
magnesium sulfate inj 50%	Tier 1	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	Tier 1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	Tier 1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	Tier 1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	Tier 1	
multiple electrolytes ph 5.5	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
potassium chloride 20 meq/l (0.15%) 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 inj 2.5 meq/ml (14.6%)	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	
TPN ELECTROL INJ	Tier 1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con	Tier 1	
klor-con 8	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
klor-con 10	Tier 1	
klor-con m10	Tier 1	
klor-con m15	Tier 1	
klor-con m20	Tier 1	
M-NATAL PLUS TAB	Tier 1	
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 1	
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	
potassium chloride oral soln 10% (20 meq/15ml)	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 1	B/D
CLINIMIX INJ 4.25/D10	Tier 1	B/D
CLINIMIX INJ 5%/D15W	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINIMIX INJ 5%/D20W	Tier 1	B/D
CLINIMIX INJ 6/5	Tier 1	B/D
CLINIMIX INJ 8/10	Tier 1	B/D
CLINIMIX INJ 8/14	Tier 1	B/D
clinisol sf 15%	Tier 1	B/D
CLINOLIPID EMU 20%	Tier 1	B/D
dextrose inj 5%	Tier 1	
dextrose inj 10%	Tier 1	
dextrose inj 50%	Tier 1	B/D
dextrose inj 70%	Tier 1	B/D
INTRALIPID INJ 20%	Tier 1	B/D
INTRALIPID INJ 30%	Tier 1	B/D
NUTRILIPID EMU 20%	Tier 1	B/D
plenamine	Tier 1	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 1	B/D
TRAVASOL INJ 10%	Tier 1	B/D
TROPHAMINE INJ 10%	Tier 1	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
neo-polycin hc ophth oint 1%	Tier 1	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOBRADEX OIN 0.3-0.1%	Tier 1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 1	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUS 0.6%	Tier 1	
CILOXAN OIN 0.3% OP	Tier 1	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gentamicin sulfate ophth soln 0.3%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	QL (12 mL / 30 days)
NATACYN SUS 5% OP	Tier 1	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 1	
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	
polycin ophth oint	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
XDEMVY DRO 0.25%	Tier 1	PA
ZIRGAN GEL 0.15%	Tier 1	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
diclofenac sodium ophth soln 0.1%	Tier 1	
difluprednate ophth emulsion 0.05%	Tier 1	
fluorometholone ophth susp 0.1%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.4%	Tier 1	
ketorolac tromethamine ophth soln 0.5%	Tier 1	
LOTEMAX OIN 0.5%	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 1	
prednisolone acetate ophth susp 1%	Tier 1	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	Tier 1	
cromolyn sodium ophth soln 4%	Tier 1	
ZERVIATE DRO 0.24%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophth soln 0.5%	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	
brinzolamide ophth susp 1%	Tier 1	ST
carteolol hcl ophth soln 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
latanoprost ophth soln 0.005%	Tier 1	
levobunolol hcl ophth soln 0.5%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMIGAN SOL 0.01% OP	Tier 1	
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 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
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 0.25%	Tier 1	
VYZULTA SOL 0.024%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	Tier 1	
atropine sulfate ophth soln 1%	Tier 1	
CYSTADROPS SOL 0.37%	Tier 1	PA
CYSTARAN SOL 0.44%	Tier 1	PA
EYSUVIS DRO 0.25%	Tier 1	
MIEBO DRO 1.3GM/ML	Tier 1	
proparacaine hcl ophth soln 0.5%	Tier 1	
RESTASIS EMU 0.05% OP	Tier 1	
RESTASIS MUL EMU 0.05% OP	Tier 1	
XIIDRA DRO 5%	Tier 1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid otic soln 2%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 1	
flac	Tier 1	
fluocinolone acetonide (otic) oil 0.01%	Tier 1	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 1	
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
ofloxacin otic soln 0.3%	Tier 1	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	Tier 1	QL (2 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INCRUSE ELPT INH 62.5MCG	Tier 1	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	
SPIRIVA RESP AER 1.25MCG	Tier 1	QL (1 inhaler / 30 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
cyproheptadine hcl tab 4 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl inj 50 mg/ml	Tier 1	
hydroxyzine hcl im soln 25 mg/ml	Tier 1	PA; PA applies if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	Tier 1	PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine hcl syrup 10 mg/5ml	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 10 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 50 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine pamoate cap 25 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 50 mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL / 30 days)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (2 inhalers / 30 days); (generic of Proventil 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate tab 2 mg	Tier 1	
albuterol sulfate tab 4 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), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SEREVENT DIS AER 50MCG	Tier 1	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	Tier 1	
terbutaline sulfate tab 5 mg	Tier 1	
VENTOLIN HFA (INSTITUTIONAL PACK)	Tier 1	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	Tier 1	QL (2 inhalers / 30 days)
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
montelukast sodium tab 10 mg (base equiv)	Tier 1	
zafirlukast tab 10 mg	Tier 1	
zafirlukast tab 20 mg	Tier 1	
MISCELLANEOUS		
acetylcysteine inhal soln 10%	Tier 1	B/D
acetylcysteine inhal soln 20%	Tier 1	B/D
ALYFTREK TAB 4-20-50	Tier 1	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	Tier 1	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	Tier 1	PA
ARALAST NP INJ 1000MG	Tier 1	PA
cromolyn sodium soln nebu 20 mg/2ml	Tier 1	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	Tier 1	(generic of Adrenaclick)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	Tier 1	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	Tier 1	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	Tier 1	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	Tier 1	QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	Tier 1	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	Tier 1	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	Tier 1	QL (56 packets / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO PAK 50MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	Tier 1	QL (60 tabs / 30 days), PA
OFEV CAP 100MG	Tier 1	QL (60 caps / 30 days), PA
OFEV CAP 150MG	Tier 1	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	Tier 1	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	Tier 1	QL (112 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pirfenidone cap 267 mg	Tier 1	QL (270 caps / 30 days), PA
pirfenidone tab 267 mg	Tier 1	QL (270 tabs / 30 days), PA
pirfenidone tab 534 mg	Tier 1	QL (90 tabs / 30 days), PA
pirfenidone tab 801 mg	Tier 1	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	Tier 1	PA
PULMOZYME SOL 1MG/ML	Tier 1	PA
roflumilast tab 250 mcg	Tier 1	QL (56 tabs / year)
roflumilast tab 500 mcg	Tier 1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	Tier 1	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	Tier 1	QL (56 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
theophylline elixir 80 mg/15ml	Tier 1	
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	
TRIKAFTA PAK 59.5MG	Tier 1	QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	Tier 1	QL (56 packs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	Tier 1	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	Tier 1	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	Tier 1	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	Tier 1	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	Tier 1	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	Tier 1	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	Tier 1	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	Tier 1	PA
ZEMAIRA INJ 4000MG	Tier 1	PA
ZEMAIRA INJ 5000MG	Tier 1	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
XHANCE MIS 93MCG	Tier 1	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	Tier 1	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	Tier 1	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	Tier 1	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	Tier 1	QL (30 inhalations / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARNUITY ELPT INH 200MCG	Tier 1	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
fluticasone propionate hfa inhal aer 110 mcg/act	Tier 1	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aer 220 mcg/act	Tier 1	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	Tier 1	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	Tier 1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters / 30 days)
breyna	Tier 1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 1	QL (3 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
wixela inhub	Tier 1	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

accutane	Tier 1	PA
amnesteem	Tier 1	PA
amnesteem cap 30mg	Tier 1	PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL (46.6 gm / 30 days)
claravis	Tier 1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 1	QL (45 gm / 30 days)
clindamycin phosphate gel 1% (once-daily)	Tier 1	QL (75 mL / 30 days), PA
clindamycin phosphate lotion 1%	Tier 1	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	Tier 1	QL (60 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ery	Tier 1	QL (60 pledgets / 30 days)
erythromycin gel 2%	Tier 1	QL (60 gm / 30 days)
erythromycin soln 2%	Tier 1	QL (60 mL / 30 days)
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
neuac gel 1.2-5%	Tier 1	QL (45 gm / 30 days)
sulfacetamide sodium lotion 10% (acne)	Tier 1	QL (118 mL / 30 days)
tretinoin cream 0.1%	Tier 1	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	Tier 1	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	Tier 1	QL (45 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tretinoin gel 0.01%	Tier 1	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	Tier 1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical)	Tier 1	QL (60 gm / 30 days)
zenatane	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	Tier 1	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	Tier 1	QL (30 gm / 30 days)
mupirocin oint 2%	Tier 1	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	Tier 1	
ssd	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 1	QL (453.6 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (60 mL / 30 days)
ciclopirox shampoo 1%	Tier 1	QL (120 mL / 30 days)
clotrimazole cream 1%	Tier 1	QL (45 gm / 30 days)
clotrimazole soln 1%	Tier 1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm / 30 days)
econazole nitrate cream 1%	Tier 1	QL (85 gm / 30 days)
ketoconazole cream 2%	Tier 1	QL (60 gm / 30 days)
ketoconazole shampoo 2%	Tier 1	QL (120 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
klayesta	Tier 1	QL (60 gm / 30 days)
nyamyc	Tier 1	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	Tier 1	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	Tier 1	QL (60 gm / 30 days)
nystop	Tier 1	QL (60 gm / 30 days)
selenium sulfide lotion 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	Tier 1	PA
acitretin cap 17.5 mg	Tier 1	PA
acitretin cap 25 mg	Tier 1	PA
calcipotriene cream 0.005%	Tier 1	QL (120 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
calcitrene	Tier 1	QL (120 gm / 30 days), PA
ENSTILAR AER	Tier 1	QL (120 gm / 30 days), PA
tazarotene cream 0.1%	Tier 1	QL (60 gm / 30 days), PA
tazarotene cream 0.05%	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	Tier 1	
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	Tier 1	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	Tier 1	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	Tier 1	QL (120 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	Tier 1	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate e	Tier 1	QL (120 gm / 30 days)
clobetasol propionate gel 0.05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate oint 0.05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate shampoo 0.05%	Tier 1	QL (236 mL / 30 days)
clobetasol propionate soln 0.05%	Tier 1	QL (100 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clodan	Tier 1	QL (236 mL / 30 days)
fluocinolone acetonide cream 0.01%	Tier 1	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	Tier 1	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	Tier 1	QL (118.28 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 1	QL (118.28 mL / 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	Tier 1	QL (60 mL / 30 days)
fluocinonide cream 0.1%	Tier 1	QL (120 gm / 30 days)
fluocinonide cream 0.05%	Tier 1	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	Tier 1	QL (120 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinonide gel 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	Tier 1	
fluticasone propionate oint 0.005%	Tier 1	
halobetasol propionate cream 0.05%	Tier 1	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	Tier 1	QL (50 gm / 30 days)
hydrocortisone cream 1%	Tier 1	
hydrocortisone cream 2.5%	Tier 1	
hydrocortisone lotion 2.5%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone oint 1%	Tier 1	QL (30 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
mometasone furoate cream 0.1%	Tier 1	
mometasone furoate oint 0.1%	Tier 1	
mometasone furoate solution 0.1% (lotion)	Tier 1	
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	
triamcinolone acetonide lotion 0.025%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triamcinolone acetonide oint 0.1%	Tier 1	
triamcinolone acetonide oint 0.5%	Tier 1	
triamcinolone acetonide oint 0.025%	Tier 1	
triderm	Tier 1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	Tier 1	QL (60 mL / 30 days), PA
lidocaine hcl soln 4%	Tier 1	QL (50 mL / 30 days), PA
lidocaine oint 5%	Tier 1	QL (50 gm / 30 days), PA
lidocaine patch 5%	Tier 1	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	B/D, QL (30 gm / 30 days)
lidocan	Tier 1	QL (3 patches / 1 day), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tridacaine ii	Tier 1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene gel 1%	Tier 1	QL (60 gm / 30 days), PA
diclofenac sodium soln 1.5%	Tier 1	QL (300 mL / 28 days)
EUCRISA OIN 2%	Tier 1	QL (120 gm / 30 days), PA
fluorouracil cream 5%	Tier 1	QL (40 gm / 30 days)
fluorouracil soln 2%	Tier 1	QL (10 mL / 30 days)
fluorouracil soln 5%	Tier 1	QL (10 mL / 30 days)
hydrocortisone perianal cream 1%	Tier 1	
hydrocortisone perianal cream 2.5%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imiquimod cream 5%	Tier 1	QL (24 packets / 30 days)
lactic acid (ammonium lactate) cream 12%	Tier 1	
lactic acid (ammonium lactate) lotion 12%	Tier 1	
metronidazole cream 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole gel 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole lotion 0.75%	Tier 1	QL (59 mL / 30 days)
nitroglycerin oint 0.4%	Tier 1	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	Tier 1	QL (60 gm / 30 days), PA
pimecrolimus cream 1%	Tier 1	QL (100 gm / 30 days), PA
podofilox soln 0.5%	Tier 1	QL (7 mL / 28 days)
procto-med hc	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
proctocort	Tier 1	
proctosol hc	Tier 1	
proctozone-hc	Tier 1	
tacrolimus oint 0.1%	Tier 1	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	Tier 1	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion lotion 0.5%	Tier 1	QL (59 mL / 30 days)
permethrin cream 5%	Tier 1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OIN 250/GM	Tier 1	QL (180 gm / 30 days), PA
sodium chloride irrigation soln 0.9%	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	Tier 1	
chlorhexidine gluconate soln 0.12%	Tier 1	
clotrimazole troche 10 mg	Tier 1	QL (150 lozenges / 30 days)
kourzeq	Tier 1	
lidocaine hcl viscous soln 2%	Tier 1	
nystatin susp 100000 unit/ml	Tier 1	
periogard	Tier 1	
pilocarpine hcl tab 5 mg	Tier 1	
pilocarpine hcl tab 7.5 mg	Tier 1	
triamcinolone acetonide dental paste 0.1%	Tier 1	

D. Índice de medicamentos cubiertos

En esta sección podrá encontrar un medicamento buscando su nombre alfabéticamente. Esto le indicará el número de página donde puede encontrar información de cobertura adicional para su medicamento.

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MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

*alcaftadine
*ketotifen
*naphazoline
*Naphcon-A (naphazoline/ pheniramine)
*Opcon-A (naphazoline/ pheniramine)

Analgesics

*acetaminophen
≤ 4 grams/day
*aspirin 81 mg
*aspirin 325 mg, 500 mg, 650 mg
*aspirin suppository
*aspirin with buffers
*capsaicin
*diclofenac 1% gel
*ibuprofen
*lidocaine 4% patches
≤ 4 patches/day
*naproxen capsule, tablet

Anthelmintic Agents

*Reese's Pinworm (pyrantel pamoate)

Antihistamines/ Decongestants

*cetirizine syrup, tablet
*cetirizine/ pseudoephedrine
chlorpheniramine
diphenhydramine
doxylamine
fexofenadine tablet
*fexofenadine/ pseudoephedrine
*loratadine tablet, solution
*loratadine/ pseudoephedrine
*pseudoephedrine
≤ 240 mg/day

Antimicrobials, Topical

*bacitracin
*chlorhexidine gluconate
*clotrimazole
*double antibiotic
*ointment
*hydrogen peroxide
*iodine
*isopropyl alcohol
*miconazole
*neomycin
*povidone
*terbinafine 1% cream

*tolnaftate cream, powder
*triple antibiotic ointment

Compounding Agents

*cherry syrup gelatin capsule, empty
*Ora-Plus suspending vehicle
*Ora-Sweet oral syrup
*Ora-Sweet-SF oral syrup
*simple syrup

Contraceptives, Oral

*levonorgestrel 1.5 mg tablet
*Opill (norgestrel tablet)

Contraceptives, Topical

*nonoxynol-9

Dermatologic Agents, Topical

*benzoyl peroxide
*calamine lotion
*colloidal oatmeal
*hydrocortisone cream, lotion, ointment
*hydrophilic ointment
*lanolin
*petrolatum
*selenium sulfide
*vitamin A and D ointment
*witch hazel
*zinc oxide

Gastrointestinal Agents

*Align (bifidobacterium infantis) < 21 years
*aluminum carbonate
*aluminum hydroxide
*bisacodyl enema, suppository
*bisacodyl tablet
*bismuth subsalicylate
*calcium polycarbophil
*cimetidine tablet
*Culturelle (lactobacillus rhamnosus GG) < 21 years
*dextrin
*docusate sodium capsule, tablet
*docusate sodium enema
*docusate sodium solution, syrup

* Branded OTC nonoxynol-9 products are covered by MassHealth without PA. OTCDL (Rev. 07/25)

*famotidine tablet
*Florastor (saccharomyces boulardii) < 21 years
*glycerin
*lactase
*loperamide
*magaldrate
*magnesium salts
*meclizine
*methylcellulose
*mineral oil
*polyethylene glycol 3350
*psyllium capsule
*psyllium powder
*sennosides tablet
*sennosides syrup
*simethicone
*sodium bicarbonate
*sodium phosphate

Intranasal Sprays

*budesonide nasal spray ≤ 1 inhaler/ 30 days
*triamcinolone nasal spray ≤ 1 inhaler/30 days

Medical Foods

*levomethylfolate tablet ≤ 1 unit/day

Opioid Reversal Agents

*Narcan (naloxone 4 mg nasal spray) †
*Rivive (naloxone 3 mg nasal spray)

Otic Agents

*carbamide peroxide

Pediculicides/ Scabicides

*permethrin
*piperonyl *butoxide/ pyrethrins

Respiratory Agents

*sodium chloride for inhalation

Smoking Cessation

*nicotine gum, lozenge, patch

Tear/Saliva Replacement Agents

*artificial tears
*saliva substitute

Vitamins/ Nutrients/ Supplements

*calcium replacement
*cod liver oil
*coenzyme Q10 < 21 years
*electrolyte solution, pediatric
*ferrous fumarate
*ferrous gluconate
*ferrous sulfate
*folic acid
*glucose products < 21 years
*iron polysaccharide complex
*magnesium salts
*melatonin
*melatonin/ pyridoxine
*tablet
*multivitamins
*niacinamide
*nicotinic acid
*pediatric multivitamins
*Phos-Flur (sodium fluoride oral rinse)
*prenatal vitamins
*potassium phosphate
*sodium chloride tablet
*sodium fluoride
*vitamin A (retinol)
*vitamin B-1 (thiamine)
*vitamin B-2 (riboflavin)
*vitamin B-3 (niacin)
*vitamin B-6 (pyridoxine)
*vitamin B-12 (cyanocobalamin)
*vitamin B complex
*vitamin C (ascorbic acid)
*vitamin D
*vitamin E, oral
*vitamins, multiple vitamins,
*multiple/minerals
*vitamins, pediatric
*vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

Esta *Lista de medicamentos* se actualizó el 10/06/2025.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite ccama.org.