

2025

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

- UCare Medicare Group Plans (HMO-POS)

Este formulario se actualizó el 07/22/2025.

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.

Notice of Availability

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

ለብቻ፡- የአማርኛ ቁንቃ የሚገኘው ካሱ፣ ነገር የቁንቃ ደንብ አገልግሎት ለእርስዎ ቁርበልዎች፡ ተደራሽ በሁኔታ ቁርቦች መረጃዎችን ለማቅረብ ተገቢ የህጻናት አገልግሎት የቁርበልዎችን እንዲሁ በኋላ ቁርበል፡፡ በ 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534) ይደውሉ.

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

សූම්ජාපන්ධේෂය: ප්‍රසින් පෙිමුක්කියායකාසා ඇදුව
සේගිකම් දේශීලු යායා සාක්ෂිත තිබු ප්‍රාග්ධන සුළු සූම්ජාපන්ධේෂය
කී ඝිස් සේගි දේශීලු යායා සාක්ෂිත තිබු ප්‍රාග්ධන ප්‍රාග්ධන සූම්ජාපන්ධේෂය
්‍යා සාක්ෂිත තිබු ප්‍රාග්ධන සූම්ජාපන්ධේෂය 612-676-3200/
1-800-203-7225 (TTY 612-676-6810/1-800-688-2534)

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

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

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

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

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नन: शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी नन: शुल्क उपलब्ध हैं। 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534) पर कॉल करें।

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

郇າຍເຫດ: ການບໍລິການທາງດ້ານພາສາມ່ນຝຣີເພື່ອມໃຫ້ບໍລິການແກ່ທ່ານ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສົມທີ່ເຫັນຈະຮົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ຝຣີອີກນຳ. ໂທ 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

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 07/22/2025. Para obtener una lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos (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 2026 y cada tanto durante el año.

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

En este documento, los términos “lista de medicamentos” y “formulario” se utilizan con el mismo significado. 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 médicalemente 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?

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 el formulario durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en el siguiente sitio web: ucare.org/member-documents.

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

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar inmediatamente un medicamento de nuestro formulario si lo sustituimos por una determinada versión nueva de ese medicamento genérico que aparecerá en el mismo nivel de costo compartido o más bajo y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones.

Solo podemos realizar estos cambios inmediatos si agregamos una nueva versión genérica de un medicamento de marca o agregamos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, agregamos un biosimilar intercambiable que puede sustituirse por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no se lo comuniquemos con antelación antes de que hagamos ese cambio, pero le proporcionaremos información sobre los cambios específicos que se hicieron.

Si realizamos tal cambio, usted y el profesional que emite la receta pueden pedirnos una excepción para que continuemos cubriendo el medicamento que se cambiará. Y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los UCare Medicare Group Plans?”

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y qué relación tienen con los biosimilares?”.

- **Medicamentos que se retiran del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina su retirada por motivos de seguridad o eficacia, podemos retirar inmediatamente el medicamento de nuestro formulario y posteriormente 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, retirar un medicamento de marca del formulario al agregar un equivalente genérico o retirar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o trasladarlo a un nivel diferente de participación en los costos compartidos, o ambas cosas. 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. Sino, en el momento en que el miembro solicite un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y la notificación del cambio.
 - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que le hagamos una excepción y continuemos cubriendo el medicamento que estuvo tomando. 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 2025 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, 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 el formulario para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto se actualizó al 07/22/2025. 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. Si lo solicita, UCare le enviará por correo una edición impresa actualizada.

¿Cómo uso el Formulario?

Hay dos formas de encontrar un medicamento en el Formulario:

Afección médica

El Formulario comienza en la página 12. 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 12. 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 118. 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 funcionan igual de bien y suelen costar menos que un medicamento de marca. Muchos medicamentos de marca tienen sustitutos genéricos. Los medicamentos genéricos suelen poder sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y qué relación tienen con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, puede tratarse de un fármaco o de un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1, “La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos”.

¿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 profesional que emite la receta 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 JANUVIA. 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 12. 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 envíemos 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 8 para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos OTC son medicamentos no recetados que normalmente no están cubiertos por un plan de medicamentos recetados de Medicare. UCare Medicare Plans y EssentiaCare pagan determinados medicamentos OTC. UCare Medicare Plans y EssentiaCare le proporcionarán estos medicamentos OTC sin costo alguno. El costo para UCare Medicare Plans y EssentiaCare de estos medicamentos de venta libre no se tendrá en cuenta en sus costos totales de medicamentos de la Parte D.

¿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 renunciemos a las restricciones, como las autorizaciones previas, las terapias escalonadas o los límites de cantidad 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.
- 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 5). Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.

Por lo general, los UCare Medicare Group Plans solo aprobarán su solicitud de una excepción si los medicamentos alternativos están incluidos en el formulario del plan, el medicamento de costo compartido más bajo o la aplicación de la restricción no sería tan eficaz para usted o le provocaría efectos adversos.

Usted o su profesional que emite la receta deben comunicarse con nosotros para solicitarnos una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, el profesional que emite la receta del medicamento deberá explicarle los motivos médicos por los que necesita la excepción.** 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 decisión acelerada (rápida), si usted cree, y nosotros aceptamos, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para tomar una decisión. Si estamos de acuerdo, o si su profesional que emite la receta solicita una decisión acelerada, debemos darle una decisión a más tardar 24 horas después de recibir una declaración de respaldo de su profesional que emite la receta.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

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 tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan 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 que tiene restricciones de cobertura, 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. Si la cobertura no se aprueba, 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 118.

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.

Explicación de los requisitos/límites	
PA	Autorización previa: Medicamentos que requieren la aprobación de UCare antes de que los cubramos
PA²	Autorización previa: Medicamentos que requieren aprobación si no ha tomado el medicamento antes
PA³	Autorización previa: Medicamentos que requieren revisión para determinar la cobertura bajo la Part B o la Part D
ST	Terapia escalonada: Medicamentos que requieren que pruebe otro medicamento antes de cubrirlo
QL	Límite de cantidad: Hay límites a la cantidad de medicamento por surtido
Part B Covered	Suministros para diabéticos cubiertos por el beneficio de la Part B (médico)
INS	Insulinas con un copago de \$35 por suministro de un mes
VAC	Vacuna para adultos de la Part D cubierta a \$0 (sin costo)
VAC AGE	Vacuna para adultos de la Part D cubierta a \$0 (sin costo) para personas de 19 a 45 años
MFG	La cobertura de medicamentos está limitada a ciertos fabricantes
NDS	Medicamentos limitados a un suministro de 30 días por surtido

Explicación de los requisitos/límites	
* (drugs with asterisk)	Medicamentos adicionales cubiertos para planes selectos. Consulte su Evidencia de cobertura para obtener más detalles.
LA	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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine</i>	4	
<i>amphetamine-dextroamphetamine</i>	2	
<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>	4	
<i>methamphetamine hcl</i>	4	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	2	
<i>guanfacine hcl er</i>	2	QL (30 EA PER 30 DAYS)
STIMULANTS - MISC.		
<i>armodafinil</i>	3	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>methylphenidate hcl (5 mg/5ml, 10 mg/5ml)</i>	4	
<i>methylphenidate hcl er (er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)</i>	4	
<i>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)</i>	4	
<i>modafinil (100 mg tab, 200 mg tab)</i>	2	PA, QL (60 EA PER 30 DAYS)
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
<i>ARIKAYCE</i>	5	PA, QL (252 ML PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	4	
<i>gentamicin sulfate 10 mg/ml solution</i>	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	4	
<i>neomycin sulfate 500 mg tab</i>	2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, QL (300 ML PER 30 DAYS), NDS
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	4	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 PEN)	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (1 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY CD/UC/HS START	5	PA, QL (3 EA PER 180 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (1 SYRINGE)	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (6 EA PER 28 DAYS), NDS

ANTIRHEUMATIC - ENZYME INHIBITORS

leflunomide (10 mg tab, 20 mg tab)	2	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS
GOLD COMPOUNDS		
RIDAURA	5	NDS
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	5	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 ML PER 28 DAYS), NDS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen 375 mg tab dr</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen (flurbiprofen 100 mg tab, flurbiprofen 100 mg tab)</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
LURBIPR	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
nabumetone (500 mg tab, 750 mg tab)	2	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	1	
naproxen 375 mg tab dr	2	
oxaprozin	4	
piroxicam (10 mg cap, 20 mg cap)	2	
sulindac (150 mg tab, 200 mg tab)	2	

SELECTIVE COSTIMULATION MODULATORS

ORENCIA 125 MG/ML SOLN PRSYR	5	PA, QL (4 ML PER 28 DAYS), NDS
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA, QL (1.6 ML PER 28 DAYS), NDS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA, QL (2.8 ML PER 28 DAYS), NDS
ORENCIA CLICKJECT	5	PA, QL (4 ML PER 28 DAYS), NDS

ANALGESICS - NONNARCOTIC

ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS

JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
----------	---	---------------------------------

ANALGESICS - OPIOID

OPIOID AGONISTS

fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	4	PA, QL (10 EA PER 30 DAYS)
fentanyl citrate (fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle)	4	PA, QL (120 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FENTANYL CITRATE (FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
<i>methadone hcl (5 mg tab, 10 mg tab)</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE (15 MG TAB, 30 MG TAB)	3	QL (180 EA PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>	3	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate 20 mg/5ml solution</i>	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er)</i>	3	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
oxycodone hcl (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (180 EA PER 30 DAYS)
oxycodone hcl 100 mg/5ml conc	4	QL (270 ML PER 30 DAYS)
oxycodone hcl 5 mg cap	3	QL (360 EA PER 30 OVER TIME)
oxycodone hcl 5 mg tab	3	QL (360 EA PER 30 DAYS)
oxycodone hcl 5 mg/5ml solution	3	QL (5400 ML PER 30 DAYS)
tramadol hcl 50 mg tab	3	QL (240 EA PER 30 DAYS)

OPIOID COMBINATIONS

acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)	3	QL (390 EA PER 30 DAYS)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	3	QL (4980 ML PER 30 DAYS)
endocet	3	QL (360 EA PER 30 DAYS)
hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)	4	QL (5400 ML PER 30 DAYS)
hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (360 EA PER 30 DAYS)
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (360 EA PER 30 DAYS)
tramadol-acetaminophen	3	QL (360 EA PER 30 DAYS)

OPIOID PARTIAL AGONISTS

BELBUCA	3	PA, QL (60 EA PER 30 OVER TIME)
buprenorphine	3	PA, QL (4 EA PER 28 DAYS)
buprenorphine hcl (2 mg tab, 8 mg tab)	3	QL (90 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)	2	QL (90 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl 12-3 mg film	2	QL (60 EA PER 30 DAYS)

ANDROGENS-ANABOLIC

ANDROGENS

danazol (50 mg cap, 100 mg cap, 200 mg cap)	4
---	---

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	4	PA, QL (150 GM PER 30 DAYS)
TESTOSTERONE (TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL)	4	PA, QL (120 GM PER 30 DAYS)
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 12.5 mg/act (1%) gel)</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
<i>testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	2	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide (2 mg, 2 mg/act)</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	2	

RECTAL STEROIDS

<i>HYDROCORTISONE (PERIANAL) (HYDROCORTISONE (PERIANAL) 1 % CREAM, HYDROCORTISONE (PERIANAL) 2.5 % CREAM)</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>protozone-hc</i>	2	

VASODILATING AGENTS

<i>nitroglycerin 0.4 % ointment</i>	3	
-------------------------------------	---	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	
ANTI-INFECTIVE AGENTS - MISC.		
<i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab)</i>	2	
<i>aztreonam</i>	4	
<i>bacitracin 50000 unit recon soln</i>	2	
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	4	
CEFEPIME-DEXTROSE	4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2	
<i>clarithromycin er</i>	4	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN (DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN)	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
ery-tab	4	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4	
erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	4	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	4	
lincomycin hcl 300 mg/ml solution	2	
linezolid (600 mg tab, 600 mg/300ml solution)	4	
linezolid 100 mg/5ml recon susp	5	NDS
LINEZOLID IN SODIUM CHLORIDE	4	
metronidazole (250 mg tab, 500 mg tab)	2	
metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)	4	
pentamidine isethionate for injection solution	4	
pentamidine isethionate for nebulization solution	4	QL (1 EA PER 28 DAYS), PA ³
TEFLARO	5	NDS
tigecycline 50 mg recon soln	5	NDS
tinidazole (250 mg tab, 500 mg tab)	2	
TRIMETHOPRIM 100 MG TAB	2	
trimethoprim 100 mg tab	2	
vancomycin hcl (125 mg cap, 250 mg cap)	4	QL (120 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vancomycin hcl (vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln)</i>	4	
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
VANCOMYCIN HCL IN NACL (IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION)	3	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	2	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	

ANTIANGINAL AGENTS

NITRATES

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate (isosorbide mononitrate, isosorbide mononitrate)</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	2	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	4	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	4	

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA ²
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA ²
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA ²

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA ²

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate</i>	4
<i>quinidine gluconate er</i>	4
<i>quinidine sulfate (quinidin sulfate, quinidine sulfate)</i>	2

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	2
--	---

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate</i>	2
<i>propafenone hcl</i>	2
<i>propafenone hcl er</i>	4

ANTIARRHYTHMICS TYPE III

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

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA ³
--	---	-----------------

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, NDS
FASENRA PEN	5	PA, NDS
XOLAIR (150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR)	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR)	5	PA, QL (1 ML PER 28 DAYS), NDS
XOLAIR 150 MG RECON SOLN	5	PA, QL (2 EA PER 28 DAYS), NDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA ³
SPIRIVA HANDIHALER	3	QL (90 EA PER 90 DAYS)
SPIRIVA RESPIMAT	3	QL (4 GM PER 30 DAYS)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	2	
<i>montelukast sodium 10 mg tab</i>	1	
<i>zafirlukast</i>	4	
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4	QL (120 ML PER 30 DAYS), PA ³
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)

SYMPATHOMIMETICS

ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln)</i>	2	PA ³
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	4	
<i>albuterol sulfate (2 mg/5ml, 8 mg/20ml)</i>	2	
<i>albuterol sulfate (2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)</i>	2	PA ³
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	2	QL (17 GM PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	2	QL (120 ML PER 30 DAYS), PA ³
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>breyna</i>	2	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	2	QL (2 EA PER 30 OVER TIME), MFG

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	2	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	2	PA ³
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	4	PA ³
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY 2 MG/0.1ML SOLUTION	4	QL (2 EA PER 30 OVER TIME)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

<i>dabigatran etexilate mesylate</i>	2
ELIQUIS	3
ELIQUIS DVT/PE STARTER PACK	3
<i>rivaroxaban 2.5 mg tab</i>	3
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	3
XARELTO 1 MG/ML RECON SUSP	3
XARELTO 2.5 MG TAB	3
XARELTO STARTER PACK	3

COUMARIN ANTICOAGULANTS

<i>jantoven</i>	1
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)</i>	4	
<i>fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i>	5	NDS
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (10 mg tab, 20 mg tab)</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	4	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA ²
<i>DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)</i>	4	QL (10 EA PER 30 OVER TIME)
<i>LIBERVANT</i>	4	QL (10 EA PER 30 DAYS), PA ²
<i>NAYZILAM</i>	4	QL (10 EA PER 30 OVER TIME)
<i>SYMPAZAN (10 MG FILM, 20 MG FILM)</i>	5	QL (60 EA PER 30 DAYS), NDS
<i>SYMPAZAN 5 MG FILM</i>	4	QL (60 EA PER 30 DAYS)
<i>VALTOCO 10 MG DOSE</i>	5	QL (10 EA PER 30 OVER TIME), NDS
<i>VALTOCO 15 MG DOSE</i>	5	QL (10 EA PER 30 OVER TIME), NDS
<i>VALTOCO 20 MG DOSE</i>	5	QL (10 EA PER 30 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
ANTICONVULSANTS - MISC.		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine (100 mg chew tab, 200 mg tab)</i>	2	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	PA ² , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	PA ² , NDS
<i>epitol</i>	2	
<i>eslicarbazepine acetate 200 mg oral tablet</i>	5	QL (30 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate 400 mg oral tablet</i>	5	QL (30 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate 600 mg oral tablet</i>	5	QL (60 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate 800 mg oral tablet</i>	5	QL (60 EA PER 30 DAYS), NDS
FINTEPLA	5	QL (360 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>gabapentin (100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>gabapentin (250 mg/5ml, 300 mg/6ml)</i>	4	
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	3	
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2	
<i>lamotrigine er</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	2	
levetiracetam er	2	
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	2	
oxcarbazepine 300 mg/5ml suspension	4	
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
perampanel 2 mg tab	4	QL (60 EA PER 30 DAYS), PA ²
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	4	
phenytek	2	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	2	
phenytoin infatabs	2	
phenytoin sodium extended	2	
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	2	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	2	
roweepra 500 mg tab	2	
rufinamide (40 mg/ml suspension, 400 mg tab)	5	PA ² , NDS
rufinamide 200 mg tab	4	PA ²
SPRITAM	4	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	
topiramate 25 mg/ml solution	4	
ZONISADE	4	
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZTALMY	5	QL (1100 ML PER 30 DAYS), PA ² , NDS
CARBAMATES		
<i>felbamate</i>	4	
XCOPRI (150 MG TAB, 200 MG TAB)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	4	QL (28 EA PER 28 DAYS), PA ²
GABA MODULATORS		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	PA ² , NDS
<i>vigadron</i>	5	PA ² , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>vigoder</i>	5	PA ² , NDS
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methylsuximide</i>	4	
VALPROIC ACID		
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)</i>	2	
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	2	
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</i>	1	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	2	
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i>	2	
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	2	
SEROTONIN MODULATORS		
NEFAZODONE HCL	4	
RALDESY	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 EA PER 30 DAYS)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	2	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)</i>	2	
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)</i>	2	
TRICYCLIC AGENTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	4	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	4	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	

ANTIDIABETICS

ANTIDIABETIC COMBINATIONS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 EA PER 30 DAYS)
DIABETIC OTHER		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
diazoxide 50 mg/ml suspension	4	
glucagon emergency (glucagon emergency, glucagon emergency 1 mg kit)	3	
GVOKE HYPOEN 1-PACK	3	
GVOKE HYPOEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	1	
metformin hcl er	1	
mifepristone 300 mg tab	5	PA, QL (120 EA PER 30 DAYS), NDS
nateglinide	2	
pioglitazone hcl	1	
repaglinide	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	3	PA, QL (30 EA PER 30 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	3	PA ³ , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA ³ , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA ³ , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA ³ , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

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

SULFONYLUREAS

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

ANTIDIARRHEALS

ANTIDIARRHEAL AGENTS - MISC.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO	3	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID)	2	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	1	
naltrexone hcl 50 mg tab	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
gransetron hcl 1 mg tab	4	QL (60 EA PER 30 DAYS), PA ³
ondansetron (4 mg tab disp, 8 mg tab disp)	2	PA ³
ondansetron hcl (4 mg tab, 8 mg tab)	2	PA ³
ondansetron hcl 4 mg/5ml solution	4	PA ³
ANTIEMETICS - ANTICHOLINERGIC		
meclizine	2	
scopolamine	4	
ANTIEMETICS - MISCELLANEOUS		
aprepitant (40 mg cap, 125 mg cap)	4	QL (3 EA PER 2 OVER TIME), PA ³
aprepitant (80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap)	4	QL (6 EA PER 4 OVER TIME), PA ³
dronabinol	4	PA, QL (60 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate (caspofungin acetate, caspofungin acetate)</i>	4	
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	4	
ABELCET	4	PA ³
AMPHOTERICIN B 50 MG RECON SOLN	4	PA ³
<i>flucytosine (250 mg cap, 500 mg cap)</i>	5	NDS
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMPA 372 MG RECON SOLN	5	NDS
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	4	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>voriconazole (50 mg tab, 200 mg tab)</i>	4	PA
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - MISC.		
<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	2	
REPATHA	3	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	3	QL (2 ML PER 28 DAYS)
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	4	
<i>gemfibrozil 600 mg tab</i>	2	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>fluvastatin sodium</i>	2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>pravastatin sodium</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1
<i>fosinopril sodium</i>	1
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1
<i>moexipril hcl</i>	1
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, 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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	1
<i>irbesartan</i>	1
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1
<i>telmisartan</i>	1

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	2	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>guanfacine hcl</i>	2	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</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</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartanamlodipine-hctz</i>	2	
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate</i>	4	
<i>eplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	4	
<i>COARTEM</i>	4	
<i>CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 500 MG TAB)</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB</i>	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, NDS
<i>quinine sulfate 324 mg cap</i>	4	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>FIRDAPSE</i>	5	PA, NDS
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	
<i>pyridostigmine bromide er</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2	
<i>isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab, isoniazid 100 mg/ml solution)</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, NDS
TRECATOR	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	2	PA ³
<i>cyclophosphamide 25 mg cap</i>	2	PA ³
<i>cyclophosphamide 50 mg cap</i>	2	PA ³
GLEOSTINE (40 MG CAP, 100 MG CAP)	5	NDS
GLEOSTINE 10 MG CAP	4	
LEUKERAN	5	NDS
<i>temozolomide</i>	Part B Covered	
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 2000 mg/100ml suspension</i>	5	NDS
<i>mercaptopurine 50 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHOTREXATE 1000 MG/40ML SOLUTION	2	
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB)	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA ² , NDS
PURIXAN	5	NDS
TABLOID	5	NDS

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA ² , NDS
INLYTA 1 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
INLYTA 5 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LENVIMA (10 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (12 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (14 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (18 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (4 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>erlotinib hcl 25 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTrif	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TAGRISSO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VIZIMPRO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
DAURISMO 25 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ERIVEDGE	5	QL (28 EA PER 28 DAYS), PA ² , NDS
ODOMZO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	3	QL (120 EA PER 30 DAYS), PA ²
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>abirtega</i>	3	QL (120 EA PER 30 DAYS), PA ²
AKEEGA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
EULEXIN	5	QL (180 EA PER 30 DAYS), NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA ²
FIRMAGON (240 MG DOSE)	4	PA ²
<i>letrozole 2.5 mg tab</i>	2	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	NDS
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	2	PA ²
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	4	PA
<i>nilutamide</i>	5	PA ² , NDS
NUBEQA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ORGOVYX	5	QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2	
<i>toremifene citrate</i>	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XTANDI 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC COMBINATIONS

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

ANTINEOPLASTIC ENZYME INHIBITORS

ALECensa	5	QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA (3 MG TAB, 4 MG TAB)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF (50 MG CAP, 400 MG TAB, 500 MG TAB)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	5	QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
COPIKTRA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COTELLIC	5	QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
everolimus 5 mg tab sol	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	5	QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
GOMEKLI 1 MG CAP	5	QL (42 EA PER 28 DAYS), PA ² , NDS
GOMEKLI 1 MG TAB SOL	5	QL (126 EA PER 28 DAYS), PA ² , NDS
GOMEKLI 2 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
IBRANCE	5	QL (21 EA PER 28 DAYS), PA ² , NDS
ICLUSIG	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA (70 MG CAP, 420 MG TAB)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (324 ML PER 30 DAYS), PA ² , NDS
IMKELDI	5	QL (280 ML PER 28 DAYS), PA ² , NDS
INREBIC	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ITOVEBI 3 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
ITOVEBI 9 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
JAKAFI	5	QL (60 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JAYPIRCA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA ² , NDS
LORBRENA 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	5	QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 240 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	5	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>nilotinib hcl (150 mg cap, 200 mg cap)</i>	5	QL (112 EA PER 28 DAYS), PA ² , NDS
<i>nilotinib hcl 50 mg cap</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
NINLARO	5	QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO (100 MG TAB, 150 MG TAB)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
QINLOCK	5	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	5	QL (60 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETEVMO 40 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
REZLIDHIA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ROMVIMZA	5	QL (8 EA PER 28 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	5	QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA ² , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	5	QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR (50 MG CAP, 75 MG CAP)	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS
TAZVERIK	5	QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
VERZENIO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	5	QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
VONJO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VORANIGO 10 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VORANIGO 40 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 250 MG CAP)	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA ² , NDS

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

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

ANTINEOPLASTICS MISC.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VENCLEXTA 100 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA STARTING PACK	5	QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	5	QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	QL (24 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	QL (32 EA PER 28 DAYS), PA ² , NDS

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

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

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	2	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)	2	
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	4	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	2	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	4	
carbidopa-levodopa er	2	
carbidopa-levodopa-entacapone 12.5-50-200 mg tab	4	
carbidopa-levodopa-entacapone 18.75-75-200 mg tab	4	
carbidopa-levodopa-entacapone 25-100-200 mg tab	4	
carbidopa-levodopa-entacapone 31.25-125-200 mg tab	4	
carbidopa-levodopa-entacapone 37.5-150-200 mg tab	4	
carbidopa-levodopa-entacapone 50-200-200 mg tab	4	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
ropinirole hcl er	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RYTARY	4	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	2	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP)	2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab)</i>	2	
LITHIUM CARBONATE 600 MG CAP	2	
<i>lithium carbonate er</i>	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COBENFY	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COBENFY STARTER PACK	5	QL (56 EA PER 28 DAYS), PA ² , NDS
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl</i>	2	
MOLINDONE HCL	4	
NUPLAZID	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>thiothixene</i>	4	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	QL (30 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
BENZISOXAZOLES		
FANAPT	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FANAPT TITRATION PACK A	4	QL (8 EA PER 180 OVER TIME), PA ²
FANAPT TITRATION PACK B	4	QL (12 EA PER 180 OVER TIME), PA ²
FANAPT TITRATION PACK C	4	QL (8 EA PER 180 OVER TIME), PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	4	QL (30 EA PER 30 DAYS)
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
PERSERIS	5	QL (1 EA PER 30 DAYS), NDS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	4	
<i>compro suppositories</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl (fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab)</i>	4	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	4	
<i>prochlorperazine suppositories</i>	4	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	4	
<i>trifluoperazine tab</i>	3	
QUINOLINONE DERIVATIVES		
ABILITY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
<i>ariPIPrazole (10 mg tab disp, 15 mg tab disp)</i>	4	QL (60 EA PER 30 DAYS)
<i>ariPIPrazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>ariPIPrazole 1 mg/ml solution</i>	4	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	5	QL (4.8 ML PER 365 OVER TIME), NDS
OPIPZA (2 MG FILM, 5 MG FILM)	4	QL (30 EA PER 30 DAYS), PA ²
OPIPZA 10 MG FILM	4	QL (90 EA PER 30 DAYS), PA ²
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
APTVUS	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EDURANT PED	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB, EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TAB)	5	NDS
<i>emtricitab-rilpivir-tenofov df</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofov df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	5	NDS
<i>emtricitabine-tenofov df 200-300 mg</i>	4	
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	5	NDS
FUZEON	5	NDS
GENVOYA	5	NDS
INTELENCE 25 MG TAB	3	
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB)	5	NDS
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS
JULUCA	5	NDS
KALETRA 400-100 MG/5ML SOLUTION	5	NDS
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)</i>	2	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>maraviroc</i>	5	NDS
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine er 400 mg tab 24h</i>	4	
NORVIR 100 MG PACKET	3	
ODEFSEY	5	NDS
PIFELTRO	5	NDS
PREZCOBIX	5	NDS
PREZISTA (100 MG/ML SUSPENSION, 150 MG TAB)	5	NDS
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	NDS
<i>ritonavir</i>	2	
RUKOBIA	5	NDS
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY (25 MG TAB, 50 MG TAB)	5	NDS
TIVICAY 10 MG TAB	3	
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	5	NDS
<i>zidovudine</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CMV AGENTS		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (30 EA PER 30 DAYS), NDS
PREVYMIS 120 MG PACKET	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	
BARACLUDÉ 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	2	
RIBAVIRIN 200 MG TAB	2	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS
HERPES AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	4	
<i>acyclovir sodium</i>	4	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	2	
valacyclovir hcl (1 gm tab, 500 mg tab)	2	
INFLUENZA AGENTS		
oseltamivir phosphate (45 mg cap, 75 mg cap)	3	QL (42 EA PER 180 OVER TIME)
oseltamivir phosphate 30 mg cap	3	QL (84 EA PER 180 OVER TIME)
oseltamivir phosphate 6 mg/ml recon susp	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	
MISC. ANTIVIRALS		
PAXLOVID	2	QL (11 EA PER 5 OVER TIME)
PAXLOVID (150/100)	2	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	2	QL (30 EA PER 5 OVER TIME)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol	1	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	2	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	2	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1	
betaxolol hcl (10 mg tab, 20 mg tab)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
metoprolol succinate er	1	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
nebivolol hcl	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	2	
<i>propranolol hcl er</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H)	4	
verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h)	2	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	2	

CARDIOVASCULAR AGENTS, OTHER

<i>amlodipine-atorvastatin</i>	2	
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 0.05 MG/ML SOLUTION)	4	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
VERQUVO	3	QL (30 EA PER 30 DAYS)
VYNDAMAX	5	PA, QL (30 EA PER 30 DAYS), NDS

CARDIOVASCULAR AGENTS - MISC.

IMPOTENCE AGENTS

CAVERJECT	4*	
CAVERJECT IMPULSE	4*	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EDEX	4*	
MUSE	4*	
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2*	
<i>tadalafil (10 mg tab, 20 mg tab)</i>	2*	
TRI-MIX	4*	
<i>vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	2*	

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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

CEPHALOSPORINS - 2ND GENERATION

CEFACLOR (250 MG CAP, 500 MG CAP)	2
<i>cefotetan disodium</i>	4
CEFOTETAN DISODIUM-DEXTROSE	4
<i>cefoxitin sodium</i>	4
CEFOXITIN SODIUM-DEXTROSE	4
<i>cefprozil</i>	2
<i>cefuroxime axetil</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cefuroxime sodium</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 200 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp)</i>	4	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium (250 mg soln, 500 mg soln)</i>	2	
CEFTRIAXONE SODIUM (CEFTRIAXONE SODIUM 2 GM RECON SOLN, CEFTRIAXONE SODIUM 100 GM RECON SOLN, CEFTRIAXONE SODIUM 1 GM RECON SOLN, CEFTRIAXONE SODIUM 10 GM RECON SOLN)	4	
CEFTRIAXONE SODIUM IN DEXTROSE	4	
CEFTRIAXONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron (0.5 mg tab, 0.75 mg tab)</i>	1	
<i>dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod suc (pf)</i>	4	
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	PA ³
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml, 25 mg/5ml)</i>	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	PA ³
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	PA ³
PREDNISONE INTENSOL	4	PA ³
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	2*	
<i>hydrocodone bit-homatrop mbr</i>	2*	
<i>hydromet</i>	2*	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	2*	
<i>bromphen-pseudoeph-dm</i>	2*	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>g tussin ac</i>	2*	
<i>guaiatussin ac</i>	2*	
<i>guaifenesin ac</i>	2*	
<i>guaifenesin-codeine</i>	2*	
<i>hydrocod poli-chlorphe poli er</i>	2*	
<i>maxi-tuss ac</i>	2*	
<i>promethazine-codeine</i>	2*	
<i>promethazine-dm</i>	2*	
<i>promethazine-phenyleph-codeine</i>	2*	
<i>pseudoeph-bromphen-dm</i>	2*	
<i>virtussin a/c</i>	2*	
<i>virtussin ac w/alc</i>	2*	

MUCOLYTICS

<i>acetylcysteine (10 %, 20 %)</i>	2	PA ³
------------------------------------	---	-----------------

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>fraiche 5000 dental</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	2	
LIDOCAINE HCL 4 % SOLUTION	2	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
SOD FLUORIDE-POTASSIUM NITRATE	2	
<i>sodium fluoride (1.1 % cream, 1.1 % gel)</i>	2	
SODIUM FLUORIDE 5000 ENAMEL	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

DERMATOLOGICALS

ACNE PRODUCTS

<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phos (once-daily)</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	2	QL (60 ML PER 30 DAYS)
ERY	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
sulfacetamide sodium (acne)	4	QL (118 ML PER 30 DAYS)
tretinoin (0.025 %, 0.05 %, 0.1 %)	4	PA, QL (45 GM PER 30 DAYS)
zenatane	4	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate 0.1 % cream	2	QL (30 GM PER 30 DAYS)
gentamicin sulfate 0.1 % ointment	2	QL (120 GM PER 30 DAYS)
mupirocin 2% ointment	2	QL (220 GM PER 30 DAYS)
ANTIFUNGALS - TOPICAL		
ciclopirox 0.77 % gel	2	QL (100 GM PER 30 DAYS)
ciclopirox 1 % shampoo	2	QL (120 ML PER 30 DAYS)
ciclopirox 8 % solution	2	QL (13.2 ML PER 30 DAYS)
ciclopirox olamine 0.77 % cream	2	QL (90 GM PER 30 DAYS)
ciclopirox olamine 0.77 % suspension	2	QL (60 ML PER 30 DAYS)
clotrimazole (lotrimin)	2	QL (30 ML PER 28 OVER TIME)
clotrimazole-betamethasone 1-0.05 % cream	2	QL (90 GM PER 30 DAYS)
econazole nitrate 1 % cream	2	QL (170 GM PER 30 DAYS)
ketoconazole 2 % cream	2	QL (120 GM PER 30 DAYS)
ketoconazole 2 % shampoo	2	QL (240 ML PER 30 DAYS)
klayesta	2	QL (60 GM PER 30 DAYS)
nyamyc	2	QL (60 GM PER 30 DAYS)
nystatin (100000 unit/gm cream, 100000 unit/gm powder)	2	QL (60 GM PER 30 DAYS)
nystatin 100000 unit/gm ointment	2	QL (30 GM PER 30 DAYS)
nystatin-triamcinolone	3	QL (60 GM PER 30 DAYS)
nystop	2	QL (60 GM PER 30 DAYS)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	5	QL (60 GM PER 30 DAYS), PA ² , NDS
diclofenac sodium 3 % gel	4	PA, QL (100 GM PER 30 DAYS)
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	2	QL (10 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
fluorouracil 5 % cream	2	QL (80 GM PER 30 DAYS)
PANRETIN	5	PA ² , NDS
VALCHLOR	5	QL (240 GM PER 30 DAYS), PA ² , NDS

ANTIPSORIATICS

acitretin	4	
calcipotriene (0.005 % cream, 0.005 % ointment)	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION)	3	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	4	
COSENTYX (300 MG DOSE)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	5	PA, QL (8 ML PER 28 DAYS), NDS
METHOXALEN RAPID	5	NDS
OTEZLA (20 MG TAB, 30 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	5	PA, QL (2 ML PER 28 DAYS), NDS
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (0.5 ML PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
STEQEYMA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	4	PA, QL (60 GM PER 30 DAYS)
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	2	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	2	QL (100 GM PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2	QL (120 ML PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	2	QL (180 GM PER 30 DAYS)
BETAMETHASONE VALERATE (BETAMETHASONE VALERATE 0.1 % LOTION, BETAMETHASONE VALERATE 0.1 % LOTION)	2	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	4	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	4	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	4	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	4	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4	QL (120 GM PER 30 DAYS)
<i>desoximetasone (0.25 % cream, 0.25 % ointment)</i>	4	
<i>fluocinolone acetonide 0.01 % solution</i>	4	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	4	QL (120 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluocinolone acetonide body</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	2	
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone</i>	2	QL (240 GM PER 30 DAYS)
HYDROCORTISONE 2.5 % LOTION	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i>	2	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.5 % cream)</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide (0.025 %, 0.1 %)</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide (0.1 % cream, 0.1 % ointment)</i>	1	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)

ECZEMA AGENTS

ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
-------	---	--------------------------------

IMMUNOSUPPRESSIVE AGENTS - TOPICAL

<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus (0.03 %, 0.1 %)</i>	4	QL (100 GM PER 30 DAYS)

LOCAL ANESTHETICS - TOPICAL

<i>lidocaine hcl 4 % solution</i>	2	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISC. TOPICAL		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	2	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	2	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>metronidazole (0.75 % cream, 0.75 % gel)</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	4	QL (118 ML PER 30 DAYS)
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)
WOUND CARE PRODUCTS		
SANTYL	3	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE TEST	Part B Covered	
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	3	
SUCRAID	5	PA, NDS
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	2	
<i>acetazolamide er</i>	2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	4	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>furosemide 10 mg/ml solution</i>	4	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torsemide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	
indapamide	1	
metolazone	3	

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	1	
alendronate sodium 70 mg/75ml solution	4	
calcitonin (salmon) 200 unit/act solution	3	
ibandronate sodium 150 mg tab	2	QL (1 EA PER 30 DAYS)
raloxifene hcl	2	
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)	2	
risedronate sodium 35 mg tab	4	
teriparatide (teriparatide, teriparatide)	5	PA, QL (2.48 ML PER 28 DAYS), NDS
WYOST	5	PA, QL (1.7 ML PER 28 DAYS), NDS

GROWTH HORMONES

OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, NDS

METABOLIC MODIFIERS

betaine	5	NDS
calcitriol (0.25 mcg cap, 0.5 mcg cap)	2	
calcitriol 1 mcg/ml solution	4	
carglumic acid	5	PA, NDS
cinacalcet hcl	4	PA
CYSTADANE	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DOXERCALCIFEROL (DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP)	4	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA, NDS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4	
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	5	PA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS
SOMATOSTATIC AGENTS		
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	4	PA
SIGNIFOR	5	PA, QL (60 ML PER 30 DAYS), NDS
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
<i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>	4	
INCRELEX	5	PA, NDS
KERENDIA (10 MG TAB, 20 MG TAB)	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, NDS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>abigale</i>	4	

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
levonorgestrel-ethynodiol dihydrogen citrate (0.1-20 tab, 0.15-30 tab)	2	
levora 0.15/30 (28)	2	
lilow	2	
lo-zumandimine	2	
loestrin 1.5/30 (21)	2	
loestrin 1/20 (21)	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimies	2	
loryna	2	
low-ogestrel	2	
lutera	2	
marlissa	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35 (28)	2	
nikki	2	
norelgestromin-eth estradiol	3	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)	2	
norethindrone acet-ethynodiol	2	
norethindrone-eth estradiol	4	
norgestim-eth estrad triphasic	2	
norgestimate-eth estradiol	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/50</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienna</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zumandimine</i>	2	
<i>dotti</i>	3	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)	4	
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)	4	
lyllana	3	
MENEST	4	

FLUOROQUINOLONES

ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W)	2	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2	
levofloxacin 25 mg/ml solution	4	
levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)	4	
levofloxacin in d5w in 250 mg/50ml solution	2	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	4	
MOXIFLOXACIN HCL IN NACL	4	
OFLOXACIN (OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB)	4	

GASTROINTESTINAL AGENTS

GASTROINTESTINAL AGENTS, OTHER

cromolyn sodium 100 mg/5ml conc	4	
enulose	2	
generlac	2	
lactulose encephalopathy	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2	
REZDIFFRA	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS

GASTROINTESTINAL AGENTS - MISC.

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium</i>	4	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	3	
<i>mesalamine 4 gm enema</i>	4	
<i>mesalamine er 0.375 gm cap 24h</i>	3	
<i>mesalamine er 500 mg cap</i>	4	
<i>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2	

GENITOURINARY AGENTS

GENITOURINARY AGENTS, OTHER

<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
SODIUM CHLORIDE (SODIUM CHLORIDE 0.9 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS - MISCELLANEOUS		
PROSTATIC HYPERPLASIA AGENTS		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	2	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	

GOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1
<i>colchicine 0.6 mg tab</i>	2
<i>colchicine-probenecid</i>	3
<i>febuxostat</i>	2
<i>probenecid</i>	3

HEMATOLOGICAL AGENTS - MISC.

PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl</i>	2
<i>aspirin-dipyridamole er</i>	4
<i>cilostazol</i>	2
<i>clopidogrel bisulfate 75 mg tab</i>	1
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	4
<i>prasugrel hcl</i>	3
<i>ticagrelor</i>	3

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	3	
<i>l-glutamine 5 gm packet</i>	5	PA, QL (180 EA PER 30 DAYS), NDS
COBALAMINS		
<i>cyanocobalmin (vitamin b12)</i>	2*	
FOLIC ACID/FOLATES		
<i>folic acid</i>	2*	
HEMATOPOIETIC GROWTH FACTORS		
<i>eltrombopag olamine (12.5 mg packet, 25 mg packet)</i>	5	PA, NDS
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab)</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
NYVEPRIA	5	NDS
RETACRIT	3	PA
UDENYCA	5	NDS
ZARXIO	5	NDS
HEMATOPOIETIC MIXTURES		
<i>folic acid / vitamin b6 / vitamin b12</i>	2*	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
BELSOMRA	4	QL (30 EA PER 30 DAYS)

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

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

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

LAXATIVES

LAXATIVE COMBINATIONS

<i>GAVILYTE-C</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
<i>GOLYTELY</i>	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
<i>SUFLAVE</i>	3	

LAXATIVES - MISCELLANEOUS

<i>constulose</i>	2	
-------------------	---	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	2	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	2	
MOVANTIK	3	QL (30 EA PER 30 DAYS)

MEDICAL DEVICES AND SUPPLIES

BANDAGES-DRESSINGS-TAPE

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

DIABETIC SUPPLIES

<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
DEXCOM G6 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Part B Covered	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
INSULIN SYRINGE (DISP) U-100 1 ML	3	
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 G6 INTRO G5	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	4	QL (15 EA PER 30 DAYS)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
TWIIST STARTER KIT	4	QL (1 EA PER 275 OVER TIME)
MISC. DEVICES		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</i>	3	
MIGRAINE PRODUCTS		
AIMOVIG	3	PA, QL (1 ML PER 30 DAYS)
AJOVY	3	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)
SEROTONIN AGONISTS		
<i>eletriptan hydrobromide</i>	4	QL (18 EA PER 30 OVER TIME)
<i>naratriptan hcl</i>	2	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	2	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill (sumatriptan succinate refill, sumatriptan succinate refill)</i>	4	QL (8 ML PER 28 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	4	QL (18 EA PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MINERALS ELECTROLYTES		
CALCIUM		
<i>calcium gluconate 10 % solution</i>	2	
ELECTROLYTE MIXTURES		
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	4	
LACTATED RINGERS (LACTATED RINGERS, LACTATED RINGERS)	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
FLUORIDE		
<i>sodium fluoride</i>	2	
<i>sodium fluoride chewable tablet</i>	2	
MAGNESIUM		
<i>magnesium sulfate 50 % solution</i>	4	
PHOSPHATE		
K-PHOS	3	
POTASSIUM		
<i>klor-con 10</i>	2	
<i>klor-con 20 meq packet</i>	4	
<i>klor-con 8 meq tab er</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride (10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%))</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION)	4	
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	
<i>potassium chloride crys er (er 10 tab er, er 20 tab er)</i>	2	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	2	
SODIUM		
<i>sodium chloride</i>	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CHEMET	3	
<i>deferasirox (90 mg tab, 180 mg tab, 360 mg tab)</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
NEMLUVIO	5	PA, QL (2 EA PER 28 DAYS), NDS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension)	2	
VELTASSA	3	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
vitamin b complex / vitamin c / biotin / minerals / folic acid	2*	
vitamin b complex / vitamin c / folic acid	2*	
PREGNATAL VITAMINS		
prenatal vitamin	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2	
chlorzoxazone 500 mg tab	4	
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	4	
methocarbamol (500 mg tab, 750 mg tab)	4	
tizanidine hcl (2 mg tab, 4 mg tab)	2	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	4	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine hcl (0.1 %, 137 mcg/spray)	2	
flunisolide 25 mcg/act (0.025%) solution	2	QL (50 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	

NEUROMUSCULAR AGENTS

ALS AGENTS

RADICAVA ORS	5	PA, QL (70 ML PER 28 DAYS), NDS
RADICAVA ORS STARTER KIT	5	PA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	4	PA

NUTRIENTS

PROTEINS

<i>plenamine</i>	4	PA ³
------------------	---	-----------------

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

BETAXOLOL HCL (BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION)	2	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate (0.25 %, 0.5 %)</i>	1	

OPHTHALMIC ADRENERGIC AGENTS

<i>apraclonidine hcl (apraclonidine hcl, apraclonidine hcl)</i>	3	
<i>brimonidine tartrate (0.1 %, 0.15 %)</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA	4	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b</i>	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	2	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	2	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	2	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	2	
<i>sulfacetamide sodium 10 % solution</i>	2	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	2	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	3	
ROCKLATAN	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC STEROIDS		
bacitra-neomycin-polymyxin-hc	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
fluorometholone	2	
loteprednol etabonate 0.5 % gel	3	
loteprednol etabonate 0.5 % suspension	4	
neomycin-polymyxin-dexameth	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION	4	
prednisolone acetate 1 % suspension	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
tobramycin-dexamethasone	2	
OPHTHALMICS - MISC.		
ATROPINE SULFATE 1 % SOLUTION	2	
atropine sulfate 1 % solution	2	
azelaistine hcl 0.05 % solution	2	
CROMOLYN SODIUM (CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION)	2	
cyclosporine 0.05 % emulsion	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, QL (60 ML PER 28 DAYS), NDS
diclofenac sodium 0.1 % solution	2	
dorzolamide hcl 2 % solution	2	
epinastine hcl	4	
FLURBIPROFEN SODIUM	2	
ketorolac tromethamine (0.4 %, 0.5 %)	2	
pilocarpine hcl (1 %, 2 %, 4 %)	2	
TYRVAYA	4	PA, QL (8.4 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XIIDRA	3	QL (60 EA PER 30 DAYS)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	3	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN	3	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	2	QL (5 ML PER 30 DAYS)
VYZULTA	4	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	2	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc (1 %, 3.5-10000-1)</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED	5	PA, NDS
GAMUNEX-C	5	PA, NDS
PRIVIGEN	5	PA, NDS
VARIZIG	1	VAC
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
------------------	------------------	------------------------------

PENICILLIN COMBINATIONS

<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 400-57 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/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)</i>	2
AMOXICILLIN-POT CLAVULANATE ER	4
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4
<i>piperacillin sod-tazobactam so</i>	4

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	4	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	

PROGESTINS

<i>camila</i>	2
<i>deblitane</i>	2
DEPO-SUBQ PROVERA 104	3
<i>emzahh</i>	2
<i>errin</i>	2

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

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

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium</i>	4
<i>disulfiram (250 mg tab, 500 mg tab)</i>	2

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
varenicline tartrate	2	
varenicline tartrate (starter)	2	
varenicline tartrate(continue)	2	

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

ALYFTREK 10-50-125 MG TAB	5	PA, QL (56 EA PER 28 DAYS), NDS
ALYFTREK 4-20-50 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
CAYSTON	5	PA, QL (84 ML PER 28 DAYS), NDS
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET)	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA ³ , NDS
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	5	PA, QL (56 EA PER 28 DAYS), NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, QL (84 EA PER 28 DAYS), NDS

PULMONARY FIBROSIS AGENTS

OFEV	5	PA, QL (60 EA PER 30 DAYS), NDS
pirfenidone (267 mg cap, 267 mg tab)	5	PA, QL (270 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS

RESPIRATORY TRACT AGENTS

ANTIHISTAMINES

<i>cetirizine (zyrtec)</i>	2	
<i>desloratadine 5 mg tab</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<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>	4	

PULMONARY ANTIHYPERTENSIVES

<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, NDS
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	5	PA, NDS
<i>UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)</i>	5	PA, NDS
<i>WINREVAIR</i>	5	PA, QL (1 EA PER 21 OVER TIME), NDS

RESPIRATORY TRACT/PULMONARY AGENTS

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast</i>	4	
--------------------	---	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)	2	

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

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

SULFONAMIDES

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

TETRACYCLINES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHTHERIA-TETANUS TOXOIDS DT	1	PA ³
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA ³ , VAC
TENIVAC	1	PA ³ , VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	4	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	2	
<i>famotidine (pepcid)</i>	1	
MISC. ANTI-ULCER		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<i>VOQUEZNA</i>	4	PA, QL (30 EA PER 30 DAYS)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	2	
<i>fesoterodine fumarate er</i>	3	
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>solifenacina succinato</i>	2	
<i>tolterodina tartrato</i>	2	
<i>tolterodina tartrato er</i>	2	
<i>trospiuma cloruro</i>	2	
<i>trospiuma cloruro er</i>	2	
<i>bethanechol cloruro (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>flavoxata hcl</i>	4	
GEMTESA	3	
<i>mirabegron er</i>	3	
MYRBETRIQ	3	

VACCINES

BACTERIAL VACCINES

ACTHIB	1	
BCG VACCINE	1	VAC
BEXSERO	1	VAC
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC
MENQUADFI	1	VAC
MENVEO	1	VAC
PEDVAX HIB	1	
PENBRAYA	1	VAC
PENMENVY	1	VAC
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA ³ , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 365 OVER TIME), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TWINRIX	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
VIMKUNYA	1	VAC
YF-VAX	1	VAC

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

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

VAGINAL ESTROGENS

<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	2
<i>ESTRING</i>	4
<i>PREMARIN 0.625 MG/GM CREAM</i>	4
<i>yuvafem</i>	2

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

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

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

Index

A

ADVAIR HFA.....	26	amlodipine-atorvastatin.....	68
afirmelle.....	82	amlodipine-olmesartan.....	42
abacavir sulfate.....	62	AIMOVIG.....	95
abacavir sulfate-lamivudine ..	62	AJOVY.....	95
ABELCET.....	39	ak-poly-bac.....	101 (AMLACTIN).....
abigale.....	81	AKEEGA.....	46
ABILIFY ASIMTUFII.....	61,62	albendazole.....	20
ABILIFY MAINTENA.....	62	albuterol sulfate.....	26
abiraterone acetate.....	46	albuterol sulfate hfa (Proventil AMOXICILLIN 125 MG CHEW	
abirtega.....	46	equivalent).....	26 TAB.....
ABRYSVO.....	115	albuterol sulfate hfa 108 (Proair AMOXICILLIN 250 MG CHEW	
acamprosate calcium	106	equivalent).....	26 TAB.....
acarbose.....	35	alcohol swabs.....	94 amoxicillin-pot clavulanate ...105
ACCU-CHEK GUIDE TEST ..	78	ALCOHOL SWABS 1x1.....	94 AMOXICILLIN-POT
accutane.....	73	ALECENSA.....	48 CLAVULANATE ER.....
acebutolol hcl.....	66	alendronate sodium.....	80 amphetamine-dextroamphet er.12
acetaminophen-codeine	18	alfuzosin hcl er.....	90 amphetamine-
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	18	aliskiren fumarate.....	43 dextroamphetamine.....
acetazolamide.....	79	allopurinol.....	90 AMPHOTERICIN B.....
acetazolamide er.....	79	alosetron hcl.....	37 ampicillin.....
acetic acid.....	89,103	alprazolam.....	23 AMPICILLIN SODIUM.....
acetyl cysteine.....	72	altavera.....	104 ampicillin sodium 1 gm recon
acitretin.....	75	ALUNBRIG.....	48 soln.....
ACTEMRA.....	15	alyacen 1/35.....	82 ampicillin sodium 10 gm recon
ACTEMRA ACTPEN.....	15	alyacen 7/7/7.....	82 soln.....
ACTHIB.....	114	alyq.....	109 ampicillin-sulbactam sodium 1.5
ACTIMMUNE.....	55	amantadine hcl.....	110 (1-0.5) gm recon soln.....
acyclovir.....	65,78	ambrisentan.....	105
acyclovir sodium.....	65	amethia.....	110 (10-5) gm recon soln.....
ADACEL.....	112	amikacin sulfate.....	82 ampicillin-sulbactam sodium 3 (2-
ADALIMUMAB-AATY (1 PEN).....	13	amiloride hcl.....	12 1) gm recon soln.....
ADALIMUMAB-AATY (2 PEN).....	13	AMILORIDE- HYDROCHLOROTHIAZIDE 5-	105 79 anagrelide hcl.....
ADALIMUMAB-AATY (2 SYRINGE).....	13	50 MG TAB.....	90 anastrozole.....
ADALIMUMAB-AATY CD/UC/HS START.....	13	amiodarone hcl.....	46
ADBRY.....	77	amitriptyline hcl.....	33 april.....
adefovir dipivoxil.....	65	amlodipine besy-benazepril	82 APTIVUS.....
			42 aranelle.....
			67 ARCALYST.....
			98 AREXVY.....
			115

arformoterol tartrate.....	26	avita.....	.73	BETAXOLOL HCL.....	100
ARIKAYCE.....	12	AVONEX PEN.....	108	bethanechol chloride.....	114
ariPIPRAZOLE.....	62	AVONEX PREFILLED.....	108	bexarotene.....	55,74
ARISTADA.....	62	ayuna.....	82	BEXSERO.....	114
ARISTADA INITIO.....	62	AYVAKIT.....	.55	BEYFORTUS.....	103
armodafinil.....	12	azathioprine.....	98	bicalutamide.....	46
ARNUNITY ELLIPTA.....	25	azelaic acid.....	78	BICILLIN L-A.....	104
asenapine maleate.....	60	azelastine hcl.....	.99,102	BIKTARVY.....	62
ashlyna.....	82	azithromycin.....	20	bimatoprost.....	103
ASMANEX (120 METERED DOSES).....	25	aztreonam.....	20	bisoprolol fumarate.....	66
ASMANEX (30 METERED DOSES).....	26	azurette.....	.82	bisoprolol-hydrochlorothiazide	42
ASMANEX (60 METERED DOSES).....	26	B		blisovi 24 fe.....	82
ASMANEX HFA.....	26	bacitra-neomycin-polymyxin- hc.....	.102	blisovi fe 1.5/30.....	82
aspirin-dipyridamole er.....	90	BACITRACIN.....	.20	blood glucose monitoring supplies.....	93
atazanavir sulfate.....	62	bacitracin-polymyxin b.....	.101	BOOSTRIX.....	112
atenolol.....	66	baclofen.....	.101	bosentan.....	110
atenolol-chlorthalidone.....	42	balsalazide disodium.....	.89	BOSULIF.....	49
atomoxetine hcl.....	12	BALVERSA.....	.48	BRAFTOVI.....	49
atorvastatin calcium.....	40	balziva.....	.82	BREO ELLIPTA.....	26
atovaquone.....	22	BARACLUDE.....	.82	breyna.....	26
atovaquone-proguanil hcl.....	43	BCG VACCINE.....	.114	BRIELLYN.....	82
ATROPINE SULFATE.....	102	BELBUCA.....	.18	brimonidine tartrate.....	100,101
atropine sulfate.....	102	BELSOMRA.....	.91	brimonidine tartrate-timolol....	100
ATROVENT HFA.....	25	benazepril hcl.....	.41	BRIVIACT.....	29
aubra.....	82	benazepril-.....		bromfed dm.....	71
aubra eq.....	82	hydrochlorothiazide.....	.42	bromocriptine mesylate.....	57
AUGTYRO.....	48	BENLYSTA.....	.98	bromphen-pseudoeph-dm.....	71
aurovela 1.5/30.....	82	benzonatate.....	.71	BRUKINSA.....	49
aurovela 1/20.....	82	benztropine mesylate.....	.57	budesonide.....	19,26,70
aurovela 24 fe.....	82	BESREMI.....	.55	budesonide er.....	70
aurovela fe 1.5/30.....	82	betaine.....	.80	budesonide-formoterol	
aurovela fe 1/20.....	82	betamethasone dipropionate	.76	fumarate.....	26
AUSTEDO.....	107	betamethasone dipropionate		bumetanide.....	79
AUSTEDO XR.....	107	aug.....	.76	buprenorphine.....	18
AUSTEDO XR PATIENT TITRATION.....	107	betamethasone valerate.....	.76	buprenorphine hcl.....	18
AUVELITY.....	32	BETAMETHASONE VALERATE.....	.76	buprenorphine hcl-naloxone	
aviane.....	82	betaxolol hcl.....	.66	bupropion hcl.....	32

bupropion hcl er (smoking det).....	carbidopa-levodopa-entacapone 25-100-200 mg tab.....	CEFTRIAXONE SODIUM-DEXTROSE.....	70
bupropion hcl er (sr).....	carbidopa-levodopa-entacapone 32 mg tab.....	cefuroxime axetil.....	69
bupropion hcl er (xl).....	carbidopa-levodopa-entacapone 32 mg tab.....	cefuroxime sodium.....	70
buspirone hcl.....	carbidopa-levodopa-entacapone 23 mg tab.....	celecoxib.....	15
BYDUREON BCISE.....	carbidopa-levodopa-entacapone 36 mg tab.....	cephalexin.....	69
	carbidopa-levodopa-entacapone 50-200-200 mg tab.....	cetirizine (ZYRTEC).....	110
C	cevimeline hcl.....		
cabergoline.....	carglumic acid.....	charlotte 24 fe.....	82
CABOMETYX.....	CARTEOLOL HCL.....	chateal.....	82
calcipotriene.....	cartia xt.....	chateal eq.....	82
CALCIPOTRIENE.....	carvedilol.....	CHEMET.....	97
calcitonin (salmon).....	caspofungin acetate.....	CHLORAMPHENICOL SOD.....	
CALCITRIOL.....	CAVERJECT.....	SUCCINATE.....	22
calcitriol.....	CAVERJECT IMPULSE.....	chlorhexidine gluconate.....	72
calcium gluconate.....	CAYSTON.....	CHLOROQUINE PHOSPHATE.....	43
CALQUENCE.....	CEFACLOR.....	chlorpromazine hcl.....	61
camila.....	cefadroxil.....	chlorthalidone.....	79
camrese.....	cefazolin sodium.....	chlorzoxazone.....	99
camrese lo.....	CEFAZOLIN SODIUM-cholestyramine.....		40
candesartan cilexetil.....	DEXTROSE.....	cholestyramine light.....	40
candesartan cilexetil-hctz.....	cefdinir.....	ciclopirox.....	74
capecitabine.....	cefepime hcl.....	ciclopirox olamine.....	74
CAPLYTA.....	CEFEPIME-DEXTROSE.....	cilostazol.....	90
CAPRELSA.....	cefixime.....	CIMDUO.....	62
captopril.....	cefotetan disodium.....	cimetidine.....	113
CAPVAXIVE.....	CEFOTETAN DISODIUM-cinacalcet hcl.....		80
carbamazepine.....	DEXTROSE.....	ciprofloxacin hcl.....	88,101
carbamazepine er.....	cefoxitin sodium.....	CIPROFLOXACIN IN D5W.....	88
carbidopa.....	CEFOXITIN SODIUM-ciprofloxacin-dexamethasone.....		103
carbidopa-levodopa.....	DEXTROSE.....	citalopram hydrobromide.....	32
CARBIDOPA-LEVODOPA.....	cefpodoxime proxetil.....	claravis.....	73
carbidopa-levodopa er.....	ceprotil.....	CLARITHROMYCIN.....	20
carbidopa-levodopa- entacapone 12.5-50-200 mg tab.....	CEFTAZIDIME.....	clarithromycin.....	20
carbidopa-levodopa- entacapone 18.75-75-200 mg tab.....	CEFTAZIDIME AND ceftriaxone sodium.....	clarithromycin er.....	20
	CEFTAZIDIME AND ceftriaxone sodium.....	clindamycin hcl.....	20
	CEFTAZIDIME AND ceftriaxone sodium.....	clindamycin palmitate hcl.....	20
	CEFTAZIDIME AND ceftriaxone sodium.....	clindamycin phos (once-daily).....	73
	CEFTAZIDIME AND ceftriaxone sodium.....	clindamycin phos (twice-daily).....	73
	CEFTAZIDIME AND ceftriaxone sodium.....	clindamycin phosphate.....	20,73,116
	CEFTAZIDIME AND ceftriaxone sodium.....	clindamycin phosphate in d5w.....	20

CLINDAMYCIN PHOSPHATE IN NACL.....	COSENTYX (300 MG DOSE).75 dasetta 7/7/7.....	83	
clinpro 5000.....	20 COSENTYX SENSOREADY 72 (300 MG).....	46	
clobazam.....	28 COSENTYX SENSOREADY	83	
clobetasol prop emollient base.....	PEN.....	105	
clobetasol propionate.....	75 COSENTYX UNOREADY	70	
clobetasol propionate e.....	76 COTELLIC.....	97	
clodan.....	76 COVID-19 Vaccines.....	62	
clomipramine hcl.....	76 CREON.....	83	
clonazepam.....	33 CRESEMBA.....	111	
clonidine hcl er.....	28 cromolyn sodium.....	72	
clonidine tablet.....	12 CROMOLYN SODIUM.....	97	
clonidine weekly patch.....	42 cryselle-28.....	104	
clopидогрел bisulfate.....	42 cyanocobalmin (vitamin B12).....	105	
clorazepate dipotassium.....	90 cyclafem 1/35.....	34	
clozapine.....	23 cyclafem 7/7/7.....	110	
clotrimazole.....	72 cyclobenzaprine hcl.....	83	
clotrimazole (LOTTRIMIN).....	74 CYCLOPHOSPHAMIDE.....	desmopressin acetate spray.....	81
clotrimazole-betamethasone.....	74 cyclophosphamide 25 mg cap.	44 desogestrel-ethinyl estradiol.....	81
clozapine.....	60 cyclophosphamide 50 mg cap.	44 desonide.....	76
CLOZAPINE.....	60 CYCLOSET.....	35 desoximetasone.....	76
COARTEM.....	43 cyclosporine.....	98,102 desvenlafaxine succinate er.....	33
COBENFY.....	58 cyclosporine modified.....	98 dexamethasone.....	70
COBENFY STARTER PACK.....	58 cyred.....	83 DEXAMETHASONE	
colchicine.....	90 cyred eq.....	83 INTENSOL.....	70
colchicine-probenecid.....	90 CYSTADANE.....	80 dexamethasone sodium	
colesevelam hcl.....	40 CYSTAGON.....	89 phosphate.....	71
colestipol hcl.....	40 CYSTARAN.....	102 DEXAMETHASONE SODIUM	
colistimethate sodium (cba).....	20 D	PHOSPHATE.....	102
COMBIVENT RESPIMAT.....	26	DEXCOM G5 MOB/G4 PLAT	
COMETRIQ (100 MG DAILY DOSE).....	dabigatran etexilate mesylate.....	27 SENSOR.....	93
COMETRIQ (140 MG DAILY DOSE).....	49 dalfampridine er.....	108 DEXCOM G5 MOBILE	
COMETRIQ (60 MG DAILY DOSE).....	49 danazol.....	18 RECEIVER.....	93
compro suppositories.....	49 dantrolene sodium.....	99 DEXCOM G5 MOBILE	
constulose.....	61 dapsone.....	44 TRANSMITTER.....	93
COPIKTRA.....	49 DAPTACEL.....	112 DEXCOM G5 RECEIVER KIT	93
CORLANOR.....	61 darifenacin hydrobromide er.	20,21 DEXCOM G6 RECEIVER.....	93
COSENTYX.....	68 dasatinib.....	113 DEXCOM G6 SENSOR.....	93
	75 dasetta 1/35.....	62 DEXCOM G6 TRANSMITTER	93
		49 DEXCOM G7 RECEIVER	93
		83 DEXCOM G7 SENSOR	93

DIACOMIT	29	doxepin hcl	34,92	emtricitabine-tenofovir df	63
diazepam	23	DOXERCALCIFEROL	81	EMTRIVA	63
DIAZEPAM	28	doxy 100	111	emzahh	105
diazepam intensol	24	doxycycline hydiate	111	enalapril maleate	41
diazoxide	35	doxycycline monohydrate	111	enalapril-hydrochlorothiazide	42
diclofenac potassium	15	DRIZALMA SPRINKLE	33	ENBREL	14
diclofenac sodium	15,74,102	dronabinol	38	ENBREL MINI	14
diclofenac sodium er	15	drospirenone-ethinyl estradiol	83	ENBREL SURECLICK	14
dicloxacillin sodium	105	DROXIA	91	endocet	18
dicyclomine hcl	113	droxidopa	68	ENGERIX-B	115
DIFICID	21	DULERA	26	enilloring	83
diflunisal	15	duloxetine hcl	33	enoxaparin sodium	28
digoxin	68	DUPIXENT	25	enpresse-28	83
DIGOXIN	68	dutasteride	90	enskyce	83
dihydroergotamine mesylate	95	dutasteride-tamsulosin hcl	90	entacapone	56
DILANTIN	29			entecavir	65
dilt-xr	67	E		ENTRESTO	68
diltiazem hcl	67	ec-naproxen	15	enulose	88
diltiazem hcl er	67	econazole nitrate	74	ENVARSUS XR	98
diltiazem hcl er beads	67	EDEX	69	EPIDIOLEX	29
diltiazem hcl er coated beads	67	EDURANT	62	epinastine hcl	102
dimethyl fumarate	108	EDURANT PED	63	Epinephrine 0.15/3ml, 0.30/3ml	
dimethyl fumarate starter pack	108	efavirenz	63	auto-injector (Teva and Mylan)	
diphenoxylate-atropine	37	EFAVIRENZ-LAMIVUDINE-	epitol		29
DIPHTHERIA-TETANUS		TENOFOVIR	63	eplerenone	43
TOXOIDS DT	112	eletriptan hydrobromide	95	ERGOTAMINE-CAFFEINE	95
dipyridamole	90	ELIGARD	47	ERIVEDGE	46
disopyramide phosphate	24	elinest	83	ERLEADA	47
disulfiram	106	ELIQUIS	27	erlotinib hcl	46
divalproex sodium	31	ELIQUIS DVT/PE STARTER	errin		105
divalproex sodium er	31	PACK	27	ertapenem sodium	22
dofetilide	24	ELMIRON	89	ERVEBO	115
donepezil hcl	107	eltrombopag olamine	91	ERY	73
dorzolamide hcl	102	eluryng	83	ery-tab	21
dorzolamide hcl-timolol mal	100	EMGALITY	95	erythromycin	21,73,101
dorzolamide hcl-timolol mal		EMGALITY (300 MG DOSE)	95	erythromycin base	21
pf	100	emoquette	83	erythromycin ethylsuccinate	21
dotti	87	EMSAM	32	escitalopram oxalate	32
DOVATO	62	emtricitab-rilpivir-tenofov df	63	ESLICARBAZEPINE ACETATE	
doxazosin mesylate	42	emtricitabine	63	200 MG ORAL TABLET	29

ESLICARBAZEPINE ACETATE FASENRA PEN.....	25	fluoxetine hcl.....	32
400 MG ORAL TABLET	29	febuxostat.....	90 FLUOXETINE HCL.....
ESLICARBAZEPINE ACETATE feirza 1.5/30.....			83 fluphenazine decanoate.....
600 MG ORAL TABLET	29	feirza 1/20.....	83 fluphenazine hcl.....
ESLICARBAZEPINE ACETATE felbamate.....			31 flurbiprofen.....
800 MG ORAL TABLET	29	felodipine er.....	67 FLURBIPROFEN SODIUM...
esomeprazole magnesium ..113 femynor.....			83 fluticasone propionate.....
estarrylla.....	83	fenofibrate.....	40 FLUTICASONE PROPIONATE
estradiol.....	87,88,116	fenofibrate micronized.....	40 HFA.....
estradiol valerate.....	88	fenofibric acid.....	40 fluticasone-salmeterol.....
estradiol-norethindrone acet. 83 fentanyl.....			16 fluvastatin sodium.....
ESTRING.....	116	fentanyl citrate.....	16 fluvoxamine maleate.....
eszopiclone.....	92	FENTANYL CITRATE.....	17 fluvoxamine maleate er.....
ethacrynic acid.....	79	fesoterodine fumarate er.....	113 folic acid.....
ethambutol hcl.....	44	FETZIMA.....	33 folic acid / vitamin B6 / vitamin
ethosuximide.....	31	FETZIMA TITRATION.....	33 B12.....
ethynodiol diac-eth estradiol. 83 finasteride.....			90 fondaparinux sodium.....
etodolac.....	15	fingolimod hcl.....	108 formoterol fumarate.....
etonogestrel-ethinyl estradiol.83 FINTEPLA.....			29 fosamprenavir calcium.....
etravirine.....	63	finzala.....	83 fosfomycin tromethamine.....
EULEXIN.....	47	FIRDAPSE.....	43 fosinopril sodium.....
euthyrox.....	112	FIRMAGON.....	47 fosinopril sodium-hctz.....
everolimus.....	49,50,98	FIRMAGON (240 MG DOSE).47 FOTIVDA.....	50
EVOTAZ.....	63	flac.....	103 fraiche 5000 dental.....
exemestane.....	47	flavoxate hcl.....	114 FREESTYLE LIBRE 14 DAY
ezetimibe.....	40	flecainide acetate.....	24 READER.....
ezetimibe-simvastatin.....	40	fluconazole.....	39 FREESTYLE LIBRE 14 DAY
		fluconazole in sodium chloride	39 SENSOR.....
		flucytosine.....	39 FREESTYLE LIBRE 2 PLUS
falmina.....	83	fludrocortisone acetate.....	71 SENSOR.....
famciclovir.....	66	flunisolide.....	99 FREESTYLE LIBRE 2
famotidine (PEPCID).....	113	fluocinolone acetonide ...76,103	READER.....
FANAPT.....	59	fluocinolone acetonide body ..77	FREESTYLE LIBRE 2
FANAPT TITRATION PACK		fluocinolone acetonide scalp..77	SENSOR.....
A.....	59	fluocinonide.....	77 FREESTYLE LIBRE 3 PLUS
FANAPT TITRATION PACK		fluoridex.....	72 SENSOR.....
B.....	59	fluoridex enhanced whitening.	72 FREESTYLE LIBRE 3
FANAPT TITRATION PACK		fluorimax 5000.....	72 READER.....
C.....	59	fluorometholone.....	102 FREESTYLE LIBRE 3
FARXIGA.....	37	FLUOROURACIL.....	74 SENSOR.....
FASENRA.....	25	fluorouracil.....	75 FREESTYLE LIBRE READER.94

FRUZAQLA.....	45	glipizide xl.....	37	HUMULIN R U-500 KWIKPEN ..36
furosemide.....	79	glipizide-metformin hcl.....	34	hydralazine hcl.....43
FUROSEMIDE.....	79	glucagon emergency.....	35	hydrochlorothiazide.....80
FUZEON.....	63	glycopyrrolate.....	113	hydrocod poli-chlorphe poli er..72
fyavolv.....	83	GLYXAMBI.....	34	hydrocodone bit-homatrop mbr.71
FYCOMPA.....	29	GOLYTELY.....	92	hydrocodone-acetaminophen..18
		GOMEKLI.....	50	hydrocortisone.....19,71,77
G		granisetron hcl.....	38	HYDROCORTISONE
g tussin ac.....	72	griseofulvin microsize.....	39	(PERIANAL).....19
gabapentin.....	29	griseofulvin ultramicrosize.....	39	HYDROCORTISONE 2.5 %
galantamine hydrobromide ..107		guaiatussin ac.....	72	LOTION.....77
GALANTAMINE		guaifenesin ac.....	72	hydrocortisone sod suc (pf)...71
HYDROBROMIDE.....	107	guaifenesin-codeine.....	72	hydrocortisone-acetic acid....103
galantamine hydrobromide		guanfacine hcl.....	42	hydromet.....71
er.....	107	guanfacine hcl er.....	12	hydromorphone hcl.....17
gallifrey.....	106	GVOKE HYPOOPEN 1-PACK ..35	hydroxychloroquine sulfate....43	
GAMMAKED.....	103	GVOKE HYPOOPEN 2-PACK ..35	hydroxyurea.....55	
GAMUNEX-C.....	103	GVOKE KIT.....	35	hydroxyzine hcl.....23
GARDASIL 9.....	115	GVOKE PFS.....	35	hydroxyzine pamoate.....23
gatifloxacin.....	101			
GAUZE PADS.....	93	H		I
gauze pads and dressings.....	93	HADLIMA.....	14	ibandronate sodium.....80
GAVILYTE-C.....	92	HADLIMA PUSHTOUCH.....	14	IBRANCE.....50
gavilyte-g.....	92	HAEGARDA.....	92	ibuprofen (MOTRIN).....15
gavilyte-n with flavor pack ..	92	hailey 1.5/30.....	83	icatibant acetate.....92
GAVRETO.....	50	hailey 24 fe.....	83	iclevia.....84
gefitinib.....	46	hailey fe 1.5/30.....	83	ICLUSIG.....50
gemfibrozil.....	40	hailey fe 1/20.....	83	icosapent ethyl.....40
GEMTESA.....	114	halobetasol propionate.....	77	IDHIFA.....50
generlac.....	88	haloette.....	83	imatinib mesylate.....50
gengraf.....	98	haloperidol.....	58	IMBRUVICA.....50
GENTAMICIN IN SALINE.....	13	haloperidol decanoate.....	58	imipenem-cilastatin.....22
gentamicin sulfate ..13,74,101		haloperidol lactate.....	58	imipramine hcl.....34
GENVOYA.....	63	HAVRIX.....	115	imiquimod.....78
GIOTRIF.....	46	heather.....	106	IMKELDI.....50
glatiramer acetate.....	108	heparin sodium (porcine).....28	IMOVAX RABIES.....115	
glatopa.....	108	heparin sodium (porcine) pf..	28	incassia.....106
GLEOSTINE.....	44	HEPLISAV-B.....	115	INCRELEX.....81
glimepiride.....	37	HIBERIX.....	114	INCRUSE ELLIPTA.....25
glipizide.....	37	HUMULIN R U-500		indapamide.....80
glipizide er.....	37	(CONCENTRATED).....	36	indomethacin.....15

INFANRIX	112	ivabradine hcl	68	KERENDIA	81
INGREZZA	107	ivermectin	20,78	KESIMPTA	108
INLYTA	45	IWILFIN	56	ketoconazole	39,74
INQOVI	48	IXCHIQ	115	ketorolac tromethamine	15,102
INREBIC	50	IXIARO	115	KEVZARA	15
INSULIN ASP PROT & ASP				KINRIX	112
FLEXPEN	36	J		kionex	98
INSULIN ASPART	36	jaimiess	84	KISQALI (200 MG DOSE)	51
INSULIN ASPART FLEXPEN	36	JAKAFI	50	KISQALI (400 MG DOSE)	51
INSULIN ASPART PENFILL	36	jantoven	27	KISQALI (600 MG DOSE)	51
INSULIN ASPART PROT &		JANUMET	34	KISQALI FEMARA (200 MG	
ASPART	36	JANUMET XR	34	DOSE)	48
INSULIN PEN NEEDLE	95	JANUVIA	35	KISQALI FEMARA (400 MG	
INSULIN SYRINGE (DISP) U-		JARDIANCE	37	DOSE)	48
100 0.3 ML	95	jasmiel	84	KISQALI FEMARA (600 MG	
INSULIN SYRINGE (DISP) U-		JAYPIRCA	51	DOSE)	48
100 1 ML	94	jencycla	106	klayesta	74
INSULIN SYRINGE (DISP) U-		JENTADUETO	34	klor-con	96
100 1/2 ML	95	JENTADUETO XR	34	klor-con 10	96
INTELENCE	63	jinteli	84	klor-con m10	96
introvale	84	jolessa	84	klor-con m15	96
INVEGA HAFYERA	59	JOURNAVX	16	klor-con m20	96
INVEGA SUSTENNA	59	juleber	84	KLOXXADO	38
INVEGA TRINZA	59	JULUCA	63	KOSELUGO	51
IPOL	115	junel 1.5/30	84	kourzeq	72
ipratropium bromide	25,100	junel 1/20	84	KRAZATI	51
ipratropium-albuterol	27	junel fe 1.5/30	84	kurvelo	84
irbesartan	41	junel fe 1/20	84	L	
irbesartan-		junel fe 24	84		
hydrochlorothiazide	42	just right 5000	72	l-glutamine	91
ISENTRESS	63	JYNNEOS	115	labetalol hcl	66
ISENTRESS HD	63	K		lacosamide	29
isibloom	84			LACTATED RINGERS	96
isoniazid	44	K-PHOS	96	lactulose	93
isosorbide dinitrate	23	KALETRA	63	lactulose encephalopathy	88
isosorbide mononitrate	23	kalliga	84	lamivudine	63,65
isosorbide mononitrate er	23	KALYDECO	109	lamivudine-zidovudine	63
isotretinoin	73	kariva	84	lamotrigine	29
isradipine	67	kcl in dextrose-nacl	96	lamotrigine er	29
ITOVEBI	50	kelnor 1/35	84	lancet device	94
itraconazole	39	kelnor 1/50	84	lancets	94

Iansoprazole (PREVACID)	113	LEVOBUNOLOL HCL	100	LITHIUM CARBONATE 600 MG
LANTUS	36	levocarnitine	81	CAP
LANTUS SOLOSTAR	36	levocarnitine sf	81	lithium carbonate er
lapatinib ditosylate	51	levocetirizine (XYZAL)	110	LIVTENCITY
larin 1.5/30	84	levofloxacin	88	lo-zumandimine
larin 1/20	84	LEVOFLOXACIN	101	loestrin 1.5/30 (21)
larin 24 fe	84	LEVOFLOXACIN 0.5 %		loestrin 1/20 (21)
larin fe 1.5/30	84	SOLUTION	101	loestrin fe 1.5/30
larin fe 1/20	84	levofloxacin in d5w	88	loestrin fe 1/20
larissia	84	levonest	84	lojaimess
latanoprost	103	levonorg-eth estrad triphasic	84	LOKELMA
LAZCLUZE	46	levonorgest-eth estrad 91-day	84	LONSURF
LEDIPASVIR-SOFOSBUVIR	65	levonorgestrel-eth estradiol-iron	84	loperamide (IMMODIUM)
leena	84	levonorgestrel-ethynodiol-estradiol	85	lopinavir-ritonavir
leflunomide	14	levora 0.15/30 (28)	85	lorazepam
lenalidomide	97	levothyroxine sodium	112	lorazepam intensol
LENVIMA (10 MG DAILY		levoxyl	112	LORBRENA
DOSE)	45	LIBERVANT	28	loryna
LENVIMA (12 MG DAILY		LIDOCAINE HCL	72	losartan potassium
DOSE)	45	lidocaine hcl	77	losartan potassium-hctz
LENVIMA (14 MG DAILY		lidocaine patches	77	loteprednol etabonate
DOSE)	45	lidocaine viscous hcl	72	lovastatin
LENVIMA (18 MG DAILY		lidocaine-prilocaine	77	low-ogestrel
DOSE)	45	LILETTA (52 MG)	106	loxapine succinate
LENVIMA (20 MG DAILY		lillow	85	lubiprostone
DOSE)	45	lincomycin hcl	21	LUMAKRAS
LENVIMA (24 MG DAILY		linezolid	21	LUMIGAN
DOSE)	45	LINEZOLID IN SODIUM		LUPRON DEPOT (1-MONTH)
LENVIMA (4 MG DAILY		CHLORIDE	21	LUPRON DEPOT (3-MONTH)
DOSE)	45	LINZESS	93	lurasidone hcl
LENVIMA (8 MG DAILY		liothyronine sodium	112	LURBIPR
DOSE)	45	lisdexamfetamine dimesylate (10 mg cap)	12	LYNPARZA
lessina	84	mg cap, 20 mg cap, 30 mg cap, lyleq		LYTGOBI (12 MG DAILY)
letrozole	47	40 mg cap, 50 mg cap, 60 mg lyllana		LYTGOBI (16 MG DAILY)
leucovorin calcium	56	cap, 70 mg cap)	12	LYTGOBI (16 MG DAILY)
LEUKERAN	44	lisinopril	41	LYSODREN
levalbuterol hcl	27	lisinopril-hydrochlorothiazide	42	TARTRATE
LEVALBUTEROL		lithium	58	LYTGOBI (12 MG DAILY)
TARTRATE	27	LITHIUM CARBONATE	58	LYTGOBI (16 MG DAILY)
levetiracetam	30	lithium carbonate	58	DOSE)
levetiracetam er	30			51

LYTGOBI (20 MG DAILY DOSE).....	methadone hcl.....	17 mili.....	85
lyza.....	51 METHADONE HCL 10 MG/5ML	minocycline hcl.....	111
	106 SOLUTION.....	17 minoxidil.....	43
	METHADONE HCL 5 MG/5ML	mirabegron er.....	114
M	SOLUTION.....	17 mirtazapine.....	32
M-M-R II.....	115 methamphetamine hcl.....	12 misoprostol.....	113
magnesium sulfate.....	96 methazolamide.....	79 modafinil.....	12
malathion.....	78 methenamine hippurate.....	22 moexipril hcl.....	41
maraviroc.....	64 methenamine mandelate.....	23 MOLINDONE HCL.....	58
marlissa.....	85 methimazole.....	112 mometasone furoate.....	77,100
MARPLAN.....	32 methocarbamol.....	99 mono-linyah.....	85
MATULANE.....	55 METHOTREXATE.....	45 montelukast sodium.....	25
matzim la.....	67 METHOTREXATE SODIUM.....	45 morphine sulfate.....	17
MAVYRET.....	65 methotrexate sodium (pf).....	45 MORPHINE SULFATE.....	17
maxi-tuss ac.....	72 METHOXSALEN RAPID.....	75 morphine sulfate (concentrate).....	17
meclizine.....	38 methsuximide.....	31 MORPHINE SULFATE	
medroxyprogesterone	methylphenidate hcl.....	12 (CONCENTRATE).....	17
acetate.....	106 methylphenidate hcl er.....	12 morphine sulfate er.....	17
mefloquine hcl.....	43 methylphenidate hcl er (osm).....	12 MOUNJARO.....	36
megestrol acetate.....	47 methylprednisolone.....	71 MOVANTIK.....	93
MEGESTROL ACETATE.....	106 metoclopramide hcl.....	89 MOXIFLOXACIN HCL.....	88
MEKINIST.....	51,52 metolazone.....	80 moxifloxacin hcl.....	101
MEKTOVI.....	52 metoprolol succinate er.....	66 MOXIFLOXACIN HCL (2X	
meleya.....	106 metoprolol tartrate.....	66 DAY).....	101
meloxicam.....	15 metoprolol-	MOXIFLOXACIN HCL IN	
memantine hcl.....	107 hydrochlorothiazide.....	42 NACL.....	88
memantine hcl er.....	107 metronidazole.....	21,78 MRESVIA.....	115
MENACTRA.....	114 metronidazole vaginal 0.75%	mupirocin 2% ointment.....	74
MENEST.....	88 gel.....	116 MUSE.....	69
MENQUADFI.....	114 metyrosine.....	43 mycophenolate mofetil.....	98
MENVEO.....	114 mexiletine hcl.....	24 mycophenolate sodium.....	98
mercaptopurine.....	44 mibelas 24 fe.....	85 mycophenolic acid.....	98
meropenem.....	22 micafungin sodium.....	39 MYRBETRIQ.....	114
MEROPENEM-SODIUM	microgestin 1.5/30.....	85	
CHLORIDE.....	22 microgestin 1/20.....	85	N
mesalamine.....	89 microgestin 24 fe.....	85 na sulfate-k sulfate-mg sulf.....	92
mesalamine er.....	89 microgestin fe 1.5/30.....	85 nabumetone.....	16
mesalamine-cleanser.....	89 microgestin fe 1/20.....	85 nadolol.....	67
mesna.....	56 midodrine hcl.....	68 naftillin sodium.....	105
metformin hcl.....	35 mifepristone.....	35 NAFCILLIN SODIUM IN	
metformin hcl er.....	35 MIGERGOT.....	95 DEXTROSE.....	105

NALOXONE HCL	38	NITRO-BID	.23	NOVOLOG FLEXPEN RELION	37
haloxone hcl	38	nitrofurantoin macrocrystal	.23	NOVOLOG MIX 70/30	37
naltrexone hcl	38	nitrofurantoin monohyd macro	.23	NOVOLOG MIX 70/30	
naproxen	16	nitroglycerin	.19,.23	FLEXPEN	37
naratriptan hcl	95	nora-be	.106	NOVOLOG MIX 70/30 RELION	37
nateglinide	35	norelgestromin-eth estradiol	.85	NOVOLOG PENFILL	37
NAYZILAM	28	norethin ace-eth estrad-fe	.85	NOVOLOG RELION	37
nebivolol hcl	66	norethindrone	.106	NUBEQA	47
necon 0.5/35 (28)	85	norethindrone acet-ethinyl est	.85	NUEDEXTA	108
needles and syringes	95	norethindrone acetate	.106	NUPLAZID	58
NEFAZODONE HCL	33	norethindrone-eth estradiol	.85	NURTEC	95
NEFFY	27	norgestim-eth estrad triphasic	.85	nyamyc	74
NEMLUVIO	97	norgestimate-eth estradiol	.85	nylia 1/35	86
neomycin sulfate	13	norlyda	.106	nylia 7/7/7	86
neomycin-bacitracin zn-		norlyroc	.106	nymyo	86
polymyx	101	nortrel 0.5/35 (28)	.86	nystatin	39,73,74
neomycin-polymyxin-		nortrel 1/35 (21)	.86	nystatin-triamcinolone	74
dexameth	102	nortrel 1/35 (28)	.86	nystop	74
NEOMYCIN-POLYMYXIN-		nortrel 7/7/7	.86	NYVEPRIA	91
GRAMICIDIN	101	nortriptyline hcl	.34	O	
NEOMYCIN-POLYMYXIN-		NORVIR	.64		
HC	102	NOVOLIN 70/30	.36	ocella	86
neomycin-polymyxin-hc	103	NOVOLIN 70/30 FLEXPEN	.36	octreotide acetate	81
neomycin-polymyxin-hc 3.5-		NOVOLIN 70/30 FLEXPEN		ODEFSEY	64
10000-1 suspension	103	RELION	.36	ODOMZO	46
NERLYNX	.52	NOVOLIN 70/30 RELION	.36	OFEV	109
nevirapine	64	NOVOLIN N	.36	OFLOXACIN	88
NEVIRAPINE	64	NOVOLIN N FLEXPEN	.36	ofloxacin	101
nevirapine er	64	NOVOLIN N FLEXPEN		OGSIVEO	52
NEXPLANON	106	RELION	.36	OJEMDA	52
NEXVIAZYME	.81	NOVOLIN N RELION	.36	OJJAARA	52
niacin er (antihyperlipidemic)	.40	NOVOLIN R	.36	olanzapine	60,61
NICOTROL NS	108	NOVOLIN R FLEXPEN	.36	olmesartan medoxomil	41
nifedipine er	67	NOVOLIN R FLEXPEN		olmesartan medoxomil-hctz	42
nifedipine er osmotic release	.67	RELION	.37	olmesartan-amlodipine-hctz	42
nikki	.85	NOVOLIN R RELION	.37	olopatadine hcl	100
nilotinib hcl	.52	NOVOLOG	.37	omega-3-acid ethyl esters	40
nilutamide	.47	NOVOLOG 70/30 FLEXPEN		omeprazole	113
nimodipine	.67	RELION	.37	OMNIPOD 5 DEXG7G6 PODS	
NINLARO	.52	NOVOLOG FLEXPEN	.37	GEN 5	.94
nitazoxanide		22			

OMNIPOD 5 G6 INTRO (GEN 5).....	oseltamivir phosphate.....94	penicillin g potassium.....66	104
OMNIPOD 5 G6 PODS (GEN 5).....	oxacillin sodium.....94	PENICILLIN G PROCAINE...75	104
OMNIPOD 5 G7 INTRO (GEN 5).....	OXACILLIN SODIUM IN DEXTROSE.....94	PENICILLIN G SODIUM.....105	104
OMNIPOD 5 G7 PODS (GEN 5).....	oxaprozin.....94	PENICILLIN V POTASSIUM..116	114
OMNIPOD 5 LIBRE2 G6 INTRO G5.....	oxazepam.....94	PENTACEL.....16	112
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	oxcarbazepine.....94	Pentamidine Isethionate for Injection Solution.....30	21
OMNIPOD CLASSIC PDM (GEN 3).....	oxybutynin chloride.....94	Pentamidine Isethionate for Nebulization Solution.....113	21
OMNIPOD CLASSIC PODS (GEN 3).....	oxybutynin chloride er.....94	peroxifylline er.....18	68
OMNIPOD DASH INTRO (GEN 4).....	oxycodone hcl.....94	oxycodone-acetaminophen ..18	30
OMNIPOD DASH PDM (GEN 4).....	OZEMPIC (0.25 OR 0.5 MG/DOSE).....94	PERINDOPRIL ERBUMINE...41	41
OMNIPOD DASH PODS (GEN 4).....	OZEMPIC (1 MG/DOSE).....94	perindopril erbumine 4 mg tab .41	41
ONETOUCH ULTRA.....	OZEMPIC (2 MG/DOSE).....78	periogard.....36	73
ONETOUCH ULTRA BLUE TEST.....	pacerone.....94	permethrin (NIX).....78	78
ONETOUCH ULTRA TEST ..	paliperidone er.....94	perphenazine.....61	61
ONETOUCH VERIO.....	PANRETIN.....94	PERSERIS.....59	59
ONUREG.....	pantoprazole sodium.....94	PHENELZINE SULFATE 15 MG TAB.....59	32
ONUITROPE.....	paricalcitol.....80	phenobarbital.....75	30
ondansetron.....	paroxetine hcl.....38	phenytek.....113	30
ondansetron hcl.....	PAROXETINE HCL.....38	phenytoin.....81	30
ONTOUCH ULTRA.....	paroxetine hcl er.....78	phenytoin infatabs.....33	30
ONTOUCH ULTRA BLUE TEST.....	PAXLOVID.....78	phenytoin sodium extended...33	30
ONTOUCH ULTRA TEST ..	PAXLOVID (150/100).....78	philith.....33	86
ONTOUCH VERIO.....	PAXLOVID (300/100).....78	phytonadione.....66	117
OPSUMIT.....	pazopanib hcl.....78	PIFELTRO.....66	64
OPVEE.....	PEDIARIX.....45	pilocarpine hcl.....66	73,102
ORENCIA.....	PEDVAX HIB.....62	pimecrolimus.....52	77
ORENCIA CLICKJECT.....	peg 3350-kcl-na bicarb-nacl ..110	PIMOZIDE.....112	108
ORGOVYX.....	peg-3350/electrolytes.....38	pimtrea.....114	86
ORKAMBI.....	peg-kcl-nacl-nasulf-na asc-c ..47	pindolol.....92	67
orquidea.....	PEGASYS.....109	pioglitazone hcl.....92	35
ORSERDU.....	PEMAZYRE.....106	pioglitazone hcl-glimepiride...92	34
orsythia.....	PENBRAYA.....47	pioglitazone hcl-metformin hcl ..92	34
	penicillamine.....86	piperacillin sod-tazobactam	
	so.....65	PIQRAY (200 MG DAILY DOSE).....52	105
		114	52

P

PIQRAY (250 MG DAILY DOSE).....	52	PREDNISONE INTENSOL.....	71	promethazine-phenyleph-
PIQRAY (300 MG DAILY DOSE).....	52	pregabalin.....	30	codeine.....
PIRMELLA 1/35.....	86	PREHEVBRIOT.....	115	propafenone hcl.....
PIRMELLA 7/7/7.....	86	PREMARIN.....	116	propafenone hcl er.....
pirfenidone.....	109,110	prenatal vitamin.....	99	propranolol hcl.....
piroxicam.....	16	PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID	67	67
PLEGRIDY.....	108	GREATER THAN 0.8 MG ORAL TABLET.....	99	PROPRANOLOL HCL.....
plenamine.....	100	PREVNAR 20.....	40	propranolol hcl er.....
PNEUMOVAX 23.....	114	PREVIDENT 5000 ENAMEL PROTECT.....	112	propylthiouracil.....
PODOFILOX 0.5 % SOLUTION.....	78	PREVIDENT 5000	115	pseudoeph-bromphen-dm.....
polymyxin b-trimethoprim.....	101	SENSITIVE.....	73	109
POMALYST.....	55	previfem.....	86	PURIXAN.....
portia-28.....	86	PREVYNAR 20.....	114	pyridostigmine bromide.....
posaconazole.....	39	PREVYMIS.....	65	pyridostigmine bromide er.....
potassium chloride.....	96	PREZCOBIX.....	64	pyrimethamine.....
POTASSIUM CHLORIDE.....	97	PREZISTA.....	64	Q
potassium chloride 2 meq/ml solution.....	97	PRIFTIN.....	44	QINLOCK.....
potassium chloride 20 meq packet.....	26.3 (15 BASE)	PRIMAQUINE PHOSPHATE MG TAB.....	43	QUADRACEL.....
potassium chloride crys er.....	97	PRIMIDONE.....	30	Quadrivalent Influenza
potassium chloride er.....	97	PRIORIX.....	115	Vaccines.....
potassium chloride in dextrose.....	96	PRIVIGEN.....	115	quetiapine fumarate.....
potassium citrate er.....	89	probenecid.....	90	61
pramipexole dihydrochloride.....	57	prochlorperazine maleate.....	61	quinidine gluconate er.....
prasugrel hcl.....	90	suppositories.....	61	quinidine sulfate.....
pravastatin sodium.....	40	procto-med hc.....	19	quinine sulfate.....
praziquantel.....	20	proctosol hc.....	19	QVAR REDIHALER.....
prazosin hcl.....	42	proctozone-hc.....	19	R
prednisolone.....	71	progesterone.....	106	RABAVERT.....
prednisolone acetate.....	102	PROGRAF.....	98	rabeprazole sodium.....
prednisolone sodium phosphate.....	71	promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg	100	113
PREDNISOLONE SODIUM PHOSPHATE.....	102	suppos, 25 mg tab, 50 mg	110	RADICAVA ORS.....
prednisone.....	71	promethazine-codeine.....	72	RALDESY.....
PREDNISONE.....	71	promethazine-dm.....	72	raloxifene hcl.....
			80	ramelteon.....
			92	ramipril.....
			41	

ranolazine er.....	68	rosuvastatin calcium.....	41	SIRTURO.....	44
rasagiline mesylate.....	58	ROTARIX.....	116	SKYRIZI.....	75,89
reclipsen.....	86	ROTATEQ.....	116	SKYRIZI PEN.....	75
RECOMBIVAX HB.....	115,116	roweepra.....	30	SKYTROFA.....	80
RENACIDIN.....	89	ROZLYTREK.....	53	SOD FLUORIDE-POTASSIUM	
repaglinide.....	35	RUBRACA.....	53	NITRATE.....	73
REPATHA.....	40	rufinamide.....	30	SODIUM CHLORIDE.....	89
REPATHA PUSHTRONEX SYSTEM.....	40	RUKOBIA.....	64	sodium chloride.....	97
REPATHA SURECLICK.....	40	RYBELSUS.....	36	sodium fluoride.....	73
RETACRIT.....	91	RYDAPT.....	53	Sodium Fluoride.....	96
RETEVMO.....	52,53	RYTARY.....	58	SODIUM FLUORIDE 5000 ENAMEL.....	73
REVUFORJ.....	55	S		sodium fluoride 5000 plus.....	73
REXULTI.....	62	sajazir.....	92	sodium fluoride 5000 ppm.....	73
REYATAZ.....	64	SANTYL.....	78	SODIUM FLUORIDE 5000	
REZDIFRA.....	89	sapropterin dihydrochloride.....	81	SENSITIVE.....	73
REZLIDHIA.....	53	SCEMBLIX.....	53	sodium fluoride chewable	
REZUROCK.....	98	scopolamine.....	38	tablet.....	96
RHOPRESSA.....	101	SECUADO.....	61	SODIUM OXYBATE.....	111
RIBAVIRIN 200 MG CAP.....	65	selegiline hcl.....	58	sodium phenylbutyrate.....	81
RIBAVIRIN 200 MG TAB.....	65	selenium sulfide.....	78	sodium polystyrene sulfonate ..	98
RIDAURA.....	15	SELZENTRY.....	64	SOFOSBUVIR-VELPATASVIR	65
rifabutin.....	44	sertraline hcl.....	33	SOLifenac in succinate.....	114
rifampin.....	44	setlakin.....	86	SOLIQUA.....	34
riluzole.....	100	sf.....	73	SOLTAMOX.....	47
RIMANTADINE HCL.....	66	sf 5000 plus.....	73	SOLU-CORTEF.....	71
RINVOQ.....	14	sharobel.....	106	SOLU-MEDROL.....	71
RINVOQ LQ.....	14	SHINGRIX.....	116	SOLU-MEDROL (PF).....	71
risedronate sodium.....	80	SIGNIFOR.....	81	SOMAVERT.....	81
risperidone.....	60	sildenafil citrate.....	69,110	sorafenib tosylate.....	53
risperidone microspheres er.	60	silodosin.....	90	sorine.....	67
ritonavir.....	64	silver sulfadiazine.....	78	sotalol hcl.....	67
rivaroxaban.....	27	SIMBRINZA.....	101	sotalol hcl (af).....	67
rivastigmine.....	107	SIMLANDI (1 PEN).....	14	SPIRIVA HANDIHALER.....	25
rivastigmine tartrate.....	107	SIMLANDI (1 SYRINGE).....	14	SPIRIVA RESPIMAT.....	25
rizatriptan benzoate.....	95	SIMLANDI (2 PEN).....	14	spironolactone.....	79
ROCKLATAN.....	101	SIMLANDI (2 SYRINGE).....	14	spironolactone-hctz.....	79
roflumilast.....	110	simliya.....	86	sprintec 28.....	86
ROMVIMZA.....	53	simpesse.....	86	SPRITAM.....	30
ropinirole hcl.....	57	simvastatin.....	41	sps (sodium polystyrene sulf) ..	99
ropinirole hcl er.....	57	sirolimus.....	98	sronyx.....	86

ssd.....	78 TAFINLAR.....	53 theophylline er.....	111
STELARA.....	75,76 tafluprost (pf).....	103 thiamine (vitamin B1).....	117
STEQEYMA.....	76 TAGRISSO.....	46 thioridazine hcl.....	61
STIOLTO RESPIMAT.....	27 TALZENNA.....	54 thiothixene.....	58
STIVARGA.....	53 tamoxifen citrate.....	47 tiadylt er.....	67
STREPTOMYCIN SULFATE.	13 tamsulosin hcl.....	90 tiagabine hcl.....	31
STRIBILD.....	64 tarina 24 fe.....	86 TIBSOVO.....	54
STRIVERDI RESPIMAT.....	27 tarina fe 1/20.....	86 ticagrelor.....	90
SUCRAID.....	79 tarina fe 1/20 eq.....	86 TICOVAC.....	116
sucralfate.....	113 tazarotene.....	76 tigecycline 50 mg recon soln ..	21
SUFLAVE.....	92 TAZICEF.....	70 timolol maleate.....	67,100
SULFACETAMIDE	tazicef 1 gm recon soln ..	70 tinidazole.....	21
SODIUM.....	101 tazicef 2 gm recon soln ..	70 TIVICAY.....	64
sulfacetamide sodium.....	101 TAZVERIK.....	54 TIVICAY PD.....	64
sulfacetamide sodium (acne)	74 TDVAX.....	112 tizanidine hcl.....	99
SULFACETAMIDE-	TEFLARO.....	21 tobramycin.....	13,101
PREDNISOLONE.....	102 telmisartan.....	41 TOBRAMYCIN SULFATE.....	13
sulfadiazine.....	111 TELMISARTAN-	tobramycin-dexamethasone ..	102
sulfamethoxazole-	AMLODIPINE.....	42 tolterodine tartrate ..	114
trimethoprim.....	111 telmisartan-hctz.....	42 tolterodine tartrate er ..	114
sulfasalazine.....	89 temazepam.....	92 topiramate ..	30
sulindac.....	16 temozolomide ..	44 toremifene citrate ..	47
sumatriptan.....	95 TENIVAC.....	112 torpenz ..	54
sumatriptan succinate.....	95 tenofovir disoproxil fumarate ..	64 torsemide ..	79
sumatriptan succinate refill ..	95 TEPMETKO.....	54 TOUJEO MAX SOLOSTAR ..	37
sunitinib malate.....	53 terazosin hcl ..	42 TOUJEO SOLOSTAR ..	37
SUNLENCA.....	64 terbinafine hcl ..	39 TRADJENTA ..	35
SUNOSI.....	111 terbutaline sulfate ..	27 tramadol hcl ..	18
syeda.....	86 terconazole ..	116 tramadol-acetaminophen ..	18
SYMPAZAN.....	28 teriflunomide ..	108 trandolapril ..	41
SYMTUZA.....	64 teriparatide ..	80 tranexamic acid ..	91
SYNJARDY.....	34 testosterone ..	19 tranylcypromine sulfate ..	32
SYNJARDY XR.....	34 TESTOSTERONE ..	19 travoprost (bak free) ..	103
SYNTHROID.....	112 testosterone 50 mg/5gm (1%)	trazodone hcl ..	33
	gel	19 TRECATOR ..	44
	testosterone cypionate ..	19 TRELEGY ELLIPTA ..	27
TABLOID.....	45 TESTOSTERONE	TRELSTAR MIXJECT ..	48
TABRECTA.....	53 ENANTHATE ..	19 tretinoin ..	55,74
tacrolimus.....	77,98 tetrabenazine ..	108 tri femynor ..	86
tadalafil.....	69,90 tetracycline hcl ..	111 tri-estarrylla ..	86
tadalafil (pah).....	110 THALOMID ..	98 tri-linyah ..	86

tri-lo-estarylla.....	86	TYPHIM VI.....	114	venlafaxine hcl.....	33
tri-lo-marzia.....	86	TYRVAYA.....	102	venlafaxine hcl er.....	33
tri-lo-mili.....	87	U		VENTOLIN HFA.....	27
tri-lo-sprintec.....	87			verapamil hcl.....	67
tri-mili.....	87	UDENYCA.....	91	VERAPAMIL HCL ER.....	68
TRI-MIX.....	69	unithroid.....	112	verapamil hcl er.....	68
tri-nymyo.....	87	UPTRAVI.....	110	VERQUVO.....	68
tri-previfem.....	87	ursodiol.....	89	VERSACLOZ.....	61
tri-sprintec.....	87	UZEDY.....	60	VERZENIO.....	54
tri-vylibra.....	87	V		vestura.....	87
tri-vylibra lo.....	87			vienna.....	87
triamcinolone acetonide ..	73,77	valacyclovir hcl.....	66	vigabatrin.....	31
triamterene-hctz.....	79	VALCHLOR.....	75	vigadronе.....	31
triderm.....	77	valganciclovir hcl.....	65	VIGAFYDE.....	31
trientine hcl.....	97	valproic acid.....	31	vigpoder.....	31
trifluoperazine tab.....	61	valsartan.....	42	vilazodone hcl.....	33
TRIFLURIDINE.....	101	valsartan-hydrochlorothiazide	42	VIMKUNYA.....	116
trihexyphenidyl hcl.....	57	VALTOCO 10 MG DOSE.....	28	viorele.....	87
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION.....	57	VALTOCO 15 MG DOSE.....	28	VIRACEPT.....	64
VALTOCO 20 MG DOSE.....	28	VIREAD.....			64
TRIJARDY XR.....	35	VALTOCO 5 MG DOSE.....	29	virtussin a/c.....	72
TRIKAFTA.....	109	valtya 1/50.....	87	virtussin ac w/alc.....	72
TRIMETHOPRIM.....	21	vancomycin hcl.....	21,22	vitamin B complex / vitamin C /	
trimethoprim.....	21	VANCOMYCIN HCL.....	22	biotin / minerals / folic acid.....	99
trimipramine maleate.....	34	VANCOMYCIN HCL IN NACL	22	vitamin B complex / vitamin C /	
TRINTELLIX.....	33	VANFLYTA.....	54	folic acid.....	99
TRIUMEQ.....	64	VAQTA.....	116	vitamin C.....	117
TRIUMEQ PD.....	64	vardenafil hcl.....	69	vitamin D.....	117
trivora (28).....	87	varenicline tartrate.....	109	vitamin k1.....	117
trospium chloride.....	114	varenicline tartrate (starter)	109	VITRAKVI.....	54
trospium chloride er.....	114	varenicline tartrate(continue)	109	VIVITROL.....	38
TRULICITY.....	36	VARIVAX.....	116	VIVOTIF (limited to certain	
TRUMENBA.....	114	VARIZIG.....	103	manufacturers).....	115
TRUQAP.....	54	VAXCHORA.....	115	VIZIMPRO.....	46
TUKYSA.....	55	VAXNEUVANCE.....	115	volnea.....	87
tulana.....	106	VELIVET.....	87	VONJO.....	54
TURALIO.....	54	VELTASSA.....	99	VOQUEZNA.....	113
turqoz.....	87	VEMLIDY.....	65	VORANIGO.....	54
TIWIST STARTER KIT.....	94	VENCLEXTA.....	55,56	voriconazole.....	39
TWINRIX.....	116	VENCLEXTA STARTING		voriconazole 200 mg recon	
TYENNE.....	15	PACK.....	56	soln.....	39

voriconazole 40 mg/ml recon susp	XPOVIO (40 MG ONCE WEEKLY)	56	ZTALMY	31
VOSEVI	XPOVIO (40 MG TWICE	56	zumandimine	87
VOWST	XPOVIO (40 WEEKLY)	56	ZURZUVAE	32
VRAYLAR	XPOVIO (60 MG ONCE	56	ZYDELIG	55
VUMERITY	XPOVIO (108 MG ONCE WEEKLY)	56	ZYKADIA	55
vyfemla	XPOVIO (60 MG TWICE	56	ZYPREXA RELPREVV	61
vylibra	XPOVIO (60 WEEKLY)	56	ZYVOX	22
VYNDAMAX	XPOVIO (80 MG ONCE	56		
VYZULTA	XPOVIO (103 MG ONCE WEEKLY)	56		
W	XPOVIO (80 MG TWICE WEEKLY)	56		
warfarin sodium	XTANDI	48		
WELIREG	xulane	87		
wera		87		
WINREVAIR	Y	110		
wixela inh	YF-VAX	116		
WYOST	yuvafem	116		

X	Z	
XALKORI	zafemy	87
XARELTO	zafirlukast	25
XARELTO STARTER PACK	zaleplon	92
XCOPRI	zarah	87
XCOPRI (250 MG DAILY DOSE)	ZARXIO	91
XCOPRI (350 MG DAILY DOSE)	ZEJULA	55
XDEMVY	ZELBORAF	55
XELJANZ	zenatane	74
XELJANZ XR	zidovudine	64
XELJANZ XR	ZIMHI	38
XERMELO	ziprasidone hcl	59
XIFAXAN	ziprasidone mesylate	59
XIGDUO XR	ZIRGAN	101
XiIDRA	ZOLINZA	55
XOFLUZA (40 MG DOSE)	zolmitriptan	95
XOFLUZA (80 MG DOSE)	zolpidem tartrate	92
XOFLUZA (80 MG DOSE)	zolpidem tartrate er	92
XOLAIR	ZONISADE	30
XOSPATA	zonisamide	30
XPOVIO (100 MG ONCE WEEKLY)	zovia 1/35 (28)	87
	zovia 1/35e (28)	87

Este formulario se actualizó el 07/22/2025.

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.



PO Box 52
Minneapolis, MN 55440-0052

ucare.org

U12566 Spanish (U2297) (07/2025)