

2024

# List of Covered Drugs (Formulary) (Lista de medicamentos cubiertos (Formulario)) de UCare Medicare Group Plans

- UCare Medicare Group Plans (HMO-POS)

Este formulario se actualizó el 10/22/2024.

**POR FAVOR, LEA:** Este documento contiene información sobre los medicamentos que cubrimos en estos planes.

*Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con:*

Servicio de Atención al Cliente de los **UCare Medicare Group Plans** al 612-676-6840 o 1-877-447-4385 (la llamada es gratuita)

Para usuarios de TTY: 612-676-6810 o 1-800-688-2534 (la llamada es gratuita)

Todas las líneas se responden de 8 am a 8 pm, los siete días de la semana, o visite [ucare.org](https://www.ucare.org).

## **Notice of Nondiscrimination**

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

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

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

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

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

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

### Oral grievance

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

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

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

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မိကတိ ကညိ ကျိဝ်အယိ, နမနုာ် ကျိဝ်အတၢ်မၤစၢလၢ တလၢဂ်ဘျုးလၢဂ်စ့ၤ နီတမံၤဘျုးသ့ၤန့ၢ်လီၤ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cuando esta List of Covered Drugs (Formulary) se refiere a “nosotros”, “nos” o “nuestro”, significa UCare Minnesota. Cuando se refiere al “plan” o “nuestro plan” significa los UCare Medicare Group Plans.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que está vigente al 10/22/2024. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Generalmente, debe usar farmacias de la red para su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2025 y cada tanto durante el año.

## **¿Qué es el Formulario de los UCare Medicare Group Plans?**

Un formulario es una lista de medicamentos cubiertos seleccionados por los UCare Medicare Group Plans en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Los UCare Medicare Group Plans generalmente cubrirán los medicamentos que figuran en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de los UCare Medicare Group Plans y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su *Evidencia de cobertura*.

## **¿Puede cambiar el Formulario (Lista de medicamentos)?**

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1 de enero, pero los UCare Medicare Group Plans pueden agregar o eliminar medicamentos en la Drug List (Lista de medicamentos) durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

**Cambios que pueden afectarle este año:** En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca en nuestra Drug List (Lista de medicamentos) si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Drug List (Lista de medicamentos), pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
- Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación

titulada “¿Cómo solicito una excepción al Formulario de los UCare Medicare Group Plans?”

- **Medicamentos que se retiran del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costo compartido o ambos. O podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costos compartidos, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro de 30 días del medicamento.
  - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los UCare Medicare Group Plans?”

**Cambios que no le afectarán si actualmente está tomando el medicamento.** En general, si está tomando un medicamento en nuestro Formulario 2024 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios podrían afectarlo, y es importante verificar la Drug List (Lista de medicamentos) para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto se actualizó al 10/22/2024. Para obtener información actualizada sobre los medicamentos cubiertos por los UCare Medicare Group Plans, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada. Las actualizaciones al Formulario de los UCare Medicare Group Plans están disponibles en nuestro sitio web, [ucare.org/member-documents](http://ucare.org/member-documents). Si lo solicita, UCare le enviará por correo una edición impresa actualizada.

## **¿Cómo uso el Formulario?**

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Hay dos formas de encontrar un medicamento en el Formulario:

### **Afección médica**

El Formulario comienza en la página 13. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos

utilizados para tratar una afección cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 13. Luego busque debajo del nombre de la categoría para su medicamento.

### **Lista alfabética**

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 199. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

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Los UCare Medicare Group Plans cubren tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA y tiene los mismos ingredientes activos que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## **¿Hay restricciones para mi cobertura?**

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Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Los UCare Medicare Group Plans exigen que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de los UCare Medicare Group Plans antes de surtir sus recetas. Si no obtiene la aprobación, es posible que los UCare Medicare Group Plans no cubran el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, los UCare Medicare Group Plans limitan la cantidad del medicamento que cubrirán. Por ejemplo, los UCare Medicare Group Plans proporcionan 30 comprimidos por receta para *escitalopram* 20 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, los UCare Medicare Group Plans exigen que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, es posible que los UCare Medicare Group Plans no cubran el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, los UCare Medicare Group Plans cubrirán el Medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional consultando el formulario que comienza en la página 13. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.



Puede pedir a los UCare Medicare Group Plans que hagan una excepción a estas restricciones o límites o una lista de otros medicamentos similares que pueden tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de los UCare Medicare Group Plans?” en la página 9 para obtener información sobre cómo solicitar una excepción.

## **¿Qué pasa si mi medicamento no está en el Formulario?**

Si su medicamento no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe comunicarse con Servicio de Atención al Cliente y preguntar si su medicamento está cubierto. Si se entera de que los UCare Medicare Group Plans no cubren sus medicamentos, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que están cubiertos por los UCare Medicare Group Plans. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por los UCare Medicare Group Plans.
- Puede pedirle a los UCare Medicare Group Plans que hagan una excepción y cubran su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

## **¿Cómo solicito una excepción al Formulario de los UCare Medicare Group Plans?**

Puede pedir a los UCare Medicare Group Plans que hagan una excepción a las reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del Formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad (Nivel 4). Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, los UCare Medicare Group Plans limitan la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos una cantidad mayor.

Por lo general, los UCare Medicare Group Plans solo aprobarán su solicitud de una excepción si el medicamento alternativo está incluido en el formulario del plan, el medicamento de costo compartido más bajo o con restricciones de uso adicionales no sería tan eficaz para tratar su afección o causaría que tenga efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de uso, de nivel o al Formulario. **Cuando solicite una excepción de restricción de uso, de nivel o al Formulario, debe presentar una declaración de su médico o médico que respalde su solicitud.** En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida), si usted o su médico creen que su salud podría verse

seriamente perjudicada si espera hasta 72 horas para tomar una decisión. Si se concede su solicitud para acelerar, debemos darle una decisión a más tardar 24 horas después de recibir una declaración de respaldo de su médico u otro profesional que receta.

## **¿Qué debo hacer antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?**

Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días. Si su receta se escribe por menos días, permitiremos resurtidos para proporcionar hasta un máximo de 30 días de suministro del medicamento. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras busca una excepción al formulario.

## **Transición de la atención**

Si usted es un miembro actual de los UCare Medicare Group Plans que está haciendo la transición a un nivel diferente de atención, es posible que le receten medicamentos que no están en nuestro formulario. Mientras habla con su médico para determinar su curso de acción, es elegible para recibir un suministro de transición de 31 días del medicamento, ya que está haciendo la transición a un nivel de atención diferente. Si usted es un miembro actual de los UCare Medicare Group Plans, fue admitido o dado de alta de un centro de atención a largo plazo, se le permitirá hacer resurtidos antes para garantizar que tenga acceso a un suministro adecuado de sus medicamentos.

## **Para obtener más información**

Para obtener información más detallada sobre la cobertura de medicamentos recetados de los UCare Medicare Group Plans, revise su *Evidencia de cobertura* y otros materiales del plan.

Si tiene preguntas sobre los UCare Medicare Group Plans, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

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

## **Formulario de UCare Medicare Group Plans**

El formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por los UCare Medicare Group Plans. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 199.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, JANUVIA) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, *lisinopril*).

La información en la columna Requisitos/Límites le indica si los UCare Medicare Group Plans tienen algún requisito especial para la cobertura de su medicamento.

<b>Explicación de los requisitos/límites</b>	
<b>PA</b>	Autorización previa: Medicamentos que requieren la aprobación de UCare antes de que los cubramos
<b>PA<sup>2</sup></b>	Autorización previa: Medicamentos que requieren aprobación si no ha tomado el medicamento antes
<b>PA<sup>3</sup></b>	Autorización previa: Medicamentos que requieren revisión para determinar la cobertura bajo la Part B o la Part D
<b>ST</b>	Terapia escalonada: Medicamentos que requieren que pruebe otro medicamento antes de cubrirlo
<b>QL</b>	Límite de cantidad: Hay límites a la cantidad de medicamento por surtido
<b>Part B Covered</b>	Suministros para diabéticos cubiertos por el beneficio de la Part B (médico)
<b>INS</b>	Insulinas con un copago de \$35 por suministro de un mes
<b>VAC</b>	Vacuna para adultos de la Part D cubierta a \$0 (sin costo)
<b>VAC AGE</b>	Vacuna para adultos de la Part D cubierta a \$0 (sin costo) para personas de 19 a 45 años
<b>MFG</b>	La cobertura de medicamentos está limitada a ciertos fabricantes
<b>NDS</b>	Medicamentos limitados a un suministro de 30 días por surtido

<b>Explicación de los requisitos/límites</b>	
<b>* (drugs with asterisk)</b>	Medicamentos adicionales cubiertos para planes selectos. Consulte su Evidencia de cobertura para obtener más detalles.
<b>LA</b>	Medicamentos que solo están disponibles en determinadas farmacias. Si tiene preguntas, llame al Servicio de Atención al Cliente al número en la parte posterior de su tarjeta de identificación (ID) de miembro.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	3	
<i>amphetamine-dextroamphetamine</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	3	
<i>methamphetamine hcl</i>	3	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er</i>	3	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	2	QL 30 EA / 30 DAYS PA
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	1	QL 30 EA / 30 DAYS PA
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	3	
<i>methylphenidate hcl er (la)</i>	3	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>modafinil</i>	1	<div data-bbox="1133 205 1192 239">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 254 1192 287">PA</div>
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate 1 gm/4ml solution</i>	1	
<i>amikacin sulfate 500 mg/2ml solution</i>	3	
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)	3	
<i>gentamicin sulfate 10 mg/ml solution</i>	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
STREPTOMYCIN SULFATE	3	
<i>tobramycin 300 mg/4ml nebu soln</i>	4	<div data-bbox="1133 1245 1192 1278">QL</div> 224 ML / 28 OVER TIME <div data-bbox="1133 1314 1192 1348">PA</div> <div data-bbox="1133 1371 1192 1404">NDS</div> Non-Extended Day Supply
<i>tobramycin 300 mg/5ml nebu soln</i>	4	<div data-bbox="1133 1455 1192 1488">QL</div> 300 ML / 30 DAYS <div data-bbox="1133 1503 1192 1537">PA</div> <div data-bbox="1133 1560 1192 1593">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	3	
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### ANALGESICS - ANTI-INFLAMMATORY

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HADLIMA 40 MG/0.4ML SOLN PRSYR	4	QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	4	QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA (2 SYRINGE) 40 MG/0.8ML PEF SY KT	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 20 MG/0.2ML PEF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 40 MG/0.4ML PEF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PED<40KG CROHNS STARTER	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PED>/=40KG CROHNS START	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PS/UV/ADOL HS STARTER	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PSORIASIS/VEIT STARTER	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SIMLANDI (1 PEN)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SIMLANDI (2 PEN)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 0.5 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
RINVOQ 45 MG TAB ER 24H	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ 1 MG/ML SOLUTION	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ XR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>GOLD COMPOUNDS</b>		
RIDAURA	4	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	4	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ACTEMRA ACTPEN	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KEVZARA	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2.28 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	3	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin 600 mg tab</i>	3	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	

**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA 10 & 20 & 30 MG TAB THPK	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #00728f; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 55 EA / 180 OVER TIME Non-Extended Day Supply
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTEZLA 20 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
OTEZLA 30 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px;">LA</span></li> </ul>
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 55 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1.6 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2.8 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ORENCIA CLICKJECT	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li>QL 8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ENBREL MINI	4	<ul style="list-style-type: none"> <li>QL 8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ENBREL SURECLICK	4	<ul style="list-style-type: none"> <li>QL 8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>ANALGESICS - NONNARCOTIC</b>		
<b>SALICYLATES</b>		
<i>diflunisal</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	3	<ul style="list-style-type: none"> <li>QL 10 EA / 30 DAYS</li> <li>PA</li> </ul>
FENTANYL CITRATE (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 1600 MCG LOZ HANDLE)	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fentanyl citrate 200 mcg loz handle</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2400 ML / 30 OVER TIME</div> </div>
<i>hydromorphone hcl 2 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>450 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl 4 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>240 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl 8 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>120 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> </div>
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>360 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
METHADONE HCL 10 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1800 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
METHADONE HCL 5 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3600 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>morphine sulfate (concentrate)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>180 ML / 30 DAYS</div> </div>
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>180 ML / 30 DAYS</div> </div>
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>180 EA / 30 DAYS</div> </div>
MORPHINE SULFATE 10 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1800 ML / 30 DAYS</div> </div>
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>900 ML / 30 DAYS</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>morphine sulfate er 200 mg tab er</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 100 mg/5ml conc</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">270 ML / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg cap</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 EA / 30 OVER TIME</div> </div>
<i>oxycodone hcl 5 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg/5ml solution</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">5400 ML / 30 DAYS</div> </div>
<i>tramadol hcl 50 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 EA / 30 DAYS</div> </div>

### OPIOID COMBINATIONS

ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION, ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">4980 ML / 30 DAYS</div> </div>
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">390 EA / 30 DAYS</div> </div>
<i>endocet</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 EA / 30 DAYS</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>5400 ML / 30 DAYS</span> </div>
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>360 EA / 30 DAYS</span> </div>
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>360 EA / 30 DAYS</span> </div>
<i>tramadol-acetaminophen</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>360 EA / 30 DAYS</span> </div>
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>60 EA / 30 OVER TIME</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>buprenorphine</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>4 EA / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>90 EA / 30 DAYS</span> </div>
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>90 EA / 30 DAYS</span> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	3	QL 10 ML / 30 DAYS
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	3	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	3	QL 150 GM / 30 DAYS PA
TESTOSTERONE 10 MG/ACT (2%) GEL	3	QL 120 GM / 30 DAYS PA
<i>testosterone 12.5 mg/act (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	QL 75 GM / 30 DAYS PA
<i>testosterone 25 mg/2.5gm (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	3	QL 180 ML / 30 DAYS PA
<i>testosterone 50 mg/5gm (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone cypionate 100 mg/ml solution</i>	1	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
<i>testosterone cypionate 200 mg/ml solution</i>	1	PA
TESTOSTERONE ENANTHATE	1	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	3	PA
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	2	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	4	NDS Non-Extended Day Supply
BENZNIDAZOLE	3	LA
<i>ivermectin 3 mg tab</i>	2	
<i>praziquantel</i>	3	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	1	
<i>metronidazole 500 mg/100ml solution</i>	3	
METRONIDAZOLE 500 MG/100ML SOLUTION	3	
<i>pentamidine isethionate for injection solution</i>	3	
<i>pentamidine isethionate for nebulization solution</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> </div>
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">9 EA / 30 OVER TIME</div> </div>
XIFAXAN 550 MG TAB	4	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">90 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

### ANTI-INFECTIVE MISC. - COMBINATIONS

*sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)*

*sulfatrim pediatric*

### ANTIPROTOZOAL AGENTS

*atovaquone*

NDS

Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NITAZOXANIDE 500 MG TAB	4	<div data-bbox="1133 170 1192 233">QL</div> 6 EA / 3 OVER TIME <div data-bbox="1133 247 1192 310">NDS</div> Non-Extended Day Supply
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	3	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	3	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	3	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	3	<div data-bbox="1133 722 1192 785">QL</div> 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	3	<div data-bbox="1133 869 1192 911">QL</div> 10 EA / 10 DAYS
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	1	
<b>CYCLIC LIPOPEPTIDES</b>		
DAPTOMYCIN	4	<div data-bbox="1133 1220 1192 1283">NDS</div> Non-Extended Day Supply
<b>GLYCOPEPTIDES</b>		
DALVANCE	4	<div data-bbox="1133 1375 1192 1438">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vancomycin hcl (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 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	3	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	3	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	2	
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	3	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	3	
<i>clindamycin phosphate in d5w</i>	3	
CLINDAMYCIN PHOSPHATE IN NAACL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lincomycin hcl</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam</i>	3	
CAYSTON	4	<ul style="list-style-type: none"> <li>QL 84 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	4	NDS Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	3	
SIVEXTRO 200 MG TAB	4	<ul style="list-style-type: none"> <li>QL 6 EA / 6 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ZYVOX 200 MG/100ML SOLUTION	2	
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	3	
<i>polymyxin b sulfate</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomicin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<b>NITRO-BID</b>	3	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	3	
<b>ANTIANGIETY AGENTS</b>		
<b>ANTIANGIETY AGENTS - MISC.</b>		
<i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 7.5 mg tab, bupirone hcl 10 mg tab, bupirone hcl 15 mg tab, bupirone hcl 30 mg tab)</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	3	
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<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	3	
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<b>BENZODIAZEPINES</b>		
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<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>alprazolam 2 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>clorazepate dipotassium</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>diazepam 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1200 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>diazepam 5 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>diazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>lorazepam 2 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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<i>lorazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxazepam</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">120 EA / 30 DAYS</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 10px;">PA<sup>2</sup></div> </div>
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	3	
<i>quinidine gluconate er</i>	3	
<i>quinidine sulfate</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	3	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>dofetilide</i>	3	
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	3	
<i>pacerone 200 mg tab</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px; margin-left: 10px;">NDS</div> <div style="margin-left: 10px;">Non-Extended Day Supply</div> </div>





DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	4	PA
FASENRA 30 MG/ML SOLN PRSYR	4	PA NDS Non-Extended Day Supply LA
FASENRA PEN	4	PA NDS Non-Extended Day Supply LA
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG RECON SOLN	4	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN A-INJ	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG/ML SOLN PRSYR	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	2	QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	PA <sup>3</sup>
SPIRIVA HANDIHALER	2	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	2	QL 4 GM / 30 DAYS
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	3	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	3	
<b>STEROID INHALANTS</b>		
ASMANEX (120 METERED DOSES)	2	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX HFA	2	QL 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	3	<ul style="list-style-type: none"> <li>QL 120 ML / 30 DAYS</li> <li>PA<sup>3</sup></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	3	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 DAYS
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	2	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	3	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA <sup>3</sup>
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	1	QL 17 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANORO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA <sup>3</sup>
BREO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>breynga</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	2	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	2	QL 8 GM / 30 DAYS
DULERA	2	QL 26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	3	QL 120 ML / 30 DAYS PA <sup>3</sup>
<i>ipratropium-albuterol</i>	1	PA <sup>3</sup>
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	3	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	2	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	2	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	2	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRELEGY ELLIPTA	2	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	2	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
<b>XANTHINES</b>		
<i>theophylline</i>	1	
<i>theophylline er (theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h, 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)</i>	1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	
XARELTO STARTER PACK	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	3	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	4	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
<b>THROMBIN INHIBITORS</b>		
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 150 MG CAP)	3	
PRADAXA 110 MG CAP	3	
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	4	 60 EA / 30 DAYS   Non-Extended Day Supply



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
FYCOMPA 0.5 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 720 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
FYCOMPA 2 MG TAB	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> </ul>
<i>clobazam 2.5 mg/ml suspension</i>	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 480 ML / 30 DAYS</li> </ul>
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)</i>	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
<i>clonazepam 2 mg tab</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
<i>clonazepam 2 mg tab disp</i>	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 10 EA / 30 OVER TIME</li> </ul>
LIBERVANT	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 10 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NAYZILAM	3	QL 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
SYMPAZAN 5 MG FILM	3	QL 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 15 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 20 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 5 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	3	QL 60 EA / 30 DAYS
APTIOM 200 MG TAB	3	QL 180 EA / 30 DAYS
APTIOM 400 MG TAB	3	QL 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	4	QL 600 ML / 30 DAYS NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1	
<i>carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)</i>	3	
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	3	
DIACOMIT	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>           Non-Extended Day Supply         </div> </div>
EPIDIOLEX	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> </div>
<i>epitol</i>	1	
EPRONTIA	3	
FINTEPLA	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>           360 ML / 30 DAYS            Non-Extended Day Supply         </div> </div>
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)</i>	2	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	3	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	3	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	4	<div data-bbox="1133 617 1192 653">PA<sup>2</sup></div> <div data-bbox="1133 667 1192 703">NDS</div> <div data-bbox="1203 667 1474 730">Non-Extended Day Supply</div>
<i>rufinamide 200 mg tab</i>	3	<div data-bbox="1133 753 1192 789">PA<sup>2</sup></div>
SPRITAM	3	
<i>topiramate</i>	1	
ZONISADE	3	
<i>zonisamide</i>	1	
ZTALMY	4	<div data-bbox="1133 1058 1192 1094">QL</div> <div data-bbox="1203 1058 1390 1121">1100 ML / 30 DAYS</div> <div data-bbox="1133 1136 1192 1171">PA<sup>2</sup></div> <div data-bbox="1133 1186 1192 1222">NDS</div> <div data-bbox="1203 1186 1474 1249">Non-Extended Day Supply</div> <div data-bbox="1133 1257 1192 1293">LA</div>
<b>CARBAMATES</b>		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	3	
<i>felbamate 600 mg/5ml suspension</i>	4	<div data-bbox="1133 1488 1192 1524">NDS</div> <div data-bbox="1203 1488 1474 1551">Non-Extended Day Supply</div>
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	<div data-bbox="1133 1577 1192 1612">QL</div> <div data-bbox="1203 1577 1450 1612">56 EA / 28 DAYS</div> <div data-bbox="1133 1627 1192 1663">PA<sup>2</sup></div> <div data-bbox="1133 1680 1192 1715">NDS</div> <div data-bbox="1203 1680 1474 1743">Non-Extended Day Supply</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	4	QL 56 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	3	QL 28 EA / 28 DAYS PA <sup>2</sup>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
XCOPRI (XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<b>GABA MODULATORS</b>		
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	3	
<i>vigabatrin</i>	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
<i>vigadrone</i>	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
VIGAFYDE	4	QL 720 ML / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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vigpoder

4

PA<sup>2</sup>

NDS

Non-Extended Day Supply

LA

### HYDANTOINS

DILANTIN 30 MG CAP

2

phenytek

1

phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)

1

phenytoin infatabs

1

phenytoin sodium extended

1

### SUCCINIMIDES

ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)

1

methsuximide

3

### VALPROIC ACID

divalproex sodium

1

divalproex sodium er

1

valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)

1

### ANTIDEPRESSANTS

### ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	3	QL 60 EA / 30 DAYS
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	4	QL 28 EA / 14 OVER TIME PA <sup>2</sup> NDS Non-Extended Day Supply
ZURZUVAE 30 MG CAP	4	QL 14 EA / 14 OVER TIME PA <sup>2</sup> NDS Non-Extended Day Supply
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	4	NDS Non-Extended Day Supply
MARPLAN	3	
PHENELZINE SULFATE 15 MG TAB	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>tranylcypromine sulfate</i>	3	
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### SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
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<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	
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<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i>	1	
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FLUOXETINE HCL 90 MG CAP DR	3	
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<i>fluvoxamine maleate</i>	1	
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<i>fluvoxamine maleate er</i>	3	
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<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
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<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
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<i>paroxetine hcl er</i>	3	
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<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
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### SEROTONIN MODULATORS

NEFAZODONE HCL	3	
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<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRINTELLIX	3	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	3	QL 30 EA / 30 DAYS
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	1	
DRIZALMA SPRINKLE	3	QL 60 EA / 30 DAYS
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
FETZIMA	3	QL 30 EA / 30 DAYS
FETZIMA TITRATION	3	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	3	
<i>desipramine hcl</i>	3	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	3	
<i>imipramine hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i>	3	
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	3	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl (glipizide-metformin hcl 2.5-250 mg tab, glipizide-metformin hcl 2.5-500 mg tab, glipizide-metformin hcl 5-500 mg tab)</i>	1	
GLYXAMBI	2	QL 30 EA / 30 DAYS
INVOKAMET	2	QL 60 EA / 30 DAYS
INVOKAMET XR	2	QL 60 EA / 30 DAYS
JANUMET	2	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	2	QL 60 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	2	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	2	QL 60 EA / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
<b>BIGUANIDES</b>		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIABETIC OTHER</b>		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY 1 MG KIT	2	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
KORLYM	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>mifepristone 300 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	2	QL 30 EA / 30 DAYS
TRADJENTA	2	QL 30 EA / 30 DAYS
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET	3	QL 180 EA / 30 DAYS
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	2	<ul style="list-style-type: none"> <li>QL 4 ML / 28 DAYS</li> <li>PA</li> </ul>
MOUNJARO	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ML / 28 DAYS PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 3 ML / 28 DAYS PA
OZEMPIC (2 MG/DOSE)	2	QL 3 ML / 28 DAYS PA
RYBELSUS	2	QL 30 EA / 30 DAYS PA
TRULICITY (TRULICITY 1.5 MG/0.5ML SOLN A-INJ, TRULICITY 3 MG/0.5ML SOLN A-INJ, TRULICITY 4.5 MG/0.5ML SOLN A-INJ)	2	QL 2 ML / 28 DAYS PA
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 DAYS PA
VICTOZA	2	QL 9 ML / 30 DAYS PA
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	2	PA <sup>3</sup> INS \$35 Insulin
HUMULIN R U-500 KWIKPEN	2	INS \$35 Insulin
INSULIN ASP PROT & ASP FLEXPEN	2	INS \$35 Insulin
INSULIN ASPART	2	PA <sup>3</sup> INS \$35 Insulin
INSULIN ASPART FLEXPEN	2	INS \$35 Insulin
INSULIN ASPART PENFILL	2	INS \$35 Insulin

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN ASPART PROT & ASPART	2	INS \$35 Insulin
LANTUS	2	INS \$35 Insulin
LANTUS SOLOSTAR	2	INS \$35 Insulin
NOVOLIN 70/30	2	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN	2	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN 70/30 RELION	2	INS \$35 Insulin
NOVOLIN N	2	INS \$35 Insulin
NOVOLIN N FLEXPEN	2	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN N RELION	2	INS \$35 Insulin
NOVOLIN R	2	INS \$35 Insulin
NOVOLIN R FLEXPEN	2	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN R RELION	2	INS \$35 Insulin
NOVOLOG	2	PA <sup>3</sup> INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG FLEXPEN	2	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG MIX 70/30	2	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	2	INS \$35 Insulin

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLOG MIX 70/30 RELION	2	INS \$35 Insulin
NOVOLOG PENFILL	2	INS \$35 Insulin
NOVOLOG RELION	2	PA <sup>3</sup> INS \$35 Insulin
TOUJEO MAX SOLOSTAR	2	INS \$35 Insulin
TOUJEO SOLOSTAR	2	INS \$35 Insulin

### INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl</i>	1
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### MEGLITINIDE ANALOGUES

<i>nateglinide</i>	1
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<i>repaglinide</i>	1
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### SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

INVOKANA	2	QL 30 EA / 30 DAYS
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JARDIANCE	2	QL 30 EA / 30 DAYS
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### SULFONYLUREAS

<i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i>	1
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<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1
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<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1
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<i>glipizide xl</i>	1
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	3	
<i>loperamide (immodium)</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET	2	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	4	PA NDS Non-Extended Day Supply
<i>deferasirox 90 mg tab</i>	3	PA
<i>deferiprone</i>	4	PA NDS Non-Extended Day Supply LA
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	2	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
<i>naltrexone hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPVEE	2	
VIVITROL	4	<b>NDS</b> Non-Extended Day Supply
ZIMHI	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	3	<b>QL</b> 60 EA / 30 DAYS <b>PA<sup>3</sup></b>
<i>ondansetron 4 mg tab disp</i>	1	<b>PA<sup>3</sup></b>
<i>ondansetron 8 mg tab disp</i>	1	<b>PA<sup>3</sup></b>
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	<b>PA<sup>3</sup></b>
<i>ondansetron hcl 4 mg/5ml solution</i>	3	<b>PA<sup>3</sup></b>
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine</i>	1	
<i>scopolamine</i>	3	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine</i>	3	
<i>dronabinol</i>	3	<b>QL</b> 60 EA / 30 DAYS <b>PA</b>
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	3	<b>QL</b> 3 EA / 2 OVER TIME <b>PA<sup>3</sup></b>
<i>aprepitant (aprepitant 80 &amp; 125 mg cap, aprepitant 80 &amp; 125 mg misc, aprepitant 80 mg cap)</i>	3	<b>QL</b> 6 EA / 4 OVER TIME <b>PA<sup>3</sup></b>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VARUBI (180 MG DOSE)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>4 EA / 28 OVER TIME</div> </div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; margin-top: 2px;">PA<sup>3</sup></div>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
CASPOFUNGIN ACETATE 50 MG RECON SOLN	4	<div style="background-color: #c48e3a; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
CASPOFUNGIN ACETATE 70 MG RECON SOLN	3	
<i>micafungin sodium</i>	4	<div style="background-color: #c48e3a; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
<b>ANTIFUNGALS</b>		
ABELCET	3	<div style="background-color: #c48e3a; color: white; padding: 2px 5px; display: inline-block;">PA<sup>3</sup></div>
AMPHOTERICIN B	3	<div style="background-color: #c48e3a; color: white; padding: 2px 5px; display: inline-block;">PA<sup>3</sup></div>
<i>flucytosine</i>	4	<div style="background-color: #c48e3a; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	4	<div style="background-color: #c48e3a; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	3	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	3	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	4	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	3	PA
<i>voriconazole 200 mg recon soln</i>	4	PA NDS Non-Extended Day Supply
<i>voriconazole 40 mg/ml recon susp</i>	4	PA NDS Non-Extended Day Supply

## ANTI-HISTAMINES

### ANTI-HISTAMINES - NON-SEDATING



<i>cetirizine (zyrtec)</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>levocetirizine (xyzal)</i>	3	

### ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTHYPERLIPIDEMICS</b>		
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	3	
<i>omega-3-acid ethyl esters</i>	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	2	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	3	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	2	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	3	
<i>gemfibrozil</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	3	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	3	QL 2 ML / 28 DAYS PA
REPATHA	2	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	2	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	2	QL 6 ML / 28 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine (perindopril erbumine, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab)</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	4	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	4	 Non-Extended Day Supply
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl (guanfacine hcl 1 mg tab, guanfacine hcl 2 mg tab)</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 10-12.5 mg tab, lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	3	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	3	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	2	
<i>pyrimethamine</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>           Non-Extended Day Supply         </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinine sulfate</i>	3	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	4	PA NDS Non-Extended Day Supply
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	3	
<i>pyridostigmine bromide er</i>	3	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	1	
<i>isoniazid 300mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	3	
PASER	2	
PRIFTIN	3	
<i>pyrazinamide</i>	3	
<i>rifabutin</i>	3	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	1	
<i>rifampin 600 mg recon soln</i>	3	
SIRTURO	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRECTOR	3	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	1	PA <sup>3</sup>
<i>cyclophosphamide 25 mg cap</i>	1	PA <sup>3</sup>
<i>cyclophosphamide 50 mg cap</i>	1	PA <sup>3</sup>
GLEOSTINE	4	NDS Non-Extended Day Supply
LEUKERAN	3	
<i>temozolomide</i>	Part B Covered	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
ONUREG	4	QL 14 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
PURIXAN	4	NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TABLOID	3	
XATMEP	3	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	4	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FRUZAQLA 5 MG CAP	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
INLYTA 1 MG TAB	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
INLYTA 5 MG TAB	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (10 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (12 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (14 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (18 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (24 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (4 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (8 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>LA</li> </ul>
VENCLEXTA 100 MG TAB	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VENCLEXTA 50 MG TAB	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VENCLEXTA STARTING PACK	4	<ul style="list-style-type: none"> <li>QL 42 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erlotinib hcl 25 mg tab</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
EXKIVITY	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
<i>gefitinib</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
GILOTRIF	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
TAGRISSO	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
VIZIMPRO	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	4	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERIVEDGE	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
ODOMZO	4	PA <sup>2</sup> NDS Non-Extended Day Supply
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	4	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
AKEEGA	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	3	QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	3	QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	3	QL 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	3	QL 1 EA / 28 DAYS
EMCYT	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERLEADA 240 MG TAB	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ERLEADA 60 MG TAB	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>exemestane</i>	3	
FIRMAGON	3	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	3	PA <sup>2</sup>
<i>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	<ul style="list-style-type: none"> <li>QL 1 EA / 28 DAYS</li> <li>NDS Non-Extended Day Supply</li> </ul>
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	<ul style="list-style-type: none"> <li>QL 1 EA / 84 OVER TIME</li> <li>NDS Non-Extended Day Supply</li> </ul>
LYSODREN	4	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	PA <sup>2</sup>
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	3	PA
<i>nilutamide</i>	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUBEQA	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
ORGOVYX	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
ORSERDU 345 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
ORSERDU 86 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
SOLTAMOX	4	<ul style="list-style-type: none"> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 1 EA / 84 OVER TIME</li> </ul>
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 1 EA / 168 OVER TIME</li> </ul>
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 1 EA / 28 DAYS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XTANDI 80 MG TAB	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
XPOVIO (60 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 24 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> <li>QL 32 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	4	<ul style="list-style-type: none"> <li>QL 5 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KISQALI FEMARA (200 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 49 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA (400 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 70 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA (600 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 91 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LONSURF	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ALUNBRIG 30 MG TAB	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
AUGTYRO	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BALVERSA 5 MG TAB	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF 100 MG TAB	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF 50 MG CAP	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
BRAFTOVI	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BRUKINSA	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
CABOMETYX	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
CALQUENCE 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
CALQUENCE 100 MG TAB	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CAPRELSA 100 MG TAB	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (100 MG DAILY DOSE)	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (140 MG DAILY DOSE)	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COPIKTRA	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
COTELLIC	4	QL 63 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dasatinib (dasatinib 50 mg tab, dasatinib 70 mg tab, dasatinib 80 mg tab, dasatinib 100 mg tab, dasatinib 140 mg tab)</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>dasatinib 20 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus 2 mg tab sol</i>	4	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus 3 mg tab sol</i>	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus 5 mg tab sol</i>	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FOTIVDA	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
GAVRETO	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IBRANCE	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 21 EA / 28 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
ICLUSIG	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
IDHIFA	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<i>imatinib mesylate 100 mg tab</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>imatinib mesylate 400 mg tab</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
IMBRUVICA 140 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #CC6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 324 ML / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
INREBIC	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
JAKAFI	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
JAYPIRCA 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
JAYPIRCA 50 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
KISQALI (200 MG DOSE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 21 EA / 28 OVER TIME</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
KISQALI (400 MG DOSE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 42 EA / 28 OVER TIME</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (600 MG DOSE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 63 EA / 28 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KOSELUGO 10 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 240 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
KOSELUGO 25 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
KRAZATI	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<i>lapatinib ditosylate</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
LORBRENA 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
LORBRENA 25 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 120 MG TAB	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LUMAKRAS 320 MG TAB	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LYNPARZA	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LYTGOBI (12 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LYTGOBI (16 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 112 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LYTGOBI (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 140 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
MEKINIST 0.05 MG/ML RECON SOLN	4	<ul style="list-style-type: none"> <li>QL 1200 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 0.5 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
MEKINIST 2 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
MEKTOVI	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
NERLYNX	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
NINLARO	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 56 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
OGSIVEO 50 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
OJEMDA 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 24 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OJEMDA 25 MG/ML RECON SUSP	4	<ul style="list-style-type: none"> <li>QL 96 ML / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
OJJAARA	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>pazopanib hcl</i>	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PEMAZYRE	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
PIQRAY (200 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PIQRAY (250 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PIQRAY (300 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
QINLOCK	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 40 MG CAP	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 40 MG TAB	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 80 MG CAP	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
REZLIDHIA	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 200 MG CAP	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROZLYTREK 50 MG PACKET	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 336 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
RUBRACA	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
RYDAPT	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 224 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
SCEMBLIX 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
SCEMBLIX 20 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
SCEMBLIX 40 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 300 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>sorafenib tosylate</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
STIVARGA	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 84 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>










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<i>sunitinib malate</i>	4	PA <sup>2</sup> NDS Non-Extended Day Supply
TABRECTA	4	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	4	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	4	QL 840 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
TALZENNA 0.25 MG CAP	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
TASIGNA	4	PA <sup>2</sup> NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAZVERIK	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TEPMETKO	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TIBSOVO	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>torpenz</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TRUQAP	4	<ul style="list-style-type: none"> <li>QL 64 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TURALIO 125 MG CAP	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VANFLYTA 17.7 MG TAB	4	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VANFLYTA 26.5 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 56 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
VERZENIO	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VITRAKVI 100 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VITRAKVI 20 MG/ML SOLUTION	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VITRAKVI 25 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VONJO	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALKORI 150 MG CAP SPRINK	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XALKORI 200 MG CAP	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XALKORI 250 MG CAP	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XOSPATA	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
ZEJULA 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ZELBORAF	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLINZA	4	PA <sup>2</sup> NDS Non-Extended Day Supply
ZYDELIG	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ZYKADIA	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
BESREMI	4	QL 2 ML / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<i>bexarotene 75 mg cap</i>	4	PA <sup>2</sup> NDS Non-Extended Day Supply
<i>hydroxyurea</i>	1	
MATULANE	4	NDS Non-Extended Day Supply LA
SYNRIBO	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tretinoin 10 mg cap</i>	4	 Non-Extended Day Supply
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	4	 240 EA / 30 DAYS   Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	 Non-Extended Day Supply
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa</i>	3	
NOURIANZ	4	 30 EA / 30 DAYS   Non-Extended Day Supply 
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**ANTIPARKINSON COMT INHIBITORS**

<i>entacapone</i>	3	
<i>tolcapone</i>	4	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="border: 1px solid black; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

**ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	
<i>bromocriptine mesylate</i>	3	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	3	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	3	
RYTARY	3	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	1	
LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP)	1	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab)</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	3	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>lurasidone hcl</i>	1	
NUPLAZID	4	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	3	<span>QL</span> 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	3	<span>QL</span> 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	3	<span>QL</span> 60 EA / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT	3	<span>QL</span> 60 EA / 30 DAYS <span>PA<sup>2</sup></span>
FANAPT TITRATION PACK	3	<span>QL</span> 8 EA / 180 OVER TIME <span>PA<sup>2</sup></span>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	<span>QL</span> 3.5 ML / 180 OVER TIME <span>NDS</span> Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	<span>QL</span> 5 ML / 180 OVER TIME <span>NDS</span> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	<p>QL 0.75 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	<p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	<p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	<p>QL 0.25 ML / 28 DAYS</p>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	<p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	<p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	3	<p>QL 30 EA / 30 DAYS</p>
<i>paliperidone er 6 mg tab er 24h</i>	3	<p>QL 60 EA / 30 DAYS</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PERSERIS	4	<span>QL</span> 1 EA / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	3	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	2	<span>QL</span> 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	4	<span>QL</span> 2 EA / 28 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR	4	<span>QL</span> 0.28 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 125 MG/0.35ML SUSP PRSYR	4	<span>QL</span> 0.35 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	4	<span>QL</span> 0.42 ML / 60 OVER TIME <span>NDS</span> Non-Extended Day Supply
UZEDY 200 MG/0.56ML SUSP PRSYR	4	<span>QL</span> 0.56 ML / 60 OVER TIME <span>NDS</span> Non-Extended Day Supply
UZEDY 250 MG/0.7ML SUSP PRSYR	4	<span>QL</span> 0.7 ML / 60 OVER TIME <span>NDS</span> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY 50 MG/0.14ML SUSP PRSYR	4	<span>QL</span> 0.14 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	4	<span>QL</span> 0.21 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	3	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	3	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	3	<span>QL</span> 60 EA / 30 DAYS
<i>clozapine (clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)</i>	3	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	1	
CLOZAPINE 12.5 MG TAB DISP	3	
<i>loxapine succinate</i>	1	
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1	
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg recon soln, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	3	
SECUADO	4	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
VERSACLOZ	4	<span>NDS</span> Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	3	<span>QL</span> 2 EA / 28 DAYS
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	3	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	3	
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	3	
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<i>perphenazine</i>	3	
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<i>prochlorperazine</i>	3	
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<i>prochlorperazine maleate</i>	3	
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<i>thioridazine hcl</i>	3	
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<i>trifluoperazine hcl</i>	2	
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### QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>2.4 ML / 56 OVER TIME</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>3.2 ML / 56 OVER TIME</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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ABILIFY MAINTENA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>1 EA / 28 DAYS</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>60 EA / 30 DAYS</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	
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<i>aripiprazole 1 mg/ml solution</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARISTADA 1064 MG/3.9ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 3.9 ML / 56 OVER TIME</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA 441 MG/1.6ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 1.6 ML / 28 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA 662 MG/2.4ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 2.4 ML / 28 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA 882 MG/3.2ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 3.2 ML / 28 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA INITIO	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 4.8 ML / 365 OVER TIME</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
REXULTI	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 30 EA / 30 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	3	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	3	
<i>abacavir sulfate 300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir-lamivudine-zidovudine</i>	4	<span>NDS</span> Non-Extended Day Supply
APRETUDE	4	<span>NDS</span> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
APTIVUS 250 MG CAP	4	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	3	
BIKTARVY	4	NDS Non-Extended Day Supply
CABENUVA	4	NDS Non-Extended Day Supply
CIMDUO	4	NDS Non-Extended Day Supply
COMPLERA	3	
<i>darunavir</i>	4	NDS Non-Extended Day Supply
DELSTRIGO	4	NDS Non-Extended Day Supply
DESCOVY	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	4	NDS Non-Extended Day Supply
EDURANT	4	NDS Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	3	
<i>efavirenz-emtricitab-tenofo df</i>	4	NDS Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	4	NDS Non-Extended Day Supply
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	4	NDS Non-Extended Day Supply
EVOTAZ	4	NDS Non-Extended Day Supply
<i>fosamprenavir calcium</i>	4	NDS Non-Extended Day Supply
FUZEON	4	NDS Non-Extended Day Supply
GENVOYA	4	NDS Non-Extended Day Supply
INTELENCE 25 MG TAB	2	
INVIRASE	4	NDS Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	4	NDS Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS HD	4	NDS Non-Extended Day Supply
JULUCA	4	NDS Non-Extended Day Supply
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	3	
<i>lamivudine-zidovudine</i>	3	
LEXIVA 50 MG/ML SUSPENSION	3	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3	
<i>maraviroc</i>	4	 Non-Extended Day Supply
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	3	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	3	
NORVIR 100 MG PACKET	2	
ODEFSEY	4	 Non-Extended Day Supply
PIFELTRO	4	 Non-Extended Day Supply
PREZCOBIX	4	 Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	3	
PREZISTA 100 MG/ML SUSPENSION	4	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	4	 Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	4	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	4	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	2	
STRIBILD	4	 Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	4	 Non-Extended Day Supply
SYMTUZA	3	
TEMIXYS	4	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	4	 Non-Extended Day Supply
TIVICAY 10 MG TAB	2	
TIVICAY PD	4	 Non-Extended Day Supply
TRIUMEQ	4	 Non-Extended Day Supply
TRIUMEQ PD	4	 Non-Extended Day Supply
TRIZIVIR	4	 Non-Extended Day Supply
TROGARZO	4	 Non-Extended Day Supply 
VIRACEPT	4	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	4	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	<ul style="list-style-type: none"> <li>QL 20 EA / 5 OVER TIME</li> <li>\$0 Copay</li> </ul>
PAXLOVID (300/100)	2	<ul style="list-style-type: none"> <li>QL 30 EA / 5 OVER TIME</li> <li>\$0 Copay</li> </ul>
<b>CMV AGENTS</b>		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	NDS Non-Extended Day Supply
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	3	
BARACLUDE 0.05 MG/ML SOLUTION	4	NDS Non-Extended Day Supply
<i>entecavir</i>	3	QL 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	3	
LEDIPASVIR-SOFOSBUVIR	4	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
MAVYRET 100-40 MG TAB	4	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
MAVYRET 50-20 MG PACKET	4	<ul style="list-style-type: none"> <li>QL 168 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PEGASYS	4	PA NDS Non-Extended Day Supply
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	4	NDS Non-Extended Day Supply
VOSEVI	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
<b>HERPES AGENTS</b>		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	3	
<i>acyclovir sodium</i>	3	PA <sup>3</sup>
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	2	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	2	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QL 540 ML / 180 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	2	QL 40 EA / 5 OVER TIME
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	3	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	3	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	3	
<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 cap er 24h, verapamil hcl er            240 mg tab er, verapamil hcl er 360 mg            cap er 24h)</i>	1	
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin (digoxin 0.05 mg/ml solution,            digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**CARDIOVASCULAR AGENTS - MISC.**

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

*amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)*

1

ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)

2

QL 60 EA / 30 DAYS

**IMPOTENCE AGENTS**

CAVERJECT

3\*

CAVERJECT IMPULSE

3\*

EDEX

3\*

MUSE

3\*

*sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)*

1\*

*tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)*

1\*

TRI-MIX

2\*

*vardenafil hcl*

1\*

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>bosentan</i>	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
OPSUMIT	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>tadalafil (pah)</i>	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>           Non-Extended Day Supply         </div> </div>
<b>SINUS NODE INHIBITORS</b>		
CORLANOR 5 MG TAB	2	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	2	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 450 ML / 30 DAYS
CORLANOR 7.5 MG TAB	2	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
<i>ivabradine hcl</i>	2	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>           30 EA / 30 DAYS         </div> </div>
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	2	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM 100 GM RECON SOLN	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFAZOLIN SODIUM 2 GM RECON SOLN	1	
CEFAZOLIN SODIUM 300 GM RECON SOLN	1	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	1	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
<i>cefotetan disodium</i>	3	
CEFOTETAN DISODIUM-DEXTROSE	3	
<i>cefoxitin sodium</i>	3	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	3	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	3	
<i>ceftazidime (ceftazidime 2 gm recon soln, ceftazidime 6 gm recon soln)</i>	3	
CEFTAZIDIME AND DEXTROSE	3	
CEFTRIAZONE SODIUM (CEFTRIAZONE SODIUM 1 GM RECON SOLN, CEFTRIAZONE SODIUM 2 GM RECON SOLN, CEFTRIAZONE SODIUM 10 GM RECON SOLN, CEFTRIAZONE SODIUM 100 GM RECON SOLN)	3	
<i>ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	3	
CEFTRIAZONE SODIUM- DEXTROSE	3	
<i>tazicef 1 gm recon soln</i>	3	
<i>tazicef 2 gm recon soln</i>	3	
TAZICEF 6 GM RECON SOLN	3	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**CEPHALOSPORINS - 4TH GENERATION**

*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)* 3

CEFEPIME-DEXTROSE 3

**CEPHALOSPORINS - 5TH GENERATION**

TEFLARO 4

 Non-Extended Day Supply

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

*altavera* 1

*alyacen 1/35* 1

*apri* 1

*aranelle* 1

*aubra* 1

*aubra eq* 1

*aviane* 1

*azurette* 1

*blisovi 24 fe* 3

*blisovi fe 1.5/30* 3

*camrese* 1

*camrese lo* 3

*cryselle-28* 1

*cyred* 1

*cyred eq* 1

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>hailey 24 fe</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	1	
<i>jasmiel</i>	3	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est &amp; eth est</i>	3	
<i>levonorgest-eth estrad 91-day (levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 &amp;0.01 mg tab)</i>	3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>nikki</i>	3	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	3	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	3	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	3	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	3	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	3	
<i>tydemy</i>	3	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wymzya fe</i>	3	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	3	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	3	QL 1 EA / 365 OVER TIME
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
<i>haloette</i>	3	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104	2	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	1	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>sharobel</i>	1	
SLYND	3	
<i>tulana</i>	1	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	2	
<i>budesonide er</i>	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div></div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	3	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	PA <sup>3</sup>
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	PA <sup>3</sup>
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	PA <sup>3</sup>
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	PA <sup>3</sup>
PREDNISON (PREDNISON 1 MG TAB, PREDNISON 2.5 MG TAB, PREDNISON 5 MG TAB, PREDNISON 5 MG/5ML SOLUTION, PREDNISON 10 MG TAB, PREDNISON 20 MG TAB, PREDNISON 50 MG TAB)	1	PA <sup>3</sup>
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISON INTENSOL	3	PA <sup>3</sup>
SOLU-CORTEF	3	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLU-MEDROL (PF)	3	
SOLU-MEDROL 1000 MG RECON SOLN	3	
SOLU-MEDROL 2 GM RECON SOLN	3	
SOLU-MEDROL 500 MG RECON SOLN	3	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1*	
<i>hydrocodone bit-homatrop mbr</i> ( <i>hydrocodone bit-homatrop mbr 5-1.5 mg tab, hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i> )	1*	
<i>hydromet</i>	1*	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1*	
CAPCOF	2*	
CODITUSSIN AC	2*	
CODITUSSIN DAC	2*	
g tussin ac	1*	
<i>guaiaatussin ac</i>	1*	
<i>guaifenesin ac</i>	1*	
<i>guaifenesin dac</i>	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>guaifenesin-codeine</i>	1*	
HISTEX-AC	2*	
HYDROCOD POLI-CHLORPHE POLI ER	2*	
<i>hydrocod poli-chlorphe poli er</i>	1*	
M-CLEAR WC	2*	
M-END PE	2*	
MAR-COF BP	2*	
MAR-COF CG EXPECTORANT	2*	
<i>maxi-tuss ac</i>	1*	
MAXI-TUSS CD	2*	
NINJACOF-XG	2*	
POLY-TUSSIN AC	2*	
PRO-RED AC	2*	
PROMETHAZINE VC/CODEINE	2*	
<i>promethazine-codeine</i>	1*	
<i>promethazine-dm</i>	1*	
<i>promethazine-phenyleph-codeine</i>	1*	
<i>pseudoeph-bromphen-dm</i>	1*	
RYDEX	2*	
TUSSICAPS	2*	
TUXARIN ER	2*	
TUZISTRA XR	2*	
<i>virtussin a/c</i>	1*	
<i>virtussin ac w/a/c</i>	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIRTUSSIN DAC	2*	
Z-TUSS AC	2*	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	PA <sup>3</sup>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>acutane</i>	3	
<i>amnesteem</i>	3	
<i>avita 0.025 % cream</i>	3	QL 45 GM / 30 DAYS PA
<i>claravis</i>	3	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	1	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	1	QL 75 GM / 30 DAYS
ERY	2	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	1	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	3	
<i>sulfacetamide sodium (acne)</i>	3	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i>	2	QL 45 GM / 30 DAYS PA
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	3	QL 45 GM / 30 DAYS PA
<i>zenatane</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac 1% gel</i>	1	QL 1000 GM / 30 DAYS
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate 0.1 % cream</i>	1	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	1	QL 220 GM / 30 DAYS
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox 0.77 % gel</i>	1	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	1	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	1	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	1	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	1	QL 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	3	QL 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	1	QL 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	1	QL 240 ML / 30 DAYS
<i>klayesta</i>	1	QL 60 GM / 30 DAYS
<i>nyamyc</i>	1	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	1	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	1	QL 60 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nystatin-triamcinolone</i>	2	QL 60 GM / 30 DAYS
<i>nystop</i>	1	QL 60 GM / 30 DAYS
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	4	QL 60 GM / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	3	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS
PANRETIN	4	PA <sup>2</sup> NDS Non-Extended Day Supply
VALCHLOR	4	QL 240 GM / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	3	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	3	QL 120 GM / 30 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	2	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHOXSALLEN RAPID	4	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
TALTZ 20 MG/0.25ML SOLN PRSYR	4	QL 0.25 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ 40 MG/0.5ML SOLN PRSYR	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	3	QL 60 GM / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	3	QL 30 GM / 30 DAYS
<i>penciclovir</i>	3	QL 5 GM / 7 OVER TIME
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	2	QL 453.6 GM / 30 DAYS
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	QL 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	QL 120 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobetasol prop emollient base</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	3	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	3	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	3	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	3	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	3	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	3	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	3	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
FLUOCINONIDE 0.05 % GEL	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	3	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	1	QL 240 GM / 30 DAYS
HYDROCORTISONE 2.5 % LOTION	1	QL 118 ML / 30 DAYS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	1	QL 454 GM / 30 DAYS

## ECZEMA AGENTS

ADBRY 150 MG/ML SOLN PRSYR	4	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	4	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	1	
<b>ENZYMES - TOPICAL</b>		
SANTYL	2	QL 180 GM / 30 OVER TIME
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	QL 24 EA / 30 DAYS
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	3	QL 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	3	QL 100 GM / 30 DAYS
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	1	QL 7 ML / 30 DAYS
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	3	QL 90 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	3	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	3	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	3	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	3	QL 60 GM / 30 DAYS
<b>SCABICIDES PEDICULICIDES</b>		
LINDANE	3	
<i>malathion</i>	3	
<i>permethrin (nix)</i>	2	
<b>WOUND CARE PRODUCTS</b>		
REGRANEX	4	NDS Non-Extended Day Supply
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	
SUCRAID	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	3	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	3	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>torseamide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	
<i>indapamide</i>	1	
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)</i>	1	
<i>risedronate sodium 35 mg tab dr</i>	3	
<i>teriparatide</i>	4	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	4	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XGEVA	4	<div data-bbox="1133 174 1187 205">QL</div> 1.7 ML / 28 DAYS <div data-bbox="1133 222 1187 254">PA</div> <div data-bbox="1133 275 1187 306">NDS</div> Non-Extended Day Supply
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	4	<div data-bbox="1133 434 1187 466">PA</div> <div data-bbox="1133 487 1187 518">NDS</div> Non-Extended Day Supply <div data-bbox="1133 552 1187 583">LA</div>
<b>GROWTH HORMONES</b>		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	4	<div data-bbox="1133 726 1187 758">PA</div> <div data-bbox="1133 779 1187 810">NDS</div> Non-Extended Day Supply
SKYTROFA	4	<div data-bbox="1133 905 1187 936">PA</div> <div data-bbox="1133 957 1187 989">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1022 1187 1054">LA</div>
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	3	
<i>raloxifene hcl</i>	1	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	4	<div data-bbox="1133 1352 1187 1383">PA</div> <div data-bbox="1133 1404 1187 1436">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1470 1187 1501">LA</div>
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	4	<div data-bbox="1133 1612 1187 1644">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1680 1187 1711">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	3	
<i>carglumic acid</i>	4	PA NDS Non-Extended Day Supply LA
<i>cinacalcet hcl</i>	3	PA
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	3	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
<b>NEXVIAZYME</b>	4	PA NDS Non-Extended Day Supply LA
<i>nitisinone</i>	4	PA NDS Non-Extended Day Supply
<b>OPFOLDA</b>	3	QL 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	3	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	4	PA NDS Non-Extended Day Supply LA
<i>sodium phenylbutyrate 500 mg tab</i>	4	PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	2	<span>QL</span> 30 EA / 30 DAYS <span>PA</span>
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	3	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	3	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	2	
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	3	<span>PA</span>
SIGNIFOR	4	<span>QL</span> 60 ML / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>estradiol-norethindrone acet</i>	3	
<i>fyavolv</i>	3	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>jinteli</i>	3	
<i>norethindrone-eth estradiol</i>	3	
<b>ESTROGENS</b>		
<i>dotti</i>	3	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk)</i>	3	
<i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	
<i>estradiol valerate</i>	3	
<i>lyllana</i>	3	
MENEST	3	
<b>FLUROQUINOLONES</b>		
<b>FLUROQUINOLONES</b>		
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	3	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levofloxacin 25 mg/ml solution</i>	3	
<i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i>	3	
<i>levofloxacin in d5w 250 mg/50ml solution</i>	1	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	3	
MOXIFLOXACIN HCL IN NAACL	3	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	3	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
RELTONE	3	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	2	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	3	
DIPENTUM	4	NDS Non-Extended Day Supply
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)</i>	2	
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	2	
<i>mesalamine er 500 mg cap er</i>	3	
<i>mesalamine-cleanser</i>	3	
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL 1.2 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL 2.4 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
<i>sulfasalazine</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LINZESS	2	QL 30 EA / 30 DAYS
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	QL 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	4	QL 18 ML / 30 DAYS PA NDS Non-Extended Day Supply
RELISTOR 8 MG/0.4ML SOLUTION	4	QL 12 ML / 30 DAYS PA NDS Non-Extended Day Supply
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>lanthanum carbonate</i>	4	NDS Non-Extended Day Supply
<i>sevelamer carbonate</i>	3	
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS NO 2	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ALKALINIZERS</b>		
<i>potassium citrate er</i>	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	3	PA LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	2	
<i>sodium chloride 0.9 % solution</i>	3	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	2	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	3	
<i>tiopronin 100 mg tab</i>	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	2	
<b>GOUT AGENTS</b>		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
<b>URICOSURICS</b>		
<i>probenecid</i>	2	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	4	PA NDS Non-Extended Day Supply LA
<i>sajazir</i>	4	PA NDS Non-Extended Day Supply LA
<b>COMPLEMENT INHIBITORS</b>		
CINRYZE	4	PA NDS Non-Extended Day Supply LA
HAEGARDA	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RUCONEST	4	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 281">NDS</div> <div data-bbox="1203 222 1479 281">Non-Extended Day Supply</div> <div data-bbox="1133 296 1195 333">LA</div>
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	2	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	4	<div data-bbox="1133 1199 1195 1236">QL</div> <div data-bbox="1203 1199 1451 1236">60 EA / 30 DAYS</div> <div data-bbox="1133 1247 1195 1285">PA</div> <div data-bbox="1133 1295 1195 1354">NDS</div> <div data-bbox="1203 1295 1479 1354">Non-Extended Day Supply</div> <div data-bbox="1133 1365 1195 1402">LA</div>
<i>miglustat</i>	4	<div data-bbox="1133 1430 1195 1467">PA</div> <div data-bbox="1133 1478 1195 1537">NDS</div> <div data-bbox="1203 1478 1479 1537">Non-Extended Day Supply</div> <div data-bbox="1133 1547 1195 1585">LA</div>
<i>yargesa</i>	4	<div data-bbox="1133 1612 1195 1650">PA</div> <div data-bbox="1133 1661 1195 1719">NDS</div> <div data-bbox="1203 1661 1479 1719">Non-Extended Day Supply</div> <div data-bbox="1133 1730 1195 1768">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	2	
I-glutamine 5 gm packet	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>COBALAMINS</b>		
<i>cyanocobalmin (vitamin b12)</i>	1*	
HYDROXOCOBALAMIN ACETATE	2*	
METHYLCOBALAMIN 10000 MCG RECON SOLN	2*	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid</i>	1*	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	PA
RETACRIT 40000 UNIT/ML SOLUTION	4	PA NDS Non-Extended Day Supply
UDENYCA	4	NDS Non-Extended Day Supply
ZARXIO	4	NDS Non-Extended Day Supply
ZIEXTENZO	4	NDS Non-Extended Day Supply
<b>HEMATOPOIETIC MIXTURES</b>		
<i>folic acid / vitamin b6 / vitamin b12</i>	1*	
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	3	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>eszopiclone</i>	3	QL 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA <sup>2</sup>
<i>zaleplon 10 mg cap</i>	3	QL 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	3	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	3	QL 30 EA / 30 DAYS
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	3	QL 30 EA / 30 DAYS
DAYVIGO	3	QL 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>ramelteon</i>	2	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

**LAXATIVES**

**LAXATIVE COMBINATIONS**

GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
SUFLAVE	2	

**LAXATIVES - MISCELLANEOUS**

<i>constulose</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	3	
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	
<i>clarithromycin er</i>	3	
<b>ERYTHROMYCINS</b>		
<i>ery-tab</i>	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	3	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	3	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	2	QL 136 ML / 10 OVER TIME
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
GAUZE PADS	2	
<i>gauze pads and dressings</i>	2	
<b>DIABETIC SUPPLIES</b>		
<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	QL 1 EA / 274 OVER TIME PA
DEXCOM G6 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
DEXCOM G6 TRANSMITTER	Part B Covered	QL 1 EA / 68 OVER TIME PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G7 RECEIVER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">1 EA / 275 OVER TIME</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
DEXCOM G7 SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">3 EA / 30 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 14 DAY READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">1 EA / 274 OVER TIME</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">2 EA / 28 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">2 EA / 30 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 2 READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">1 EA / 274 OVER TIME</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 2 SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">2 EA / 28 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">2 EA / 30 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 3 READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">1 EA / 274 OVER TIME</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">2 EA / 28 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">1 EA / 274 OVER TIME</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 10px;">2 EA / 20 DAYS</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	3	QL 1 EA / 275 OVER TIME
OMNIPOD 5 G6 PODS (GEN 5)	3	QL 15 EA / 30 DAYS
OMNIPOD 5 G7 INTRO (GEN 5)	3	QL 1 EA / 275 OVER TIME
OMNIPOD 5 G7 PODS (GEN 5)	3	QL 15 EA / 30 DAYS
OMNIPOD 5 LIBRE2 PLUS G6	3	QL 1 EA / 275 OVER TIME
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL 15 EA / 30 DAYS
OMNIPOD 5 PACK	3	QL 15 EA / 30 DAYS
OMNIPOD CLASSIC PDM (GEN 3)	3	QL 1 EA / 275 OVER TIME
OMNIPOD DASH INTRO (GEN 4)	3	QL 1 EA / 275 OVER TIME
OMNIPOD DASH PDM (GEN 4)	3	QL 1 EA / 275 OVER TIME
OMNIPOD DASH PODS (GEN 4)	3	QL 15 EA / 30 DAYS
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	2	
ALCOHOL SWABS 1X1	2	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
<i>needles and syringes</i>	2	
<i>needles and syringes</i>	2	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	2	<span>QL</span> 1 ML / 30 DAYS <span>PA</span>
AJOVY	2	<span>QL</span> 1.5 ML / 30 DAYS <span>PA</span>
EMGALITY	2	<span>QL</span> 2 ML / 30 DAYS <span>PA</span>
EMGALITY (300 MG DOSE)	2	<span>QL</span> 3 ML / 30 DAYS <span>PA</span>
NURTEC	2	<span>QL</span> 16 EA / 30 DAYS <span>PA</span>
<b>MIGRAINE COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	<span>QL</span> 18 EA / 30 OVER TIME
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	<span>QL</span> 16 ML / 30 DAYS <span>PA</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	3	QL 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	1	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	3	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	3	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	3	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	3	QL 18 EA / 30 OVER TIME
<i>zomig (zomig 2.5 mg tab, zomig 5 mg tab)</i>	3	QL 18 EA / 30 OVER TIME
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium gluconate 10 % solution</i>	1	
<b>ELECTROLYTE MIXTURES</b>		
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	3	PA <sup>3</sup>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	3	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	3	
KCL (0.149%) IN NAACL	3	
KCL (0.298%) IN NAACL	3	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	3	
KCL-LACTATED RINGERS-D5W	3	
LACTATED RINGERS	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 20-0.45 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 20-0.9 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 40-0.9 meq/l-% solution</i>	3	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	1	
<i>sodium fluoride chewable tablet</i>	1	
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PHOSPHATE</b>		
K-PHOS	2	
<b>POTASSIUM</b>		
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	3	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	3	
<i>potassium chloride 2 meq/ml solution</i>	3	
<i>potassium chloride 20 meq packet</i>	3	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<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 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
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### SODIUM

<i>sodium chloride</i>	3	
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### MISCELLANEOUS THERAPEUTIC CLASSES

#### CHELATING AGENTS

<i>penicillamine 250 mg tab</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> Non-Extended Day Supply
<i>trientine hcl 250 mg cap</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> Non-Extended Day Supply

#### IMMUNOMODULATORS

<i>lenalidomide</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 28 EA / 28 DAYS Non-Extended Day Supply
REVLIMID	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 30 EA / 30 DAYS Non-Extended Day Supply
REZUROCK	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 30 EA / 30 DAYS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	4	<div data-bbox="1133 174 1190 205">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 226 1190 258">NDS</div> Non-Extended Day Supply <div data-bbox="1133 300 1190 331">LA</div>
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	4	<div data-bbox="1133 359 1190 390">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 411 1190 443">NDS</div> Non-Extended Day Supply <div data-bbox="1133 485 1190 516">LA</div>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	1	<div data-bbox="1133 621 1190 653">PA<sup>3</sup></div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	3	<div data-bbox="1133 701 1190 732">PA<sup>3</sup></div>
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	3	<div data-bbox="1133 852 1190 884">PA<sup>3</sup></div>
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	3	<div data-bbox="1133 1041 1190 1073">PA<sup>3</sup></div>
ENVARUSUS XR 4 MG TAB ER 24H	4	<div data-bbox="1133 1167 1190 1199">PA<sup>3</sup></div> <div data-bbox="1133 1220 1190 1251">NDS</div> Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	4	<div data-bbox="1133 1304 1190 1335">PA<sup>3</sup></div> <div data-bbox="1133 1356 1190 1388">NDS</div> Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	3	<div data-bbox="1133 1461 1190 1493">PA<sup>3</sup></div>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	<div data-bbox="1133 1577 1190 1608">PA<sup>3</sup></div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	4	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	2	PA <sup>3</sup>
<i>mycophenolic acid</i>	2	PA <sup>3</sup>
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	3	PA <sup>3</sup>
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	3	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	4	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	PA <sup>3</sup>

### PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS

VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

### POTASSIUM REMOVING AGENTS

<i>kionex</i>	1	
LOKELMA	3	
<i>sodium polystyrene sulfonate (sodium polystyrene sulfonate powder, sodium polystyrene sulfonate 15 gm/60ml suspension)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 15 gm/60ml suspension, sps (sodium polystyrene sulf) 30 gm/120ml suspension)</i>	1	
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VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	2	
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### SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;"><span>QL</span> 4 ML / 28 DAYS</div> <div style="margin-bottom: 5px;"><span>PA</span></div> <div style="margin-bottom: 5px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
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### MOUTH/THROAT/DENTAL AGENTS

#### ANESTHETICS TOPICAL ORAL

LIDOCAINE HCL 4 % SOLUTION	1	<span>QL</span> 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	

#### ANTI-INFECTIVES - THROAT

<i>clotrimazole 10 mg troche</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	

#### ANTISEPTICS - MOUTH/THROAT

<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>perio gard</i>	1	


DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	1	
<i>clinpro 5000</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoridex</i>	1	
<i>fluoridex enhanced whitening</i>	1	
<i>fluorimax 5000</i>	1	
<i>fraiche 5000 dental</i>	1	
<i>just right 5000</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	1	
PREVIDENT 5000 SENSITIVE	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
SODIUM FLUORIDE 5000 ENAMEL	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	2	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1*	
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2*	
<i>vitamin b complex / vitamin c / folic acid</i>	1*	
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin</i>	3	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	3	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	3	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	3	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	3	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	1	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 34 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	4	<ul style="list-style-type: none"> <li>QL 70 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RADICAVA ORS STARTER KIT	4	<ul style="list-style-type: none"> <li>QL 70 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>riluzole</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose 10 % solution</i>	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>
<i>dextrose 5 % solution</i>	3	
<b>PROTEINS</b>		
CLINIMIX/DEXTROSE (4.25/10)	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>
CLINIMIX/DEXTROSE (4.25/5)	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>
CLINIMIX/DEXTROSE (5/15)	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>
CLINIMIX/DEXTROSE (5/20)	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>
<i>plenamine</i>	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate-timolol</i>	2	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	2	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	4	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	QL 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	QL 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	3	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
LEVOFLOXACIN 0.5 % SOLUTION	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
NATACYN	3	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	1	QL 10 ML / 7 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
XDEMVIY	4	QL 10 ML / 42 DAYS PA NDS Non-Extended Day Supply
ZIRGAN	3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	2	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	2	QL 5.5 ML / 30 DAYS
VERKAZIA	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	2	QL 60 EA / 30 DAYS
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	
ROCKLATAN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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OPHTHALMIC NERVE GROWTH FACTORS		
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OXERVATE	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">112 ML / 365 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
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OPHTHALMIC STEROIDS		
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<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	

OPHTHALMICS - MISC.		
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<i>azelastine hcl 0.05 % solution</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	4	<ul style="list-style-type: none"> <li>QL 60 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	3	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	
<i>olopatadine</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	3	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	3	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<b>OTIC STEROIDS</b>		
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
GAMMAKED 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
GAMUNEX-C 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	4	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC \$0 Part D Adult Vaccine
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
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HYQVIA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> <div><span style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></div> </div>
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PENICILLINS		
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AMINOPENICILLINS		
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<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
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AMOXICILLIN 400 MG/5ML RECON SUSP	1	
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<i>ampicillin</i>	1	
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<i>ampicillin sodium 1 gm recon soln</i>	3	
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<i>ampicillin sodium 10 gm recon soln</i>	3	
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AMPICILLIN SODIUM 125 MG RECON SOLN	3	
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AMPICILLIN SODIUM 2 GM RECON SOLN	1	
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NATURAL PENICILLINS		
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BICILLIN L-A	3	
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<i>penicillin g potassium</i>	3	
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PENICILLIN G PROCAINE	3	
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PENICILLIN G SODIUM	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 500 MG TAB)	1	
PFIZERPEN	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 875-125 MG TAB)	1	
AMOXICILLIN-POT CLAVULANATE ER	3	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm            recon soln</i>	3	
<i>ampicillin-sulbactam sodium 15 (10-5) gm            recon soln</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	3	
<i>piperacillin sod-tazobactam so</i>	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	3	
<i>nafcillin sodium 10 gm recon soln</i>	4	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>oxacillin sodium</i>	3	
OXACILLIN SODIUM IN DEXTROSE	3	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	3	
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	3	
<i>disulfiram</i>	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
SODIUM OXYBATE	4	<ul style="list-style-type: none"> <li>QL 540 ML / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XYWAV	4	<ul style="list-style-type: none"> <li>QL 540 ML / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)</i>	1	QL 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	QL 30 EA / 30 DAYS
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
<i>galantamine hydrobromide er</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	3	
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	
<i>memantine hcl er</i>	3	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	2	

## MOVEMENT DISORDER DRUG THERAPY

AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO 6 MG TAB	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 28 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 42 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP, INGREZZA 80 MG CAP SPRINK)	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
INGREZZA 40 & 80 MG CAP THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 28 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>tetrabenazine</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
AVONEX PREFILLED	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dalfampridine er</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dimethyl fumarate 120 mg cap dr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 14 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate 240 mg cap dr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate starter pack</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 120 EA / 180 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>fingolimod hcl</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 12 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 20 mg/ml soln prsyr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 40 mg/ml soln prsyr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 12 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>





DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KESIMPTA	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 1.6 ML / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PLEGRIDY	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 1 ML / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>
REBIF	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE TITRATION PACK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 4.2 ML / 180 OVER TIME</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
REBIF TITRATION PACK	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 4.2 ML / 180 OVER TIME</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>teriflunomide</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
VUMERITY	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PSEUDOBLBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="text-align: right; margin-right: 5px;">Non-Extended Day Supply</div> </div>
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
<b>SMOKING DETERRENTS</b>		
NICOTROL INHALER	2	
NICOTROL NASAL SPRAY	2	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: right; margin-right: 5px;">560 EA / 28 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="text-align: right; margin-right: 5px;">Non-Extended Day Supply</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
BRONCHITOL TOLERANCE TEST	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: right; margin-right: 5px;">560 EA / 28 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="text-align: right; margin-right: 5px;">Non-Extended Day Supply</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: right; margin-right: 5px;">60 EA / 30 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="text-align: right; margin-right: 5px;">Non-Extended Day Supply</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KALYDECO 13.4 MG PACKET	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KALYDECO 5.8 MG PACKET	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ORKAMBI 75-94 MG PACKET	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
PULMOZYME	4	<ul style="list-style-type: none"> <li>QL 150 ML / 30 DAYS</li> <li>PA<sup>3</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px 5px;">LA</span></li> </ul>
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 84 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px 5px;">LA</span></li> </ul>
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px 5px;">LA</span></li> </ul>
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 270 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>pirfenidone 801 mg tab</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
TIGECYCLINE	4	 Non-Extended Day Supply
<i>tigecycline 50 mg recon soln</i>	4	 Non-Extended Day Supply
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	3	
<i>doxy 100</i>	3	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline hyclate 100 mg recon soln</i>	3	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	3	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	3	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole (methimazole 5 mg tab, methimazole 10 mg tab)</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOOSTRIX	1	VAC \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
TENIVAC	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
TETANUS-DIPHThERIA TOXOIDS TD	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTISPASMODICS

<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1
<i>dicyclomine hcl 10 mg/5ml solution</i>	3
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	3

### H-2 ANTAGONISTS

<i>cimetidine</i>	1
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>famotidine (pepcid)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate 1 gm tab</i>	1	
<i>sucralfate 1 gm/10ml suspension</i>	3	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	2	
<i>lansoprazole (prevacid)</i>	2	
<i>omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	3	
<i>bismuth/metronidaz/tetracyclin</i>	3	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	2	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	
MYRBETRIQ 8 MG/ML SRER	2	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	3	
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXCHORA	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
<b>VIRAL VACCINES</b>		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
ERVEBO	1	
GARDASIL 9	1	VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45)
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IMOVAX RABIES	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IPOL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IXCHIQ	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IXIARO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
JYNNEOS	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
M-M-R II	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
MRESVIA	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PREHEVBRIO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PRIORIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL 2 EA / 365 OVER TIME VAC \$0 Part D Adult Vaccine
STAMARIL	1	VAC \$0 Part D Adult Vaccine
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC \$0 Part D Adult Vaccine
TWINRIX	1	VAC \$0 Part D Adult Vaccine
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine
VARIVAX	1	VAC \$0 Part D Adult Vaccine
YF-VAX	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole vaginal 0.75% gel</i>	1	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
VANDAZOLE	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	1	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 EA / 30 OVER TIME</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">MFG</div> <div>Drug coverage is limited to certain manufacturers</div> </div>
SYMJEPI	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>2 EA / 30 OVER TIME</div> </div>
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="margin-right: 5px;"></div> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>midodrine hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)</i>	1*	
<i>vitamin a</i>	2*	
<i>vitamin d</i>	1*	
<i>vitamin k1</i>	1*	
<b>WATER SOLUBLE VITAMINS</b>		
POTABA	2*	
<i>pyridoxine (vitamin b6)</i>	2*	
<i>thiamine (vitamin b1)</i>	1*	
<i>vitamin c</i>	2*	

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TURALIO	92	VARIZIG	177	vitamin c	198
turqoz	125	VARUBI (180 MG DOSE)	59	vitamin d	198
TUSSICAPS	130	VAXCHORA	194	vitamin k1	198
TUXARIN ER	130	VAXNEUVANCE	194	VITRAKVI	93
TUZISTRA XR	130	VELIVET	125	VIVITROL	58
TWINRIX	196	VELTASSA	167	VIZIMPRO	72
TYBLUME	125	VEMLIDY	111	VONJO	93
tydemy	125	VENCLEXTA	71	voriconazole	60
TYENNE	19	VENCLEXTA STARTING		voriconazole 200 mg recon	
TYPHIM VI	194	PACK	71	soln	60
		venlafaxine hcl	50	voriconazole 40 mg/ml recon	
		venlafaxine hcl er	50	susp	60
<b>U</b>		VENTOLIN HFA	39	VOSEVI	111
UDENYCA	153	verapamil hcl	114	VRAYLAR	99
unithroid	190	VERAPAMIL HCL ER	115	VUMERITY	185
UPTRAVI	117	verapamil hcl er	115	vyfemla	125
ursodiol	146	VERKAZIA	174	vylibra	125
UZEDY	101,102	VERQUVO	118	VYNDAMAX	118
		VERSACLOZ	103	<b>W</b>	
<b>V</b>		VERZENIO	93	warfarin sodium	39
valacyclovir hcl	111	vestura	125	WELIREG	76
VALCHLOR	133	VICTOZA	54	wixela inhub	39
valganciclovir hcl	110	vienva	125	wymzya fe	125
valproic acid	47	vigabatrin	46	<b>X</b>	
valsartan	64	vigadrone	46	XALKORI	93,94
valsartan-		VIGAFYDE	46	XARELTO	39
hydrochlorothiazide	66	vigpoder	47	XARELTO STARTER PACK	39
VALTOCO 10 MG DOSE	42	VIJOICE	166	XATMEP	69
VALTOCO 15 MG DOSE	42	vilazodone hcl	50	XCOPRI	46
VALTOCO 20 MG DOSE	42	VIRACEPT	109	XCOPRI (250 MG DAILY	
VALTOCO 5 MG DOSE	42	VIREAD	109	DOSE)	45
vancomycin hcl	30	virtussin a/c	130		
VANCOMYCIN HCL	30	virtussin ac w/alc	130		
VANCOMYCIN HCL IN					
NACL	30				

XCOPRI (350 MG DAILY DOSE)	46	ZARXIO	153
XDEMZY	174	ZEJULA	94
XELJANZ	18	ZELBORAF	94
XELJANZ XR	19	zenatane	131
XERMELO	148	zidovudine	109
XGEVA	142	ZIEXTENZO	153
XIFAXAN	28	ZIMHI	58
XIIDRA	174	ziprasidone hcl	99
XOFLUZA (40 MG DOSE)	112	ziprasidone mesylate	99
XOFLUZA (80 MG DOSE)	112	ZIRGAN	174
XOLAIR	35,36	ZOLINZA	95
XOSPATA	94	zolmitriptan	161
XPOVIO (100 MG ONCE WEEKLY)	77	zolpidem tartrate	154
XPOVIO (40 MG ONCE WEEKLY)	77	zolpidem tartrate er	154
XPOVIO (40 MG TWICE WEEKLY)	77	zomig	161
XPOVIO (60 MG ONCE WEEKLY)	77	ZONISADE	45
XPOVIO (80 MG ONCE WEEKLY)	77	zonisamide	45
XPOVIO (80 MG TWICE WEEKLY)	78	zovia 1/35 (28)	125
XTANDI	76	zovia 1/35e (28)	125
xulane	126	ZTALMY	45
XYWAV	181	ZURZUVAE	48
		ZYDELIG	95
		ZYKADIA	95
		ZYPREXA RELPREVV	103
		ZYVOX	31

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yargesa	151
YF-VAX	196
yuvaferm	197

## Z

Z-TUSS AC	131
zafemy	126
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zaleplon	154



Este formulario se actualizó el 10/22/2024.

***Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con:***

**Servicio de Atención al Cliente de los UCare Medicare Group Plans** al 612-676-6840 o 1-877-447-4385 (la llamada es gratuita)

Para usuarios de TTY: 612-676-6810 o 1-800-688-2534 (la llamada es gratuita)

Todas las líneas se responden de 8 am a 8 pm, los siete días de la semana, o visite [ucare.org](https://ucare.org).



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