

2024

# Formulario (Lista de medicamentos cubiertos) de UCare Medicare Group Plans

- UCare Medicare Group Plans (HMO-POS)

Este formulario se actualizó el 08/20/2024.

**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://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 lista de medicamentos (formulario) 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 08/20/2024. 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 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 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 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 Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto se actualizó al 08/20/2024. 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 179. 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?**

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?**

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 179.

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 Parte B o la Parte 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 Parte B (médico)
<b>INS</b>	Insulinas con un copago de \$35 por suministro de un mes
<b>VAC</b>	Vacuna para adultos de la Parte D cubierta a \$0 (sin costo)
<b>VAC AGE</b>	Vacuna para adultos de la Parte 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 0.1 mg tab er 12h</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	
<i>modafinil</i>	1	QL 60 EA / 30 DAYS PA

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
<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 style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 224 ML / 28 OVER TIME</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<i>tobramycin 300 mg/5ml nebu soln</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 300 ML / 30 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HADLIMA 40 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>QL 2.4 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>QL 4.8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> <li>QL 2.4 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	<ul style="list-style-type: none"> <li>QL 4.8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	4	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HUMIRA (2 SYRINGE) 40 MG/0.8ML PEF SY KT	4	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>MFG Drug coverage is limited to certain manufacturers</li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	4	<p>QL 4 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	4	<p>QL 4 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	4	<p>QL 2 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	4	<p>QL 3 EA / 180 OVER TIME</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	4	<p>QL 4 EA / 180 OVER TIME</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEN-PSOR/UEIT STARTER	4	<p>QL 3 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>



DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA-CD/UC/HS STARTER	4	<p>QL 6 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
HUMIRA-PED<40KG CROHNS STARTER	4	<p>QL 2 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
HUMIRA-PED>/=40KG CROHNS START	4	<p>QL 3 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
HUMIRA-PS/UV/ADOL HS STARTER	4	<p>QL 4 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	<p>QL 3 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	4	<p>QL 0.5 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>			
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	<p>QL 30 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	
RINVOQ 45 MG TAB ER 24H	4	<p>QL 84 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
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: #993300; 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: #993300; 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: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; 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: #993300; 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: #993300; 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: #993300; 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	<ul style="list-style-type: none"> <li>QL 55 EA / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTEZLA 30 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> <li>LA</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>QL 4 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>QL 1.6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>QL 2.8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORENCIA CLICKJECT	4	<ul style="list-style-type: none"> <li>QL 4 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL SURECLICK	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 8 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #996633; color: white; padding: 2px;">NDS</span> 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><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</span></li> </ul>
<i>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)</i>	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: #996633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>fentanyl citrate 200 mcg loz handle</i>	3	<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> </ul>
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2400 ML / 30 OVER TIME</li> </ul>
<i>hydromorphone hcl 2 mg tab</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 450 EA / 30 DAYS</li> </ul>
<i>hydromorphone hcl 4 mg tab</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 240 EA / 30 DAYS</li> </ul>
<i>hydromorphone hcl 8 mg tab</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> </ul>
<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	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>3</sup></span></li> </ul>
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	3	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 360 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHADONE HCL 10 MG/5ML SOLUTION	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> <div>1800 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; 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: #6a3d9a; 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: #8b5722; 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: #6a3d9a; 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: #6a3d9a; 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: #6a3d9a; 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: #6a3d9a; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>900 ML / 30 DAYS</div> </div>
<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; 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: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">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; 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: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">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; margin-right: 5px;">QL</div> <div>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; margin-right: 5px;">QL</div> <div>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; margin-right: 5px;">QL</div> <div>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; margin-right: 5px;">QL</div> <div>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; margin-right: 5px;">QL</div> <div>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; margin-right: 5px;">QL</div> <div>240 EA / 30 DAYS</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	2	QL 390 EA / 30 DAYS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	2	QL 4980 ML / 30 DAYS
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	2	QL 4980 ML / 30 DAYS
<i>endocet</i>	2	QL 360 EA / 30 DAYS
<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	QL 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<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	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	2	QL 360 EA / 30 DAYS
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	2	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	2	QL 4 EA / 28 DAYS PA
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	2	QL 90 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	QL 90 EA / 30 DAYS
<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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone cypionate 200 mg/ml solution</i>	1	PA
TESTOSTERONE ENANTHATE	1	PA
<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	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<span>QL</span> 1 EA / 28 DAYS <span>PA<sup>3</sup></span>
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	3	<span>QL</span> 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	4	<span>QL</span> 90 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply

### ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	

### ANTIPROTOZOAL AGENTS

<i>atovaquone</i>	4	<span>NDS</span> Non-Extended Day Supply
<i>nitazoxanide</i>	4	<span>QL</span> 6 EA / 3 OVER TIME <span>NDS</span> Non-Extended Day Supply

### CARBAPENEMS

<i>ertapenem sodium</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	QL 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	3	QL 10 EA / 10 DAYS
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	4	NDS Non-Extended Day Supply
<b>GLYCOPEPTIDES</b>		
DALVANCE	4	NDS Non-Extended Day Supply
<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	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	QL 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 NACL	3	
<i>lincomycin hcl</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam</i>	3	
CAYSTON	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;"><span>QL</span> 84 ML / 28 DAYS</div> <div style="margin-bottom: 2px;"><span>PA</span></div> <div style="margin-bottom: 2px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
<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	<span>NDS</span> Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	
<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	
NITRO-BID	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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nitroglycerin 0.4 mg/spray solution</i>	3	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 7.5 mg tab, buspirone hcl 10 mg tab, buspirone hcl 15 mg tab, buspirone hcl 30 mg tab)</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	3	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	3	
<b>BENZODIAZEPINES</b>		
<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: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<i>alprazolam 2 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<i>clorazepate dipotassium</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<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: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<i>diazepam 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<i>diazepam 5 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<i>diazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<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: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<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: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div>
<i>oxazepam</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<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	
QUINIDINE SULFATE	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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA <sup>3</sup> NDS Non-Extended Day Supply
<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















DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
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	<ul style="list-style-type: none"> <li>QL 25.8 GM / 30 DAYS</li> </ul>
INCRUSE ELLIPTA	2	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> </ul>
<i>ipratropium bromide 0.02 % solution</i>	1	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> </ul>
SPIRIVA HANDIHALER	2	<ul style="list-style-type: none"> <li>QL 90 EA / 90 DAYS</li> </ul>
SPIRIVA RESPIMAT	2	<ul style="list-style-type: none"> <li>QL 4 GM / 30 DAYS</li> </ul>
<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	<ul style="list-style-type: none"> <li>QL 2 EA / 30 DAYS</li> </ul>
ASMANEX (30 METERED DOSES)	2	<ul style="list-style-type: none"> <li>QL 1 EA / 30 DAYS</li> </ul>
ASMANEX (60 METERED DOSES)	2	<ul style="list-style-type: none"> <li>QL 1 EA / 30 DAYS</li> </ul>
ASMANEX HFA	2	<ul style="list-style-type: none"> <li>QL 13 GM / 30 DAYS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>120 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> </div>
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>24 GM / 30 DAYS</span> </div>
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>21.2 GM / 30 DAYS</span> </div>
QVAR REDIHALER 40 MCG/ACT AERO BA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>10.6 GM / 30 DAYS</span> </div>
QVAR REDIHALER 80 MCG/ACT AERO BA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>21.2 GM / 30 DAYS</span> </div>
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>12 GM / 30 DAYS</span> </div>
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> </div>
<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	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> </div>
<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	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> </div>
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>13.4 GM / 30 DAYS</span> </div>
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>36 GM / 30 DAYS</span> </div>
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>17 GM / 30 DAYS</span> </div>

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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>ANTICONSULSANTS</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
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	 30 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	4	 720 ML / 30 DAYS   Non-Extended Day Supply
FYCOMPA 2 MG TAB	3	 60 EA / 30 DAYS 

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	3	QL 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	3	QL 480 ML / 30 DAYS
<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	QL 90 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	1	QL 90 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	3	QL 300 EA / 30 DAYS PA <sup>2</sup>
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	3	QL 10 EA / 30 OVER TIME
LIBERVANT	3	QL 10 EA / 30 DAYS PA <sup>2</sup>
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 5 MG DOSE	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 10 EA / 30 OVER TIME</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	3	<span>QL</span> 60 EA / 30 DAYS
APTIOM 200 MG TAB	3	<span>QL</span> 180 EA / 30 DAYS
APTIOM 400 MG TAB	3	<span>QL</span> 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	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 60 EA / 30 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
BRIVIACT 10 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 600 ML / 30 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<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; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div style="margin-bottom: 5px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
EPIDIOLEX	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div><span>LA</span></div> </div>
<i>epitol</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPRONTIA	3	
FINTEPLA	4	<ul style="list-style-type: none"> <li><span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 360 ML / 30 DAYS</li> <li><span style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b4513; 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>
<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	
<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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</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	
<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 947 1192 989">PA<sup>2</sup></div> <div data-bbox="1133 999 1192 1062">NDS</div> <div data-bbox="1203 999 1474 1062">Non-Extended Day Supply</div>
<i>rufinamide 200 mg tab</i>	3	<div data-bbox="1133 1087 1192 1129">PA<sup>2</sup></div>
SPRITAM	3	
<i>topiramate</i>	1	
ZONISADE	3	
<i>zonisamide</i>	1	
ZTALMY	4	<div data-bbox="1133 1388 1192 1451">QL</div> <div data-bbox="1203 1388 1390 1451">1100 ML / 30 DAYS</div> <div data-bbox="1133 1461 1192 1503">PA<sup>2</sup></div> <div data-bbox="1133 1514 1192 1577">NDS</div> <div data-bbox="1203 1514 1474 1577">Non-Extended Day Supply</div> <div data-bbox="1133 1587 1192 1629">LA</div>
<b>CARBAMATES</b>		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>felbamate 600 mg/5ml suspension</i>	4	<div data-bbox="1133 170 1192 233">NDS</div> <div data-bbox="1203 170 1479 243">Non-Extended Day Supply</div>
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	<div data-bbox="1133 254 1192 296">QL</div> <div data-bbox="1203 254 1451 296">56 EA / 28 DAYS</div> <div data-bbox="1133 306 1192 348">PA<sup>2</sup></div> <div data-bbox="1133 359 1192 422">NDS</div> <div data-bbox="1203 359 1479 432">Non-Extended Day Supply</div>
XCOPRI (350 MG DAILY DOSE)	4	<div data-bbox="1133 443 1192 485">QL</div> <div data-bbox="1203 443 1451 485">56 EA / 28 DAYS</div> <div data-bbox="1133 495 1192 537">PA<sup>2</sup></div> <div data-bbox="1133 548 1192 611">NDS</div> <div data-bbox="1203 548 1479 621">Non-Extended Day Supply</div>
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	<div data-bbox="1133 674 1192 716">QL</div> <div data-bbox="1203 674 1451 716">28 EA / 28 DAYS</div> <div data-bbox="1133 726 1192 768">PA<sup>2</sup></div>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	4	<div data-bbox="1133 842 1192 884">QL</div> <div data-bbox="1203 842 1451 884">60 EA / 30 DAYS</div> <div data-bbox="1133 894 1192 936">PA<sup>2</sup></div> <div data-bbox="1133 947 1192 1010">NDS</div> <div data-bbox="1203 947 1479 1020">Non-Extended Day Supply</div>
XCOPRI (XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	4	<div data-bbox="1133 1031 1192 1073">QL</div> <div data-bbox="1203 1031 1451 1073">30 EA / 30 DAYS</div> <div data-bbox="1133 1083 1192 1125">PA<sup>2</sup></div> <div data-bbox="1133 1136 1192 1199">NDS</div> <div data-bbox="1203 1136 1479 1209">Non-Extended Day Supply</div>
<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	<div data-bbox="1133 1409 1192 1451">PA<sup>2</sup></div>
<i>vigabatrin</i>	4	<div data-bbox="1133 1461 1192 1524">NDS</div> <div data-bbox="1203 1461 1479 1535">Non-Extended Day Supply</div> <div data-bbox="1133 1545 1192 1587">LA</div>
<i>vigadrone</i>	4	<div data-bbox="1133 1598 1192 1640">PA<sup>2</sup></div> <div data-bbox="1133 1650 1192 1713">NDS</div> <div data-bbox="1203 1650 1479 1724">Non-Extended Day Supply</div> <div data-bbox="1133 1734 1192 1776">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vigpoder</i>	4	<div data-bbox="1133 174 1195 212">PA<sup>2</sup></div> <div data-bbox="1133 222 1195 281">NDS</div> <div data-bbox="1203 222 1479 289">Non-Extended Day Supply</div> <div data-bbox="1133 296 1195 333">LA</div>
<b>HYDANTOINS</b>		
DILANTIN 30 MG CAP	2	
<i>phenytek</i>	1	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	3	
<b>VALPROIC ACID</b>		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	3	<div data-bbox="1133 1598 1195 1635">QL</div> <div data-bbox="1203 1598 1450 1635">60 EA / 30 DAYS</div>
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	

### GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	4	 28 EA / 14 OVER TIME   Non-Extended Day Supply
ZURZUVAE 30 MG CAP	4	 14 EA / 14 OVER TIME   Non-Extended Day Supply

### MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	4	 Non-Extended Day Supply
MARPLAN	3	
PHENELZINE SULFATE 15 MG TAB	1	
<i>tranylcypromine sulfate</i>	3	

### 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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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	
FLUOXETINE HCL 90 MG CAP DR	3	
<i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i>	1	
<i>fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)</i>	3	
<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	
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
<i>paroxetine hcl er</i>	3	
<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	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	3	
<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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	3	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 (metformin hcl er 500 mg tab er 24h, metformin hcl er 750 mg tab er 24h)</i>	1	
<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	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>mifepristone 300 mg tab</i>	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	QL 4 ML / 28 DAYS PA
MOUNJARO	2	QL 2 ML / 28 DAYS PA
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	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN ASPART	2	<div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px; display: inline-block;">PA<sup>3</sup></div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
INSULIN ASPART FLEXPEN	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
INSULIN ASPART PENFILL	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
INSULIN ASPART PROT & ASPART	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
LANTUS	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
LANTUS SOLOSTAR	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN 70/30	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN 70/30 FLEXPEN	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN 70/30 FLEXPEN RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN 70/30 RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN N	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN N FLEXPEN	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN N FLEXPEN RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN N RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN R	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN R FLEXPEN	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN R FLEXPEN RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLIN R RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLOG	2	<div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px; display: inline-block;">PA<sup>3</sup></div> <div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLOG FLEXPEN	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLOG FLEXPEN RELION	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin
NOVOLOG MIX 70/30	2	<div style="background-color: #0056b3; color: white; padding: 2px; border-radius: 3px; display: inline-block;">INS</div> \$35 Insulin

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLOG MIX 70/30 FLEXPEN	2	INS \$35 Insulin
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
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
INVOKANA	2	QL 30 EA / 30 DAYS
JARDIANCE	2	QL 30 EA / 30 DAYS
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	
<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	
<i>glipizide xl</i>	1	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
OPVEE	2	
VIVITROL	4	NDS Non-Extended Day Supply
ZIMHI	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	3	QL 60 EA / 30 DAYS PA <sup>3</sup>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ondansetron 4 mg tab disp</i>	1	PA <sup>3</sup>
<i>ondansetron 8 mg tab disp</i>	1	PA <sup>3</sup>
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	PA <sup>3</sup>
<i>ondansetron hcl 4 mg/5ml solution</i>	3	PA <sup>3</sup>
<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	QL 60 EA / 30 DAYS PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	3	QL 3 EA / 2 OVER TIME PA <sup>3</sup>
<i>aprepitant (aprepitant 80 &amp; 125 mg cap, aprepitant 80 &amp; 125 mg misc, aprepitant 80 mg cap)</i>	3	QL 6 EA / 4 OVER TIME PA <sup>3</sup>
VARUBI (180 MG DOSE)	3	QL 4 EA / 28 OVER TIME PA <sup>3</sup>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate 50 mg recon soln</i>	4	NDS Non-Extended Day Supply
<i>caspofungin acetate 70 mg recon soln</i>	3	
<i>micafungin sodium</i>	4	NDS Non-Extended Day Supply



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIFUNGALS</b>		
ABELCET	3	PA <sup>3</sup>
AMPHOTERICIN B	3	PA <sup>3</sup>
<i>flucytosine</i>	4	NDS 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	NDS 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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>levocetirizine (xyzal)</i>	3	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<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	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
<b>ANTIHYPERLIPIDEMICS - 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	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;">2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REPATHA	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;">6 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REPATHA PUSHTRONEX SYSTEM	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;">7 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REPATHA SURECLICK	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;">6 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<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	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB)	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>olmesartan-amlodipine-hctz</i>	1	
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: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div style="margin-right: 5px;">LA</div> <div>Non-Extended Day Supply</div> </div>
<i>quinine sulfate</i>	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
TRECTOR	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
TABLOID	3	
XATMEP	3	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		

QL 84 EA / 28 DAYS  
PA<sup>2</sup>  
NDS Non-Extended Day Supply

FRUZAQLA 1 MG CAP 4

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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FRUZAQLA 5 MG CAP	4	<span>QL</span> 21 EA / 28 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
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INLYTA 1 MG TAB	4	<span>QL</span> 180 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
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INLYTA 5 MG TAB	4	<span>QL</span> 120 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
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LENVIMA (10 MG DAILY DOSE)	4	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
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LENVIMA (12 MG DAILY DOSE)	4	<span>QL</span> 90 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
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LENVIMA (14 MG DAILY DOSE)	4	<span>QL</span> 60 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
<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>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
<i>erlotinib hcl 25 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>
EXKIVITY	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>gefitinib</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>
GILOTRIF	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
VIZIMPRO	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>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	4	<ul style="list-style-type: none"> <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>
ERIVEDGE	4	<ul style="list-style-type: none"> <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>
ODOMZO	4	<ul style="list-style-type: none"> <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> </ul>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	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> </ul>
<i>abiraterone acetate 500 mg tab</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 60 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> </ul>
AKEEGA	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 60 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> </ul>
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ERLEADA 240 MG TAB	4	QL 30 EA / 30 DAYS
		PA <sup>2</sup>
		NDS Non-Extended Day Supply
		LA
ERLEADA 60 MG TAB	4	QL 120 EA / 30 DAYS
		PA <sup>2</sup>
		NDS Non-Extended Day Supply
		LA
<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	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	QL 1 EA / 84 OVER TIME NDS Non-Extended Day Supply
LYSODREN	4	NDS Non-Extended Day Supply LA
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	PA <sup>2</sup>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	PA <sup>2</sup> NDS Non-Extended Day Supply
NUBEQA	4	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORGOVYX	4	QL 30 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORSERDU 86 MG TAB	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
SOLTAMOX	4	NDS Non-Extended Day Supply
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	QL 1 EA / 168 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	<ul style="list-style-type: none"> <li>QL 1 EA / 28 DAYS</li> </ul>
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>

### ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS

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>
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### ANTINEOPLASTIC - IMMUNOMODULATORS

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>
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### ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

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>
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### ANTINEOPLASTIC - XPO1 INHIBITORS

XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (60 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> <li>QL 24 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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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>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 5 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>
KISQALI FEMARA (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> 49 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 FEMARA (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> 70 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 FEMARA (600 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> 91 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>
LONSURF	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>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 240 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>
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
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>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
CAPRELSA 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>
CAPRELSA 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> <li>LA</li> </ul>
COMETRIQ (100 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	4	QL 150 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>everolimus 5 mg tab sol</i>	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
IBRANCE	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ICLUSIG	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>
IDHIFA	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>
<i>imatinib mesylate 100 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>imatinib mesylate 400 mg tab</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>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 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>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KOSELUGO 10 MG CAP	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KOSELUGO 25 MG CAP	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>
KRAZATI	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>
<i>lapatinib ditosylate</i>	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LORBRENA 100 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>
LORBRENA 25 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>
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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
MEKINIST 0.5 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> </ul>
MEKINIST 2 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>
MEKTOVI	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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NINLARO	4	<ul style="list-style-type: none"> <li>QL 3 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
OGSIVEO 50 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> </ul>
OJEMDA 100 MG TAB	4	<ul style="list-style-type: none"> <li>QL 24 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
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>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
ROZLYTREK 50 MG PACKET	4	<ul style="list-style-type: none"> <li>QL 336 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
RUBRACA	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>
RYDAPT	4	<ul style="list-style-type: none"> <li>QL 224 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
SCEMBLIX 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> </ul>
SCEMBLIX 20 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> </ul>
SCEMBLIX 40 MG TAB	4	<ul style="list-style-type: none"> <li>QL 300 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>sorafenib tosylate</i>	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> </ul>
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 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>
SPRYCEL 20 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> </ul>
STIVARGA	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> <li>LA</li> </ul>
<i>sunitinib malate</i>	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TABRECTA	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> </ul>
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 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> </ul>
TAFINLAR 10 MG TAB SOL	4	<ul style="list-style-type: none"> <li>QL 840 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 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> <li>LA</li> </ul>
TALZENNA 0.25 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>
TASIGNA	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
VANFLYTA 26.5 MG TAB	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VERZENIO	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>
VITRAKVI 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> <li>LA</li> </ul>
VITRAKVI 20 MG/ML SOLUTION	4	<ul style="list-style-type: none"> <li>QL 300 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VITRAKVI 25 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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	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> </ul>
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	<div data-bbox="1133 170 1192 212">PA<sup>2</sup></div> <div data-bbox="1133 222 1479 289">NDS Non-Extended Day Supply</div>
ZYDELIG	4	<div data-bbox="1133 306 1192 348">QL 60 EA / 30 DAYS</div> <div data-bbox="1133 359 1192 401">PA<sup>2</sup></div> <div data-bbox="1133 411 1479 478">NDS Non-Extended Day Supply</div> <div data-bbox="1133 489 1192 531">LA</div>
ZYKADIA	4	<div data-bbox="1133 543 1192 585">QL 90 EA / 30 DAYS</div> <div data-bbox="1133 596 1192 638">PA<sup>2</sup></div> <div data-bbox="1133 648 1479 716">NDS Non-Extended Day Supply</div> <div data-bbox="1133 726 1192 768">LA</div>
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	4	<div data-bbox="1133 852 1192 894">PA<sup>2</sup></div> <div data-bbox="1133 905 1479 972">NDS Non-Extended Day Supply</div> <div data-bbox="1133 982 1192 1024">LA</div>
BESREMI	4	<div data-bbox="1133 1037 1192 1079">QL 2 ML / 28 DAYS</div> <div data-bbox="1133 1089 1192 1131">PA<sup>2</sup></div> <div data-bbox="1133 1142 1479 1209">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1220 1192 1262">LA</div>
<i>bexarotene 75 mg cap</i>	4	<div data-bbox="1133 1274 1192 1316">PA<sup>2</sup></div> <div data-bbox="1133 1327 1479 1394">NDS Non-Extended Day Supply</div>
<i>hydroxyurea</i>	1	
MATULANE	4	<div data-bbox="1133 1470 1479 1537">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1547 1192 1589">LA</div>
SYNRIBO	4	<div data-bbox="1133 1604 1192 1646">PA<sup>2</sup></div> <div data-bbox="1133 1656 1479 1724">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1734 1192 1776">LA</div>

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	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	3	
<i>tolcapone</i>	4	  Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<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	
<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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	3	QL 60 EA / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT	3	QL 60 EA / 30 DAYS PA <sup>2</sup>
FANAPT TITRATION PACK	3	QL 8 EA / 180 OVER TIME PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL 1 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL 1.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL 0.25 ML / 28 DAYS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL 0.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL 0.88 ML / 90 OVER TIME NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
PERSERIS	4	<p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>
<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	<p>QL 2 EA / 28 DAYS</p>
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	4	<p>QL 2 EA / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
UZEDY 100 MG/0.28ML SUSP PRSYR	4	<p>QL 0.28 ML / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY 125 MG/0.35ML SUSP PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.35 ML / 30 DAYS</div> <div><span style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
UZEDY 150 MG/0.42ML SUSP PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.42 ML / 60 OVER TIME</div> <div><span style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
UZEDY 200 MG/0.56ML SUSP PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.56 ML / 60 OVER TIME</div> <div><span style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
UZEDY 250 MG/0.7ML SUSP PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.7 ML / 60 OVER TIME</div> <div><span style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
UZEDY 50 MG/0.14ML SUSP PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.14 ML / 30 DAYS</div> <div><span style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
UZEDY 75 MG/0.21ML SUSP PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.21 ML / 30 DAYS</div> <div><span style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
<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 style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #4a5568; 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: #7c6d4d; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> <div></div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #c47a4d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
VERSACLOZ	4	<div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #c47a4d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZYPREXA RELPREVV 210 MG RECON SUSP	3	<div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / 28 DAYS</div> </div>
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	
<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	
<i>perphenazine</i>	3	
<i>prochlorperazine</i>	3	
<i>prochlorperazine maleate</i>	3	
<i>thioridazine hcl</i>	3	
<i>trifluoperazine hcl</i>	2	









## QUINOLINONE DERIVATIVES














ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	 2.4 ML / 56 OVER TIME  Non-Extended Day Supply
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	 3.2 ML / 56 OVER TIME  Non-Extended Day Supply
ABILIFY MAINTENA	4	 1 EA / 28 DAYS  Non-Extended Day Supply
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	4	 60 EA / 30 DAYS  Non-Extended Day Supply
<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	
<i>aripiprazole 1 mg/ml solution</i>	3	
ARISTADA 1064 MG/3.9ML PRSYR	4	 3.9 ML / 56 OVER TIME  Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARISTADA 441 MG/1.6ML PRSYR	4	<span>QL</span> 1.6 ML / 28 DAYS <span>NDS</span> Non-Extended Day Supply
ARISTADA 662 MG/2.4ML PRSYR	4	<span>QL</span> 2.4 ML / 28 DAYS <span>NDS</span> Non-Extended Day Supply
ARISTADA 882 MG/3.2ML PRSYR	4	<span>QL</span> 3.2 ML / 28 DAYS <span>NDS</span> Non-Extended Day Supply
ARISTADA INITIO	4	<span>QL</span> 4.8 ML / 365 OVER TIME <span>NDS</span> Non-Extended Day Supply
REXULTI	4	<span>QL</span> 30 EA / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<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
APTIVUS 250 MG CAP	4	<span>NDS</span> Non-Extended Day Supply
<i>atazanavir sulfate</i>	3	
BIKTARVY	4	<span>NDS</span> Non-Extended Day Supply
CABENUVA	4	<span>NDS</span> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENVOYA	4	 Non-Extended Day Supply
INTELENCE 25 MG TAB	2	
INVIRASE	4	 Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	4	 Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS HD	4	 Non-Extended Day Supply
JULUCA	4	 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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TROGARZO	4	NDS Non-Extended Day Supply LA
VIRACEPT	4	NDS Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	4	NDS Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL 20 EA / 5 OVER TIME \$0 Copay
PAXLOVID (300/100)	2	QL 30 EA / 5 OVER TIME \$0 Copay
<b>CMV AGENTS</b>		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVYRET 100-40 MG TAB	4	<span>QL</span> 84 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	4	<span>QL</span> 168 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
PEGASYS	4	<span>PA</span> <span>NDS</span> Non-Extended Day Supply
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	4	<span>QL</span> 28 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
VEMLIDY	4	<span>NDS</span> Non-Extended Day Supply
VOSEVI	4	<span>QL</span> 28 EA / 28 DAYS <span>PA</span> <span>NDS</span> 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	<span>PA<sup>3</sup></span>
<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	<span>QL</span> 42 EA / 180 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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 (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</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**

*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)*

1

*diltiazem hcl er beads*

1

*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)*

1

*felodipine er*

1

*isradipine*

1

*matzim la*

1

*nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)*

3

*nifedipine er*

1

*nifedipine er osmotic release*

1

*nimodipine*

3

*taztia xt*

1

*tiadylt er*

1

*verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)*

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>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)</i>	1	
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	2	<span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
<b>IMPOTENCE AGENTS</b>		
CAVERJECT	3*	
CAVERJECT IMPULSE	3*	
EDEX	3*	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MUSE	3*	
<i>sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)</i>	1*	
<i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i>	1*	
TRI-MIX	2*	
<i>varafenafil hcl</i>	1*	

## PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<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>


## PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c87137; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c87137; 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>
<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: #c87137; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c87137; 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>
<b>SINUS NODE INHIBITORS</b>		
CORLANOR 5 MG TAB	2	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	2	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 450 ML / 30 DAYS
CORLANOR 7.5 MG TAB	2	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
<i>ivabradine hcl</i>	2	<span style="background-color: #6a3d9a; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL <div style="background-color: #c87137; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>           30 EA / 30 DAYS         </div> </div> </div>
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	2	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFADROXIL (CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP, CEFADROXIL 500 MG/5ML RECON SUSP)	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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cefoxitin sodium (cefoxitin sodium 1 gm recon soln, cefoxitin sodium 2 gm recon soln, cefoxitin sodium 10 gm recon soln)</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	
<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	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 100 gm recon soln)</i>	3	
<i>ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	
CEFTRIAXONE SODIUM IN DEXTROSE	3	
CEFTRIAXONE SODIUM-DEXTROSE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tazicef 1 gm recon soln</i>	3	
<i>tazicef 2 gm recon soln</i>	3	
TAZICEF 6 GM RECON SOLN	3	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	3	
CEFEPIME-DEXTROSE	3	
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO	4	 Non-Extended Day Supply
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>abra</i>	1	
<i>abra eq</i>	1	
<i>aviane</i>	1	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>camrese</i>	1	
<i>camrese lo</i>	3	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 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	
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>haloette</i>	3	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104	2	
<i>medroxyprogesterone acetate</i> ( <i>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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
PREDNISONE INTENSOL	3	PA <sup>3</sup>
SOLU-CORTEF	3	
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>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1*	
<i>hydrocodone bit-homatrop mbr (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*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>guaifenesin ac</i>	1*	
<i>guaifenesin dac</i>	1*	
<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/alc</i>	1*	
VIRTUSSIN DAC	2*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>amnestem</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	
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac 1% gel</i>	1	QL 1000 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diclofenac sodium 3 % gel</i>	3	<span>QL</span> 100 GM / 30 DAYS <span>PA</span>
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	<span>QL</span> 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	<span>QL</span> 40 GM / 30 DAYS
PANRETIN	4	<span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
VALCHLOR	4	<span>QL</span> 240 GM / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	3	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	3	<span>QL</span> 120 GM / 30 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	2	<span>QL</span> 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	
METHOXSALLEN RAPID	4	<span>NDS</span> Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	4	<span>QL</span> 2 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
SKYRIZI PEN	4	<span>QL</span> 2 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STELARA 90 MG/ML 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> </ul>
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML 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>
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	3	<ul style="list-style-type: none"> <li>QL 60 GM / 30 DAYS</li> <li>PA</li> </ul>
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	3	<ul style="list-style-type: none"> <li>QL 30 GM / 30 DAYS</li> </ul>
<i>penciclovir</i>	3	<ul style="list-style-type: none"> <li>QL 5 GM / 7 OVER TIME</li> </ul>
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	2	<ul style="list-style-type: none"> <li>QL 453.6 GM / 30 DAYS</li> </ul>
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	<ul style="list-style-type: none"> <li>QL 90 GM / 30 DAYS</li> </ul>
<i>betamethasone dipropionate 0.05 % lotion</i>	1	<ul style="list-style-type: none"> <li>QL 120 ML / 30 DAYS</li> </ul>
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	<ul style="list-style-type: none"> <li>QL 100 GM / 30 DAYS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocortisone</i>	1	QL 240 GM / 30 DAYS
HYDROCORTISONE 2.5 % LOTION	1	QL 118 ML / 30 DAYS
<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 PEN, 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 PEN, 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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 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
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>furosemide 10 mg/ml solution</i>	3	
<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	
<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</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
XGEVA	4	QL 1.7 ML / 28 DAYS PA NDS Non-Extended Day Supply
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	4	PA NDS Non-Extended Day Supply LA








DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 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> <div>           Non-Extended Day Supply         </div> </div>
SKYTROFA	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>
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	3	
<i>raloxifene hcl</i>	1	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	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>
<b>METABOLIC MODIFIERS</b>		
<i>betaine</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;">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>
<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	<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>
<i>cinacalcet hcl</i>	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</div> </div> </div>
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	3	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	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>
<i>nitisinone</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> <div>           Non-Extended Day Supply         </div> </div>
OPFOLDA	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> <div>           8 EA / 28 DAYS         </div> </div>
<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	<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>
<i>sodium phenylbutyrate 500 mg tab</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> <div>           Non-Extended Day Supply         </div> </div>
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> <div>           30 EA / 30 DAYS         </div> </div> <div style="margin-left: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	PA
SIGNIFOR	4	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>estradiol-norethindrone acet</i>	3	
<i>fyavolv</i>	3	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENEST	3	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	3	
DIPENTUM	4	 Non-Extended Day Supply
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 400 mg cap dr, mesalamine 1000 mg suppos)</i>	2	
<i>mesalamine 4 gm enema</i>	3	
MESALAMINE 800 MG TAB DR	2	
<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	 1.2 ML / 56 OVER TIME   Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	4	 2.4 ML / 56 OVER TIME   Non-Extended Day Supply
<i>sulfasalazine</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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











DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS NO 2	2	
<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	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> <div style="margin-top: 5px;">Non-Extended Day Supply</div> </div>
<i>sajazir</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> <div style="margin-top: 5px;">Non-Extended Day Supply</div> </div>
<b>COMPLEMENT INHIBITORS</b>		
CINRYZE	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> <div style="margin-top: 5px;">Non-Extended Day Supply</div> </div>
HAEGARDA	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> <div style="margin-top: 5px;">Non-Extended Day Supply</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<span>QL</span> 60 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<i>miglustat</i>	4	<span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<i>yargesa</i>	4	<span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	2	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIEXTENZO	4	 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	
<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	 30 EA / 30 DAYS
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>eszopiclone</i>	3	 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	 30 EA / 30 DAYS 
<i>zaleplon 10 mg cap</i>	3	 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	3	 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	3	 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	3	QL 30 EA / 30 DAYS
DAYVIGO	3	QL 30 EA / 30 DAYS
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>ramelteon</i>	2	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
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	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	
<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 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	
ERYTHROMYCIN BASE 250 MG CP DR PART	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	3	
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### FIDAXOMICIN

DIFICID 200 MG TAB	2	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	2	QL 136 ML / 10 OVER TIME

### MEDICAL DEVICES AND SUPPLIES

#### BANDAGES-DRESSINGS-TAPE

GAUZE PADS	2	
<i>gauze pads and dressings</i>	2	

#### DIABETIC SUPPLIES

<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	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
DEXCOM G7 RECEIVER	Part B Covered	QL 1 EA / 275 OVER TIME PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G7 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>3 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 14 DAY READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1 EA / 274 OVER TIME</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 EA / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 2 READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1 EA / 274 OVER TIME</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 2 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 EA / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 3 READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1 EA / 274 OVER TIME</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 EA / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1 EA / 274 OVER TIME</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>2 EA / 20 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1 EA / 275 OVER TIME</span> </div>
OMNIPOD 5 G6 PODS (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>15 EA / 30 DAYS</span> </div>
OMNIPOD 5 G7 INTRO (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1 EA / 275 OVER TIME</span> </div>
OMNIPOD 5 G7 PODS (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>15 EA / 30 DAYS</span> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	QL 1 ML / 30 DAYS PA
AJOVY	2	QL 1.5 ML / 30 DAYS PA
EMGALITY	2	QL 2 ML / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	3	<span>QL</span> 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	1	<span>QL</span> 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	<span>QL</span> 36 EA / 28 OVER TIME
<i>sumatriptan</i>	3	<span>QL</span> 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	<span>QL</span> 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	<span>QL</span> 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	3	<span>QL</span> 8 ML / 28 DAYS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>
<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	
<i>lactated ringers</i>	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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	
<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	
<b>SODIUM</b>		
<i>sodium chloride</i>	3	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine 250 mg tab</i>	4	<div data-bbox="1133 793 1192 831">PA</div> <div data-bbox="1133 842 1477 911">NDS Non-Extended Day Supply</div>
<i>trientine hcl 250 mg cap</i>	4	<div data-bbox="1133 928 1192 966">PA</div> <div data-bbox="1133 976 1477 1045">NDS Non-Extended Day Supply</div>
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	4	<div data-bbox="1133 1138 1451 1176">QL 28 EA / 28 DAYS</div> <div data-bbox="1133 1186 1192 1224">PA<sup>2</sup></div> <div data-bbox="1133 1234 1477 1304">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1314 1192 1352">LA</div>
REVLIMID	4	<div data-bbox="1133 1369 1451 1407">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 1417 1192 1455">PA<sup>2</sup></div> <div data-bbox="1133 1465 1477 1535">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1545 1192 1583">LA</div>
REZUROCK	4	<div data-bbox="1133 1600 1451 1638">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 1648 1192 1686">PA</div> <div data-bbox="1133 1696 1477 1766">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1776 1192 1814">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	4	<div data-bbox="1133 174 1192 205">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 222 1192 254">NDS</div> Non-Extended Day Supply <div data-bbox="1133 291 1192 323">LA</div>
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	4	<div data-bbox="1133 359 1192 390">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 407 1192 438">NDS</div> Non-Extended Day Supply <div data-bbox="1133 476 1192 508">LA</div>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	1	<div data-bbox="1133 615 1192 646">PA<sup>3</sup></div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	3	<div data-bbox="1133 690 1192 722">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 848 1192 879">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 1192 1073">PA<sup>3</sup></div>
ENVARUSUS XR 4 MG TAB ER 24H	4	<div data-bbox="1133 1163 1192 1194">PA<sup>3</sup></div> <div data-bbox="1133 1211 1192 1243">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 1299 1192 1331">PA<sup>3</sup></div> <div data-bbox="1133 1348 1192 1379">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 1451 1192 1482">PA<sup>3</sup></div>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	<div data-bbox="1133 1566 1192 1598">PA<sup>3</sup></div>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	4	<div data-bbox="1133 1667 1192 1698">PA<sup>3</sup></div> <div data-bbox="1133 1715 1192 1747">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>sps</i>	1	
VELTASSA	2	

### SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA (BENLYSTA 200  
MG/ML SOLN A-INJ, BENLYSTA  
200 MG/ML SOLN PRSYR) 4

QL 4 ML / 28 DAYS

PA

NDS Non-Extended Day  
Supply

LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
LIDOCAINE HCL 4 % SOLUTION	1	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
<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>just right 5000</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREVIDENT 5000 SENSITIVE	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sod fluoride-potassium nitrate</i>	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
<i>sodium fluoride 5000 enamel</i>	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	
<i>sodium fluoride 5000 sensitive</i>	1	
<b>STERIODS - 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*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PRENATAL VITAMINS</b>		
OBTREX DHA 29-1 & 387 MG MISC	2*	
PRENATABS RX	2*	
<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	
<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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	4	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	4	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	3	PA
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose 10 % solution</i>	3	PA <sup>3</sup>
<i>dextrose 5 % solution</i>	3	
<b>PROTEINS</b>		
CLINIMIX/DEXTROSE (4.25/10)	3	PA <sup>3</sup>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CLINIMIX/DEXTROSE (4.25/5)	3	PA <sup>3</sup>
CLINIMIX/DEXTROSE (5/15)	3	PA <sup>3</sup>
CLINIMIX/DEXTROSE (5/20)	3	PA <sup>3</sup>
<i>plenamine</i>	3	PA <sup>3</sup>
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</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	NDS 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>		
APRACLONIDINE HCL	2	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>brimonidine tartrate 0.2 % solution</i>	1	
<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
SULFACETAMIDE SODIUM 10 % OINTMENT	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	4	QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC STEROIDS</b>		
<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	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl 0.05 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #a0522d; 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: 2px;"> <div style="background-color: #cd5c1c; 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: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	
HYDROCORTISONE-ACETIC ACID	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	4	PA NDS Non-Extended Day Supply LA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
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)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	3	
<i>ampicillin sodium 10 gm recon soln</i>	3	
AMPICILLIN SODIUM 125 MG RECON SOLN	3	
AMPICILLIN SODIUM 2 GM RECON SOLN	1	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	3	
<i>penicillin g potassium</i>	3	
PENICILLIN G PROCAINE	3	
PENICILLIN G SODIUM	3	
<i>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)</i>	1	
PFIZERPEN	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**PENICILLIN COMBINATIONS**

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

*ampicillin-sulbactam sodium 1.5 (1-0.5) gm  
 recon soln*

3

*ampicillin-sulbactam sodium 15 (10-5) gm  
 recon soln*

3

*ampicillin-sulbactam sodium 3 (2-1) gm  
 recon soln*

3

*piperacillin sod-tazobactam so*

3

**PENICILLINASE-RESISTANT PENICILLINS**

*dicloxacillin sodium*

1

*nafcillin sodium (nafcillin sodium 1 gm  
 recon soln, nafcillin sodium 2 gm recon  
 soln)*

3

*nafcillin sodium 10 gm recon soln*

4

 Non-Extended Day  
 Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>oxacillin sodium</i>	3	
OXACILLIN SODIUM IN DEXTROSE	3	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<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	PA
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	
<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	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
XYWAV	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR (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	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
AUSTEDO XR 6 MG TAB ER 24H	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 42 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 28 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; 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: #8b572d; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #8b572d; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; 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: #666699; 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: #993333; 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: #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: #993333; 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: #666699; 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: #993333; 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: #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>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; 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: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; 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: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 20 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; 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: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 40 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; 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: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KESIMPTA	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1.6 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
PLEGRIDY	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>
REBIF	4	<ul style="list-style-type: none"> <li>QL 6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE	4	<ul style="list-style-type: none"> <li>QL 6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE TITRATION PACK	4	<ul style="list-style-type: none"> <li>QL 4.2 ML / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF TITRATION PACK	4	<ul style="list-style-type: none"> <li>QL 4.2 ML / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>teriflunomide</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>
VUMERITY	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>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<ul style="list-style-type: none"> <li>QL 560 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BRONCHITOL TOLERANCE TEST	4	<ul style="list-style-type: none"> <li>QL 560 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 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>
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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	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>
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	4	<ul style="list-style-type: none"> <li>QL 270 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>pirfenidone 801 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	3	
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
TIGECYCLINE	4	NDS Non-Extended Day Supply
<i>tigecycline 50 mg recon soln</i>	4	NDS 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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</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>levoxl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dicyclomine hcl 10 mg/5ml solution</i>	3	
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	3	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine
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	INS \$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)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
IMOVAX RABIES	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
IPOL	1	VAC \$0 Part D Adult Vaccine
IXCHIQ	1	VAC \$0 Part D Adult Vaccine
IXIARO	1	VAC \$0 Part D Adult Vaccine
JYNNEOS	1	VAC \$0 Part D Adult Vaccine
M-M-R II	1	VAC \$0 Part D Adult Vaccine
MRESVIA	1	
PREHEVBRIO	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
PRIORIX	1	VAC \$0 Part D Adult Vaccine
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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

## VAGINAL AND RELATED PRODUCTS

### VAGINAL ANTI-INFECTIVES

<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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div style="margin-bottom: 5px;">2 EA / 30 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-bottom: 5px;">MFG</div> <div>Drug coverage is limited to certain manufacturers</div> </div>
SYMJEPI	2	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>2 EA / 30 OVER TIME</div>
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa</i>	4	<div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-bottom: 5px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div>
<i>midodrine hcl</i>	1	
<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*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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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clonidine weekly patch	58	cyclophosphamide 25 mg cap	62	desvenlafaxine succinate er	45
clopidogrel bisulfate	136	cyclophosphamide 50 mg cap	62	dexamethasone	115
clorazepate dipotassium	30	CYCLOSET	49	DEXAMETHASONE	
clotrimazole	150	cyclosporine	148,156	INTENSOL	115
clotrimazole (lotrimin)	119	cyclosporine modified	148	DEXAMETHASONE SOD PHOS	
clotrimazole- betamethasone	119	cyred	109	+RFID	115
clozapine	92	cyred eq	109	dexamethasone sodium phosphate	115
CLOZAPINE 12.5 MG TAB DISP	93	CYSTAGON	134	DEXAMETHASONE SODIUM PHOSPHATE	157
COARTEM	60	CYSTARAN	157	DEXCOM G5 MOB/G4 PLAT SENSOR	141
CODITUSSIN AC	116	<b>D</b>		DEXCOM G5 MOBILE RECEIVER	141
CODITUSSIN DAC	116	dalfampridine er	164	DEXCOM G5 MOBILE TRANSMITTER	141
colchicine	135	DALVANCE	27	DEXCOM G5 RECEIVER KIT	141
colchicine-probenecid	135	danazol	24	DEXCOM G6 RECEIVER	141
colesevelam hcl	55	dantrolene sodium	152	DEXCOM G6 TRANSMITTER	141
colestipol hcl	55	dapsone	28	DEXCOM G7 RECEIVER	141
colistimethate sodium (cba)	29	DAPTACEL	171	DEXCOM G7 SENSOR	142
COMBIVENT RESPIMAT	35	daptomycin	27	DEXCOM G6 TRANSMITTER	141
COMETRIQ (100 MG DAILY DOSE)	73	darifenacin hydrobromide er	173	DEXCOM G7 RECEIVER	141
COMETRIQ (140 MG DAILY DOSE)	74	darunavir	96	DEXCOM G7 SENSOR	142
COMETRIQ (60 MG DAILY DOSE)	74	DAURISMO	66	dextrose	153
COMPLERA	96	DAYVIGO	139	DEXTROSE-SODIUM CHLORIDE	145
compro	94	deblitane	114	dextrose-sodium chloride	145
constulose	139	decadron	115	DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	145
COPIKTRA	74	deferasirox	52	DIACOMIT	39
CORLANOR	106	deferiprone	52		
		DELSTRIGO	96		
		demeclocycline hcl	169		
		denta 5000 plus	150		
		dentagel	150		

diazepam.....	30	dorzolamide hcl-timolol mal	154	emtricitabine.....	96
DIAZEPAM.....	38	pf.....	154	emtricitabine-tenofovir df.....	96
diazepam intensol.....	30	dotti.....	130	EMTRIVA.....	96
diazoxide.....	48	DOVATO.....	96	emzahn.....	114
diclofenac 1% gel.....	118	doxazosin mesylate.....	58	enalapril maleate.....	57
diclofenac potassium.....	19	doxepin hcl.....	46,138	enalapril-hydrochlorothiazide.....	59
diclofenac sodium.....	19,120,157	doxercalciferol.....	128	ENBREL.....	20
diclofenac sodium er.....	19	doxy 100.....	169	ENBREL MINI.....	20
dicloxacillin sodium.....	161	doxycycline hyclate.....	169	ENBREL SURECLICK.....	21
dicyclomine hcl.....	171,172	doxycycline monohydrate.....	170	endocet.....	23
DIFICID.....	141	doxylamine-pyridoxine.....	53	ENGERIX-B.....	174
diflunisal.....	21	dronabinol.....	53	enilloring.....	113
digoxin.....	104	drosiprenone-ethinyl		enoxaparin sodium.....	36
DIGOXIN 0.05 MG/ML		estradiol.....	110	enpresse-28.....	110
SOLUTION.....	104	DROXIA.....	136	enskyce.....	110
dihydroergotamine		droxidopa.....	177	entacapone.....	87
mesylate.....	144	DULERA.....	35	entecavir.....	99
DILANTIN.....	43	duloxetine hcl.....	46	ENTRESTO.....	104
dilt-xr.....	102	DUPIXENT.....	123	enulose.....	133
diltiazem hcl.....	102	dutasteride.....	134	ENVARSUS XR.....	148
diltiazem hcl er.....	103	dutasteride-tamsulosin hcl.....	134	EPIDIOLEX.....	39
diltiazem hcl er beads.....	103			epinastine hcl.....	157
diltiazem hcl er coated		<b>E</b>		epinephrine 0.15/3ml, 0.30/3ml	
beads.....	103	ec-naproxen.....	19	auto-injector (teva and mylan	
dimethyl fumarate.....	165	econazole nitrate.....	119	only).....	177
dimethyl fumarate starter		EDEX.....	104	epitol.....	39
pack.....	165	EDURANT.....	96	eplerenone.....	60
DIPENTUM.....	132	EFAVIRENZ.....	96	EPRONTIA.....	40
diphenoxylate-atropine.....	51	efavirenz-emtricitab-tenofo df.....	96	ERGOLOID MESYLATES.....	167
DIPHThERIA-TETANUS		efavirenz-lamivudine-tenofovir.....	96	ERGOTAMINE-CAFFEINE.....	144
TOXOIDS DT.....	171	eletriptan hydrobromide.....	144	ERIVEDGE.....	66
dipyridamole.....	136	ELIGARD.....	66,67	ERLEADA.....	67
disopyramide phosphate.....	31	ELIQUIS.....	36	erlotinib hcl.....	65
disulfiram.....	162	ELIQUIS DVT/PE STARTER		errin.....	114
divalproex sodium.....	43	PACK.....	36	ertapenem sodium.....	26
divalproex sodium er.....	43	ELMIRON.....	134	ERVEBO.....	174
dofetilide.....	31	eluryng.....	113	ERY.....	118
donepezil hcl.....	163	EMCYT.....	67	ery-tab.....	140
dorzolamide hcl.....	157	EMGALITY.....	143	ERYTHROCIN STEARATE.....	140
dorzolamide hcl-timolol mal.....	154	EMGALITY (300 MG DOSE).....	144	erythromycin.....	118,140,155
		EMSAM.....	44	erythromycin base.....	140

ERYTHROMYCIN BASE 250 MG CP DR PART	fenofibric acid	56	fluticasone-salmeterol	35
erythromycin ethylsuccinate	fentanyl	21	fluvastatin sodium	56
escitalopram oxalate	fentanyl citrate	21	fluvoxamine maleate	45
esomeprazole magnesium	FETZIMA	46	fluvoxamine maleate er	45
estarylla	FETZIMA TITRATION	46	folic acid	137
estradiol	finasteride	134	folic acid / vitamin b6 / vitamin b12	138
estradiol valerate	finingolimod hcl	165	fondaparinux sodium	37
estradiol-norethindrone acet	FINTEPLA	40	formoterol fumarate	35
ESTRING	FIRDAPSE	61	formoterol fumarate	35
eszopiclone	FIRMAGON	67	fosamprenavir calcium	96
ethacrynic acid	FIRMAGON (240 MG DOSE)	67	fosfomycin tromethamine	29
ethambutol hcl	flac	158	fosinopril sodium	57
ethosuximide	flavoxate hcl	173	fosinopril sodium-hctz	59
ethynodiol diac-eth estradiol	flecainide acetate	31	FOTIVDA	75
etodolac	fluconazole	54	FREESTYLE LIBRE 14 DAY	
etonogestrel-ethinyl	fluconazole in sodium chloride	54	READER	142
estradiol	flucytosine	54	FREESTYLE LIBRE 14 DAY	
etravirine	fludrocortisone acetate	116	SENSOR	142
euthyrox	flunisolide	153	FREESTYLE LIBRE 2	
everolimus	fluocinolone acetonide	122,158	READER	142
EVOTAZ	fluocinolone acetonide body	122	FREESTYLE LIBRE 2	
exemestane	fluocinolone acetonide scalp	122	SENSOR	142
EXKIVITY	fluocinonide	122	FREESTYLE LIBRE 3 PLUS	
ezetimibe	FLUOCINONIDE 0.05 %		SENSOR	142
ezetimibe-simvastatin	GEL	122	FREESTYLE LIBRE 3	
	fluoridex	150	READER	142
	fluoridex enhanced		FREESTYLE LIBRE 3	
	whitening	150	SENSOR	142
<b>F</b>	fluorimax 5000	150	FREESTYLE LIBRE	
falmina	fluorometholone	157	READER	142
famciclovir	FLUOROURACIL	120	FREESTYLE LIBRE SENSOR	
famotidine (pepcid)	fluorouracil	120	SYSTEM	142
FANAPT	fluoxetine hcl	45	FRUZAQLA	63
FANAPT TITRATION PACK	FLUOXETINE HCL	45	furosemide	126
FASENRA	fluphenazine decanoate	94	FUZEON	96
FASENRA PEN	fluphenazine hcl	94	fyavolv	130
febuxostat	flurbiprofen	19	FYCOMPA	37
felbamate	FLURBIPROFEN SODIUM	158		
felodipine er	fluticasone propionate	153	<b>G</b>	
femynor	FLUTICASONE PROPIONATE		g tussin ac	116
fenofibrate	HFA	34	gabapentin	40
fenofibrate micronized				



galantamine hydrobromide	163	guaifenesin dac	117	HUMIRA PEN-PEDIATRIC UC	
GALANTAMINE		guaifenesin-codeine	117	START 80 MG/0.8ML PEN KIT	
HYDROBROMIDE	163	guanfacine hcl	58	(ABBVIE)	16
galantamine hydrobromide		GVOKE HYPOPEN 1-PACK	48	HUMIRA PEN-PSOR/UEVIT	
er	163	GVOKE HYPOPEN 2-PACK	48	STARTER	16
GAMMAKED	159	GVOKE KIT	48	HUMIRA-CD/UC/HS	
GAMUNEX-C	159	GVOKE PFS	48	STARTER	17
GARDASIL 9	174			HUMIRA-PED<40KG CROHNS	
gatifloxacin	155	<b>H</b>		STARTER	17
GAUZE PADS	141	HADLIMA	15	HUMIRA-PED>=40KG CROHNS	
gauze pads and dressings	141	HADLIMA PUSHTOUCH	15	START	17
GAVILYTE-C	139	HAEGARDA	135	HUMIRA-PS/UV/ADOL HS	
gavilyte-g	139	hailey 24 fe	110	STARTER	17
gavilyte-n with flavor pack	139	halobetasol propionate	122	HUMULIN R U-500	
GAVRETO	75	haloette	114	(CONCENTRATED)	49
gefitinib	65	haloperidol	92	HUMULIN R U-500 KWIKPEN	49
gemfibrozil	56	haloperidol decanoate	92	hydralazine hcl	60
GEMTESA	173	haloperidol lactate	92	hydrochlorothiazide	126
generlac	133	HAVRIX	175	HYDROCOD POLI-CHLORPHE	
gengraf	148	heather	114	POLI ER	117
GENTAMICIN IN SALINE	14	heparin sodium (porcine)	37	hydrocod poli-chlorphe poli er	117
gentamicin sulfate	14,119,155	heparin sodium (porcine) pf	37	hydrocodone bit-homatrop	
GENVOYA	97	HEPLISAV-B	175	mbr	116
GILOTRIF	65	HETLIOZ	139	hydrocodone-acetaminophen	23
glatiramer acetate	165	HIBERIX	174	hydrocortisone	25,115,123
glatopa	165	HISTEX-AC	117	hydrocortisone (perianal)	25
GLEOSTINE	62	HUMIRA (2 PEN)	15	HYDROCORTISONE 2.5 %	
glimepiride	51	HUMIRA (2 SYRINGE)	15	LOTION	123
glipizide	51	HUMIRA 10 MG/0.1ML PREF		hydrocortisone-acetic acid	158
glipizide er	51	SY KT (ABBVIE)	15	HYDROCORTISONE-ACETIC	
glipizide xl	51	HUMIRA 20 MG/0.2ML PREF		ACID	158
glipizide-metformin hcl	47	SY KT (ABBVIE)	16	hydromet	116
GLUCAGON EMERGENCY	48	HUMIRA 40 MG/0.4ML PREF		hydromorphone hcl	21
glycopyrrolate	172	SY KT (ABBVIE)	16	hydromorphone hcl pf	21
GLYXAMBI	47	HUMIRA PEN 40 MG/0.4ML		HYDROXOCOBALAMIN	
GOLYTELY	139	PEN KIT (ABBVIE)	16	ACETATE	137
granisetron hcl	52	HUMIRA PEN 80 MG/0.8ML		hydroxychloroquine sulfate	60
griseofulvin microsize	54	PEN KIT (ABBVIE)	16	hydroxyurea	86
griseofulvin ultramicrosize	54	HUMIRA PEN-CD/UC/HS		hydroxyzine hcl	30
guaiaatussin ac	116	STARTER 80 MG/0.8ML PEN		hydroxyzine pamoate	30
guaifenesin ac	117	KIT (ABBVIE)	16	HYQVIA	159

	introvale	110	JENTADUETO	47
	INVEGA HAFYERA	90	JENTADUETO XR	47
ibandronate sodium	127	INVEGA SUSTENNA	90	jinteli
IBRANCE	75	INVEGA TRINZA	90,91	joyeaux
ibuprofen (motrin)	19	INVIRASE	97	juleber
icatibant acetate	135	INVOKAMET	47	JULUCA
ICLUSIG	75	INVOKAMET XR	47	junel 1.5/30
icosapent ethyl	55	INVOKANA	51	junel 1/20
IDHIFA	75	IPOL	175	junel fe 1.5/30
imatinib mesylate	75	ipratropium bromide	33,153	junel fe 1/20
IMBRUVICA	75,76	ipratropium-albuterol	35	junel fe 24
imipenem-cilastatin	27	irbesartan	58	just right 5000
imipramine hcl	46	irbesartan-hydrochlorothiazide	59	JYNNEOS
imipramine pamoate	46	ISENTRESS	97	
imiquimod	124	ISENTRESS HD	97	<b>K</b>
IMOVAX RABIES	175	isibloom	110	K-PHOS
incassia	114	ISONIAZID	61	K-PHOS NO 2
INCRELEX	128	isoniazid	61	kaitlib fe
INCRUSE ELLIPTA	33	isoniazid 300mg tab	61	KALYDECO
indapamide	126	isosorbide dinitrate	29	kariva
indomethacin	19	isosorbide mononitrate	29	KCL (0.149%) IN NACL
INFANRIX	171	isosorbide mononitrate er	29	KCL (0.298%) IN NACL
INGREZZA	164	isotretinoin	118	kcl in dextrose-nacl
INLYTA	63	isradipine	103	KCL-LACTATED RINGERS-
INQOVI	71	itraconazole	54	D5W
INREBIC	76	ivabradine hcl	106	kelnor 1/35
INSULIN ASP PROT & ASP		ivermectin	25,124	kelnor 1/50
FLEXPEN	49	IWILFIN	87	KERENDIA
INSULIN ASPART	50	IXCHIQ	175	KESIMPTA
INSULIN ASPART FLEXPEN50		IXIARO	175	ketoconazole
INSULIN ASPART PENFILL	50			ketorolac tromethamine
INSULIN ASPART PROT &		<b>J</b>		KEVZARA
ASPART	50	JAKAFI	76	KINRIX
INSULIN PEN NEEDLE	143	jantoven	36	kionex
INSULIN SYRINGE (DISP) U-		JANUMET	47	KISQALI (200 MG DOSE)
100 0.3 ML	143	JANUMET XR	47	KISQALI (400 MG DOSE)
INSULIN SYRINGE (DISP) U-		JANUVIA	49	KISQALI (600 MG DOSE)
100 1 ML	143	JARDIANCE	51	KISQALI FEMARA (200 MG
INSULIN SYRINGE (DISP) U-		jasmiel	110	DOSE)
100 1/2 ML	143	JAYPIRCA	76	KISQALI FEMARA (400 MG
INTELENCE	97	jencycla	114	DOSE)

KISQALI FEMARA (600 MG DOSE)	71	LEDIPASVIR-SOFOSBUVIR 100	levonorgest-eth estradiol-iron	111
klayesta	119	leflunomide	levonorgestrel-ethinyl estrad	111
klor-con	146	lenalidomide	levora 0.15/30 (28)	111
klor-con 10	146	LENVIMA (10 MG DAILY DOSE)	levothyroxine sodium	170
klor-con m10	146	LENVIMA (12 MG DAILY DOSE)	levoxyl	170
klor-con m15	146	LENVIMA (14 MG DAILY DOSE)	LEXIVA	97
klor-con m20	146	LENVIMA (18 MG DAILY DOSE)	LIBERVANT	38
KLOXXADO	52	LENVIMA (20 MG DAILY DOSE)	lidocaine hcl	124
KORLYM	48	LENVIMA (24 MG DAILY DOSE)	LIDOCAINE HCL	150
KOSELUGO	77	LENVIMA (4 MG DAILY DOSE)	LIDOCAINE HCL	
kourzeq	151	LENVIMA (8 MG DAILY DOSE)	URETHRAL/MUCOSAL	124
KRAZATI	77	lessina	lidocaine patches	124
kurvelo	110	letrozole	lidocaine viscous hcl	150
<b>L</b>		leucovorin calcium	lidocaine-prilocaine	124
l-glutamine	137	LEUKERAN	lincomycin hcl	28
labetalol hcl	101	levabuterol hcl	LINDANE	125
lacosamide	40	LEVALBUTEROL TARTRATE	linezolid	28
lactated ringers	145	35 cap, 70 mg cap)	LINEZOLID IN SODIUM	
lactulose	140	levetiracetam	CHLORIDE	28
lactulose encephalopathy	133	levetiracetam er	LINZESS	133
LAGEVRIO	101	LEVOBUNOLOL HCL	liothyronine sodium	171
lamivudine	97,99	levocarnitine	lisdexamphetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	13
lamivudine-zidovudine	97	levocarnitine sf	lisinopril	57
lamotrigine	40	levocetirizine (xyzal)	lisinopril-hydrochlorothiazide	59
lamotrigine er	40	levofloxacin	lithium	89
lancet device	142	LEVOFLOXACIN	LITHIUM CARBONATE	89
lancets	142	LEVOFLOXACIN 0.5 % SOLUTION	lithium carbonate	89
lansoprazole (prevacid)	172	levofloxacin in d5w	LITHIUM CARBONATE 600 MG CAP	89
lanthanum carbonate	133	levonest	lithium carbonate er	89
LANTUS	50	levonorg-eth estrad triphasic	LITHOSTAT	134
LANTUS SOLOSTAR	50	levonorgest-eth est & eth est	LOKELMA	149
lapatinib ditosylate	77	levonorgest-eth estrad 91-day	LONSURF	71
larin 1.5/30	110		loperamide (immodium)	52
larin 1/20	111		lopinavir-ritonavir	97
larin fe 1.5/30	111		lorazepam	30,31
larin fe 1/20	111		lorazepam intensol	31
larissia	111		LORBRENA	77
latanoprost	158			

loryna.....	111	matzim la.....	103	methimazole.....	170
losartan potassium.....	58	MAVYRET.....	100	methocarbamol.....	152
losartan potassium-hctz.....	59	maxi-tuss ac.....	117	methotrexate sodium.....	62
loteprednol etabonate.....	157	MAXI-TUSS CD.....	117	methotrexate sodium (pf).....	62
lovastatin.....	56	meclizine.....	53	METHOXSALEN RAPID.....	120
low-ogestrel.....	111	medroxyprogesterone		methsuximide.....	43
loxapine succinate.....	93	acetate.....	114,162	METHYLCOBALAMIN.....	137
lubiprostone.....	132	mefloquine hcl.....	60	methylphenidate hcl.....	13
LUMAKRAS.....	77,78	megestrol acetate.....	67,68	methylphenidate hcl er.....	13
LUMIGAN.....	158	MEGESTROL ACETATE.....	162	methylphenidate hcl er (la).....	13
LUPRON DEPOT (1-		MEKINIST.....	78	methylprednisolone.....	115
MONTH).....	67	MEKTOVI.....	78	metoclopramide hcl.....	132
LUPRON DEPOT (3-		melodetta 24 fe.....	111	metolazone.....	126
MONTH).....	67	meloxicam.....	19	metoprolol succinate er.....	101
lurasidone hcl.....	89	memantine hcl.....	163	metoprolol tartrate.....	101
lutera.....	111	memantine hcl er.....	163	metoprolol-hydrochlorothiazide.....	59
lyleq.....	114	MENACTRA.....	174	metronidazole.....	25,26,125
lyllana.....	130	MENEST.....	131	METRONIDAZOLE.....	26
LYNPARZA.....	78	MENQUADFI.....	174	metronidazole vaginal 0.75%	
LYSODREN.....	67	MENVEO.....	174	gel.....	176
LYTGOBI (12 MG DAILY		mercaptopurine.....	62	metyrosine.....	58
DOSE).....	78	meropenem.....	27	mexiletine hcl.....	31
LYTGOBI (16 MG DAILY		MEROPENEM-SODIUM		mibelas 24 fe.....	111
DOSE).....	78	CHLORIDE.....	27	micafungin sodium.....	53
LYTGOBI (20 MG DAILY		mesalamine.....	132	microgestin 1.5/30.....	111
DOSE).....	78	MESALAMINE 800 MG TAB		microgestin 1/20.....	111
lyza.....	114	DR.....	132	microgestin fe 1.5/30.....	111
		mesalamine er.....	132	microgestin fe 1/20.....	112
		mesalamine-cleanser.....	132	midodrine hcl.....	177
		MESNEX.....	87	mifepristone.....	48
M-CLEAR WC.....	117	metformin hcl.....	48	MIGERGOT.....	144
M-END PE.....	117	metformin hcl er.....	48	MIGLITOL.....	47
M-M-R II.....	175	methadone hcl.....	21	miglustat.....	136
magnesium sulfate.....	146	METHADONE HCL 10 MG/5ML		mili.....	112
malathion.....	125	SOLUTION.....	22	minocycline hcl.....	170
MAR-COF BP.....	117	METHADONE HCL 5 MG/5ML		minoxidil.....	60
MAR-COF CG		SOLUTION.....	22	mirtazapine.....	43
EXPECTORANT.....	117	methamphetamine hcl.....	13	misoprostol.....	172
maraviroc.....	97	methazolamide.....	126	modafinil.....	13
marlissa.....	111	methenamine hippurate.....	29	moexipril hcl.....	57
MARPLAN.....	44	methenamine mandelate.....	29	MOLINDONE HCL.....	93
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## M

mometasone furoate . . .	123,153	nateglinide . . . . .	51	norethin ace-eth estrad-fe . . .	112
montelukast sodium . . . . .	33	NAYZILAM . . . . .	38	norethindrone . . . . .	114
morphine sulfate . . . . .	22	nebivolol hcl . . . . .	101	norethindrone acet-ethinyl est	112
morphine sulfate		needles and syringes . . . . .	143	norethindrone acetate . . . . .	162
(concentrate) . . . . .	22	NEFAZODONE HCL . . . . .	45	norethindrone-eth estradiol . .	130
MORPHINE SULFATE		neomycin sulfate . . . . .	14	norgestim-eth estrad triphasic	112
(CONCENTRATE) . . . . .	22	neomycin-bacitracin zn-		norgestimate-eth estradiol . . .	112
MORPHINE SULFATE 10		polymyx . . . . .	155	norlyda . . . . .	114
MG/5ML SOLUTION . . . . .	22	neomycin-polymyxin-		norlyroc . . . . .	114
MORPHINE SULFATE 20		dexameth . . . . .	157	nortrel 0.5/35 (28) . . . . .	112
MG/5ML SOLUTION . . . . .	22	NEOMYCIN-POLYMYXIN-		nortrel 1/35 (21) . . . . .	112
morphine sulfate er . . . . .	22	GRAMICIDIN . . . . .	155	nortrel 1/35 (28) . . . . .	112
MOUNJARO . . . . .	49	NEOMYCIN-POLYMYXIN-		nortrel 7/7/7 . . . . .	112
MOVANTIK . . . . .	133	HC . . . . .	157	nortriptyline hcl . . . . .	46
MOXIFLOXACIN HCL . . . . .	131	neomycin-polymyxin-hc . . . . .	158	NORVIR . . . . .	97
moxifloxacin hcl . . . . .	155	neomycin-polymyxin-hc 3.5-		NOURIANZ . . . . .	87
MOXIFLOXACIN HCL (2X		10000-1 suspension . . . . .	158	NOVOLIN 70/30 . . . . .	50
DAY) . . . . .	155	NERLYNX . . . . .	79	NOVOLIN 70/30 FLEXPEN . . . . .	50
MOXIFLOXACIN HCL IN		nevirapine . . . . .	97	NOVOLIN 70/30 FLEXPEN	
NACL . . . . .	131	NEVIRAPINE . . . . .	97	RELION . . . . .	50
MRESVIA . . . . .	175	nevirapine er . . . . .	97	NOVOLIN 70/30 RELION . . . . .	50
mupirocin 2% ointment . . . . .	119	NEXVIAZYME . . . . .	129	NOVOLIN N . . . . .	50
MUSE . . . . .	105	niacin er (antihyperlipidemic) .	56	NOVOLIN N FLEXPEN . . . . .	50
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