

2025

# UCare Your Choice Plans (PPO) Formulary (List of Covered Drugs)

- UCare Your Choice
- UCare Your Choice Plus

This formulary was updated on 10/01/2024.

**PLEASE READ: This document contains information about the drugs we cover in these plans.**

*For more recent information or other questions, please contact:*

**UCare Your Choice Plans** Customer Service at 612-676-6526 or 1-833-951-3183 (this call is free)

For all TTY users: 612-676-6810 or 1-800-688-2534 (this call is free)

All lines answered 8 am – 8 pm, seven days a week, or visit [ucare.org](https://www.ucare.org)

## **Notice of Nondiscrimination**

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

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

### Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: [cag@ucare.org](mailto:cag@ucare.org)

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမုဂ်ကတိံ ကညိ ကျိဂ်အယိ, နမနုဂ် ကျိဂ်အတိဂ်မဇာလၢ တလၢဂ်ဘုဂ်လၢဂ်စူ နိတမံဘၣ်သုနုဂ်လိံ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

## Multi-Language Insert Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means UCare Minnesota. When it refers to “plan” or “our plan,” it means UCare Your Choice Plans.

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## **What is the UCare Your Choice Plans Formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by UCare Your Choice Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UCare Your Choice Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UCare Your Choice Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary change?**

Most changes in drug coverage happen on January 1, but UCare Your Choice Plans may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [ucare.org/member-documents](https://ucare.org/member-documents).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable

biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the UCare Your Choice Plans Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
  - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the UCare Your Choice Plans Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by UCare Your Choice Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Your Choice Plans Formulary are available on our website, [ucare.org/members/member-documents](https://www.ucare.org/members/member-documents). Upon your request, UCare will mail you an updated printed edition.

## **How do I use the Formulary?**

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There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 14. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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UCare Your Choice Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **What are original biological products and how are they related to biosimilars?**

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On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.



For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UCare Your Choice Plans requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from UCare Your Choice Plans before you fill your prescriptions. If you don’t get approval, UCare Your Choice Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Your Choice Plans limits the amount of the drug that UCare Your Choice Plans will cover. For example, UCare Your Choice Plans provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCare Your Choice Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UCare Your Choice Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Your Choice Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask UCare Your Choice Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the UCare Your Choice Plans Formulary?” on page 10 for information about how to request an exception.

## **What are the over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. UCare Your Choice Plans pays for certain OTC drugs. UCare Your Choice Plans will provide these OTC drugs at no cost to you. The cost to UCare Your Choice Plans of these OTC drugs will not count toward your total Part D drug costs.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that UCare Your Choice Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UCare Your Choice Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by UCare Your Choice Plans.
- You can ask UCare Your Choice Plans to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the UCare Your Choice Plans Formulary?**

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You can ask UCare Your Choice Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, UCare Your Choice Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier (Tier 5). If approved, this would lower the amount you must pay for your drug.

Generally, UCare Your Choice Plans will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tier or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While

you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

## **Transition of Care**

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If you are a current UCare Your Choice Plans member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care. If you are a current UCare Your Choice Plans member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

## **For more information**

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For more detailed information about your UCare Your Choice Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about UCare Your Choice Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## **UCare Your Choice Plans Formulary**

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The formulary that begins on the next page provides coverage information about the drugs covered by UCare Your Choice Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

The information in the Requirements/Limits column tells you if UCare Your Choice Plans have any special requirements for coverage of your drug.

<b>Explanation of Requirements/Limits</b>	
<b>PA</b>	Prior authorization: Drugs that require approval from UCare before we'll cover it
<b>PA<sup>2</sup></b>	Prior Authorization: Drugs that require approval if you haven't taken the drug before
<b>PA<sup>3</sup></b>	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
<b>ST</b>	Step Therapy: Drugs that require you to try another drug before we'll cover it
<b>QL</b>	Quantity limit: There are limits to the amount of drug covered per fill
<b>Part B Covered</b>	Diabetic supplies covered under Part B (medical) benefit
<b>INS</b>	Insulins with a \$35 copay per one-month supply
<b>VAC</b>	Part D Adult Vaccine covered at \$0 (no cost)
<b>VAC AGE</b>	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45
<b>MFG</b>	Drug coverage is limited to certain manufacturers
<b>NDS</b>	Drugs limited to a 30-day supply per fill
<b>LA</b>	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	4	
<i>amphetamine-dextroamphetamine</i>	3	
<i>lisdexamfetamine dimesylate</i>	4	
<i>methamphetamine hcl</i>	4	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	4	
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	4	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	3	
<i>methylphenidate hcl 5 mg/5ml, 10 mg/5ml</i>	4	
<i>methylphenidate hcl er (osm) 18 mg tab</i>	4	
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>modafinil 100 mg tab, 200 mg tab</i>	3	PA, QL (60 EA PER 30 DAYS)
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
ARIKAYCE	5	PA, QL (252 ML PER 30 DAYS), NDS
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>gentamicin sulfate 10 mg/ml solution</i>	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	4	
<i>neomycin sulfate 500 mg tab</i>	2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, QL (300 ML PER 30 DAYS), NDS
TOBRAMYCIN SULFATE TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION	4	

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

<i>leflunomide 10 mg tab, 20 mg tab</i>	3	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS

### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	5	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	3	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	3	
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	3	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	3	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 600 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 1600 mcg loz handle</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
<b>METHADONE HCL 10 MG/5ML SOLUTION</b>	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
<b>METHADONE HCL 5 MG/5ML SOLUTION</b>	4	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
<b>MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION</b>	3	QL (180 ML PER 30 DAYS)
<b>MORPHINE SULFATE 15 MG TAB, 30 MG TAB</b>	3	QL (180 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er</i>	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine -120-12 mg/5ml solution</i>	3	QL (4980 ML PER 30 DAYS)
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 EA PER 30 DAYS)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	3	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	3	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	4	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	4	PA, QL (60 EA PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	4	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	3	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	3	QL (60 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg tab, -8-2 mg tab</i>	2	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg, -4-1 mg, -8-2 mg</i>	3	QL (90 EA PER 30 DAYS)

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	4	
ERYTHROMYCIN BASE 250 MG CP DR PART	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	4	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
TESTOSTERONE 50 MG/5GM (1%) GEL	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml solution</i>	3	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	3	PA
<i>testosterone cypionate 200 mg/ml solution</i>	3	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide 2 mg, 2 mg/act</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	4	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal) 1 % cream</i>	2	QL (240 GM PER 30 DAYS)
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	4	
<b>ANTHELMINTICS</b>		
<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>azithromycin 500 mg recon soln</i>	4	
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	
<i>aztreonam</i>	4	
<i>baciim</i>	2	
<i>bacitracin 50000 unit recon soln</i>	2	
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CEFEPIME-DEXTROSE	4	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	4	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	3	
<i>clarithromycin er</i>	4	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
<b>TEFLARO</b>	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	4	
<b>TRIMETHOPRIM 100 MG TAB</b>	2	
<i>trimethoprim 100 mg tab</i>	2	
<b>VANCOMYCIN HCL 100 GM RECON SOLN</b>	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
<b>VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION</b>	3	
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 750 mg recon soln</i>	4	
<b>XIFAXAN 200 MG TAB</b>	4	QL (9 EA PER 30 OVER TIME)
<b>XIFAXAN 550 MG TAB</b>	5	PA, QL (90 EA PER 30 DAYS), NDS
<b>ZYVOX 200 MG/100ML SOLUTION</b>	3	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<b>NITAZOXANIDE NITAZOXANIDE 500 MG TAB, NITAZOXANIDE 500 MG TAB</b>	5	QL (6 EA PER 3 OVER TIME), NDS
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
<b>ANTIANSXIETY AGENTS</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	
<b>BENZODIAZEPINES</b>		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA <sup>2</sup>

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate</i>	4	
QUINIDINE SULFATE QUINIDINE SULFATE, QUINIDINE SULFATE	2	

### **ANTIARRHYTHMICS TYPE I-B**

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3	
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### **ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate</i>	3	
<i>propafenone hcl</i>	3	
<i>propafenone hcl er</i>	4	

### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>dofetilide</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>pacerone 100 mg tab, 400 mg tab</i>	4	
<i>pacerone 200 mg tab</i>	2	

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA <sup>3</sup>
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### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, LA, NDS
FASENRA PEN	5	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (1 ML PER 28 DAYS), NDS

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA	4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA <sup>3</sup>

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium 10 mg tab</i>	1	
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab</i>	2	
<i>zafirlukast</i>	4	
<b>STEROID INHALANTS</b>		
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
<b>SYMPATHOMIMETICS</b>		
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate hfa (proair equivalent)</i>	2	QL (13.4 GRAMS PER 30 DAYS)
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GRAMS PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>breyna</i>	3	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	3	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	3	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	3	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
<i>ipratropium-albuterol</i>	2	PA <sup>3</sup>
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	3	QL (60 EA PER 30 DAYS)

## **ANTICOAGULANTS**

### **ANTICOAGULANTS - MISC.**

<i>dabigatran etexilate mesylate</i>	3	
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO	3	
XARELTO STARTER PACK	3	

### **COUMARIN ANTICOAGULANTS**

<i>jantoven</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	

## **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3	

## **ANTICONVULSANTS**

### **ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam 10 mg tab, 20 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	4	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<b>DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL</b>	4	QL (10 EA PER 30 OVER TIME)
<b>LIBERVANT</b>	4	QL (10 EA PER 30 DAYS), PA <sup>2</sup>
<b>NAYZILAM</b>	4	QL (10 EA PER 30 OVER TIME)
<b>SYMPAZAN 10 MG FILM, 20 MG FILM</b>	5	QL (60 EA PER 30 DAYS), NDS
<b>SYMPAZAN 5 MG FILM</b>	4	QL (60 EA PER 30 DAYS)
<b>VALTOCO 10 MG DOSE</b>	5	QL (10 EA PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 200 mg tab</i>	3	
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	LA, PA <sup>2</sup> , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	LA, PA <sup>2</sup> , NDS
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	LA, QL (360 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	4	
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>lamotrigine er</i>	4	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	2	
<i>levetiracetam er</i>	3	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	3	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	4	
<i>phenytek</i>	2	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin 20 mg/ml solution</i>	4	
<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide 200 mg tab</i>	4	PA <sup>2</sup>
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	5	PA <sup>2</sup> , NDS
SPRITAM	4	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
ZONISADE	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
ZTALMY	5	LA, QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CARBAMATES</b>		
<i>felbamate</i>	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA <sup>2</sup>
XCOPRI COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	LA, PA <sup>2</sup> , NDS
<i>vigadrone</i>	5	LA, PA <sup>2</sup> , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>vigpoder</i>	5	LA, PA <sup>2</sup> , NDS
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	3	
<i>methsuximide</i>	4	
<b>VALPROIC ACID</b>		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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## ANTIDEPRESSANTS

### ANTIDEPRESSANTS - MISC.

AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	3	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	2	
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS

### MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	3	
<i>tranylcypromine sulfate</i>	4	

### SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	4	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	4	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 90 mg cap dr</i>	4	
<i>fluvoxamine maleate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	4	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	4	
<i>trazodone hcl 300 mg tab</i>	4	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	3	QL (30 EA PER 30 DAYS)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	4	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	2	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	

## **ANTIDIABETICS**

### **ANTIDIABETIC COMBINATIONS**

<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
SOLIQUA	3	QL (90 ML PER 30 DAYS), INS
SYNJARDY	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<b>DIABETIC OTHER</b>		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
GLUCAGON EMERGENCY	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)
VICTOZA	3	PA, QL (9 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	PA <sup>3</sup> , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA <sup>3</sup> , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA <sup>3</sup> , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA <sup>3</sup> , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)

### **SULFONYLUREAS**

<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>glipizide 5 mg tab, 10 mg tab</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	

### **ANTIDIARRHEALS**

#### **ANTIDIARRHEAL AGENTS - MISC.**

<i>alosetron hcl 1 mg tab</i>	5	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4	
<i>loperamide (immodium)</i>	2	
XERMELO	5	PA, LA, QL (84 EA PER 28 DAYS), NDS

### **ANTIDOTES AND SPECIFIC ANTAGONISTS**

#### **OPIOID ANTAGONISTS**

KLOXXADO	3	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA <sup>3</sup>
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA <sup>3</sup>

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine</i>	2	
<i>scopolamine</i>	4	

### **ANTIEMETICS - MISCELLANEOUS**

<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA <sup>3</sup>
<i>aprepitant 80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA <sup>3</sup>
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)

## **ANTIFUNGALS**

### **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

<i>caspofungin acetate caspofungin acetate, caspofungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	
ABELCET	4	PA <sup>3</sup>
AMPHOTERICIN B 50 MG RECON SOLN	4	PA <sup>3</sup>
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>griseofulvin ultramicrosize</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	

## **IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA 372 MG RECON SOLN	5	NDS
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>fluconazole in sodium chloride fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	4	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	4	PA

## **ANTHYPERLIPIDEMICS**

### **ANTHYPERLIPIDEMICS - MISC.**

<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	3	
REPATHA	3	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	3	QL (2 ML PER 28 DAYS)

### **BILE ACID SEQUESTRANTS**

<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cholestyramine light</i>	3	
<i>colesevelam hcl 625 mg tab</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	

## **FIBRIC ACID DERIVATIVES**

<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	2	
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	2	
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	4	
<i>gemfibrozil 600 mg tab</i>	2	

## **HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<i>fluvastatin sodium</i>	2	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	

## **ANTIHYPERTENSIVES**

### **ACE INHIBITORS**

<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>moexipril hcl</i>	2	
<i>perindopril erbumine 4 mg tab</i>	2	
<i>perindopril erbumine perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	

## **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	2	
<i>telmisartan</i>	2	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	

## **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	3	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	
<i>guanfacine hcl</i>	2	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	
<i>terazosin hcl</i>	1	

## **ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-olmesartan</i>	3	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	3	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	3	
<b>TELMISARTAN-AMLODIPINE</b>	3	
<i>telmisartan-hctz</i>	3	
<i>valsartan-hydrochlorothiazide</i>	2	

### **ANTIHYPERTENSIVES - MISC.**

<i>aliskiren fumarate</i>	4	
<i>epplerenone</i>	3	
<i>metyrosine</i>	5	PA, NDS

### **VASODILATORS**

<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	

### **ANTIMALARIALS**

#### **ANTIMALARIAL COMBINATIONS**

<i>atovaquone-proguanil hcl</i>	4	
<b>COARTEM</b>	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	4	PA

## ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE	5	PA, NDS
<i>pyridostigmine bromide 60 mg tab</i>	3	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	

## ANTIMYCOBACTERIAL AGENTS

<i>dapsone 25 mg tab, 100 mg tab</i>	3	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	
ISONIAZID 100 MG TAB, 100 MG/ML SOLUTION	2	
<i>isoniazid 300mg tab</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	3	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, LA, NDS
TRECATOR	4	

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### ALKYLATING AGENTS

<i>cyclophosphamide 25 mg cap</i>	3	PA <sup>3</sup>
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	3	PA <sup>3</sup>
<i>cyclophosphamide 50 mg cap</i>	3	PA <sup>3</sup>
GLEOSTINE 10 MG CAP	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS
<i>temozolomide</i>	Part B Covered	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 50 mg tab</i>	3	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
<i>methotrexate sodium 2.5 mg tab, 50 mg/2ml solution</i>	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA <sup>2</sup> , NDS
PURIXAN	5	LA, NDS
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
INLYTA 1 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
INLYTA 5 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (10 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (12 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (14 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (18 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (20 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (24 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (4 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LENVIMA (8 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>erlotinib hcl 25 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
GILOTRIF	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAGRISO	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VIZIMPRO	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
DAURISMO 25 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERIVEDGE	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ODOMZO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AKEEGA	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERLEADA 60 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	4	PA <sup>2</sup>
<i>letrozole 2.5 mg tab</i>	2	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	PA <sup>2</sup>
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA
<i>nilutamide</i>	5	PA <sup>2</sup> , NDS
NUBEQA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORGOVYX	5	LA, QL (30 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ORSERDU 345 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORSERDU 86 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XTANDI 40 MG CAP, 40 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XTANDI 80 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	5	LA, QL (5 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 15-6.14 MG TAB	5	LA, QL (100 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 20-8.19 MG TAB	5	LA, QL (80 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 30 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 3 MG TAB, 4 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 5 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 400 MG TAB, 500 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 50 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
BRAFTOVI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRUKINSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CABOMETYX	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 300 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (100 MG DAILY DOSE)	5	LA, QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (140 MG DAILY DOSE)	5	LA, QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (60 MG DAILY DOSE)	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COPIKTRA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COTELLIC	5	LA, QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FOTIVDA	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GAVRETO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IBRANCE	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ICLUSIG	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IDHIFA	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (324 ML PER 30 DAYS), PA <sup>2</sup> , NDS
INREBIC	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAKAFI	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 10 MG CAP	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 25 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KRAZATI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 25 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 120 MG TAB	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 320 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYNPARZA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKTOVI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NERLYNX	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NINLARO	5	LA, QL (3 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
OJJAARA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PEMAZYRE	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
QINLOCK	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REZLIDHIA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 100 MG CAP	5	LA, QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 200 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA <sup>2</sup> , NDS
RUBRACA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA <sup>2</sup> , NDS
SCSEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCSEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SCSEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
STIVARGA	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.25 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAZVERIK	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TEPMETKO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TIBSOVO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TURALIO 125 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VERZENIO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 100 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 20 MG/ML SOLUTION	5	LA, QL (300 ML PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 25 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VONJO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 250 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XOSPATA	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZELBORAF	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYDELIG	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYKADIA	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	5	LA, PA <sup>2</sup> , NDS
AYVAKIT	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BESREMI	5	LA, QL (2 ML PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	LA, NDS
POMALYST	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 10 MG TAB	3	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup>
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA STARTING PACK	5	LA, QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
WELIREG	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	LA, QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	LA, QL (32 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MESNEX 400 MG TAB	5	NDS
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa 25 mg tab</i>	4	
<i>entacapone</i>	4	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
TRIHENXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	4	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	3	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	4	
<i>carbidopa-levodopa -10-100 mg tab, -25-100 mg tab, -25-250 mg tab</i>	2	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	4	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	2	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP	2	
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab</i>	2	
LITHIUM CARBONATE 600 MG CAP	2	
<i>lithium carbonate er</i>	2	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl</i>	2	
MOLINDONE HCL	4	
NUPLAZID	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>thiothixene</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	4	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
<b>BENZISOXAZOLES</b>		
FANAPT	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FANAPT TITRATION PACK	4	QL (8 EA PER 180 OVER TIME), PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	4	QL (30 EA PER 30 DAYS)
PERSERIS	5	QL (1 EA PER 30 DAYS), NDS
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab, 3 mg tab, 4 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	4	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	QL (2 EA PER 28 DAYS), NDS
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	4	
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 ML PER 30 DAYS), NDS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 ML PER 30 DAYS), NDS
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 ML PER 60 OVER TIME), NDS
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 ML PER 60 OVER TIME), NDS
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 ML PER 60 OVER TIME), NDS
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 ML PER 30 DAYS), NDS
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 ML PER 30 DAYS), NDS
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
CLOZAPINE 12.5 MG TAB DISP	4	
<i>clozapine 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	3	
<i>clozapine clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp, clozapine 150 mg tab disp</i>	4	
<i>loxapine succinate</i>	2	
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	4	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VERSACLOZ	5	NDS
<i>zyprexa 20 mg tab</i>	2	
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)

## **PHENOTHIAZINES**

<i>chlorpromazine hcl chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc</i>	4	
<i>compro</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc</i>	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	4	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	4	
<i>trifluoperazine hcl</i>	3	

## **QUINOLINONE DERIVATIVES**

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 OVER TIME), NDS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
<i>aripiprazole 1 mg/ml solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	4	QL (60 EA PER 30 DAYS)
<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	5	QL (4.8 ML PER 365 OVER TIME), NDS
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

## **ANTIVIRALS**

### **ANTIRETROVIRALS**

<i>abacavir sulfate</i>	4	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS 250 MG CAP	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>emtricitabine-tenofovir df -200-300 mg</i>	4	
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	5	NDS
FUZEON	5	NDS
GENVOYA	5	NDS
INTELENCE 25 MG TAB	4	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	5	NDS
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS
JULUCA	5	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir -100-25 mg tab, -200-50 mg tab</i>	2	
<i>lopinavir-ritonavir -400-100 mg/5ml solution</i>	4	
<i>maraviroc</i>	5	NDS
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine er 400 mg tab 24h</i>	4	
NORVIR 100 MG PACKET	4	
ODEFSEY	5	NDS
PIFELTRO	5	NDS
PREZCOBIX	5	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	5	NDS
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ritonavir</i>	3	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10 MG TAB	4	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine 100 mg cap, 300 mg tab</i>	3	
<i>zidovudine 50 mg/5ml syrup</i>	4	
<b>CMV AGENTS</b>		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	3	
RIBAVIRIN 200 MG TAB	3	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS

## **HERPES AGENTS**

<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	
<i>acyclovir 200 mg/5ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA <sup>3</sup>
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	3	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	3	

## **INFLUENZA AGENTS**

<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	4	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	

## **MISC. ANTIVIRALS**

PAXLOVID (150/100)	3	QL (20 EA PER 5 OVER TIME)
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PAXLOVID (300/100)	3	QL (30 EA PER 5 OVER TIME)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	3	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>metoprolol tartrate 37.5 mg tab</i>	2	
<i>nebivolol hcl</i>	3	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	4	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	2	

## **CARDIOVASCULAR AGENTS**

### **ALPHA-ADRENERGIC AGONISTS**

<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	3	

### **CARDIOVASCULAR AGENTS, OTHER**

CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
DIGOXIN DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 0.05 MG/ML SOLUTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	3	
VERQUVO	4	QL (30 EA PER 30 DAYS)

## **CEPHALOSPORINS**

### **CEPHALOSPORINS - 1ST GENERATION**

CEFADROXIL CEFADROXIL 500 MG/5ML RECON SUSP, CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP	3	
CEFAZOLIN SODIUM 100 GM RECON SOLN	4	
CEFAZOLIN SODIUM 2 GM RECON SOLN	2	
CEFAZOLIN SODIUM 300 GM RECON SOLN	4	
<i>cefazolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln</i>	4	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM-%(50ML) RECON SOLN, -1-4 GM/50ML-% SOLUTION	4	
CEFAZOLIN SODIUM-DEXTROSE -2-3 GM-%(50ML) RECON SOLN	2	
<i>cephalexin 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	

### **CEPHALOSPORINS - 2ND GENERATION**

CEFACLOR 250 MG CAP, 500 MG CAP	3	
<i>cefotetan disodium</i>	4	
CEFOTETAN DISODIUM-DEXTROSE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cefoxitin sodium</i>	4	
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil</i>	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefdinir 300 mg cap</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 100 gm recon soln, ceftriaxone sodium 500 mg recon soln</i>	4	
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab</i>	2	
<i>decadron 0.75 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>dexamethasone 0.75 mg tab, 1 mg tab</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	3	
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	PA <sup>3</sup>
<i>prednisolone 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	PA <sup>3</sup>
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	PA <sup>3</sup>
PREDNISONE INTENSOL	4	PA <sup>3</sup>
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
<b>COUGH/COLD/ALLERGY</b>		
<b>MUCOLYTICS</b>		
<i>acetylcysteine 10 %, 20 %</i>	3	PA <sup>3</sup>
<b>DENTAL AND ORAL AGENTS</b>		
<i>cavarest</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>fraiche 5000 dental</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	3	
LIDOCAINE HCL 4 % SOLUTION	3	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
SOD FLUORIDE-POTASSIUM NITRATE	2	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	
SODIUM FLUORIDE 5000 ENAMEL	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	4	
<i>amnestem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phosphate 1 % gel</i>	3	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	3	QL (60 ML PER 30 DAYS)
<b>ERY</b>	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate 0.1 % cream</i>	3	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	3	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	2	QL (220 GM PER 30 DAYS)
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox 0.77 % gel</i>	3	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	3	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	3	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	3	QL (85 GM PER 30 DAYS)
<i>ketconazole 2 % cream</i>	3	QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>bexarotene 1 % gel</i>	5	QL (60 GM PER 30 DAYS), PA <sup>2</sup> , NDS
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4	QL (40 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	3	QL (10 ML PER 30 DAYS)
PANRETIN	5	PA <sup>2</sup> , NDS
VALCHLOR	5	LA, QL (240 GM PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTIPSORIATICS**

<i>acitretin</i>	4	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	3	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	4	
COSENTYX (300 MG DOSE)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COSENTYX SENSOREADY PEN	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	5	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALEN RAPID METHOXSALEN RAPID, METHOXSALEN RAPID	5	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, LA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 20 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 30 MG TAB	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	5	PA, QL (2 ML PER 28 DAYS), NDS
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	5	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	4	PA, QL (60 GM PER 30 DAYS)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % ointment</i>	3	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	3	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % cream</i>	2	QL (100 GM PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment</i>	4	QL (100 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % cream, 0.1 % ointment</i>	3	QL (180 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	3	QL (120 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>clobetasol prop emollient base</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % cream, 0.05 % gel, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	4	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	4	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	4	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	4	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>desonide 0.05 % cream, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	4	
<i>fluocinolone acetonide 0.01 % solution</i>	4	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream, 0.05 % ointment</i>	4	QL (60 GM PER 30 DAYS)
<b>FLUOCINONIDE 0.05 % GEL</b>	4	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	4	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	4	
<i>halobetasol propionate 0.05 % cream</i>	4	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone</i>	2	QL (240 GM PER 30 DAYS)
<b>HYDROCORTISONE 2.5 % LOTION</b>	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	3	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)
<b>MISC. TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	3	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	3	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	4	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)
<b>WOUND CARE PRODUCTS</b>		
SANTYL	4	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH ULTRA	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	

## **DIGESTIVE AIDS**

### **DIGESTIVE ENZYMES**

CREON	3	
SUCRAID	5	PA, LA, NDS

## **DIURETICS**

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide 125 mg tab, 250 mg tab</i>	3	
<i>acetazolamide er</i>	3	
<i>methazolamide 25 mg tab, 50 mg tab</i>	4	

### **DIURETIC COMBINATIONS**

AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	

### **LOOP DIURETICS**

<i>bumetanide 0.25 mg/ml solution</i>	4	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide 10 mg/ml solution</i>	4	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>toremide</i>	2	

### **POTASSIUM SPARING DIURETICS**

<i>amiloride hcl 5 mg tab</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	3	
<i>risedronate sodium</i>	4	
<i>teriparatide</i>	5	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
<b>GROWTH HORMONES</b>		
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, LA, NDS
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	5	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, LA, NDS
<i>cinacalcet hcl</i>	4	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	4	
<i>levocarnitine sf</i>	4	
<b>NEXVIAZYME</b>	5	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	5	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS

## **SOMATOSTATIC AGENTS**

<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
<b>SIGNIFOR</b>	5	PA, LA, QL (60 ML PER 30 DAYS), NDS

## **ENDOCRINE MEDICATIONS**

### **OTHER ENDOCRINE DRUGS**

<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	3	
<i>desmopressin acetate spray</i>	4	
<b>INCRELEX</b>	5	PA, LA, NDS
<b>KERENDIA</b>	3	PA, QL (30 EA PER 30 DAYS)
<b>SOMAVERT</b>	5	PA, LA, NDS

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

<i>afirmelle</i>	2	
<i>altavera</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>brielllyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acet</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	4	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30 (21)</i>	2	
<i>loestrin 1/20 (21)</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	4	
<i>tarina fe 1/20 eq</i>	4	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zumandimine</i>	2	
<i>dotti</i>	4	
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk</i>	4	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	
<i>lyllana</i>	4	
MENEST	4	

## **FLUOROQUINOLONES**

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	4	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	
<i>levofloxacin in d5w in 250 mg/50ml solution</i>	2	
<i>levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml</i>	4	
MOXIFLOXACIN HCL IN NACL	4	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	4	

## **GASTROINTESTINAL AGENTS**

### **GASTROINTESTINAL AGENTS, OTHER**

<i>cromolyn sodium 100 mg/5ml conc</i>	4	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	2	
<i>metoclopramide hcl 5 mg/5ml, 10 mg/10ml</i>	4	
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	4	
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	3	
<b>GENITOURINARY AGENTS</b>		
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA
ELMIRON	4	
<i>potassium citrate er</i>	3	
RENACIDIN	3	
<i>sodium chloride 0.9 % solution</i>	4	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	4	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	3	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	2	PA, QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tamsulosin hcl</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	
<i>colchicine 0.6 mg tab</i>	3	
<i>colchicine-probenecid</i>	3	
<i>febuxostat</i>	3	
<i>probenecid</i>	3	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	3	
<i>aspirin-dipyridamole er</i>	4	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	4	
<i>prasugrel hcl</i>	3	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	3	
<i>l-glutamine -glutamine 5 gm packet</i>	5	PA, LA, QL (180 EA PER 30 DAYS), NDS
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NYVEPRIA	5	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	5	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
RETACRIT	4	PA
UDENYCA	5	NDS
ZARXIO	5	NDS

## **HEMOSTATICS**

### **HEMOSTATICS - SYSTEMIC**

<i>tranexamic acid 650 mg tab</i>	3	
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## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **NON-BARBITURATE HYPNOTICS**

BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	3	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap, 30 mg cap</i>	2	QL (30 EA PER 30 DAYS), PA <sup>2</sup>
<i>zaleplon 10 mg cap</i>	4	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	4	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2	QL (60 EA PER 30 DAYS)
<i>zolpidem tartrate er</i>	4	QL (30 EA PER 30 DAYS)

## **IMMUNOLOGICAL AGENTS**

### **ANGIOEDEMA (HAE) AGENTS**

HAEGARDA	5	PA, LA, NDS
<i>icatibant acetate</i>	5	PA, LA, NDS
<i>sajazir</i>	5	PA, LA, NDS

## **LAXATIVES**

### **LAXATIVE COMBINATIONS**

GAVILYTE-C	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	4	

## **LAXATIVES - MISCELLANEOUS**

<i>constulose</i>	2	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	2	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	4	
MOVANTIK	3	QL (30 EA PER 30 DAYS)

## **MEDICAL DEVICES AND SUPPLIES**

### **BANDAGES-DRESSINGS-TAPE**

GAUZE PADS	3	
<i>gauze pads and dressings</i>	3	

### **DIABETIC SUPPLIES**

<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
DEXCOM G6 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Part B Covered	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	PA, QL (2 EA PER 20 DAYS)
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
OMNIPOD 5 PACK	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE INSULIN PEN NEEDLE, INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes needles and syringes, needles and syringes</i>	3	
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	3	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)
<b>SEROTONIN AGONISTS</b>		
<i>naratriptan hcl</i>	3	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab disp, 10 mg tab disp</i>	4	QL (36 EA PER 28 OVER TIME)
<i>rizatriptan benzoate 5 mg tab, 10 mg tab</i>	3	QL (36 EA PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	4	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 5 mg tab</i>	4	QL (18 EA PER 30 OVER TIME)

## **MINERALS ELECTROLYTES**

### **CALCIUM**

<i>calcium gluconate 10 % solution</i>	2	
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### **ELECTROLYTE MIXTURES**

<i>kcl in dextrose-nacl kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	4	
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<i>lactated ringers lactated ringers, lactated ringers</i>	2	
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<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
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### **FLUORIDE**

<i>sodium fluoride</i>	2	
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<i>sodium fluoride chewable tablet</i>	2	
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### **MAGNESIUM**

<i>magnesium sulfate 50 % solution</i>	4	
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### **PHOSPHATE**

<i>K-PHOS</i>	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>POTASSIUM</b>		
<i>klor-con -20 meq packet</i>	4	
<i>klor-con -8 meq tab er</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride 10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%)</i>	2	
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	2	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
<b>SODIUM</b>		
<i>sodium chloride</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REVLIMID	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REZUROCK	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP, 100 MG CAP	5	LA, QL (30 EA PER 30 DAYS), NDS
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ARCALYST	5	PA, LA, NDS
<i>azathioprine 50 mg tab</i>	2	PA <sup>3</sup>
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, LA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	4	PA <sup>3</sup>
<i>cyclosporine modified</i>	4	PA <sup>3</sup>
ENVARUSUS XR	4	PA <sup>3</sup>
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA <sup>3</sup> , NDS
<i>gengraf</i>	4	PA <sup>3</sup>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA <sup>3</sup> , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	PA <sup>3</sup>
<i>mycophenolate sodium</i>	4	PA <sup>3</sup>
<i>mycophenolic acid</i>	4	PA <sup>3</sup>

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA <sup>3</sup>
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	5	PA <sup>3</sup> , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PA <sup>3</sup>

## **POTASSIUM REMOVING AGENTS**

<i>kionex</i>	2	
LOKELMA	4	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	2	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps (sodium polystyrene sulf) sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	2	
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	4	

## **MULTIVITAMINS**

### **PRENATAL VITAMINS**

<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	3	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	4	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	4	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
RADICAVA ORS STARTER KIT	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	4	PA
<b>NUTRIENTS</b>		
<b>PROTEINS</b>		
<i>plenamine</i>	4	PA <sup>3</sup>
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	3	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>dorzolamide hcl-timolol mal</i>	3	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate 0.25 %, 0.5 %</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
APRACLONIDINE HCL APRACLONIDINE HCL, APRACLONIDINE HCL	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>bacitracin-polymyxin b</i>	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	3	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	3	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	3	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	3	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN- GRAMICIDIN	3	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	3	
<i>sulfacetamide sodium 10 % solution</i>	2	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TRIFLURIDINE	3	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	3	
ROCKLATAN	4	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-HC --3.5- 10000-1 SUSPENSION	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	3	
<b>OPHTHALMICS - MISC.</b>		
<i>atropine sulfate 1 % solution</i>	3	
ATROPINE SULFATE 1 % SOLUTION	3	
<i>azelastine hcl 0.05 % solution</i>	3	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, LA, QL (60 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	3	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	3	
XIIDRA	3	QL (60 EA PER 30 DAYS)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>latanoprost 0.005 % solution</i>	2	QL (5 ML PER 30 DAYS)
LUMIGAN	4	QL (5 ML PER 30 DAYS)
<i>travoprost (bak free)</i>	3	QL (5 ML PER 30 DAYS)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	2	
<i>flac</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc</i>	3	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
GAMMAKED 1 GM/10ML SOLUTION	5	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	5	PA, NDS
VARIZIG	1	VAC
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	4	
<i>ampicillin sodium 10 gm recon soln</i>	4	
AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate -250-62.5 mg/5ml, -400-57 mg/5ml, -600-42.9 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	4	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4	
<i>piperacillin sod-tazobactam so</i>	4	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
<b>PROGESTINS</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA (52 MG)	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 150 mg/ml susp prsy, 150 mg/ml suspension</i>	3	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	2	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4	PA
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>progesterone 100 mg cap, 200 mg cap</i>	3	
<i>sharobel</i>	2	
<i>tulana</i>	2	

## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium</i>	4	
<i>disulfiram 250 mg tab, 500 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab disp, 10 mg tab disp</i>	2	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	2	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	3	
<b>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</b>	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	4	
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<b>AUSTEDO 6 MG TAB</b>	5	PA, QL (60 EA PER 30 DAYS), NDS
<b>AUSTEDO 9 MG TAB, 12 MG TAB</b>	5	PA, QL (120 EA PER 30 DAYS), NDS
<b>AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H</b>	5	PA, QL (60 EA PER 30 DAYS), NDS
<b>AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H</b>	5	PA, QL (30 EA PER 30 DAYS), NDS
<b>AUSTEDO XR 6 MG TAB ER 24H</b>	5	PA, QL (90 EA PER 30 DAYS), NDS
<b>AUSTEDO XR PATIENT TITRATION 12 &amp; 18 &amp; 24 &amp; 30 MG TBER THPK</b>	5	PA, QL (28 EA PER 28 DAYS), NDS
<b>AUSTEDO XR PATIENT TITRATION 6 &amp; 12 &amp; 24 MG TBER THPK</b>	5	PA, QL (42 EA PER 28 DAYS), NDS
<b>INGREZZA 40 &amp; 80 MG CAP THPK</b>	5	PA, QL (28 EA PER 28 DAYS), NDS
<b>INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK</b>	5	PA, QL (30 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tetrabenazine</i>	5	NDS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	5	PA, QL (120 EA PER 180 DAYS), NDS
<i> fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	5	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
NUDEXTA	5	PA, NDS
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NASAL SPRAY	4	
<i>varenicline tartrate (starter)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>varenicline tartrate 0.5 mg tab</i>	3	
<i>varenicline tartrate 1 mg tab</i>	3	QL (56 EA PER 28 DAYS)
<i>varenicline tartrate(continue)</i>	3	

## **RESPIRATORY AGENTS - MISC.**

### **CYSTIC FIBROSIS AGENTS**

CAYSTON	5	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA <sup>3</sup> , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	5	PA, LA, QL (56 EA PER 28 DAYS), NDS

### **PULMONARY FIBROSIS AGENTS**

OFEV	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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## RESPIRATORY TRACT AGENTS

### ANTI-HISTAMINES

<i>cetirizine (zyrtec)</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab</i>	4	

### PULMONARY ANTIHYPERTENSIVES

<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	3	PA
<i>tadalafil (pah)</i>	5	PA, NDS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	5	PA, LA, NDS

## RESPIRATORY TRACT/PULMONARY AGENTS

### PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast</i>	4	
<i>theophylline er theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	2	

### SLEEP DISORDER AGENTS

### SLEEP DISORDERS, OTHER

SODIUM OXYBATE	5	PA, LA, QL (540 ML PER 30 DAYS), NDS
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)
<b>SULFONAMIDES</b>		
SULFADIAZINE 500 MG TAB, SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension</i>	2	
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab</i>	3	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	

## **TOXOIDS**

### **TOXOID COMBINATIONS**

ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHTHERIA-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA <sup>3</sup> , VAC
TENIVAC	1	PA <sup>3</sup> , VAC

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	4	

### **H-2 ANTAGONISTS**

<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>famotidine (pepcid)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	3	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole (prilosec)</i>	2	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	3	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	3	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	3	
<i>flavoxate hcl</i>	4	
GEMTESA	3	
<i>mirabegron er</i>	3	
MYRBETRIQ 8 MG/ML SRER	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	
BCG VACCINE	1	VAC
BEXSERO	1	VAC
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC
MENQUADFI	1	VAC
MENVEO	1	VAC
PEDVAX HIB	1	
PENBRAYA	1	VAC
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC
VAXCHORA	1	
VAXNEUVANCE	Part B Covered	
<b>VIRAL VACCINES</b>		
ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> , VAC
ERVEBO	1	
GARDASIL 9	1	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA <sup>3</sup> , VAC
IMOVAX RABIES	1	PA <sup>3</sup> , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
MRESVIA	1	VAC
PREHEVBRIO	1	PA <sup>3</sup> , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 365 OVER TIME), VAC
STAMARIL	1	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TWINRIX	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	
YF-VAX	1	VAC

## **VAGINAL AND RELATED PRODUCTS**

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate 2 % cream</i>	3	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>terconazole</i>	3	

### **VAGINAL ESTROGENS**

<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	4	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvaferm</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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		RECON SUSP	99
		Amoxicillin 500 MG CAP	99
		Amoxicillin 500 MG TAB	99
		Amoxicillin 875 MG TAB	99
		amoxicillin-pot clavulanate	100
		Amoxicillin-Pot Clavulanate 200-	
		28.5 MG/5ML RECON SUSP	100
		Amoxicillin-Pot Clavulanate 250-	
		125 MG TAB	100
		Amoxicillin-Pot Clavulanate 400-	
		57 MG CHEW TAB	100
		Amoxicillin-Pot Clavulanate 500-	
		125 MG TAB	100
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		soln	99
		ampicillin-sulbactam sodium 1.5	
		(1-0.5) gm recon soln	100
		ampicillin-sulbactam sodium 15	
		(10-5) gm recon soln	100
		ampicillin-sulbactam sodium 3 (2-	
		1) gm recon soln	100
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aspirin-dipyridamole er	86	bacitra-neomycin-polymyxin-hc	97	BOOSTRIX	107
atazanavir sulfate	60	bacitracin	20	bosentan	105
atenolol	64	BACITRACIN	96	BOSULIF	47
atenolol-chlorthalidone	41	bacitracin-polymyxin b	96	BRAFTOVI	48
atomoxetine hcl	14	baclofen	94	BREO ELLIPTA	26
atorvastatin calcium	40	balsalazide disodium	85	breyana	27
atovaquone	22	BALVERSA	47	BREZTRI AEROSPHERE	27
atovaquone-proguanil hcl	42	balziva	78	briellyn	78
atropine sulfate	97	BARACLUDE	62	BRILINTA	86
ATROPINE SULFATE	97	BCG VACCINE	109	brimonidine tartrate	96
ATROVENT HFA	25	bekyree	78	brimonidine tartrate-timolol	95
aubra	78	BELBUCA	18	BRIVIACT	29
aubra eq	78	BELSOMRA	87	bromocriptine mesylate	55
AUGTYRO	47	benazepril hcl	40	BRUKINSA	48
aurovela 1.5/30	78	benazepril-hydrochlorothiazide	41	budesonide	20,26,67
aurovela 1/20	78	BENLYSTA	93	budesonide er	67
aurovela 24 fe	78	benztropine mesylate	55	budesonide-formoterol fumarate	27
aurovela fe 1.5/30	78	BESREMI	53	bumetanide	75
aurovela fe 1/20	78	betaine	76	buprenorphine	19
AUSTEDO	102	betamethasone dipropionate	72	buprenorphine hcl	19
AUSTEDO XR	102	betamethasone dipropionate hcl	19	buprenorphine hcl-naloxone hcl	19
AUSTEDO XR PATIENT TITRATION	102	aug	72	bupropion hcl	32
AUVELITY	32	betamethasone valerate	72	bupropion hcl er (smoking det)	103
		betaxolol hcl	64		

bupropion hcl er (sr)	32	carbidopa-levodopa-entacapone	CEFTRIAZONE SODIUM-
bupropion hcl er (xl)	32	31.25-125-200 mg tab	DEXTROSE
buspiron hcl	23	carbidopa-levodopa-entacapone	cefuroxime axetil
BYDUREON BCISE	35	37.5-150-200 mg tab	cefuroxime sodium
<b>C</b>		carbidopa-levodopa-entacapone	celecoxib
cabergoline	77	50-200-200 mg tab	cephalexin
CABOMETYX	48	carglumic acid	cetirizine (ZYRTEC)
calcipotriene	71	CARTEOLOL HCL	cevimeline hcl
CALCIPOTRIENE	71	cartia xt	charlotte 24 fe
calcitonin (salmon)	76	carvedilol	chateal
CALCITRIOL	71	caspofungin acetate	chateal eq
calcitriol	76,77	cavarest	CHEMET
calcium gluconate	91	CAYSTON	CHLORAMPHENICOL SOD
CALQUENCE	48	CEFACLOR	SUCCINATE
camila	100	CEFADROXIL	chlorhexidine gluconate
camrese	78	CEFAZOLIN SODIUM	chloroquine phosphate
camrese lo	78	cefazolin sodium	chlorpromazine hcl
candesartan cilexetil	41	CEFAZOLIN SODIUM 100 GM	chlorthalidone
candesartan cilexetil-hctz	42	RECON SOLN	chlorzoxazone
capecitabine	44	CEFAZOLIN SODIUM 300 GM	cholestyramine
CAPLYTA	56	RECON SOLN	cholestyramine light
CAPRELSA	48	CEFAZOLIN SODIUM-	ciclopirox
captopril	40	DEXTROSE	ciclopirox olamine
CAPVAXIVE	109	cefdinir	cilostazol
carbamazepine	29	cefepime hcl	CIMDUO
carbidopa	55	CEFEPIME-DEXTROSE	cimetidine
carbidopa-levodopa	55	cefixime	cinacalcet hcl
CARBIDOPA-LEVODOPA	55	cefotetan disodium	ciprofloxacin hcl
carbidopa-levodopa er	55	CEFOTETAN DISODIUM-	ciprofloxacin in d5w
carbidopa-levodopa-		DEXTROSE	ciprofloxacin-dexamethasone
entacapone 12.5-50-200 mg		cefoxitin sodium	citalopram hydrobromide
tab	55	CEFOXITIN SODIUM-	claravis
carbidopa-levodopa-		DEXTROSE	CLARITHROMYCIN
entacapone 18.75-75-200 mg		cefprozil	clarithromycin
tab	55	ceftazidime	clarithromycin er
carbidopa-levodopa-		CEFTAZIDIME AND	clindamycin hcl
entacapone 25-100-200 mg		DEXTROSE	clindamycin palmitate hcl
tab	55	ceftriaxone sodium	clindamycin phosphate
		CEFTRIAZONE SODIUM IN	clindamycin phosphate in d5w
		DEXTROSE	CLINDAMYCIN PHOSPHATE IN
			NACL

clinpro 5000	69	COSENTYX SENSOREADY	decadron	67
clobazam	28	(300 MG)	deferasirox	93
clobetasol prop emollient base	73	COSENTYX SENSOREADY PEN	DELSTRIGO	60
clobetasol propionate	73	COSENTYX UNOREADY	delyla	79
clobetasol propionate e	73	COTELLIC	demeclocycline hcl	106
clodan	73	COVID-19 Vaccines	denta 5000 plus	69
clomipramine hcl	33	CREON	dentagel	69
clonazepam	28	CRESEMBA	DEPO-SUBQ PROVERA 104	100
clonidine hcl er	14	cromolyn sodium	DESCOVY	60
clonidine tablet	41	CROMOLYN SODIUM	desipramine hcl	33
clonidine weekly patch	41	cryselle-28	desmopressin ace spray refrig	77
clopidogrel bisulfate	86	cyklaferm 1/35	desmopressin acetate	77
clorazepate dipotassium	24	cyklaferm 7/7/7	desmopressin acetate spray	77
clotrimazole	69	cyclobenzaprine hcl	desogestrel-ethinyl estradiol	79
clotrimazole (LOTRIMIN)	70	CYCLOPHOSPHAMIDE	desonide	73
clotrimazole-betamethasone	70	cyclophosphamide 25 mg cap	desoximetasone	73
clozapine	58	cyclophosphamide 50 mg cap	desvenlafaxine succinate er	33
CLOZAPINE 12.5 MG TAB DISP	58	CYCLOSET	dexamethasone	67,68
COARTEM	42	cyclosporine	DEXAMETHASONE INTENSOL	68
colchicine	86	cyclosporine modified	dexamethasone sodium phosphate	68
colchicine-probenecid	86	cyred	DEXAMETHASONE SODIUM PHOSPHATE	97
colesevelam hcl	40	cyred eq	DEXCOM G5 MOB/G4 PLAT SENSOR	88
colestipol hcl	40	CYSTAGON	DEXCOM G5 MOBILE RECEIVER	88
colistimethate sodium (cba)	21	CYSTARAN	DEXCOM G5 MOBILE TRANSMITTER	88
COMBIVENT RESPIMAT	27	<b>D</b>	DEXCOM G5 RECEIVER KIT	88
COMETRIQ (100 MG DAILY DOSE)	48	dabigatran etexilate mesylate	DEXCOM G6 RECEIVER	88
COMETRIQ (140 MG DAILY DOSE)	48	dalfampridine er	DEXCOM G6 SENSOR	89
COMETRIQ (60 MG DAILY DOSE)	48	danazol	DEXCOM G6 TRANSMITTER	89
COMPLERA	60	dantrolene sodium	DEXCOM G7 RECEIVER	89
compro	59	dapsone	DEXCOM G7 SENSOR	89
constulose	88	DAPTACEL	DIACOMIT	29
COPIKTRA	48	DAPTOMYCIN	diazepam	24
CORLANOR	65	darunavir	DIAZEPAM	28
COSENTYX	71	dasatinib	diazepam intensol	24
COSENTYX (300 MG DOSE)	71	dasetta 1/35	diazoxide	35
		dasetta 7/7/7		
		DAURISMO		
		daysee		
		deblitane		

diclofenac potassium.....	16	DRIZALMA SPRINKLE.....	33	enoxaparin sodium.....	28
diclofenac sodium.....	16,71,98	dronabinol.....	38	enpresse-28.....	79
diclofenac sodium er.....	16	drosiprenone-ethinyl estradiol	79	enskyce.....	79
dicloxacillin sodium.....	100	DROXIA.....	86	entacapone.....	55
dicyclomine hcl.....	107	droxidopa.....	65	entecavir.....	62
DIFICID.....	21	DULERA.....	27	ENTRESTO.....	66
diflunisal.....	16	duloxetine hcl.....	33	enulose.....	84
digoxin.....	65	DUPIXENT.....	25	ENVARUSUS XR.....	93
DIGOXIN.....	65	dutasteride.....	85	EPIDIOLEX.....	29
dihydroergotamine mesylate	90	dutasteride-tamsulosin hcl....	85	Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only).....	27
DILANTIN.....	29	<b>E</b>			
dilt-xr.....	65	ec-naproxen.....	16	epitol.....	29
diltiazem hcl.....	65	econazole nitrate.....	70	epiphenone.....	42
diltiazem hcl er.....	65	EDURANT.....	60	EPRONTIA.....	29
diltiazem hcl er beads.....	65	efavirenz.....	60	ERGOTAMINE-CAFFEINE....	90
diltiazem hcl er coated beads	65	efavirenz-emtricitab-tenofo df	60	ERIVEDGE.....	45
dimethyl fumarate.....	103	efavirenz-lamivudine-tenofovir	60	ERLEADA.....	46
dimethyl fumarate starter pack.....	103	ELIGARD.....	45,46	erlotinib hcl.....	45
diphenoxylate-atropine.....	37	elinest.....	79	errin.....	101
DIPHThERIA-TETANUS		ELIQUIS.....	27	ertapenem sodium.....	22
TOXOIDS DT.....	107	ELIQUIS DVT/PE STARTER		ERVEBO.....	109
dipyridamole.....	86	PACK.....	27	ERY.....	70
disopyramide phosphate.....	24	ELMIRON.....	85	ery-tab.....	21
disulfiram.....	101	eluryng.....	79	erythromycin.....	21,70,96
divalproex sodium.....	31	EMGALITY.....	90	erythromycin base.....	21
divalproex sodium er.....	31	EMGALITY (300 MG DOSE).....	90	ERYTHROMYCIN BASE 250 MG CP DR PART.....	19
dofetilide.....	24	emoquette.....	79	erythromycin ethylsuccinate...	21
donepezil hcl.....	102	EMSAM.....	32	escitalopram oxalate.....	32
dorzolamide hcl.....	98	emtricitabine.....	60	esomeprazole magnesium....	108
dorzolamide hcl-timolol mal...	96	emtricitabine-tenofovir df...	60,61	estarylla.....	79
dorzolamide hcl-timolol mal pf.....	96	EMTRIVA.....	61	estradiol.....	83,111
dotti.....	83	emzahn.....	101	estradiol valerate.....	84
DOVATO.....	60	enalapril maleate.....	40	estradiol-norethindrone acet...	79
doxazosin mesylate.....	41	enalapril-hydrochlorothiazide	42	ESTRING.....	111
doxepin hcl.....	33,87	ENBREL.....	15	eszopiclone.....	87
doxercalciferol.....	77	ENBREL MINI.....	15	ethacrynic acid.....	75
doxy 100.....	106	ENBREL SURECLICK.....	15	ethambutol hcl.....	43
doxycycline hyclate.....	106	endocet.....	18	ethosuximide.....	31
doxycycline monohydrate...	106	ENGERIX-B.....	109	ethynodiol diac-eth estradiol...	79
		enilloring.....	79		

etodolac.....	16	fluconazole in sodium chloride	39	FREESTYLE LIBRE 2	
etonogestrel-ethinyl estradiol	79	flucytosine.....	38	SENSOR.....	89
etravirine.....	61	fludrocortisone acetate.....	68	FREESTYLE LIBRE 3 PLUS	
euthyrox.....	106	flunisolide.....	95	SENSOR.....	89
everolimus.....	48,93	fluocinolone acetonide.....	73,98	FREESTYLE LIBRE 3	
EVOTAZ.....	61	fluocinolone acetonide body.....	73	READER.....	89
exemestane.....	46	fluocinolone acetonide scalp.....	73	FREESTYLE LIBRE 3	
ezetimibe.....	39	fluocinonide.....	73	SENSOR.....	89
ezetimibe-simvastatin.....	39	FLUOCINONIDE 0.05 % GEL	73	FREESTYLE LIBRE READER	89
		fluoridex.....	69	FREESTYLE LIBRE SENSOR	
		fluoridex enhanced whitening	69	SYSTEM.....	89
<b>F</b>		fluorimax 5000.....	69	FRUZAQLA.....	44
falmina.....	79	fluorometholone.....	97	furosemide.....	75
famciclovir.....	63	fluorouracil.....	71	FUROSEMIDE.....	75
famotidine (PEPCID).....	108	FLUOROURACIL.....	71	FUZEON.....	61
FANAPT.....	57	fluoxetine hcl.....	32	fyavolv.....	79
FANAPT TITRATION PACK	57	fluphenazine decanoate.....	59	FYCOMPA.....	29
FARXIGA.....	37	fluphenazine hcl.....	59		
FASENRA.....	25	flurbiprofen.....	16	<b>G</b>	
FASENRA PEN.....	25	FLURBIPROFEN SODIUM.....	98	gabapentin.....	29
febuxostat.....	86	fluticasone propionate.....	95	galantamine hydrobromide.....	102
felbamate.....	31	FLUTICASONE PROPIONATE		GALANTAMINE	
felodipine er.....	65	HFA.....	26	HYDROBROMIDE.....	102
femynor.....	79	fluticasone-salmeterol.....	27	galantamine hydrobromide er	102
fenofibrate.....	40	fluvastatin sodium.....	40	gallifrey.....	101
fenofibrate micronized.....	40	fluvoxamine maleate.....	32	GAMMAKED.....	98
fenofibric acid.....	40	fluvoxamine maleate er.....	33	GAMUNEX-C.....	98
fentanyl.....	17	fondaparinux sodium.....	28	GARDASIL 9.....	109
fentanyl citrate.....	17	formoterol fumarate.....	27	gatifloxacin.....	96
FETZIMA.....	33	fosamprenavir calcium.....	61	GAUZE PADS.....	88
FETZIMA TITRATION.....	33	fosfomycin tromethamine.....	23	gauze pads and dressings.....	88
finasteride.....	85	fosinopril sodium.....	40	GAVILYTE-C.....	87
fingolimod hcl.....	103	fosinopril sodium-hctz.....	42	gavilyte-g.....	88
FINTEPLA.....	29	FOTIVDA.....	48	gavilyte-n with flavor pack.....	88
finzala.....	79	fraiche 5000 dental.....	69	GAVRETO.....	49
FIRDAPSE.....	43	FREESTYLE LIBRE 14 DAY		gefitinib.....	45
FIRMAGON.....	46	READER.....	89	gemfibrozil.....	40
FIRMAGON (240 MG DOSE)	46	FREESTYLE LIBRE 14 DAY		GEMTESA.....	108
flac.....	98	SENSOR.....	89	generlac.....	84
flavoxate hcl.....	108	FREESTYLE LIBRE 2		gengraf.....	93
flecainide acetate.....	24	READER.....	89	GENTAMICIN IN SALINE.....	14
fluconazole.....	39				

gentamicin sulfate . . . . .	15,70,96	heparin sodium (porcine) pf . . . . .	28	INGREZZA . . . . .	102
GENVOYA . . . . .	61	HEPLISAV-B . . . . .	110	INLYTA . . . . .	44
gianvi . . . . .	79	HIBERIX . . . . .	109	INQOVI . . . . .	47
GILOTRIF . . . . .	45	HUMULIN R U-500		INREBIC . . . . .	49
glatiramer acetate . . . . .	103	(CONCENTRATED) . . . . .	36	INSULIN ASP PROT & ASP	
glatopa . . . . .	103	HUMULIN R U-500 KWIKPEN	36	FLEXPEN . . . . .	36
GLEOSTINE . . . . .	43,44	hydralazine hcl . . . . .	42	INSULIN ASPART . . . . .	36
glimepiride . . . . .	37	hydrochlorothiazide . . . . .	76	INSULIN ASPART FLEXPEN . . . . .	36
glipizide . . . . .	37	hydrocodone-acetaminophen . . . . .	18	INSULIN ASPART PENFILL . . . . .	36
glipizide er . . . . .	37	hydrocortisone . . . . .	20,68,73	INSULIN ASPART PROT &	
glipizide xl . . . . .	37	hydrocortisone (perianal) . . . . .	20	ASPART . . . . .	36
glipizide-metformin hcl . . . . .	34	HYDROCORTISONE 2.5 %		INSULIN PEN NEEDLE . . . . .	90
GLUCAGON EMERGENCY . . . . .	35	LOTION . . . . .	73	INSULIN SYRINGE (DISP) U-100	
glycopyrrolate . . . . .	107	hydrocortisone-acetic acid . . . . .	98	0.3 ML . . . . .	90
GLYXAMBI . . . . .	34	hydromorphone hcl . . . . .	17	INSULIN SYRINGE (DISP) U-100	
GOLYTELY . . . . .	88	hydroxychloroquine sulfate . . . . .	42	1 ML . . . . .	90
granisetron hcl . . . . .	38	hydroxyurea . . . . .	54	INSULIN SYRINGE (DISP) U-100	
griseofulvin microsize . . . . .	38	hydroxyzine hcl . . . . .	23	1/2 ML . . . . .	90
griseofulvin ultramicrosize . . . . .	39	hydroxyzine pamoate . . . . .	24	INTELENCE . . . . .	61
guanfacine hcl . . . . .	41			introvale . . . . .	80
GVOKE HYPOPEN 1-PACK . . . . .	35	<b>I</b>		INVEGA HAFYERA . . . . .	57
GVOKE HYPOPEN 2-PACK . . . . .	35	ibandronate sodium . . . . .	76	INVEGA SUSTENNA . . . . .	57
GVOKE KIT . . . . .	35	IBRANCE . . . . .	49	INVEGA TRINZA . . . . .	57
GVOKE PFS . . . . .	35	ibuprofen (MOTRIN) . . . . .	16	IPOL . . . . .	110
		icatibant acetate . . . . .	87	ipratropium bromide . . . . .	25,95
		iclevia . . . . .	79	ipratropium-albuterol . . . . .	27
<b>H</b>		ICLUSIG . . . . .	49	irbesartan . . . . .	41
HADLIMA . . . . .	15	icosapent ethyl . . . . .	39	irbesartan-hydrochlorothiazide . . . . .	42
HADLIMA PUSH TOUCH . . . . .	15	IDHIFA . . . . .	49	ISENTRESS . . . . .	61
HAEGARDA . . . . .	87	imatinib mesylate . . . . .	49	ISENTRESS HD . . . . .	61
hailey 1.5/30 . . . . .	79	IMBRUVICA . . . . .	49	isibloom . . . . .	80
hailey 24 fe . . . . .	79	imipenem-cilastatin . . . . .	22	ISONIAZID . . . . .	43
hailey fe 1.5/30 . . . . .	79	imipramine hcl . . . . .	34	isoniazid . . . . .	43
hailey fe 1/20 . . . . .	79	imiquimod . . . . .	74	isoniazid 300mg tab . . . . .	43
halobetasol propionate . . . . .	73	IMOVAX RABIES . . . . .	110	isosorbide dinitrate . . . . .	23
haloette . . . . .	79	incassia . . . . .	101	isosorbide mononitrate . . . . .	23
haloperidol . . . . .	56	INCRELEX . . . . .	77	isosorbide mononitrate er . . . . .	23
haloperidol decanoate . . . . .	56	INCRUSE ELLIPTA . . . . .	25	isotretinoin . . . . .	70
haloperidol lactate . . . . .	56	indapamide . . . . .	76	isradipine . . . . .	65
HAVRIX . . . . .	109,110	indomethacin . . . . .	16	itraconazole . . . . .	39
heather . . . . .	101	INFANRIX . . . . .	107	ivabradine hcl . . . . .	66
heparin sodium (porcine) . . . . .	28				

ivermectin	20,74	ketorolac tromethamine	16,98	lapatinib ditosylate	50
IWILFIN	54	KEVZARA	16	larin 1.5/30	80
IXCHIQ	110	KINRIX	107	larin 1/20	80
IXIARO	110	kionex	94	larin 24 fe	80
		KISQALI (200 MG DOSE)	49	larin fe 1.5/30	80
<b>J</b>		KISQALI (400 MG DOSE)	49	larin fe 1/20	80
jaimiess	80	KISQALI (600 MG DOSE)	49	larissia	80
JAKAFI	49	KISQALI FEMARA (200 MG DOSE)	47	latanoprost	98
jantoven	27	KISQALI FEMARA (400 MG DOSE)	47	LEDIPASVIR-SOFOSBUVIR	63
JANUMET	34	KISQALI FEMARA (600 MG DOSE)	47	leena	80
JANUMET XR	34	klayesta	71	leflunomide	15
JANUVIA	35	klor-con	92	lenalidomide	93
JARDIANCE	37	klor-con 10	92	LENVIMA (10 MG DAILY DOSE)	44
jasmiel	80	klor-con m10	92	LENVIMA (12 MG DAILY DOSE)	44
JAYPIRCA	49	klor-con m15	92	LENVIMA (14 MG DAILY DOSE)	44
jencycla	101	klor-con m20	92	LENVIMA (18 MG DAILY DOSE)	44
JENTADUETO	34	KLOXXADO	37	LENVIMA (20 MG DAILY DOSE)	44
JENTADUETO XR	34	KOSELUGO	49	LENVIMA (24 MG DAILY DOSE)	44
jinteli	80	kourzeq	69	LENVIMA (4 MG DAILY DOSE)	44
jolessa	80	KRAZATI	49	LENVIMA (8 MG DAILY DOSE)	45
juleber	80	kurvelo	80	lessina	80
JULUCA	61			letrozole	46
junel 1.5/30	80	<b>L</b>		leucovorin calcium	54
junel 1/20	80	l-glutamine	86	levabuterol hcl	27
junel fe 1.5/30	80	labetalol hcl	64	LEVALBUTEROL TARTRATE	27
junel fe 1/20	80	lacosamide	29	levetiracetam	30
junel fe 24	80	lactated ringers	91	levetiracetam er	30
just right 5000	69	lactulose	88	LEVOBUNOLOL HCL	96
JYNNEOS	110	lactulose encephalopathy	84	levocarnitine	77
		lamivudine	61,62	levocarnitine sf	77
<b>K</b>		lamivudine-zidovudine	61	levocetirizine (XYZAL)	105
K-PHOS	91	lamotrigine	30	levofloxacin	84
kalliga	80	lamotrigine er	30	LEVOFLOXACIN	96
KALYDECO	104	lancet device	89		
kariva	80	lancets	89		
kcl in dextrose-nacl	91	lansoprazole (PREVACID)	108		
kelnor 1/35	80	LANTUS	36		
kelnor 1/50	80	LANTUS SOLOSTAR	36		
KERENDIA	77				
KESIMPTA	103				
ketoconazole	39,70,71				

LEVOFLOXACIN 0.5 % SOLUTION.....	96	lojaimiess.....	81	MATULANE.....	54	
levofloxacin in d5w.....	84	LOKELMA.....	94	MAVYRET.....	63	
levonest.....	80	LONSURF.....	47	meclizine.....	38	
levonorg-eth estrad triphasic.....	80	loperamide (IMMODIUM).....	37	medroxyprogesterone acetate.....	101	
levonorgest-eth estrad 91- day.....	80	lopinavir-ritonavir.....	61	mefloquine hcl.....	42	
levonorgest-eth estradiol-iron.....	80	lorazepam.....	24	megestrol acetate.....	46	
levonorgestrel-ethinyl estrad.....	80	lorazepam intensol.....	24	MEGESTROL ACETATE.....	101	
levora 0.15/30 (28).....	81	LORBRENA.....	50	MEKINIST.....	50	
levothyroxine sodium.....	107	loryna.....	81	MEKTOVI.....	50	
levoxyl.....	107	losartan potassium.....	41	melodetta 24 fe.....	81	
LIBERVANT.....	28	losartan potassium-hctz.....	42	meloxicam.....	16	
LIDOCAINE HCL.....	69	loteprednol etabonate.....	97	memantine hcl.....	102	
lidocaine hcl.....	74	lovastatin.....	40	memantine hcl er.....	102	
lidocaine patches.....	74	low-ogestrel.....	81	MENACTRA.....	109	
lidocaine viscous hcl.....	69	loxapine succinate.....	58	MENEST.....	84	
lidocaine-prilocaine.....	74	lubiprostone.....	88	MENQUADFI.....	109	
LILETTA (52 MG).....	101	LUMAKRAS.....	50	MENVEO.....	109	
lillow.....	81	LUMIGAN.....	98	mercaptopurine.....	44	
lincomycin hcl.....	21	LUPRON DEPOT (1-MONTH).....	46	meropenem.....	23	
linezolid.....	21	LUPRON DEPOT (3-MONTH).....	46	MEROPENEM-SODIUM CHLORIDE.....	23	
LINEZOLID IN SODIUM CHLORIDE.....	21	lurasidone hcl.....	56	mesalamine.....	85	
LINZESS.....	88	lutera.....	81	mesalamine er.....	85	
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3350/electrolytes/ascorbat	pioglitazone hcl	35	PREDNISOLONE ACETATE	97
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PEGASYS	pioglitazone hcl-metformin hcl	34	phosphate	68
PEMAZYRE	piperacillin sod-tazobactam		PREDNISOLONE SODIUM	
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penicillin g potassium	DOSE)	51	25 mg/5ml solution	68
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PENICILLIN G SODIUM	DOSE)	51	6.7 (5 base) mg/5ml solution	68
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Penicillin V Potassium 125	DOSE)	51	PREDNISONE	68
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MG/5ML RECON SOLN	pirmella 7/7/7	82	PREHEVBRIO	110
PENTACEL	piroxicam	17	PREMARIN	111
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tab	portia-28	82	PROTECT	69
perlogard	posaconazole	39	PREVIDENT 5000 SENSITIVE	69
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MG TAB	potassium chloride 20 meq		PREZISTA	61
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phenytek	potassium chloride crys er	92	primaquine phosphate	42
phenytoin	potassium chloride er	92	PRIMAQUINE PHOSPHATE 26.3	
phenytoin infatabs	potassium chloride in		(15 BASE) MG TAB	43
phenytoin sodium extended	dextrose	91	PRIMIDONE	30
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PIFELTRO	pramipexole dihydrochloride	56	PRIVIGEN	98
pilocarpine hcl	prasugrel hcl	86	probenecid	86
pimecrolimus	pravastatin sodium	40	prochlorperazine	59
PIMOZIDE	praziquantel	20	prochlorperazine maleate	59
pimtrea	prazosin hcl	41	procto-med hc	20

proctosol hc	20	rasagiline mesylate	56	rufinamide	30
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PROMACTA	86	repaglinide	35	sajazir	87
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propafenone hcl	24	REPATHA PUSHTRONEX	39	sapropterin dihydrochloride	77
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propranolol hcl	64	REPATHA SURECLICK	39	scopolamine	38
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propylthiouracil	106	RETEVMO	51	selegiline hcl	56
PROQUAD	110	REVLIMID	93	selenium sulfide	74
protriptyline hcl	34	REXULTI	60	SELZENTRY	62
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pyridostigmine bromide	43	RHOPRESSA	97	sf 5000 plus	69
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		RIBAVIRIN 200 MG TAB	63	SHINGRIX	110
		rifabutin	43	SIGNIFOR	77
		rifampin	43	sildenafil citrate	105
		riluzole	95	silodosin	85
		RIMANTADINE HCL	63	silver sulfadiazine	74
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		risedronate sodium	76	simpesse	82
		risperidone	57,58	simvastatin	40
		risperidone microspheres er	58	sirolimus	94
		ritonavir	62	SIRTURO	43
		rivastigmine	102	SKYRIZI	72,85
		rivastigmine tartrate	102	SKYRIZI PEN	72
		rizatriptan benzoate	90	SKYTROFA	76
		ROCKLATAN	97	SOD FLUORIDE-POTASSIUM	
		roflumilast	105	NITRATE	69
		ropinirole hcl	56	sodium chloride	85,92
		ropinirole hcl er	56	sodium fluoride	69,91
		rosuvastatin calcium	40	SODIUM FLUORIDE 5000	
		ROTARIX	110	ENAMEL	69
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tolterodine tartrate	108	MG/ML SOLUTION	55	VANCOMYCIN HCL	22
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This formulary was updated on 10/01/2024.

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