

2025

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

- UCare Your Choice
- UCare Your Choice Plus

This formulary was updated on 04/22/2025.

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**

Notice of Availability

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضاً المساعدات والخدمات الإضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجاناً. يمكنك الاتصال على الرقم 612-676-3200/1-800-688-2534 (TTY 612-676-6810/1-800-203-7225).

សូមជ្រាបជាគំណើង៖ ប្រសិនបើអ្នកនឹងយាយភាសា ខ្លួន
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និងសេវាដៃនូយសម្របដើម្បីផ្តល់ព័ត៌មានត្រួតព្រមដែលអាចចូលប្រើបានកំព្រឹត្ត
បានផ្តល់ផ្តល់ដោយភាតិតថ្វេដែរ។ ទូរសព្ទទៅលេខ 612-676-3200/
1-800-203-7225 (TTY 612-676-6810/1-800-688-2534)។

請注意：如果您講粵語，可得免費語言協助服務。還可免費提供適當的輔助工具和服務，能以無障礙格式提供資訊。請致電 612-676-3200/1-800-203-7225 (聽障專線 612-676-6810/1-800-688-2534)。

请注意：如果您说普通话，我们可为您免费提供语言协助服务。此外，我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534)。

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534) an.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपकेललए ननः शुल्क भाषा सहायता सेवाएंउपलब्ध हैं। सुलभ फॉर्मट मर्जानकारी प्रदान करनेकेललए उपयुक्त सहायक साधन और सेवाएंभी ननः शुल्क उपलब्ध हैं। 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534) पर कॉल करें।

TSWM SEEB: Yog tias koj hais tau lus Hmoob, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj siv. Kuj tseem muaj cov kev pab txhawb ntxiv thiab cov kev pab cuam uas tsim nyog los mus muab cov ntaub ntawv qhia paub nyob rau cov qauv uas nkag siv tau dawb thiab. Hu rau 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

ໝາຍເຫດ: ການບໍລິການທາງດ້ານພາສາມ່ນຝຣິຜົມໃຫ້ບໍລິການແກ່ທ່ານ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສົມທີ່ຂາຍຈະສົມເຜື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ຝຣິອິກນຳ. ໂທ 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

HUBACHIISA: Afaan Oromo kan dubbattan yoo ta'e, tajaajila gargaarsa afaanii bilisaan ni argattu. Odeeffannoo bifa dhaqqabamaa ta'een dhiheessuf, gargaarsii fi tajaajiloonni dabalataa mijatoo ta'anis bilisaan ni kennamu. Bilbilaa 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в других форматах также можно получить бесплатно. Позвоните по номеру 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa laguu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si maclummaadka laguugu siyo qaabab la isticmaali karo ayaa sidoo kale laguu heli karaa weliba si lacag la'aan ah. Wac 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También disponemos de ayudas y servicios auxiliares adecuados de forma gratuita para facilitar información en formatos accesibles. Llame al 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga libreng serbisyo ng tulong sa wika. Mayroon ding mga naaangkop na karagdagang pantulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format na magagamit nang libre. Tumawag sa 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Ngoài ra, cũng có sẵn các hỗ trợ và dịch vụ phụ trợ thích hợp miễn phí nhằm cung cấp thông tin ở các định dạng có thể truy cập. Gọi 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

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 04/22/2025. 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.

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 04/22/2025. 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/member-documents. Upon your request, UCare will mail you an updated printed edition.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 12. 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 12. 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?

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?

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 12. 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 8 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?

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 drugs 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

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

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

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.

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from UCare before we'll cover it
PA²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA³	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug covered per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a \$35 copay per one-month supply
VAC	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45
MFG	Drug coverage is limited to certain manufacturers
NDS	Drugs limited to a 30-day supply per fill
LA	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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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine</i>	4	
<i>amphetamine-dextroamphetamine</i>	3	
<i>lisdexamfetamine dimesylate</i>	4	
METHAMPHETAMINE HCL METHAMPHETAMINE HCL, METHAMPHETAMINE HCL	4	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	4	
<i>guanfacine hcl er</i>	4	QL (30 EA PER 30 DAYS)
STIMULANTS - MISC.		
<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) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</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)
AMINOGLYCOSIDES		
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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

ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 PEN)	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (1 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY CD/UC/HS START	5	PA, QL (3 EA PER 365 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (1 SYRINGE)	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (6 EA PER 28 DAYS), NDS

ANTIRHEUMATIC - ENZYME INHIBITORS

leflunomide 10 mg tab, 20 mg tab	3	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
piroxicam 10 mg cap, 20 mg cap	3	
sulindac 150 mg tab, 200 mg tab	2	
ANALGESICS - NONNARCOTIC		
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch	4	PA, QL (10 EA PER 30 DAYS)
fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle	4	PA, QL (120 EA PER 30 DAYS)
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	5	PA, QL (120 EA PER 30 DAYS), NDS
hydromorphone hcl 1 mg/ml liquid	4	QL (2400 ML PER 30 OVER TIME)
hydromorphone hcl 2 mg tab	3	QL (450 EA PER 30 DAYS)
hydromorphone hcl 4 mg tab	3	QL (240 EA PER 30 DAYS)
hydromorphone hcl 8 mg tab	3	QL (120 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
methadone hcl 5 mg tab, 10 mg tab	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)
morphine sulfate (concentrate)	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	3	QL (180 EA PER 30 DAYS)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>morphine sulfate 20 mg/5ml solution</i>	3	QL (900 ML 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)
OPIOID COMBINATIONS		
<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)
OPIOID PARTIAL AGONISTS		
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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	4	PA, QL (4 EA PER 28 DAYS)
buprenorphine hcl 2 mg tab, 8 mg tab	3	QL (90 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl -12-3 mg film	3	QL (60 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl -2-0.5 mg tab, -8-2 mg tab	2	QL (90 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl -2-0.5 mg, -4-1 mg, -8-2 mg	3	QL (90 EA PER 30 DAYS)

ANDROGENS-ANABOLIC

ANDROGENS

danazol 50 mg cap, 100 mg cap, 200 mg cap	4	
testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel	4	PA, QL (150 GM PER 30 DAYS)
testosterone 20.25 mg/1.25gm (1.62%) gel	4	PA, QL (75 GM PER 30 DAYS)
testosterone 30 mg/act solution	4	PA, QL (180 ML PER 30 DAYS)
testosterone 50 mg/5gm (1%) gel	4	PA, QL (300 GM PER 30 DAYS)
testosterone cypionate testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution	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)
testosterone testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel	4	PA, QL (300 GM PER 30 DAYS)

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

budesonide 2 mg, 2 mg/act	4	PA
hydrocortisone 100 mg/60ml enema	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECTAL STEROIDS		
HYDROCORTISONE (PERIANAL)	2	
HYDROCORTISONE (PERIANAL) 1 % CREAM, HYDROCORTISONE (PERIANAL) 2.5 % CREAM		
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>protozone-hc</i>	2	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	4	
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	
ANTI-INFECTIVE AGENTS - MISC.		
<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>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	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 200 mg/5ml recon susp, 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	
<i>metronidazole metronidazole 500 mg/100ml solution, 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 ³
TEFLARO	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tinidazole 250 mg tab, 500 mg tab</i>	4	
TRIMETHOPRIM 100 MG TAB	2	
<i>trimethoprim 100 mg tab</i>	2	
VANCOMYCIN HCL 100 GM RECON SOLN	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)
VANCOMYCIN HCL IN NACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	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	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
URINARY ANTI-INFECTIVES		
<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	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate er</i>	2	
ISOSORBIDE MONONITRATE ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE	1	
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	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<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	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BENZODIAZEPINES		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA ²
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA ²
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA ²
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	
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	
<i>pacerone 100 mg tab, 400 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
pacerone 200 mg tab	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	4	PA ³
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, NDS
FASENRA PEN	5	PA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR	5	PA, 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 A-INJ, 75 MG/0.5ML SOLN PRSYR	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)
ipratropium bromide 0.02 % solution	2	PA ³
LEUKOTRIENE MODULATORS		
montelukast sodium 10 mg tab	1	
montelukast sodium 4 mg chew tab, 5 mg chew tab	2	
zafirlukast	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STEROID INHALANTS		
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 ³
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 REDIHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
SYMPATHOMIMETICS		
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	2	PA ³
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA ³
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml, 8 mg/20ml</i>	2	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN	2	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	2	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	4	QL (120 ML PER 30 DAYS), PA ³
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 ³
<i>ipratropium-albuterol</i>	2	PA ³
<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 ³
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY 2 MG/0.1ML SOLUTION	4	QL (2 EA PER 30 OVER TIME)
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 1 MG/ML RECON SUSP, 10 MG TAB, 15 MG TAB, 20 MG TAB	3
XARELTO 2.5 MG TAB	3
XARELTO STARTER PACK	3

COUMARIN ANTICOAGULANTS

<i>jantoven</i>	1
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 ²
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA ²
<i>DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL</i>	4	QL (10 EA PER 30 OVER TIME)
<i>LIBERVANT</i>	4	QL (10 EA PER 30 DAYS), PA ²
<i>NAYZILAM</i>	4	QL (10 EA PER 30 OVER TIME)
<i>SYMPAZAN 10 MG FILM, 20 MG FILM</i>	5	QL (60 EA PER 30 DAYS), NDS
<i>SYMPAZAN 5 MG FILM</i>	4	QL (60 EA PER 30 DAYS)
<i>VALTOCO 10 MG DOSE</i>	5	QL (10 EA PER 30 OVER TIME), NDS
<i>VALTOCO 15 MG DOSE</i>	5	QL (10 EA PER 30 OVER TIME), NDS
<i>VALTOCO 20 MG DOSE</i>	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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
ANTICONVULSANTS - MISC.		
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	PA ² , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	PA ² , NDS
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	QL (360 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA ²
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , 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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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

CARBAMATES

felbamate	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA ²
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 ² , NDS

GABA MODULATORS

<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	PA ² , NDS
<i>vigadron</i>	5	PA ² , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>vigpoder</i>	5	PA ² , NDS

SUCCINIMIDES

<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	3	
<i>methsuximide</i>	4	

VALPROIC ACID

<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	

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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er	2	
mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp	3	
mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	2	
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	3	
tranylcypromine sulfate	4	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	
citalopram hydrobromide 10 mg/5ml solution	4	
escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab	1	
escitalopram oxalate 5 mg/5ml solution	4	
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	1	
fluoxetine hcl fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 90 mg cap dr	4	
fluvoxamine maleate	3	
fluvoxamine maleate er	4	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	2	
paroxetine hcl 10 mg/5ml suspension	4	
paroxetine hcl er	4	
sertraline hcl 20 mg/ml conc	4	
sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SEROTONIN MODULATORS		
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)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<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	
TRICYCLIC AGENTS		
<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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIABETIC OTHER		
<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	
<i>glucagon emergency glucagon emergency, glucagon emergency 1 mg kit</i>	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, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
Incretin Mimetic Agents		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
<i>liraglutide</i>	3	PA, QL (9 ML PER 30 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	3	PA ³ , INS
HUMULIN R U-500 KWIKPEN	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA ³ , 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 ³ , 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
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA ³ , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 (imodium)</i>	2	
XERMELO	5	PA, 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	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIMHI	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA ³
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA ³
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA ³
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA ³
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 ³
<i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA ³
<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	
<i>ABELCET</i>	4	PA ³
<i>AMPHOTERICIN B 50 MG RECON SOLN</i>	4	PA ³
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	4	
<i>nystatin 500000 unit tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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

ANTIHYPERLIPIDEMICS

ANTIHYPERLIPIDEMICS - 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	
<i>cholestyramine light</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>moexipril hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>bisoprolol-hydrochlorothiazide</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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

ANTIHYPERTENSIVES - MISC.

aliskiren fumarate	4	
eplerenone	3	
metyrosine	5	PA, NDS

VASODILATORS

hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	2	
minoxidil 2.5 mg tab, 10 mg tab	2	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

atovaquone-proguanil hcl	4	
COARTEM	4	
chloroquine phosphate 250 mg tab, 500 mg tab	4	
hydroxychloroquine sulfate 200 mg tab	2	
mefloquine hcl	2	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
pyrimethamine 25 mg tab	5	PA, NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>isoniazid 50 mg/5ml syrup</i>	4	
<i>isoniazid isoniazid 100 mg tab, isoniazid 300 mg tab, isoniazid 100 mg/ml solution</i>	2	
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, NDS
TRECATOR	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide 25 mg cap</i>	3	PA ³
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	3	PA ³
<i>cyclophosphamide 50 mg cap</i>	3	PA ³
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS
<i>temozolomide</i>	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 2000 mg/100ml suspension</i>	5	NDS
<i>mercaptopurine 50 mg tab</i>	3	
METHOTREXATE 1000 MG/40ML SOLUTION	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA ² , NDS
PURIXAN	5	NDS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA ² , NDS
INLYTA 1 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
INLYTA 5 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LENVIMA (10 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (12 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (14 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (18 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (4 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>erlotinib hcl 25 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTrif	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TAGRISSO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VIZIMPRO	5	QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
DAURISMO 25 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ERIVEDGE	5	QL (28 EA PER 28 DAYS), PA ² , NDS
ODOMZO	5	QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate 250 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>abirtega</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AKEEGA	5	QL (60 EA PER 30 DAYS), PA ² , 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)
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	QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA ²
FIRMAGON (240 MG DOSE)	4	PA ²
<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	NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	PA ²
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA
<i>nilutamide</i>	5	PA ² , NDS
NUBEQA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ORGOVYX	5	QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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)
XTANDI 40 MG CAP, 40 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XTANDI 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC COMBINATIONS

INQOVI	5	QL (5 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA ² , NDS
LONSURF 15-6.14 MG TAB	5	QL (100 EA PER 28 DAYS), PA ² , NDS
LONSURF 20-8.19 MG TAB	5	QL (80 EA PER 28 DAYS), PA ² , NDS

ANTINEOPLASTIC ENZYME INHIBITORS

ALECensa	5	QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BALVERSA 3 MG TAB, 4 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
BOSULIF 50 MG CAP, 400 MG TAB, 500 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	5	QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
COPIKTRA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COTELLIC	5	QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , 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 ² , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab	5	QL (30 EA PER 30 DAYS), PA ² , NDS
everolimus 3 mg tab sol	5	QL (90 EA PER 30 DAYS), PA ² , NDS
everolimus 5 mg tab sol	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	5	QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
IBRANCE	5	QL (21 EA PER 28 DAYS), PA ² , NDS
ICLUSIG	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
imatinib mesylate 100 mg tab	5	QL (90 EA PER 30 DAYS), PA ² , NDS
imatinib mesylate 400 mg tab	5	QL (60 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (324 ML PER 30 DAYS), PA ² , NDS
IMKELDI	5	QL (280 ML PER 28 DAYS), PA ² , NDS
INREBIC	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ITOVEBI 3 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
ITOVEBI 9 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
JAKAFI	5	QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JAYPIRCA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA ² , NDS
LORBRENA 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	5	QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 240 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	5	QL (180 EA PER 30 DAYS), PA ² , NDS
NINLARO	5	QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
QINLOCK	5	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REZLIDHIA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	5	QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA ² , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	5	QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA ² , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA ² , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAZVERIK	5	QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
VERZENIO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	5	QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
VONJO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VORANIGO 10 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VORANIGO 40 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA ² , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK, 250 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 200 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XOSPATA	5	QL (90 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ZELBORAF	5	QL (240 EA PER 30 DAYS), PA ² , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ZYDELIG	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ZYKADIA	5	QL (90 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTICS MISC.

ACTIMMUNE	5	PA ² , NDS
AYVAKIT	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BESREMI	5	QL (2 ML PER 28 DAYS), PA ² , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	NDS
POMALYST	5	QL (21 EA PER 28 DAYS), PA ² , NDS
REVUFORJ 110 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
REVUFORJ 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
REVUFORJ 25 MG TAB	5	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 10 MG TAB	3	QL (60 EA PER 30 DAYS), PA ²
VENCLEXTA 100 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VENCLEXTA STARTING PACK	5	QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	5	QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	QL (24 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	QL (32 EA PER 28 DAYS), PA ² , NDS

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

IWLIFIN	5	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	3	
<i>mesna 400 mg tab</i>	5	NDS

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa 25 mg tab</i>	4
<i>entacapone</i>	4

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	4	
ANTIPARKINSON DOPAMINERGICS		
<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	4	
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		
<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	
<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	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	4	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<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	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COBENFY	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COBENFY STARTER PACK	5	QL (56 EA PER 28 DAYS), PA ² , 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	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>thiothixene</i>	4	
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)
BENZISOXAZOLES		
FANAPT	5	QL (60 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FANAPT TITRATION PACK	4	QL (8 EA PER 180 OVER TIME), PA ²
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	
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
DIBENZAPINES		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
<i>clozapine 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	3	
<i>clozapine clozapine 12.5 mg tab disp, 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>loxpipamine 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	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PHENOTHIAZINES		
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	4	
compro suppositories	4	
fluphenazine decanoate 25 mg/ml solution	4	
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	4	
perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab	4	
prochlorperazine maleate 5 mg tab, 10 mg tab	4	
prochlorperazine suppositories	4	
thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	4	
trifluoperazine tab	3	

QUINOLINONE DERIVATIVES

ABILITY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 OVER TIME), NDS
ABILITY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 OVER TIME), NDS
ABILITY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
ariPIPRAZOLE 1 mg/ml solution	4	
ariPIPRAZOLE 10 mg tab disp, 15 mg tab disp	4	QL (60 EA PER 30 DAYS)
ariPIPRAZOLE 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab	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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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, 300 mg/30ml solution</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	
maraviroc	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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	

CMV AGENTS

LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 120 MG PACKET	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

HEPATITIS AGENTS

<i>adefovir dipivoxil</i>	4	
BARACLUDÉ 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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, 800 mg/20ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA ³
<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. ANTI VIRALS

PAXLOVID (150/100)	2	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	2	QL (30 EA PER 5 OVER TIME)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<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	
BETA BLOCKERS NON-SELECTIVE		
<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 40 mg tab, propranolol hcl 80 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 60 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	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 2 GM RECON SOLN	2	
<i>cefaezolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 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, -3-2 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	
<i>cefoxitin sodium</i>	4	
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil</i>	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefdinir 300 mg cap</i>	2	
<i>cefixime</i>	4	
CEFPODOXIME PROXETIL CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	4	
CEFTAZIDIME AND DEXTROSE	4	
CEFTAZIDIME CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN	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	
CEFTRIAXONE SODIUM IN DEXTROSE	4	
CEFTRIAXONE 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	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>hydrocortisone sod suc (pf)</i>	4	
<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 ³
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 25 mg/5ml</i>	2	PA ³
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	PA ³
<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 ³
PREDNISONE INTENSOL	4	PA ³
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine 10 %, 20 %</i>	3	PA ³
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phos (once-daily)</i>	3	QL (75 GM PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	3	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	3	QL (60 ML PER 30 DAYS)
ERY	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	
ANTIBIOTICS - TOPICAL		
<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)
ANTIFUNGALS - TOPICAL		
<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 (170 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ketoconazole 2 % cream</i>	3	QL (120 GM PER 30 DAYS)
<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 powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	2	QL (30 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 ² , NDS
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4	QL (80 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	3	QL (10 ML PER 30 DAYS)
PANRETIN	5	PA ² , NDS
VALCHLOR	5	QL (240 GM PER 30 DAYS), PA ² , 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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS
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	5	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 20 MG TAB, 30 MG TAB	5	PA, 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)

CORTICOSTEROIDS - TOPICAL

<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)
<i>clobetasol prop emollient base</i>	4	QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ECZEMA AGENTS		
ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
LOCAL ANESTHETICS - TOPICAL		
<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)
MISC. TOPICAL		
<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	
ROSACEA AGENTS		
<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)
WOUND CARE PRODUCTS		
SANTYL	4	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	3	
SUCRAID	5	PA, NDS
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tab, 250 mg tab	3	
acetazolamide er	3	
methazolamide 25 mg tab, 50 mg tab	4	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
spironolactone-hctz	2	
triamterene-hctz	1	
LOOP DIURETICS		
bumetanide 0.25 mg/ml solution	4	
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	
ethacrynic acid	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
furosemide 10 mg/ml solution	4	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	
FUROSEMIDE 8 MG/ML SOLUTION	2	
torsemide	2	
POTASSIUM SPARING DIURETICS		
amiloride hcl 5 mg tab	2	
spironolactone 25 mg tab, 50 mg tab, 100 mg tab	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	2	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab	1	
indapamide	1	
metolazone	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab	1	
alendronate sodium 70 mg/75ml solution	4	
calcitonin (salmon) 200 unit/act solution	3	
ibandronate sodium 150 mg tab	2	QL (1 EA PER 30 DAYS)
raloxifene hcl	3	
risedronate sodium	4	
teriparatide	5	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT)	5	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
GROWTH HORMONES		
OMNITROPE	5	PA, NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKYTROFA	5	PA, NDS
METABOLIC MODIFIERS		
<i>betaine</i>	5	NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, NDS
<i>cinacalcet hcl</i>	4	PA
DOXERCALCIFEROL DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	4	
<i>levocarnitine sf</i>	4	
NEXVIAZYME	5	PA, 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, 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
SIGNIFOR	5	PA, 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 desmopressin acetate spray, desmopressin acetate spray</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INCRELEX	5	PA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, NDS

ESTROGENS

ESTROGEN COMBINATIONS

<i>afirmelle</i>	2
<i>altavera</i>	2
<i>alyacen 1/35</i>	2
<i>alyacen 7/7/7</i>	2
<i>amethia</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>blisovi 24 fe</i>	2
<i>blisovi fe 1.5/30</i>	2
<i>blisovi fe 1/20</i>	2
<i>briellyn</i>	2
<i>camrese</i>	2

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fyavolv</i>	4	
<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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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>lojaimess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lulera</i>	2	
<i>marlissa</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-linyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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-ethynil est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tarina fe 1/20 eq</i>	4	
<i>tri femynor</i>	2	
<i>tri-estarrylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarrylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-milli</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-milli</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	
<i>valtya 1/50</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienna</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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
zumandimine	2	
dotti	4	
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	4	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	3	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml	4	
lyllana	4	
MENEST	4	

FLUOROQUINOLONES

ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	1	
CIPROFLOXACIN IN D5W CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W	2	
levofloxacin 25 mg/ml solution	4	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	2	
levofloxacin in d5w in 250 mg/50ml solution	2	
levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 100 mg/5ml conc	4	
enulose	2	
generlac	2	
lactulose encephalopathy	2	
metoclopramide hcl 5 mg tab, 10 mg tab	2	
metoclopramide hcl 5 mg/5ml, 10 mg/10ml	4	
REZDIFFRA	5	PA, QL (30 EA PER 30 DAYS), NDS
ursodiol 250 mg tab, 300 mg cap, 500 mg tab	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium	4	
mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos	4	
mesalamine er	4	
mesalamine-cleanser	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
sulfasalazine 500 mg tab, 500 mg tab dr	3	
GENITOURINARY AGENTS		
GENITOURINARY AGENTS, OTHER		
acetic acid 0.25 % solution	2	
CYSTAGON	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELMIRON	4	
<i>potassium citrate er</i>	3	
RENACIDIN	3	
<i>sodium chloride sodium chloride 0.9 % solution, sodium chloride 0.9 % solution</i>	4	

GENITOURINARY AGENTS - MISCELLANEOUS

PROSTATIC HYPERPLASIA AGENTS

<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)
<i>tamsulosin hcl</i>	1	

GOUT AGENTS

<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	

HEMATOLOGICAL AGENTS - MISC.

PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl</i>	3	
<i>aspirin-dipyridamole er</i>	4	
<i>BRILINTA 60 MG TAB</i>	3	
<i>BRILINTA 90 MG TAB</i>	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	4	
prasugrel hcl	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	3	
<i>l</i> -glutamine -gutamine 5 gm packet	5	PA, QL (180 EA PER 30 DAYS), NDS
HEMATOPOIETIC GROWTH FACTORS		
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
RETACRIT	4	PA
UDENYCA	5	NDS
ZARXIO	5	NDS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid</i> 650 mg tab	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl</i> 3 mg tab, 6 mg tab	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</i> 15 mg cap, 30 mg cap	2	QL (30 EA PER 30 DAYS), PA ²
<i>zaleplon</i> 10 mg cap	4	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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, NDS
<i>icatibant acetate</i>	5	PA, NDS
<i>sajazir</i>	5	PA, NDS

LAXATIVES

LAXATIVE COMBINATIONS

GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTEL	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
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 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
INSULIN SYRINGE (DISP) U-100 1 ML	3	
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
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)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	4	QL (15 EA PER 30 DAYS)
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)
TWIIST STARTER KIT	4	QL (1 EA PER 275 OVER TIME)
MISC. DEVICES		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
needles and syringes	3	

MIGRAINE PRODUCTS

<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)

SEROTONIN AGONISTS

<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)
<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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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTE MIXTURES		
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	4	
lactated ringers lactated ringers, lactated ringers	2	
potassium chloride in dextrose 20-5 meq/l-% solution	4	
FLUORIDE		
sodium fluoride	2	
sodium fluoride chewable tablet	2	
MAGNESIUM		
magnesium sulfate 50 % solution	4	
PHOSPHATE		
K-PHOS	3	
POTASSIUM		
klor-con -20 meq packet	4	
klor-con -8 meq tab er	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
potassium chloride 10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%)	2	
potassium chloride 2 meq/ml solution	4	
potassium chloride 20 meq packet	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
SODIUM		
<i>sodium chloride</i>	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
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
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
NEMLUVIO	5	PA, QL (2 EA PER 28 DAYS), NDS
REVLIMID	5	QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID 150 MG CAP, 200 MG CAP	5	QL (60 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP, 100 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST	5	PA, NDS
<i>azathioprine 50 mg tab</i>	2	PA ³
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	4	PA ³
<i>cyclosporine modified</i>	4	PA ³
ENVARSUS XR	4	PA ³
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA ³ , NDS
<i>gengraf</i>	4	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA ³ , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	PA ³
<i>mycophenolate sodium</i>	4	PA ³
<i>mycophenolic acid</i>	4	PA ³
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA ³
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA ³
<i>sirolimus 1 mg/ml solution</i>	5	PA ³ , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PA ³
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	2	
LOKELMA	3	
<i>sodium polystyrene sulfonate</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	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<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	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	5	PA, QL (70 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RADICAVA ORS STARTER KIT	5	PA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	4	PA
NUTRIENTS		
PROTEINS		
<i>plenamine</i>	4	PA ³
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	3	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<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	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL APRACLONIDINE HCL, APRACLONIDINE HCL	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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)
TRIFLURIDINE	3	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	

OPHTHALMIC KINASE INHIBITORS

RHOPRESSA	3
ROCKLATAN	4

OPHTHALMIC STEROIDS

<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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	3	
OPHTHALMICS - MISC.		
<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, QL (60 ML PER 28 DAYS), NDS
<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)
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost 0.005 % solution</i>	2	
LUMIGAN	4	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	3	QL (5 ML PER 30 DAYS)
VYZULTA	4	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
flac	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	

OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc</i>	3	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

GAMMAKED	5	PA, NDS
GAMUNEX-C	5	PA, NDS
PRIVIGEN	5	PA, NDS
VARIZIG	1	VAC

MONOCLONAL ANTIBODIES

BEYFORTUS	1	
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PENICILLINS

AMINOPENICILLINS

AMOXICILLIN 125 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	
AMOXICILLIN 250 MG CHEW TAB	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NATURAL PENICILLINS		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
<i>penicillin v potassium penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate -200-28.5 mg/5ml recon susp, -250-125 mg tab, -500-125 mg tab, -875-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin- pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600- 42.9 mg/5ml recon susp</i>	4	
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	
PENICILLINASE-RESISTANT PENICILLINS		
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXACILLIN SODIUM IN DEXTROSE	4	
PROGESTINS		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	4	
<i>disulfiram 250 mg tab, 500 mg tab</i>	4	
ANTIDEMENTIA AGENTS		
<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	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	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	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
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	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
tetrabenazine	5	NDS
MULTIPLE SCLEROSIS AGENTS		
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 OVER TIME), 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, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NASAL SPRAY	4	
<i>varenicline tartrate</i>	3	
<i>varenicline tartrate (starter)</i>	3	
<i>varenicline tartrate(continue)</i>	3	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
CAYSTON	5	PA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET, 13.4 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150- 188 MG PACKET	5	PA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA ³ , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, 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, QL (56 EA PER 28 DAYS), NDS
PULMONARY FIBROSIS AGENTS		
OFEV	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 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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

RESPIRATORY TRACT AGENTS

ANTIHISTAMINES

<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, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab</i>	4	

PULMONARY ANTIHYPERTENSIVES

<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>OPSUMIT</i>	5	PA, NDS
<i>sildenafil citrate 20 mg tab</i>	3	PA
<i>tadalafil (pah)</i>	5	PA, NDS
<i>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</i>	5	PA, NDS
<i>WINREVAIR</i>	5	PA, QL (1 EA PER 21 OVER TIME), NDS

RESPIRATORY TRACT/PULMONARY AGENTS

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast</i>	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	2	

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

SODIUM OXYBATE	5	PA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)

SULFONAMIDES

sulfadiazine 500 mg tab	4
sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension	2
sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab	1

TETRACYCLINES

demeclacycline hcl	4
doxy 100	4
doxycycline hyclate 100 mg recon soln	4
doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab	3
doxycycline monohydrate 25 mg/5ml recon susp	4
doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab	2
minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap	2
tetracycline hcl 250 mg cap, 500 mg cap	4

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
THYROID HORMONES		
<i>euthyrox</i>	1	
<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 ³
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA ³ , VAC
TENIVAC	1	PA ³ , VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<i>famotidine (pepcid)</i>	1	
MISC. ANTI-ULCER		
<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	
PROTON PUMP INHIBITORS		
<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	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<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>	2	
<i>tolterodine tartrate er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trospium chloride</i>	2	
<i>trospium 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	

Uncategorized

Unclassified

SUNLENCA 300 MG TAB	5	NDS
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VACCINES

BACTERIAL VACCINES

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

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VAXCHORA	1	VAC
VAXNEUVANCE	Part B Covered	
VIVOTIF	1	
VIRAL VACCINES		
ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA ³ , VAC
ERVEBO	1	VAC
GARDASIL 9	1	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA ³ , VAC
IMOVAX RABIES	1	PA ³ , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
MRESVIA	1	VAC
PREHEVBRIOD	1	PA ³ , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA ³ , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	1	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA ³ , VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA ³ , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 365 OVER TIME), 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	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
VIMKUNYA	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
<i>ESTRING</i>	4
<i>PREMARIN 0.625 MG/GM CREAM</i>	4
<i>yuvafem</i>	4

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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jaimiess	80 KISQALI (400 MG DOSE)	49 larin fe 1/20	80
JAKAFI	48 KISQALI (600 MG DOSE)	49 larissa	80
jantoven	26 KISQALI FEMARA (200 MG DOSE)	latanoprost	98
JANUMET	33 KISQALI FEMARA (400 MG DOSE)	46 LAZCLUZE	44
JANUMET XR	33 KISQALI FEMARA (600 MG DOSE)	LEDIPASVIR-SOFOSBUVIR	62
JANUVIA	34 KISQALI FEMARA (10 MG DOSE)	46 leena	81
JARDIANCE	36 KISQALI FEMARA (12 MG DOSE)	leflunomide	14
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JENTADUETO XR	33 klor-con m10	92 LENVIMA (18 MG DAILY DOSE)	43
jinteli	80 klor-con m15	92 LENVIMA (20 MG DAILY DOSE)	
jolessa	80 klor-con m20	92 LENVIMA (24 MG DAILY DOSE)	43
JOURNAVX	16 KLOXXADO	36 LENVIMA (24 MG DAILY DOSE)	
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KERENDIA	78 lansoprazole (PREVACID)	108 levocarnitine sf	77
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This formulary was updated on 04/22/2025.

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**.



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