

2025

# List of Covered Drugs (Formulary) (Lista de medicamentos cubiertos (Formulario)) de UCare Medicare Plans (HMO-POS) y EssentiaCare (PPO)

- UCare Medicare Plans (HMO-POS)
  - UCare Aware
  - UCare Classic
  - UCare Complete
  - UCare Essentials Rx
  - UCare Standard
- UCare Advocate Plans (HMO-I-SNP)
- EssentiaCare Plans (PPO)

Este formulario se actualizó el 03/18/2025.

**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 al Cliente de **UCare Medicare Plans** al 612-676-3600 o 1-877-523-1515 (esta llamada es gratuita)

Servicio al Cliente de **UCare Advocate Plans** al 612-676-3600 o 1-877-523-1515 (esta llamada es gratuita)

Servicio al Cliente de **EssentiaCare** al 218-722-4915 o al 1-855-432-7025 (esta llamada es gratuita)

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

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

## Notice of 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).

ልብ ይበሉ:- የአማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎት ለእርስዎ ቀርቦልዎታል። ተደራሽ በሆኑ ቅርፀቶች መረጃዎችን ለማቅረብ ተገቢ የሆኑ ኢጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርቦዎልዎታል። በ 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534) ይደውሉ።

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សូមជ្រាបជាដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាភតគិតថ្លៃអាចត្រូវបានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏ត្រូវបានផ្តល់ជូនដោយភតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅលេខ 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534)។

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

请注意：如果您说普通话，我们可为您提供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 Sprachassistentendienste 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 ललए नन: शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के ललए 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).

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

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

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

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa lagu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si macluumaadka laguugu siiyo qaabab la isticmaali karo ayaa sidoo kale lagu 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 Health, Inc. Cuando se refiere al “plan” o “nuestro plan” significa los UCare Medicare Plans y EssentiaCare.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que está vigente al 03/18/2025. 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 de vez en cuando durante el año.

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

En este documento, los términos “lista de medicamentos” y “formulario” se utilizan con el mismo significado. Un formulario es una Drug List (Lista de medicamentos) cubiertos seleccionados por los UCare Medicare Plans y EssentiaCare 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 Plans y EssentiaCare generalmente cubrirán los medicamentos que figuran en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de los UCare Medicare Plans y EssentiaCare 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 Plans y EssentiaCare 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 nuestro sitio web: [ucare.org/member-documents](https://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 un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuar cubriendo el medicamento de marca que se va a cambiar. Para obtener más información, consulte la sección titulada “¿Cómo solicito una excepción al Formulario de UCare Medicare Plans y EssentiaCare?”.

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, podemos 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. Podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costos compartidos, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia. 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 Plans y EssentiaCare?”

**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 03/18/2025. Para obtener información actualizada sobre los medicamentos cubiertos por los UCare Medicare Plans y EssentiaCare, comuníquese con nosotros. Nuestra información de contacto aparece en la portadas y contraportada. Las actualizaciones al Formulario de los UCare Medicare Plans y EssentiaCare están disponibles en nuestro sitio web, [ucare.org/member-documents](https://ucare.org/member-documents). Si lo solicita, UCare le enviará por correo una edición impresa actualizada.

## **¿Cómo uso el Formulario?**

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Hay dos formas de encontrar un medicamento en el Formulario:

### **Afección médica**

El Formulario comienza en la página 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 114. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

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

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Los UCare Medicare Plans y EssentiaCare cubren tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA porque contiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos 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?**

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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 Plans y EssentiaCare 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 Plans y EssentiaCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que los UCare Medicare Plans y EssentiaCare no cubran el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, los UCare Medicare Plans y EssentiaCare limitan la cantidad del medicamento que cubrirán. Por ejemplo, los UCare Medicare Plans y EssentiaCare 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 Plans y EssentiaCare 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 Plans y EssentiaCare no cubran el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, los UCare Medicare Plans y EssentiaCare 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 enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Puede pedir a los UCare Medicare Plans y EssentiaCare 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 Plans y EssentiaCare?” en la página 10 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 al Cliente y preguntar si su medicamento está cubierto. Si se entera de que los UCare Medicare Plans y EssentiaCare 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 Plans y EssentiaCare. Cuando reciba la lista, muéstrselas a su médico y pídale que le recete un medicamento similar que esté cubierto por los UCare Medicare Plans y EssentiaCare.
- Puede pedirle a los UCare Medicare Plans y EssentiaCare 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 Planes Medicare y EssentiaCare de UCare?**

Puede pedirle a los UCare Medicare Plans y EssentiaCare 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 o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, los UCare Medicare Plans y EssentiaCare 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 Plans y EssentiaCare 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 con restricciones aplicables no le sería tan eficaz para tratar su afección o causaría que tenga 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 estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para tomar una decisión. Si nosotros 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 que recibamos una declaración de respaldo de su profesional que emite la receta.

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

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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**

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Si usted es un miembro actual de los UCare Medicare Plans o de EssentiaCare 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 Planes Medicare o EssentiaCare de UCare, admitido o dado de alta de un centro de atención a largo plazo, se le permitirá anular el “resurtido demasiado pronto” al que tiene acceso para obtener un suministro adecuado de sus medicamentos.

## **Para obtener más información**

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

Si tiene preguntas sobre los UCare Medicare Plans y EssentiaCare, 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 Plans y EssentiaCare**

El formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por los UCare Medicare Plans y EssentiaCare. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 114.

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 Plans y EssentiaCare tienen algún requisito especial para la cobertura de su medicamento.

<b>Explicación de los requisitos/límites</b>	
<b>PA</b>	Autorización previa: Medicamentos que requieren la aprobación de la UCare antes de que los cubramos
<b>PA<sup>2</sup></b>	Autorización previa: Medicamentos que requieren aprobación si no ha tomado el medicamento antes
<b>PA<sup>3</sup></b>	Autorización previa: Medicamentos que requieren revisión para determinar la cobertura bajo la Part B o la Part D
<b>ST</b>	Terapia escalonada: Medicamentos que requieren que pruebe otro medicamento antes de cubrirlo
<b>QL</b>	Límite de cantidad: Hay límites a la cantidad de medicamento por surtido
<b>Part B Covered</b>	Suministros para diabéticos cubiertos por el beneficio de la Part B (médico)
<b>INS</b>	Insulinas con un copago de \$35 por suministro de un mes

<b>Explicación de los requisitos/límites</b>	
<b>VAC</b>	Vacuna para adultos de la Part D cubierta a \$0 (sin costo)
<b>VAC AGE</b>	Vacuna para adultos de la Part D cubierta a \$0 (sin costo) para personas de 19 a 45 años
<b>MFG</b>	La cobertura de medicamentos está limitada a ciertos fabricantes
<b>NDS</b>	Medicamentos limitados a un suministro de 30 días por surtido
<b>LA</b>	Medicamentos que solo están disponibles en determinadas farmacias. Si tiene preguntas, llame al Servicio de Atención al Cliente al número en la parte posterior de su tarjeta de identificación (ID) de miembro

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	4	
<i>amphetamine-dextroamphetamine</i>	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	
METHAMPHETAMINE HCL METHAMPHETAMINE HCL, METHAMPHETAMINE HCL	4	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	2	
<i>guanfacine hcl er</i>	2	QL (30 EA PER 30 DAYS)
<b>STIMULANTS - MISC.</b>		
<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 (osm) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PA, QL (60 EA PER 30 DAYS)
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
ARIKAYCE	5	PA, QL (252 ML PER 30 DAYS), NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN)	5	PA, QL (6 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 PEF KT	5	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PEF KT	5	PA, QL (6 EA PER 28 DAYS), NDS
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
<i>leflunomide 10 mg tab, 20 mg tab</i>	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 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>GOLD COMPOUNDS</b>		
RIDAURA	5	NDS
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<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 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sulindac 150 mg tab, 200 mg tab</i>	2	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS</b>		
JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 600 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 1600 mcg loz handle</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML 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 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)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er</i>	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>acetaminophen-codeine acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution</i>	3	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	3	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	4	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)

## **OPIOID PARTIAL AGONISTS**

<b>BELBUCA</b>	3	PA, QL (60 EA PER 30 OVER TIME)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	3	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	3	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	2	QL (60 EA PER 30 DAYS)
<i>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</i>	2	QL (90 EA PER 30 DAYS)

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	4	
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	4	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 12.5 mg/act (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
<i>testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>testosterone cypionate 100 mg/ml solution</i>	2	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	PA
<i>testosterone cypionate 200 mg/ml solution</i>	2	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)

## **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**

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

### **VASODILATING AGENTS**

<i>nitroglycerin 0.4 % ointment</i>	3	
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### **ANTHELMINTICS**

<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<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, 900 mg/6ml, 9000 mg/60ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
TEFLARO	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	
TRIMETHOPRIM 100 MG TAB	2	
<i>trimethoprim 100 mg tab</i>	2	
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	3	

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
<b>NITRO-BID</b>	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	
<b>BENZODIAZEPINES</b>		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA <sup>2</sup>

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	4	
<i>quinidine gluconate er</i>	4	
QUINIDINE SULFATE QUINIDINE SULFATE, QUINIDINE SULFATE	2	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<b>ANTIARRHYTHMICS TYPE III</b>		
<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	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA <sup>3</sup>
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, LA, NDS
FASENRA PEN	5	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (1 ML PER 28 DAYS), NDS

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA	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 <sup>3</sup>
SPIRIVA HANDIHALER	3	QL (90 EA PER 90 DAYS)
SPIRIVA RESPIMAT	3	QL (4 GM PER 30 DAYS)

### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium 10 mg tab</i>	1	
<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab</i>	2	
<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)
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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR 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)
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN	2	PA <sup>3</sup>
<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 <sup>3</sup>
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
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	2	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
<i>ipratropium-albuterol</i>	2	PA <sup>3</sup>
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY	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	
XARELTO 1 MG/ML RECON SUSP, 10 MG TAB, 15 MG TAB, 20 MG TAB	3	
XARELTO 2.5 MG TAB	3	
XARELTO STARTER PACK	3	

### **COUMARIN ANTICOAGULANTS**

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

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

<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	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 <sup>2</sup>
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	4	QL (10 EA PER 30 OVER TIME)
LIBERVANT	4	QL (10 EA PER 30 DAYS), PA <sup>2</sup>
NAYZILAM	4	QL (10 EA PER 30 OVER TIME)
SYMPAZAN 10 MG FILM, 20 MG FILM	5	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	4	QL (60 EA PER 30 DAYS)
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS

### **ANTICONVULSANTS - MISC.**

APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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	LA, PA <sup>2</sup> , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	LA, PA <sup>2</sup> , NDS
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	LA, QL (360 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	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	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	4	
<i>phenytek</i>	2	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide 200 mg tab</i>	4	PA <sup>2</sup>
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	5	PA <sup>2</sup> , NDS
SPRITAM	4	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
ZONISADE	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
ZTALMY	5	LA, QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<b>CARBAMATES</b>		
<i>felbamate</i>	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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 <sup>2</sup>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	LA, PA <sup>2</sup> , NDS
<i>vigadrone</i>	5	LA, PA <sup>2</sup> , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>vigpoder</i>	5	LA, PA <sup>2</sup> , NDS
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	2	
<i>methsuximide</i>	4	
<b>VALPROIC ACID</b>		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS - MISC.</b>		
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 <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate</i>	4	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</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	
<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	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	4	
<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)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<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	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	
<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	
<b>ANTIDIABETICS</b>		
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	3	QL (90 ML PER 30 DAYS), INS
SYNJARDY	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<b>DIABETIC OTHER</b>		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
<i>glucagon emergency glucagon emergency, glucagon emergency 1 mg kit</i>	3	
GVOKE HYPOPEN 1-PACK	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
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)
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	PA <sup>3</sup> , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA <sup>3</sup> , INS
INSULIN ASPART FLEXPEN	3	INS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA <sup>3</sup> , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA <sup>3</sup> , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SULFONYLUREAS</b>		
<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	
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
<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 (immodium)</i>	2	
XERMELO	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	3	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	
NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA <sup>3</sup>
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA <sup>3</sup>
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine</i>	2	
<i>scopolamine</i>	4	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA <sup>3</sup>
<i>aprepitant 80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA <sup>3</sup>
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate caspofungin acetate, caspofungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	
ABELCET	4	PA <sup>3</sup>
AMPHOTERICIN B 50 MG RECON SOLN	4	PA <sup>3</sup>
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 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 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	4	PA

## **ANTHYPERLIPIDEMICS**

### **ANTHYPERLIPIDEMICS - MISC.**

<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	
<b>FIBRIC ACID DERIVATIVES</b>		
<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	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<i>fluvastatin sodium</i>	2	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<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	
<i>perindopril erbumine 4 mg tab</i>	1	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>perindopril erbumine perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<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	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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>olmesartan-amlodipine-hctz</i>	2	
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>aliskiren fumarate</i>	4	
<i>epplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
<b>VASODILATORS</b>		
<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	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>quinine sulfate 324 mg cap</i>	4	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	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	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>dapsone 25 mg tab, 100 mg tab</i>	2	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	
<i>isoniazid 300mg tab</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
<i>isoniazid isoniazid 100 mg tab, isoniazid 100 mg/ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, LA, NDS
TRECTOR	4	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide 25 mg cap</i>	2	PA <sup>3</sup>
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	2	PA <sup>3</sup>
<i>cyclophosphamide 50 mg cap</i>	2	PA <sup>3</sup>
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LENVIMA (24 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (4 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (8 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTINEOPLASTIC - EGFR INHIBITORS**

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

### **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

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

### **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XTANDI 80 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	5	LA, QL (5 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 15-6.14 MG TAB	5	LA, QL (100 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 20-8.19 MG TAB	5	LA, QL (80 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 30 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FOTIVDA	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GAVRETO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IBRANCE	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ICLUSIG	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IDHIFA	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (324 ML PER 30 DAYS), PA <sup>2</sup> , NDS
IMKELDI	5	QL (280 ML PER 28 DAYS), PA <sup>2</sup> , NDS
INREBIC	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ITOVEBI 3 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ITOVEBI 9 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKTOVI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NERLYNX	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NINLARO	5	LA, QL (3 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA <sup>2</sup> , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PEMAZYRE	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
QINLOCK	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
RETEVMO 80 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REZLIDHIA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 100 MG CAP	5	LA, QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 200 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA <sup>2</sup> , NDS
RUBRACA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
STIVARGA	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.25 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAZVERIK	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TEPMETKO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TIBSOVO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TURALIO 125 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VERZENIO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 100 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 20 MG/ML SOLUTION	5	LA, QL (300 ML PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 25 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VONJO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VORANIGO 10 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VORANIGO 40 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 250 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XOSPATA	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZELBORAF	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYDELIG	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYKADIA	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	5	LA, PA <sup>2</sup> , NDS
AYVAKIT	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BESREMI	5	LA, QL (2 ML PER 28 DAYS), PA <sup>2</sup> , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	LA, NDS
POMALYST	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 110 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VENCLEXTA 10 MG TAB	3	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup>
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA STARTING PACK	5	LA, QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
WELIREG	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	LA, QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	LA, QL (32 EA PER 28 DAYS), PA <sup>2</sup> , NDS

## **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

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

## **ANTIPARKINSON AND RELATED THERAPY AGENTS**

### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa 25 mg tab</i>	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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

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



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

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VERSACLOZ	5	NDS
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 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc</i>	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	
<i>prochlorperazine 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**

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 OVER TIME), NDS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
<i>aripiprazole 1 mg/ml solution</i>	4	
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	4	QL (60 EA PER 30 DAYS)

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

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

## **ANTIVIRALS**

### **ANTIRETROVIRALS**

<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS 250 MG CAP	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	5	NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 4 300 MG TAB THPK, 5 300 MG TAB THPK	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine</i>	2	
<b>CMV AGENTS</b>		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 120 MG PACKET	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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</i>	4	
<i>acyclovir sodium</i>	4	PA <sup>3</sup>
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	2	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	

## **INFLUENZA AGENTS**

<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MISC. ANTIVIRALS</b>		
PAXLOVID (150/100)	2	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	2	QL (30 EA PER 5 OVER TIME)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nebivolol hcl</i>	2	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CALCIUM CHANNEL BLOCKERS</b>		
<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	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	4	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	2	

## **CARDIOVASCULAR AGENTS**

### **ALPHA-ADRENERGIC AGONISTS**

<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	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
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<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, LA, QL (30 EA PER 30 DAYS), NDS

## CEPHALOSPORINS

### CEPHALOSPORINS - 1ST GENERATION

CEFADROXIL CEFADROXIL 500 MG/5ML RECON SUSP, CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP	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	2	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
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	
<i>cefuroxime sodium</i>	2	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime 2 gm soln, 6 gm soln</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium 250 mg soln, 500 mg soln</i>	2	
<i>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</i>	4	
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>DENTAL AND ORAL AGENTS</b>		
<i>cavarest</i>	2	
<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	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

## **DERMATOLOGICALS**

### **ACNE PRODUCTS**

<i>acutane</i>	4	
<i>amnesteam</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phosphate 1 % gel</i>	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	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	

### **ANTIBIOTICS - TOPICAL**

<i>gentamicin sulfate 0.1 % cream</i>	2	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	2	QL (220 GM PER 30 DAYS)

### **ANTIFUNGALS - TOPICAL**

<i>ciclopirox 0.77 % gel</i>	2	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	2	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>econazole nitrate 1 % cream</i>	2	QL (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	2	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

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

<i>bexarotene 1 % gel</i>	5	QL (60 GM PER 30 DAYS), PA <sup>2</sup> , NDS
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	2	QL (80 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	2	QL (10 ML PER 30 DAYS)
PANRETIN	5	PA <sup>2</sup> , NDS
VALCHLOR	5	LA, QL (240 GM PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTIPSORIATICS**

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

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



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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)
<b>ECZEMA AGENTS</b>		
ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	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)
<b>MISC. TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	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	
<b>ROSACEA AGENTS</b>		
<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)
<b>WOUND CARE PRODUCTS</b>		
SANTYL	3	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ssd</i>	2	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	3	
SUCRAID	5	PA, LA, NDS
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<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	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide</i>	2	
<i>ethacrynic acid</i>	4	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>furosemide 10 mg/ml solution</i>	4	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</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	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **BONE DENSITY REGULATORS**

<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	2	
<i>risedronate sodium 35 mg tab</i>	4	
<i>risedronate sodium 5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab</i>	2	
<i>teriparatide</i>	5	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ML PER 28 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
<b>GROWTH HORMONES</b>		
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, LA, NDS
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	5	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, LA, NDS
<i>cinacalcet hcl</i>	4	PA
DOXERCALCIFEROL DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	5	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
SIGNIFOR	5	PA, LA, QL (60 ML PER 30 DAYS), NDS
<b>ENDOCRINE MEDICATIONS</b>		
<b>OTHER ENDOCRINE DRUGS</b>		
<i>cabergoline</i>	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	
<i>desmopressin acetate spray</i>	4	
INCRELEX	5	PA, LA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, LA, NDS

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acet</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	

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



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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	2	
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30 (21)</i>	2	
<i>loestrin 1/20 (21)</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<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>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<i>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</i>	4	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	
<i>lyllana</i>	3	
MENEST	4	

## **FLUOROQUINOLONES**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	4	

## **GASTROINTESTINAL AGENTS**

### **GASTROINTESTINAL AGENTS, OTHER**

<i>cromolyn sodium 100 mg/5ml conc</i>	4	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<i>metoclopramide hcl 5 mg tab, 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>GENITOURINARY AGENTS</b>		
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
<i>sodium chloride sodium chloride 0.9 % solution, sodium chloride 0.9 % solution</i>	4	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	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	
<b>GOUT AGENTS</b>		
<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	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>aspirin-dipyridamole er</i>	4	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	4	
<i>prasugrel hcl</i>	3	

## **HEMATOPOIETIC AGENTS**

### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA	3	
<i>l-glutamine -glutamine 5 gm packet</i>	5	PA, LA, QL (180 EA PER 30 DAYS), NDS

### **HEMATOPOIETIC GROWTH FACTORS**

NYVEPRIA	5	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	5	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
RETACRIT	3	PA
UDENYCA	5	NDS
ZARXIO	5	NDS

## **HEMOSTATICS**

### **HEMOSTATICS - SYSTEMIC**

<i>tranexamic acid 650 mg tab</i>	2	
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## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **NON-BARBITURATE HYPNOTICS**

BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	2	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.



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

## **IMMUNOLOGICAL AGENTS**

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

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

## **LAXATIVES**

### **LAXATIVE COMBINATIONS**

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

### **LAXATIVES - MISCELLANEOUS**

<i>constulose</i>	2	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	2	

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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)
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	4	QL (15 EA PER 30 DAYS)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</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.

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	2	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	

## **SODIUM**

<i>sodium chloride</i>	4	
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## **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	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
NEMLUVIO	5	PA, QL (2 EA PER 28 DAYS), NDS
REVLIMID	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
REZUROCK	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP, 100 MG CAP	5	LA, QL (30 EA PER 30 DAYS), NDS

## **IMMUNOSUPPRESSIVE AGENTS**

ARCALYST	5	PA, LA, NDS
<i>azathioprine 50 mg tab</i>	2	PA <sup>3</sup>
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, LA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	4	PA <sup>3</sup>
<i>cyclosporine modified</i>	4	PA <sup>3</sup>
ENVARUSUS XR	4	PA <sup>3</sup>
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA <sup>3</sup> , NDS
<i>engraf</i>	4	PA <sup>3</sup>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA <sup>3</sup> , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	PA <sup>3</sup>
<i>mycophenolate sodium</i>	3	PA <sup>3</sup>
<i>mycophenolic acid</i>	3	PA <sup>3</sup>
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA <sup>3</sup>
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	5	PA <sup>3</sup> , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PA <sup>3</sup>

## **POTASSIUM REMOVING AGENTS**

<i>kionex</i>	2	
LOKELMA	3	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps (sodium polystyrene sulf) sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VELTASSA	3	
<b>MULTIVITAMINS</b>		
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	2	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	

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



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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<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	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	3	
ROCKLATAN	4	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	4	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
<b>OPHTHALMICS - MISC.</b>		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	2	
<i>azelastine hcl 0.05 % solution</i>	2	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	2	
XIIDRA	3	QL (60 EA PER 30 DAYS)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost 0.03 % solution</i>	4	QL (5 ML PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN	4	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 --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 1 GM/10ML SOLUTION	5	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	5	PA, NDS
VARIZIG	1	VAC

### **MONOCLONAL ANTIBODIES**

BEYFORTUS	1	
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## **PENICILLINS**

### **AMINOPENICILLINS**

AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE - 400-57 MG CHEW TAB	2	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	2	

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>progesterone 100 mg cap, 200 mg cap</i>	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	

### **ANTIDEMENTIA AGENTS**

<i>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab disp, 10 mg tab disp</i>	2	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	3	
<b>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</b>	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	4	
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	3	

## **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	5	NDS

## **MULTIPLE SCLEROSIS AGENTS**

AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
VUMERITY	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NS	3	
<i>varenicline tartrate</i>	2	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate(continue)</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	5	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA <sup>3</sup> , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS

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

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

### ANTI-HISTAMINES

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

## RESPIRATORY TRACT/PULMONARY AGENTS

### PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP DISORDERS, OTHER</b>		
SODIUM OXYBATE	5	PA, LA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)
<b>SULFONAMIDES</b>		
<i>sulfadiazine 500 mg tab</i>	4	
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension</i>	2	
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>THYROID HORMONES</b>		
<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	
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHtheria-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA <sup>3</sup> , VAC
TENIVAC	1	PA <sup>3</sup> , VAC
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>famotidine (pepcid)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<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	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole 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	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<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	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>flavoxate hcl</i>	4	
GEMTESA	3	
<i>mirabegron er</i>	3	
MYRBETRIQ 8 MG/ML SRER	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
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC
VAXCHORA	1	VAC
VAXNEUVANCE	Part B Covered	
VIVOTIF	1	

### **VIRAL VACCINES**

ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ENGERIX-B	1	PA <sup>3</sup> , VAC
ERVEBO	1	VAC
GARDASIL 9	1	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA <sup>3</sup> , VAC
IMOVAX RABIES	1	PA <sup>3</sup> , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
MRESVIA	1	VAC
PREHEVBRIO	1	PA <sup>3</sup> , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 365 OVER TIME), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TWINRIX	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
VIMKUNYA	1	
YF-VAX	1	VAC

## **VAGINAL AND RELATED PRODUCTS**

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate 2 % cream</i>	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	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	2	

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

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FANAPT TITRATION PACK.	58	fluorouracil.....	72	furosemide.....	77
FARXIGA.....	36	FLUOROURACIL.....	72	FUROSEMIDE.....	77
FASENRA.....	25	fluoxetine hcl.....	32	FUZEON.....	62
FASENRA PEN.....	25	FLUOXETINE HCL.....	32	fyavolv.....	81
febuxostat.....	87	fluphenazine decanoate.....	60	FYCOMPA.....	29
feirza 1.5/30.....	81	fluphenazine hcl.....	60		
feirza 1/20.....	81	flurbiprofen.....	15	<b>G</b>	
felbamate.....	30	FLURBIPROFEN SODIUM.....	99	gabapentin.....	29
felodipine er.....	66	fluticasone propionate.....	96	galantamine hydrobromide.....	104
femynor.....	81	FLUTICASONE PROPIONATE		GALANTAMINE	
fenofibrate.....	40	HFA.....	26	HYDROBROMIDE.....	104
fenofibrate micronized.....	40	fluticasone-salmeterol.....	26	galantamine hydrobromide er.	104
fenofibric acid.....	40	fluvastatin sodium.....	40	gallifrey.....	103
fentanyl.....	16				

GAMMAKED.....	100		IBRANCE.....	49	
GAMUNEX-C.....	100	<b>H</b>	ibuprofen (MOTRIN).....	15	
GARDASIL 9.....	112	HADLIMA.....	14	icatibant acetate.....	89
gatifloxacin.....	98	HADLIMA PUSHTOUCH.....	14	iclevia.....	81
GAUZE PADS.....	90	HAEGARDA.....	89	ICLUSIG.....	49
gauze pads and dressings.....	90	hailey 1.5/30.....	81	icosapent ethyl.....	39
GAVILYTE-C.....	89	hailey 24 fe.....	81	IDHIFA.....	49
gavilyte-g.....	89	hailey fe 1.5/30.....	81	imatinib mesylate.....	49
gavilyte-n with flavor pack.....	89	hailey fe 1/20.....	81	IMBRUVICA.....	49
GAVRETO.....	49	halobetasol propionate.....	74	imipenem-cilastatin.....	22
gefitinib.....	45	haloette.....	81	imipramine hcl.....	33
gemfibrozil.....	40	haloperidol.....	57	imiquimod.....	75
GEMTESA.....	111	haloperidol decanoate.....	57	IMKELDI.....	49
generlac.....	86	haloperidol lactate.....	57	IMOVAX RABIES.....	112
gengraf.....	95	HAVRIX.....	112	incassia.....	103
GENTAMICIN IN SALINE.....	13	heather.....	103	INCRELEX.....	79
gentamicin sulfate.....	13,71,98	heparin sodium (porcine).....	28	INCRUSE ELLIPTA.....	25
GENVOYA.....	62	heparin sodium (porcine) pf.....	28	indapamide.....	77
GILOTRIF.....	45	HEPLISAV-B.....	112	indomethacin.....	15
glatiramer acetate.....	105	HIBERIX.....	111	INFANRIX.....	109
glatopa.....	105	HUMULIN R U-500		INGREZZA.....	104
GLEOSTINE.....	43	(CONCENTRATED).....	35	INLYTA.....	44
glimepiride.....	37	HUMULIN R U-500 KWIKPEN35		INQOVI.....	47
glipizide.....	37	hydralazine hcl.....	42	INREBIC.....	49
glipizide er.....	37	hydrochlorothiazide.....	77	INSULIN ASP PROT & ASP	
glipizide xl.....	37	hydrocodone-acetaminophen.....	18	FLEXPEN.....	35
glipizide-metformin hcl.....	33	hydrocortisone.....	19,69,74	INSULIN ASPART.....	35
glucagon emergency.....	34	HYDROCORTISONE		INSULIN ASPART FLEXPEN.....	35
glycopyrrolate.....	109	(PERIANAL).....	19	INSULIN ASPART PENFILL.....	36
GLYXAMBI.....	33	HYDROCORTISONE 2.5 %		INSULIN ASPART PROT &	
GOLYTELY.....	89	LOTION.....	74	ASPART.....	36
granisetron hcl.....	38	hydrocortisone sod suc (pf).....	69	INSULIN PEN NEEDLE.....	91
griseofulvin microsize.....	38	hydrocortisone-acetic acid.....	100	INSULIN SYRINGE (DISP) U-100	
griseofulvin ultramicrosize.....	38	hydromorphone hcl.....	16	0.3 ML.....	92
guanfacine hcl.....	41	hydroxychloroquine sulfate.....	42	INSULIN SYRINGE (DISP) U-100	
guanfacine hcl er.....	12	hydroxyurea.....	54	1 ML.....	92
GVOKE HYPOPEN 1-PACK.....	34	hydroxyzine hcl.....	23	INSULIN SYRINGE (DISP) U-100	
GVOKE HYPOPEN 2-PACK.....	35	hydroxyzine pamoate.....	23	1/2 ML.....	92
GVOKE KIT.....	35			INTELENCE.....	62
GVOKE PFS.....	35	<b>I</b>		introvale.....	81
		ibandronate sodium.....	77	INVEGA HAFYERA.....	58



INVEGA SUSTENNA	58	JOURNAVX	16	KLOXXADO	37
INVEGA TRINZA	58	juleber	81	KOSELUGO	50
IPOL	112	JULUCA	62	kourzeq	70
ipratropium bromide	25,96	junel 1.5/30	81	KRAZATI	50
ipratropium-albuterol	27	junel 1/20	81	kurvelo	81
irbesartan	41	junel fe 1.5/30	81	<b>L</b>	
irbesartan-		junel fe 1/20	81	l-glutamine	88
hydrochlorothiazide	42	junel fe 24	81	labetalol hcl	65
ISENTRESS	62	just right 5000	70	lacosamide	29
ISENTRESS HD	62	JYNNEOS	112	lactated ringers	93
isibloom	81	<b>K</b>		lactulose	89
isoniazid	43	K-PHOS	93	lactulose encephalopathy	86
isoniazid 300mg tab	43	kalliga	81	lamivudine	62,64
isosorbide dinitrate	23	KALYDECO	106	lamivudine-zidovudine	62
isosorbide mononitrate	23	kariva	81	lamotrigine	29
isosorbide mononitrate er	23	kcl in dextrose-nacl	93	lamotrigine er	29
isotretinoin	71	kelnor 1/35	81	lancet device	91
isradipine	66	kelnor 1/50	81	lancets	91
ITOVEBI	49	KERENDIA	79	lansoprazole (PREVACID)	110
itraconazole	39	KESIMPTA	105	LANTUS	36
ivabradine hcl	67	ketoconazole	39,72	LANTUS SOLOSTAR	36
ivermectin	19,75	ketorolac tromethamine	15,99	lapatinib ditosylate	50
IWILFIN	55	KEVZARA	15	larin 1.5/30	81
IXCHIQ	112	KINRIX	109	larin 1/20	81
IXIARO	112	kionex	95	larin 24 fe	82
<b>J</b>		KISQALI (200 MG DOSE)	50	larin fe 1.5/30	82
jaimiess	81	KISQALI (400 MG DOSE)	50	larin fe 1/20	82
JAKAFI	50	KISQALI (600 MG DOSE)	50	larissia	82
jantoven	27	KISQALI FEMARA (200 MG DOSE)	47	latanoprost	100
JANUMET	33	KISQALI FEMARA (400 MG DOSE)	47	LAZCLUZE	45
JANUMET XR	34	KISQALI FEMARA (600 MG DOSE)	47	LEDIPASVIR-SOFOSBUVIR	64
JANUVIA	35	klayesta	72	leena	82
JARDIANCE	36	klor-con	93	leflunomide	14
jasmiel	81	klor-con 10	93	lenalidomide	94
JAYPIRCA	50	klor-con m10	93	LENVIMA (10 MG DAILY DOSE)	44
jencycla	103	klor-con m15	93	LENVIMA (12 MG DAILY DOSE)	44
JENTADUETO	34	klor-con m20	93	LENVIMA (14 MG DAILY DOSE)	44
JENTADUETO XR	34				
jinteli	81				
jollesa	81				

LENVIMA (18 MG DAILY DOSE).....	44	lidocaine-prilocaine.....	75	loxapine succinate.....	59
LENVIMA (20 MG DAILY DOSE).....	44	LILETTA (52 MG).....	103	lubiprostone.....	90
LENVIMA (24 MG DAILY DOSE).....	45	lillow.....	82	LUMAKRAS.....	50
LENVIMA (4 MG DAILY DOSE).....	45	lincomycin hcl.....	21	LUMIGAN.....	100
LENVIMA (8 MG DAILY DOSE).....	45	linezolid.....	21	LUPRON DEPOT (1-MONTH).....	46
lessina.....	82	LINEZOLID IN SODIUM CHLORIDE.....	21	LUPRON DEPOT (3-MONTH).....	46
letrozole.....	46	LINZESS.....	90	lurasidone hcl.....	57
leucovorin calcium.....	55	liothyronine sodium.....	109	lutera.....	82
levabuterol hcl.....	27	lisdexamphetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap).....	12	lyleq.....	103
LEVALBUTEROL TARTRATE.....	27	lisinopril.....	40	lyllana.....	85
levetiracetam.....	29	lisinopril-hydrochlorothiazide.....	42	LYNPARZA.....	50
levetiracetam er.....	29	lithium.....	57	LYSODREN.....	46
LEVOBUNOLOL HCL.....	97	LITHIUM CARBONATE.....	57	LYTGOBI (12 MG DAILY DOSE).....	50
levocarnitine.....	78	lithium carbonate.....	57	LYTGOBI (16 MG DAILY DOSE).....	50
levocarnitine sf.....	78	LITHIUM CARBONATE 600 MG CAP.....	57	LYTGOBI (20 MG DAILY DOSE).....	50
levocetirizine (XYZAL).....	107	lithium carbonate er.....	57	lyza.....	103
levofloxacin.....	85	LIVTENCITY.....	63	<b>M</b>	
LEVOFLOXACIN.....	98	lo-zumandimine.....	82	M-M-R II.....	112
LEVOFLOXACIN 0.5 % SOLUTION.....	98	loestrin 1.5/30 (21).....	82	magnesium sulfate.....	93
levofloxacin in d5w.....	85	loestrin 1/20 (21).....	82	malathion.....	75
levonest.....	82	loestrin fe 1.5/30.....	82	maraviroc.....	62
levonorg-eth estrad triphasic.....	82	loestrin fe 1/20.....	82	marlissa.....	82
levonorgest-eth estrad 91-day.....	82	lojaimiess.....	82	MARPLAN.....	32
levonorgest-eth estradiol-iron.....	82	LOKELMA.....	95	MATULANE.....	54
levonorgestrel-ethinyl estrad.....	82	LONSURF.....	47	matzim la.....	66
levora 0.15/30 (28).....	82	loperamide (IMMODIUM).....	37	MAVYRET.....	64
levothyroxine sodium.....	109	lopinavir-ritonavir.....	62	meclizine.....	38
levoxyl.....	109	lorazepam.....	23	medroxyprogesterone acetate.....	103
LIBERVANT.....	28	lorazepam intensol.....	23	mefloquine hcl.....	42
LIDOCAINE HCL.....	70	LORBRENA.....	50	megestrol acetate.....	46
lidocaine hcl.....	75	loryna.....	82	MEGESTROL ACETATE.....	103
lidocaine patches.....	75	losartan potassium.....	41	MEKINIST.....	51
lidocaine viscous hcl.....	70	losartan potassium-hctz.....	42	MEKTOVI.....	51
		loteprednol etabonate.....	99	melodetta 24 fe.....	82
		lovastatin.....	40	meloxicam.....	15
		low-ogestrel.....	82	memantine hcl.....	104
				memantine hcl er.....	104

MENACTRA.....	111	metronidazole vaginal 0.75% gel.....	113	MOXIFLOXACIN HCL IN NACL.....	85
MENEST.....	85	metyrosine.....	42	MRESVIA.....	112
MENQUADFI.....	111	mexiletine hcl.....	24	mupirocin 2% ointment.....	71
MENVEO.....	111	mibelas 24 fe.....	82	mycophenolate mofetil.....	95
mercaptapurine.....	44	micafungin sodium.....	38	mycophenolate sodium.....	95
meropenem.....	22	microgestin 1.5/30.....	82	mycophenolic acid.....	95
MEROPENEM-SODIUM CHLORIDE.....	22	microgestin 1/20.....	82	MYRBETRIQ.....	111
mesalamine.....	86	microgestin 24 fe.....	82	<b>N</b>	
mesalamine er.....	86	microgestin fe 1.5/30.....	82	na sulfate-k sulfate-mg sulf.....	89
mesalamine-cleanser.....	86	microgestin fe 1/20.....	82	nabumetone.....	15
mesna.....	55	midodrine hcl.....	66	nadolol.....	65
metformin hcl.....	35	mifepristone.....	35	nafcillin sodium.....	102
metformin hcl er.....	35	MIGERGOT.....	92	NAFCILLIN SODIUM IN DEXTROSE.....	102
methadone hcl.....	17	mili.....	83	NALOXONE HCL.....	37
METHADONE HCL 10 MG/5ML SOLUTION.....	17	minocycline hcl.....	108	naltrexone hcl.....	37
METHADONE HCL 5 MG/5ML SOLUTION.....	17	minoxidil.....	42	naproxen.....	15
METHAMPHETAMINE HCL.....	12	mirabegron er.....	111	naratriptan hcl.....	92
methazolamide.....	76	mirtazapine.....	31	nateglinide.....	35
methenamine hippurate.....	22	misoprostol.....	110	NAYZILAM.....	28
methenamine mandelate.....	22	modafinil.....	12	nebivolol hcl.....	65
methimazole.....	108	moexipril hcl.....	40	necon 0.5/35 (28).....	83
methocarbamol.....	96	MOLINDONE HCL.....	57	needles and syringes.....	92
METHOTREXATE.....	44	mometasone furoate.....	74,96	NEFAZODONE HCL.....	32
METHOTREXATE SODIUM.....	44	mono-lynyah.....	83	NEFFY.....	27
methotrexate sodium (pf).....	44	montelukast sodium.....	25	NEMLUVIO.....	94
Methoxsalen Rapid.....	73	morphine sulfate.....	17	neomycin sulfate.....	13
methsuximide.....	31	MORPHINE SULFATE (concentrate).....	17	neomycin-bacitracin zn-polymyx.....	98
methylphenidate hcl.....	12	MORPHINE SULFATE (CONCENTRATE).....	17	neomycin-polymyxin-dexameth.....	99
methylphenidate hcl er.....	12	MORPHINE SULFATE 20 MG/5ML SOLUTION.....	17	NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	98
methylphenidate hcl er (osm).....	12	morphine sulfate er.....	17	NEOMYCIN-POLYMYXIN-HC.....	99
methylprednisolone.....	69	MOUNJARO.....	35	neomycin-polymyxin-hc.....	100
metoclopramide hcl.....	86	MOVANTIK.....	90	neomycin-polymyxin-hc 3.5-10000-1 suspension.....	100
metolazone.....	77	MOXIFLOXACIN HCL.....	85	NERLYNX.....	51
metoprolol succinate er.....	65	moxifloxacin hcl.....	98	nevirapine.....	62
metoprolol tartrate.....	65	MOXIFLOXACIN HCL (2X DAY).....	98	NEVIRAPINE.....	62
metoprolol-hydrochlorothiazide.....	42				
metronidazole.....	21,75				

nevirapine er	62	NOVOLIN N	36	OFEV	106
NEXPLANON	103	NOVOLIN N FLEXPEN	36	OFLOXACIN	86
NEXVIAZYME	78	NOVOLIN N FLEXPEN		ofloxacin	98
niacin er (antihyperlipidemic)	39	RELION	36	OGSIVEO	51
NICOTROL NS	105	NOVOLIN N RELION	36	OJEMDA	51
nifedipine er	66	NOVOLIN R	36	OJJAARA	51
nifedipine er osmotic release	66	NOVOLIN R FLEXPEN	36	olanzapine	59
nikki	83	NOVOLIN R FLEXPEN		olmesartan medoxomil	41
nilutamide	46	RELION	36	olmesartan medoxomil-hctz	42
nimodipine	66	NOVOLIN R RELION	36	olmesartan-amlodipine-hctz	42
NINLARO	51	NOVOLOG	36	olopatadine hcl	96
nitazoxanide	22	NOVOLOG 70/30 FLEXPEN		omega-3-acid ethyl esters	39
NITRO-BID	23	RELION	36	omeprazole	110
nitrofurantoin macrocrystal	22	NOVOLOG FLEXPEN	36	OMNIPOD 5 DEXG7G6 PODS	
nitrofurantoin monohyd		NOVOLOG FLEXPEN		GEN 5	91
macro	22	RELION	36	OMNIPOD 5 G6 INTRO (GEN	
nitroglycerin	19,23	NOVOLOG MIX 70/30	36	5)	91
nora-be	103	NOVOLOG MIX 70/30		OMNIPOD 5 G6 PODS (GEN	
norelgestromin-eth estradiol	83	FLEXPEN	36	5)	91
norethin ace-eth estrad-fe	83	NOVOLOG MIX 70/30		OMNIPOD 5 G7 INTRO (GEN	
norethindrone	103	RELION	36	5)	91
norethindrone acet-ethinyl		NOVOLOG PENFILL	36	OMNIPOD 5 G7 PODS (GEN	
est	83	NOVOLOG RELION	36	5)	91
norethindrone acetate	103	NUBEQA	46	OMNIPOD 5 LIBRE2 PLUS G6	
norethindrone-eth estradiol	83	NUDEXTA	105	OMNIPOD 5 LIBRE2 PLUS G6	
norgestim-eth estrad		NUPLAZID	57	PODS	91
triphasic	83	NURTEC	92	OMNIPOD CLASSIC PDM (GEN	
norgestimate-eth estradiol	83	nyamyc	72	3)	91
norlyda	103	nylia 1/35	83	OMNIPOD CLASSIC PODS	
norlyroc	103	nylia 7/7/7	83	(GEN 3)	91
nortrel 0.5/35 (28)	83	nymyo	83	OMNIPOD DASH INTRO (GEN	
nortrel 1/35 (21)	83	nystatin	38,70,72	4)	91
nortrel 1/35 (28)	83	nystatin-triamcinolone	72	OMNIPOD DASH PDM (GEN	
nortrel 7/7/7	83	nystop	72	4)	91
nortriptyline hcl	33	NYVEPRIA	88	OMNIPOD DASH PODS (GEN	
NORVIR	62	<b>O</b>		4)	91
NOVOLIN 70/30	36	ocella	83	OMNITROPE	78
NOVOLIN 70/30 FLEXPEN	36	octreotide acetate	78	ondansetron	38
NOVOLIN 70/30 FLEXPEN		ODEFSEY	62	ondansetron hcl	38
RELION	36	ODOMZO	45	ONETOUCH ULTRA	76
NOVOLIN 70/30 RELION	36				

ONETOUCH ULTRA BLUE TEST	76	PEDIARIX	109	pimecrolimus	75
ONETOUCH ULTRA TEST	76	PEDVAX HIB	111	PIMOZIDE	105
ONETOUCH VERIO	76	peg 3350-kcl-na bicarb-nacl	89	pimtrea	83
ONUREG	44	peg-3350/electrolytes	89	pindolol	65
OPSUMIT	107	peg-		pioglitazone hcl	35
OPVEE	37	3350/electrolytes/ascorbat	89	pioglitazone hcl-glimepiride	34
ORENCIA	16	peg-kcl-nacl-nasulf-na asc-c	89	pioglitazone hcl-metformin hcl	34
ORENCIA CLICKJECT	16	PEGASYS	64	piperacillin sod-tazobactam so	102
ORGOVYX	46	PEMAZYRE	51	PIQRAY (200 MG DAILY DOSE)	51
ORKAMBI	106	PENBRAYA	111	PIQRAY (250 MG DAILY DOSE)	51
ORSERDU	46	penicillamine	94	PIQRAY (300 MG DAILY DOSE)	51
orsythia	83	penicillin g potassium	101	PIQRAY (300 MG DAILY DOSE)	51
oseltamivir phosphate	64	PENICILLIN G PROCAINE	101	pirfenidone	106
OTEZLA	73	PENICILLIN G SODIUM	101	pirmella 1/35	83
oxacillin sodium	102	penicillin v potassium	101	pirmella 7/7/7	83
OXACILLIN SODIUM IN DEXTROSE	102	Penicillin V Potassium 125 MG/5ML RECON SOLN	101	piroxicam	15
oxaprozin	15	Penicillin V Potassium 250 MG/5ML RECON SOLN	101	PLEGRIDY	105
oxazepam	24	PENTACEL	109	plenamine	97
oxcarbazepine	29,30	Pentamidine Isethionate for Injection Solution	21	PNEUMOVAX 23	111
oxybutynin chloride	110	Pentamidine Isethionate for Nebulization Solution	21	PODOFILOX 0.5 % SOLUTION	75
oxybutynin chloride er	110	pentoxifylline er	67	polymyxin b-trimethoprim	98
oxycodone hcl	17	perindopril erbumine	41	POMALYST	54
oxycodone-acetaminophen	18	perindopril erbumine 4 mg tab	40	portia-28	83
OZEMPIC (0.25 OR 0.5 MG/DOSE)	35	perio gard	70	posaconazole	39
OZEMPIC (1 MG/DOSE)	35	permethrin (NIX)	75	potassium chloride	93
OZEMPIC (2 MG/DOSE)	35	perphenazine	60	POTASSIUM CHLORIDE	94
<b>P</b>		PERSERIS	58	potassium chloride 2 meq/ml solution	94
pacerone	24	PHENELZINE SULFATE 15 MG TAB	32	potassium chloride 20 meq packet	94
paliperidone er	58	phenobarbital	30	potassium chloride crys er	94
PANRETIN	72	phenytek	30	potassium chloride er	94
pantoprazole sodium	110	phenytoin	30	potassium chloride in dextrose	93
paricalcitol	78	phenytoin infatabs	30	potassium citrate er	87
paroxetine hcl	32	phenytoin sodium extended	30	pramipexole dihydrochloride	56
paroxetine hcl er	32	philith	83	prasugrel hcl	88
PAXLOVID (150/100)	65	PIFELTRO	62	pravastatin sodium	40
PAXLOVID (300/100)	65	pilocarpine hcl	70,99		
pazopanib hcl	51				

praziquantel	19	probenecid	87	QVAR REDIHALER	26
prazosin hcl	41	prochlorperazine maleate	60		
prednisolone	69	prochlorperazine		<b>R</b>	
prednisolone acetate	99	suppositories	60	RABAVERT	112
prednisolone sodium phosphate	69	procto-med hc	19	rabeprazole sodium	110
PREDNISOLONE SODIUM PHOSPHATE	99	proctosol hc	19	RADICAVA ORS	97
prednisolone sodium phosphate 25 mg/5ml solution	69	proctozone-hc	19	RADICAVA ORS STARTER KIT	97
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	69	progesterone	103	raloxifene hcl	77
prednisone	69	PROGRAF	95	ramelteon	89
PREDNISONE	69	PROMACTA	88	ramipril	41
PREDNISONE INTENSOL	69	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)	107	ranolazine er	67
pregabalin	30	propafenone hcl	24	rasagiline mesylate	57
PREHEVBRIO	112	propafenone hcl er	24	reclipsen	83
PREMARIN	113	propranolol hcl	65	RECOMBIVAX HB	112
prenatal vitamin	96	PROPRANOLOL HCL	65	RENACIDIN	87
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	96	propranolol hcl er	65	repaglinide	35
prevalite	40	propylthiouracil	108	REPATHA	39
PREVIDENT 5000 ENAMEL PROTECT	70	PROQUAD	112	REPATHA PUSHTRONEX SYSTEM	39
PREVIDENT 5000 SENSITIVE	70	protriptyline hcl	33	REPATHA SURECLICK	39
previfem	83	PULMOZYME	106	RETACRIT	88
PREVNAR 20	111	PURIXAN	44	RETEVMO	51,52
PREVYMIS	63	pyrazinamide	43	REVLIMID	94
PREZCOBIX	62	pyridostigmine bromide	43	REVUFORJ	54
PREZISTA	62	pyridostigmine bromide er	43	REXULTI	61
PRIFTIN	43	pyrimethamine	42	REYATAZ	62
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	42	<b>Q</b>		REZDIFFRA	86
PRIMIDONE	30	QINLOCK	51	REZLIDHIA	52
PRIORIX	112	QUADRACEL	109	REZUROCK	95
PRIVIGEN	100	Quadrivalent Influenza Vaccines	112	RHOPRESSA	98
		quetiapine fumarate	59	RIBAVIRIN 200 MG CAP	64
		quetiapine fumarate er	60	RIBAVIRIN 200 MG TAB	64
		quinapril hcl	41	RIDAURA	15
		quinidine gluconate er	24	rifabutin	43
		QUINIDINE SULFATE	24	rifampin	43
		quinine sulfate	43	riluzole	97
				RIMANTADINE HCL	64
				RINVOQ	14
				RINVOQ LQ	14
				risedronate sodium	77

risperidone	58,59	silver sulfadiazine	75	sotalol hcl	65
risperidone microspheres er	59	SIMBRINZA	97	sotalol hcl (af)	65
ritonavir	63	SIMLANDI (1 PEN)	14	SPIRIVA HANDIHALER	25
rivastigmine	104	SIMLANDI (1 SYRINGE)	14	SPIRIVA RESPIMAT	25
rivastigmine tartrate	104	SIMLANDI (2 PEN)	14	spironolactone	77
rizatriptan benzoate	92	SIMLANDI (2 SYRINGE)	14	spironolactone-hctz	76
ROCKLATAN	98	simliya	83	sprintec 28	84
roflumilast	107	simpesse	83	SPRITAM	30
ropinirole hcl	56	simvastatin	40	sps (sodium polystyrene sulf)	95
ropinirole hcl er	57	sirolimus	95	sronyx	84
rosuvastatin calcium	40	SIRTURO	43	ssd	76
ROTARIX	112	SKYRIZI	73,86	STELARA	73
ROTATEQ	112	SKYRIZI PEN	73	STIOLTO RESPIMAT	27
roweepra	30	SKYTROFA	78	STIVARGA	52
ROZLYTREK	52	SOD FLUORIDE-POTASSIUM		STREPTOMYCIN SULFATE	13
RUBRACA	52	NITRATE	70	STRIBILD	63
rufinamide	30	sodium chloride	87,94	STRIVERDI RESPIMAT	27
RUKOBIA	63	sodium fluoride	70	SUCRAID	76
RYBELSUS	35	Sodium Fluoride	93	sucrafate	110
RYDAPT	52	SODIUM FLUORIDE 5000		SUFLAVE	89
RYTARY	57	ENAMEL	70	SULFACETAMIDE SODIUM	98
		sodium fluoride 5000 plus	70	sulfacetamide sodium	98
		sodium fluoride 5000 ppm	70	sulfacetamide sodium (acne)	71
<b>S</b>		SODIUM FLUORIDE 5000		SULFACETAMIDE-	
sajazir	89	SENSITIVE	71	PREDNISOLONE	99
SANTYL	75	sodium fluoride chewable		sulfadiazine	108
sapropterin dihydrochloride	78	tablet	93	sulfamethoxazole-	
SCSEMBLIX	52	SODIUM OXYBATE	108	trimethoprim	108
scopolamine	38	sodium phenylbutyrate	78	sulfasalazine	86
SECUADO	60	sodium polystyrene sulfonate	95	sulindac	16
selegiline hcl	57	SOFOSBUVIR-		sumatriptan	92
selenium sulfide	75	VELPATASVIR	64	sumatriptan succinate	92
SELZENTRY	63	solifenacin succinate	110	sumatriptan succinate refill	92
sertraline hcl	32	SOLQUA	34	sunitinib malate	52
setlakin	83	SOLTAMOX	47	SUNLENCA	63
sf	70	SOLU-CORTEF	69	SUNOSI	108
sf 5000 plus	70	SOLU-MEDROL	69	syeda	84
sharobel	103	SOLU-MEDROL (PF)	69	SYMPAZAN	28
SHINGRIX	112	SOMAVERT	79	SYMTUZA	63
SIGNIFOR	78	sorafenib tosylate	52	SYNJARDY	34
sildenafil citrate	107	sorine	65	SYNJARDY XR	34
silodosin	87				

SYNTHROID.....	109	testosterone.....	18	TOUJEO MAX SOLOSTAR....	36
<b>T</b>		TESTOSTERONE.....	19	TOUJEO SOLOSTAR.....	36
TABRECTA.....	52	testosterone 12.5 mg/act (1%) gel.....	18	TRADJENTA.....	35
tacrolimus.....	75,95	testosterone 25 mg/2.5gm (1%) gel.....	18	tramadol hcl.....	17
tadalafil.....	87	testosterone 50 mg/5gm (1%) gel.....	18	tramadol-acetaminophen.....	18
tadalafil (pah).....	107	TESTOSTERONE		trandolapril.....	41
TAFINLAR.....	52	CYPIONATE.....	19	tranexamic acid.....	88
tafluprost (pf).....	100	testosterone cypionate 100 mg/ml solution.....	19	tranylcypropramine sulfate.....	32
TAGRISSO.....	45	testosterone cypionate 200 mg/ml solution.....	19	travoprost (bak free).....	100
TALZENNA.....	52,53	TESTOSTERONE		trazodone hcl.....	32
tamoxifen citrate.....	47	ENANTHATE.....	19	TRECATOR.....	43
tamsulosin hcl.....	87	tetrabenazine.....	104	TRELEGY ELLIPTA.....	27
tarina 24 fe.....	84	tetracycline hcl.....	108	TRELSTAR MIXJECT.....	47
tarina fe 1/20.....	84	THALOMID.....	95	tretinoin.....	54,71
tarina fe 1/20 eq.....	84	theophylline er.....	107	tri femynor.....	84
TASIGNA.....	53	thioridazine hcl.....	60	tri-estarylla.....	84
tazarotene.....	73	thiothixene.....	57	tri-linyah.....	84
TAZICEF.....	68	tiadylt er.....	66	tri-lo-estarylla.....	84
tazicef 1 gm recon soln.....	68	tiagabine hcl.....	31	tri-lo-marzia.....	84
tazicef 2 gm recon soln.....	68	TIBSOVO.....	53	tri-lo-mili.....	84
TAZVERIK.....	53	TICOVAC.....	112	tri-lo-sprintec.....	84
TDVAX.....	109	tigecycline 50 mg recon soln.....	21	tri-mili.....	84
TEFLARO.....	21	timolol maleate.....	65,97	tri-nymyo.....	84
telmisartan.....	41	tinidazole.....	21	tri-previfem.....	84
TELMISARTAN-AMLODIPINE.....	42	TIVICAY.....	63	tri-sprintec.....	84
telmisartan-hctz.....	42	TIVICAY PD.....	63	tri-vylibra.....	84
temazepam.....	89	tizanidine hcl.....	96	tri-vylibra lo.....	84
temozolomide.....	44	tobramycin.....	13,98	triamcinolone acetonide.....	71,74,75
TENIVAC.....	109	TOBRAMYCIN SULFATE.....	13	triamterene-hctz.....	76
tenofovir disoproxil fumarate.....	63	trihexyphenidyl hcl.....	56	triderm.....	75
TEPMETKO.....	53	trifluoperazine tab.....	60	trientine hcl.....	94
terazosin hcl.....	41	TRIFLURIDINE.....	98	trifluoperazine tab.....	60
terbinafine hcl.....	38	trihexyphenidyl hcl.....	56	TRIFLURIDINE.....	98
terbutaline sulfate.....	27	TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION.....	56	trihexyphenidyl hcl.....	56
terconazole.....	113	TRIJARDY XR.....	34	TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION.....	56
teriflunomide.....	105	TRIKAFTA.....	106	TRIMETHOPRIM.....	21
teriparatide.....	77	TRIMETHOPRIM.....	21	trimethoprim.....	21
TERIPARATIDE (RECOMBINANT).....	77	torpenz.....	53	trimipramine maleate.....	33
		torsemide.....	77		



TRINTELLIX.....	32	VANFLYTA.....	53	VORANIGO.....	53
TRIUMEQ.....	63	VAQTA.....	113	voriconazole.....	39
TRIUMEQ PD.....	63	varenicline tartrate.....	105	voriconazole 200 mg recon	
trivora (28).....	84	varenicline tartrate (starter) ..	105	soln.....	39
tropium chloride.....	110	varenicline tartrate(continue).....	105	voriconazole 40 mg/ml recon	
tropium chloride er.....	110	VARIVAX.....	113	susp.....	39
TRULICITY.....	35	VARIZIG.....	100	VOSEVI.....	64
TRUMENBA.....	111	VAXCHORA.....	111	VOWST.....	86
TRUQAP.....	53	VAXNEUVANCE.....	111	VRAYLAR.....	57
TUKYSA.....	54	VELIVET.....	84	VUMERITY.....	105
tulana.....	103	VELTASSA.....	96	vyfemla.....	84
TURALIO.....	53	VEMLIDY.....	64	vylibra.....	84
turqoz.....	84	VENCLEXTA.....	55	VYNDAMAX.....	67
TWINRIX.....	113	VENCLEXTA STARTING		VYZULTA.....	100
TYENNE.....	15	PACK.....	55		
TYPHIM VI.....	111	venlafaxine hcl.....	33	<b>W</b>	
		venlafaxine hcl er.....	33	warfarin sodium.....	27
		VENTOLIN HFA.....	27	WELIREG.....	55
<b>U</b>		verapamil hcl.....	66	wera.....	84
UDENYCA.....	88	VERAPAMIL HCL ER.....	66	WINREVAIR.....	107
unithroid.....	109	verapamil hcl er.....	66	wixela inhub.....	27
UPTRAVI.....	107	VERQUVO.....	67		
ursodiol.....	86	VERSACLOZ.....	60	<b>X</b>	
UZEDY.....	59	VERZENIO.....	53	XALKORI.....	53,54
		vestura.....	84	XARELTO.....	27
<b>V</b>		vienna.....	84	XARELTO STARTER PACK.....	27
valacyclovir hcl.....	64	vigabatrin.....	31	XCOPRI.....	30,31
VALCHLOR.....	72	vigadrone.....	31	XCOPRI (250 MG DAILY	
valganciclovir hcl.....	63	VIGAFYDE.....	31	DOSE).....	30
valproic acid.....	31	vigpoder.....	31	XCOPRI (350 MG DAILY	
valsartan.....	41	vilazodone hcl.....	32	DOSE).....	30
valsartan-		VIMKUNYA.....	113	XDEMVY.....	98
hydrochlorothiazide.....	42	violele.....	84	XELJANZ.....	14
VALTOCO 10 MG DOSE.....	28	VIRACEPT.....	63	XELJANZ XR.....	14
VALTOCO 15 MG DOSE.....	28	VIREAD.....	63	XERMELo.....	37
VALTOCO 20 MG DOSE.....	28	VITRAKVI.....	53	XGEVA.....	78
VALTOCO 5 MG DOSE.....	28	VIVITROL.....	37	XIFAXAN.....	22
valtya 1/50.....	84	VIVOTIF.....	111	XIGDUO XR.....	34
VANCOMYCIN HCL.....	21	VIZIMPRO.....	45	XIIDRA.....	99
vancomycin hcl.....	21,22	volnea.....	84	XOFLUZA (40 MG DOSE).....	64
VANCOMYCIN HCL IN		VONJO.....	53	XOFLUZA (80 MG DOSE).....	64
NACL.....	21				

XOLAIR.....	25	ZONISADE.....	30
XOSPATA.....	54	zonisamide.....	30
XPOVIO (100 MG ONCE WEEKLY).....	55	zovia 1/35 (28).....	85
XPOVIO (40 MG ONCE WEEKLY).....	55	zovia 1/35e (28).....	85
XPOVIO (40 MG TWICE WEEKLY).....	55	ZTALMY.....	30
XPOVIO (60 MG ONCE WEEKLY).....	55	zumandimine.....	85
XPOVIO (60 MG TWICE WEEKLY).....	55	ZURZUVAE.....	31,32
XPOVIO (80 MG ONCE WEEKLY).....	55	ZYDELIG.....	54
XPOVIO (80 MG TWICE WEEKLY).....	55	ZYKADIA.....	54
XTANDI.....	47	ZYPREXA RELPREVV.....	60
xulane.....	85	ZYVOX.....	22

## Y

YF-VAX.....	113
yuvaferm.....	113

## Z

zafemy.....	85
zafirlukast.....	25
zaleplon.....	89
zarah.....	85
ZARXIO.....	88
ZEJULA.....	54
ZELBORAF.....	54
zenatane.....	71
zidovudine.....	63
ZIMHI.....	37
ziprasidone hcl.....	58
ziprasidone mesylate.....	58
ZIRGAN.....	98
ZOLINZA.....	54
zolmitriptan.....	92
zolpidem tartrate.....	89
zolpidem tartrate er.....	89

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