

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 01/10/2024.

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

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

Servicio 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 Nondiscrimination**

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

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

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

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

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

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

### Oral grievance

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

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

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

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

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

ဟ်သုဂ်ဟ်သး-နမ္မာ်ကတိံ ကညီ ကျိာ်အယိံ, နမ္မာ် ကျိာ်အတိာ်မၤစၢလၢ တလက်သုဂ်လက်စုၤ နိတံဝဲဘၣ်သ့န့ၣ်လီၤ. တိံ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa UCare 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 01/10/2024. 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 01/10/2024. 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 14. 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 14. 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 160. 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 14. 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, muéstrselo 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 160.

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	
<i>methamphetamine hcl</i>	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	
<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 12.

<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 (4 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 (2 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 (2 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 12.

<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 (4 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	5	PA, QL (4 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE)	5	PA, QL (4 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
<b>GOLD COMPOUNDS</b>		
RIDAURA	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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>ibu 600 mg tab, 800 mg tab</i>	1	
<i>ibuprofen 100 mg/5ml suspension</i>	2	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</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 12.

<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 - 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)
FENTANYL CITRATE FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL METHADONE HCL 10 MG/5ML SOLUTION, METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
METHADONE HCL METHADONE HCL 5 MG/5ML SOLUTION, 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)
<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)
<i>morphine sulfate morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution</i>	3	QL (1800 ML PER 30 DAYS)
<i>morphine sulfate morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution</i>	3	QL (900 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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)

## **OPIOID PARTIAL AGONISTS**

BELBUCA	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 20.25 mg/1.25gm (1.62%) gel</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
<i>testosterone cypionate testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution</i>	2	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>testosterone testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 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**

<i>hydrocortisone (perianal)</i>	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	

### **ANTI-INFECTIVE AGENTS - MISC.**

<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	
<i>aztreonam</i>	4	
<i>baciim</i>	2	
<i>bacitracin 50000 unit recon soln</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	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	
<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 erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate</i>	4	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
TEFLARO	5	NDS
TIGECYCLINE TIGECYCLINE, TIGECYCLINE	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	
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln</i>	4	
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 nitazoxanide 500 mg tab, nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	
NITRO-BID	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
<i>nitrolingual</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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## ANTIANKXIETY AGENTS

### ANTIANKXIETY AGENTS - MISC.

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

### BENZODIAZEPINES

<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <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>
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA <sup>2</sup>

## ANTIARRHYTHMICS

### ANTIARRHYTHMICS TYPE I-A

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

### ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate hfa</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>brey-na</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 mg/0.3ml soln, 0.3 mg/0.3ml soln</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)
<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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICOAGULANTS</b>		
<b>ANTICOAGULANTS - MISC.</b>		
<i>dabigatran etexilate mesylate</i>	2	
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO	3	
XARELTO STARTER PACK	3	
<b>COUMARIN ANTICOAGULANTS</b>		
<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	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	
<b>ANTICONSULSANTS</b>		
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<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>

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 200 mg tab</i>	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
<b>SPRITAM</b>	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	
<b>ZONISADE</b>	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
<b>ZTALMY</b>	5	LA, QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS

## **CARBAMATES**

<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
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>

## **GABA MODULATORS**

<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
<b>VIGAFYDE</b>	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>vigpoder</i>	5	LA, PA <sup>2</sup> , NDS

## **SUCCINIMIDES**

<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	2	
<i>methsuximide</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
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 PHENELZINE SULFATE 15 MG TAB, 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

## **ANTIDIABETICS**

### **ANTIDIABETIC COMBINATIONS**

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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	
GLUCAGON EMERGENCY	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

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

### **SULFONYLUREAS**

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

### **ANTIDIARRHEALS**

#### **ANTIDIARRHEAL AGENTS - MISC.**

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsy, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution</i>	1	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

## ANTIEMETICS

### 5-HT3 RECEPTOR ANTAGONISTS

<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>

### ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	2	
<i>scopolamine</i>	4	

### ANTIEMETICS - MISCELLANEOUS

<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA <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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>casposfungin acetate casposfungin acetate, casposfungin 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</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
<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 50 mg tab, 200 mg tab</i>	4	PA
VORICONAZOLE VORICONAZOLE 200 MG RECON SOLN, VORICONAZOLE 40 MG/ML RECON SUSP, VORICONAZOLE 200 MG RECON SOLN	5	PA, NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTHYPERLIPIDEMICS</b>		
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<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)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

## **ANTIHYPERTENSIVES**

### **ACE INHIBITORS**

<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine perindopril erbumine, 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	

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>telmisartan</i>	1	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine</i>	2	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	
<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	
<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 TELMISARTAN-AMLODIPINE, TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<b>COARTEM</b>	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	
<i>primaquine phosphate primaquine phosphate, primaquine phosphate</i>	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	4	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>FIRDAPSE</b>	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 50 mg/5ml syrup</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>isoniazid 100 mg tab, isoniazid 300 mg tab, isoniazid 100 mg/ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, LA, NDS
TRECTOR	4	

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

CYCLOPHOSPHAMIDE 25 MG CAP, 50 MG CAP	2	PA <sup>3</sup>
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB	2	PA <sup>3</sup>
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS
<i>temozolomide</i>	Part B Covered	

### **ANTIMETABOLITES**

<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 50 mg tab</i>	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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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
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
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



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

### **ANTINEOPLASTIC ENZYME INHIBITORS**

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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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
INREBIC	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
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) 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
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MESNEX 400 MG TAB	5	NDS
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa 25 mg tab</i>	4	
<i>entacapone</i>	4	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
<i>trihexyphenidyl hcl trihexyphenidyl hcl, trihexyphenidyl hcl 0.4 mg/ml solution</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	
CARBIDOPA-LEVODOPA- ENTACAPONE CARBIDOPA- LEVODOPA-ENTACAPONE, CARBIDOPA-LEVODOPA- ENTACAPONE 12.5-50-200 MG TAB, CARBIDOPA-LEVODOPA- ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA- ENTACAPONE 37.5-150-200 MG TAB	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 12.

<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 er</i>	2	
<i>lithium carbonate lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 600 mg cap</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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	3	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	QL (2 EA PER 28 DAYS), NDS
<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)
<i>clozapine 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
CLOZAPINE CLOZAPINE 12.5 MG TAB DISP, CLOZAPINE 25 MG TAB DISP, CLOZAPINE 100 MG TAB DISP, CLOZAPINE 150 MG TAB DISP, CLOZAPINE 200 MG TAB DISP, CLOZAPINE 150 MG TAB DISP	4	
<i>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 12.

<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</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab</i>	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	4	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	4	
<i>trifluoperazine hcl</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 12.

<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 12.

<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 12.

<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 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)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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
<i>ribavirin ribavirin 200 mg cap, ribavirin 200 mg tab, ribavirin 200 mg cap, ribavirin 200 mg tab</i>	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
<b>HERPES AGENTS</b>		
<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	
<b>INFLUENZA AGENTS</b>		
<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	
<b>MISC. ANTIVIRALS</b>		
PAXLOVID (150/100)	3	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	3	QL (30 EA PER 5 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 20 mg/5ml solution</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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

### **CARDIOVASCULAR AGENTS, OTHER**

<i>amlodipine-atorvastatin</i>	2	
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
DIGOXIN DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 0.05 MG/ML SOLUTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

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

### **CEPHALOSPORINS - 2ND GENERATION**

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium 250 mg soln, 500 mg soln</i>	2	
CEFTRIAZONE SODIUM CEFTRIAZONE SODIUM 2 GM RECON SOLN, CEFTRIAZONE SODIUM 100 GM RECON SOLN, CEFTRIAZONE SODIUM 1 GM RECON SOLN, CEFTRIAZONE SODIUM 10 GM RECON SOLN	4	
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
TAZICEF TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN	4	

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	
DEXAMETHASONE INTENSOL	2	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 6.7 (5 base) mg/5ml, 25 mg/5ml</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	
PREDNISON 5 MG/5ML SOLUTION	2	PA <sup>3</sup>
PREDNISON INTENSOL	4	PA <sup>3</sup>
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	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>
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

## **DERMATOLOGICALS**

### **ACNE PRODUCTS**

<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 1 % cream</i>	2	QL (45 GM PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<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
<b>ANTIPSORIATICS</b>		
<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
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 METHOXSALLEN RAPID, METHOXSALLEN RAPID	5	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, LA, QL (55 EA PER 180 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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>ala-cort -1 % cream</i>	2	QL (240 GM PER 30 DAYS)
<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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	2	
<i>fluocinonide fluocinonide 0.05 % gel, fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment</i>	2	QL (60 GM PER 30 DAYS)
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone 1 % cream, 1 % ointment, 2.5 % ointment</i>	2	QL (240 GM PER 30 DAYS)
<i>hydrocortisone 2.5 % cream</i>	2	
HYDROCORTISONE HYDROCORTISONE 2.5 % LOTION, HYDROCORTISONE 2.5 % LOTION	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.1 % cream, 0.1 % ointment</i>	1	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine 5 % ointment</i>	4	QL (107 GM PER 30 DAYS)
<i>lidocaine 5 % patch</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine hcl 4 % solution</i>	2	QL (50 ML PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)
<i>lidocan</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>premium lidocaine</i>	4	QL (107 GM PER 30 DAYS)
<i>tridacaine ii</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>tridacaine iii</i>	4	PA, QL (90 EA PER 30 DAYS)
<b>MISC. TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate 12 % cream, 12 % lotion</i>	2	
<i>imiquimod 5 % cream</i>	2	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin 5 % cream</i>	3	
<i>podofilox podofilox 0.5 % solution, podofilox 0.5 % solution</i>	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	
<i>ssd</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	2	
AMILORIDE- HYDROCHLOROTHIAZIDE, AMILORIDE- HYDROCHLOROTHIAZIDE		
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ethacrynic acid</i>	4	
<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	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	2	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<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 12.

<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
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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>bekyree</i>	2
<i>blisovi 24 fe</i>	2
<i>blisovi fe 1.5/30</i>	2
<i>blisovi fe 1/20</i>	2

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<i>femynor</i>	2	
<i>finzala</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>fyavolv</i>	4	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
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	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<b>MENEST</b>	4	

## **FLUOROQUINOLONES**

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
<b>CIPROFLOXACIN IN D5W CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W</b>	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	
<b>MOXIFLOXACIN HCL IN NAACL</b>	4	
<b>MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION</b>	4	
<b>OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB</b>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GASTROINTESTINAL AGENTS</b>		
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<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	
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS

## GASTROINTESTINAL AGENTS - MISC.

### INFLAMMATORY BOWEL AGENTS

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

### GENITOURINARY AGENTS

#### GENITOURINARY AGENTS, OTHER

<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
<i>sodium chloride 0.9 % solution</i>	4	

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	2	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	

### **GOUT AGENTS**

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

## **HEMATOLOGICAL AGENTS - MISC.**

### **PLATELET AGGREGATION INHIBITORS**

<i>anagrelide hcl</i>	2	
<i>aspirin-dipyridamole er</i>	4	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>prasugrel hcl</i>	3	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	3	
<i>l-glutamine -gutamine 5 gm packet</i>	5	PA, LA, QL (180 EA PER 30 DAYS), NDS
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
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
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	2	
MOVANTIK	3	QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
BAND-AID GAUZE SMALL	3	
CURITY ALL PURPOSE SPONGES 2"X2" PAD	3	
CURITY GAUZE 2"X2" PAD	3	
CURITY GAUZE SPONGE 2"X2" PAD	3	
CURITY SPONGES 2"X2" PAD	3	
CVS ANTIBACTERIAL GAUZE	3	
CVS GAUZE 2"X2" PAD	3	
DERMACEA GAUZE SPONGE 2"X2" PAD	3	
DERMACEA NON-WOVEN SPONGES -2"X2" PAD	3	
DERMACEA TYPE VII GAUZE 2"X2" PAD	3	
EQL GAUZE 2"X2" PAD	3	
GAUZE PADS S 2"X2"	3	
GAUZE TYPE VII MEDI-PAK	3	
GNP STERILE GAUZE 2"X2" PAD	3	
HM STERILE PADS S 2"X2"	3	
J & J GAUZE 2"X2" PAD	3	
MIRASORB SPONGES 2"X2" MISC	3	
QC BORDER ISLAND GAUZE	3	
QC STERILE PADS S 2"X2"	3	
RA STERILE 2"X2" PAD	3	
SM GAUZE 2"X2" PAD	3	
SM STERILE 2"X2" PAD	3	
STERILE 2"X2" PAD	3	
STERILE GAUZE 2"X2" PAD	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SURGICAL GAUZE SPONGE	3	
<b>DIABETIC SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	Part B Covered	
ACCU-CHEK FASTCLIX LANCET	Part B Covered	
ACCU-CHEK FASTCLIX LANCETS	Part B Covered	
ACCU-CHEK SAFE-T PRO LANCETS	Part B Covered	
ACCU-CHEK SOFTCLIX LANCET DEV	Part B Covered	
ACCU-CHEK SOFTCLIX LANCETS	Part B Covered	
ACTI-LANCE 28G	Part B Covered	
ACTI-LANCE LITE LANCETS 28G	Part B Covered	
ACTI-LANCE SPECIAL LANCETS 17G	Part B Covered	
ACTI-LANCE UNIVERSAL 23G	Part B Covered	
ADJUSTABLE LANCING DEVICE	Part B Covered	
ADVANCED MOBILE LANCET	Part B Covered	
ADVOCATE LANCETS	Part B Covered	
ADVOCATE LANCETS 30G	Part B Covered	
ADVOCATE LANCING DEVICE	Part B Covered	
ADVOCATE RAPID-SAFE LANCING	Part B Covered	
ADVOCATE SAFETY LANCETS	Part B Covered	
ADVOCATE SAFETY LANCETS 26G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
AGAMATRIX ULTRA-THIN LANCETS	Part B Covered	
AIMSCO TWIST LANCETS 32G	Part B Covered	
AIMSCO TWIST LANCETS 33G	Part B Covered	
ALTERNATE SITE LANCING DEVICE	Part B Covered	
AQUA LANCE ADJUSTABLE LANCING	Part B Covered	
AQUALANCE LANCETS 30G	Part B Covered	
ASSURE COMFORT LANCETS 28G	Part B Covered	
ASSURE HAEMOLANCE PLUS HIGH	Part B Covered	
ASSURE HAEMOLANCE PLUS LOW	Part B Covered	
ASSURE HAEMOLANCE PLUS MICRO	Part B Covered	
ASSURE HAEMOLANCE PLUS NORMAL	Part B Covered	
ASSURE HAEMOLANCE PLUS PED	Part B Covered	
ASSURE LANCE LANCETS	Part B Covered	
ASSURE LANCE LANCETS 21G	Part B Covered	
ASSURE LANCE PLUS SAFETY 25G	Part B Covered	
ASSURE LANCE PLUS SAFETY 30G	Part B Covered	
ASSURE LANCE SAFETY LANCET 28G	Part B Covered	
ASSURE LANCETS	Part B Covered	
AURORA LANCET SUPER THIN 30G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
AURORA LANCET THIN 23G	Part B Covered	
AUTO-LANCET	Part B Covered	
AUTO-LANCET MINI	Part B Covered	
AUTOLET II CLINISAFE	Part B Covered	
AUTOLET LANCING DEVICE	Part B Covered	
AUTOLET LITE CLINISAFE	Part B Covered	
AUTOLET LITE STARTER PACK	Part B Covered	
AUTOLET MINI	Part B Covered	
AUTOLET PLATFORMS	Part B Covered	
AUTOLET PLUS	Part B Covered	
BD LANCET ULTRAFINE 30G	Part B Covered	
BD LANCET ULTRAFINE 33G	Part B Covered	
BD MICROTAINER LANCETS	Part B Covered	
BULLSEYE MINI SAFETY LANCETS	Part B Covered	
BULLSEYE SAFETY LANCETS	Part B Covered	
CARDIOCOM LANCING DEVICE	Part B Covered	
CAREONE ADVANCED LANCING DEV	Part B Covered	
CAREONE LANCET SUPER THIN 30G	Part B Covered	
CAREONE LANCET THIN 23G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CARESENS LANCETS	Part B Covered	
CARESENS LANCETS 30G	Part B Covered	
CARETOUCH LANCING/EJECTOR	Part B Covered	
CARETOUCH SAFETY LANCETS	Part B Covered	
CARETOUCH SAFETY LANCETS 26G	Part B Covered	
CARETOUCH TWIST LANCETS 28G	Part B Covered	
CARETOUCH TWIST LANCETS 30G	Part B Covered	
CARETOUCH TWIST LANCETS 33G	Part B Covered	
CARETOUCH TWIST MC LANCETS 30G	Part B Covered	
CHOSEN LANCETS 30G	Part B Covered	
CHOSEN LANCING DEVICE	Part B Covered	
CHOSEN SAFETY LANCETS 28G	Part B Covered	
CLEANLET LANCETS 28G	Part B Covered	
CLEVER CHEK LANCETS	Part B Covered	
CLEVER CHOICE COMFORT EZ MISC	Part B Covered	
CLEVER CHOICE LANCETS 21G	Part B Covered	
CLEVER CHOICE LANCETS 23G	Part B Covered	
CLEVER CHOICE LANCETS 28G	Part B Covered	
COAGUCHEK LANCETS	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COMFORT ASSURED LANCETS 28G	Part B Covered	
COMFORT ASSURED LANCETS 33G	Part B Covered	
COMFORT LANCETS	Part B Covered	
COMFORT TOUCH LANCETS 31G	Part B Covered	
COMFORT TOUCH PLUS LANCETS 28G	Part B Covered	
COMFORT TOUCH PLUS LANCETS 30G	Part B Covered	
COMFORT TOUCH TWIST LANCET 30G	Part B Covered	
CVS LANCETS 21G	Part B Covered	
CVS LANCETS MICRO THIN 33G	Part B Covered	
CVS LANCETS ORIGINAL	Part B Covered	
CVS LANCETS THIN 26G	Part B Covered	
CVS LANCETS ULTRA THIN 30G	Part B Covered	
CVS LANCETS ULTRA-THIN 30G	Part B Covered	
CVS LANCING DEVICE	Part B Covered	
CVS ULTRA THIN LANCETS	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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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)
DIATHRIVE LANCET ULTRA THIN 30	Part B Covered	
DIATHRIVE LANCETS	Part B Covered	
DIATHRIVE LANCING DEVICE	Part B Covered	
DROPLET GENTEEL LANCING DEVICE	Part B Covered	
DROPLET LANCETS ULTRA THIN 30G	Part B Covered	
DROPLET LANCING DEVICE	Part B Covered	
DROPLET PERSONAL LANCETS 30G	Part B Covered	
DRUG MART LANCETS THIN 26G	Part B Covered	
DRUG MART LANCING DEVICE	Part B Covered	
DRUG MART ON-THE-GO LANCET 30G	Part B Covered	
DRUG MART UNILET LANCETS 28G	Part B Covered	
DRUG MART UNILET LANCETS 30G	Part B Covered	
DRUG MART UNILET LANCETS 33G	Part B Covered	
E-Z JECT LANCET MICRO-THIN 33G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
E-Z JECT LANCET SUPER THIN 30G	Part B Covered	
E-Z JECT LANCETS	Part B Covered	
E-Z JECT LANCETS 21G	Part B Covered	
E-Z JECT LANCETS THIN 26G	Part B Covered	
EASY COMFORT LANCETS	Part B Covered	
EASY COMFORT LANCETS TWIST TOP	Part B Covered	
EASY MINI EJECT LANCING DEVICE	Part B Covered	
EASY MINI LANCING DEVICE	Part B Covered	
EASY TOUCH LANCETS 21G	Part B Covered	
EASY TOUCH LANCETS 23G	Part B Covered	
EASY TOUCH LANCETS 26G	Part B Covered	
EASY TOUCH LANCETS 28G	Part B Covered	
EASY TOUCH LANCETS 28G/TWIST	Part B Covered	
EASY TOUCH LANCETS 30G	Part B Covered	
EASY TOUCH LANCETS 30G/TWIST	Part B Covered	
EASY TOUCH LANCETS 32G	Part B Covered	
EASY TOUCH LANCETS 32G/TWIST	Part B Covered	
EASY TOUCH LANCETS 33G/TWIST	Part B Covered	
EASY TOUCH LANCING DEVICE	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
EASY TOUCH SAFETY LANCETS 21G	Part B Covered	
EASY TOUCH SAFETY LANCETS 23G	Part B Covered	
EASY TOUCH SAFETY LANCETS 26G	Part B Covered	
EASY TOUCH SAFETY LANCETS 28G	Part B Covered	
EASY TWIST & CAP LANCETS	Part B Covered	
EMBRACE LANCETS ULTRA THIN 30G	Part B Covered	
EMBRACE LANCING DEVICE/EJECTOR	Part B Covered	
EMBRACE PRESSURE ACTIVATED 21G	Part B Covered	
EMBRACE PRESSURE ACTIVATED 28G	Part B Covered	
EQL COLOR LANCETS 21G	Part B Covered	
EQL COLOR LANCETS MICRO 33G	Part B Covered	
EQL SUPER THIN LANCETS 30G	Part B Covered	
EQL THIN LANCETS 26G	Part B Covered	
EZ-LETS LANCETS 21G	Part B Covered	
EZ-LETS LANCETS 26G	Part B Covered	
EZ-LETS LANCETS 28G	Part B Covered	
EZ-LETS LANCETS 30G	Part B Covered	
FIFTY50 SAFETY SEAL LANCETS	Part B Covered	
FIFTY50 UNILET LANCETS 33G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
FINE 30	Part B Covered	
FINGERSTIX LANCETS	Part B Covered	
FORA LANCETS	Part B Covered	
FORA LANCING DEVICE	Part B Covered	
FREDS PHARMACY AUTOLET LANCING	Part B Covered	
FREDS PHARMACY UNILET LANC 28G	Part B Covered	
FREDS PHARMACY UNILET LANC 30G	Part B Covered	
FREESTYLE LANCETS	Part B Covered	
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
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)
FREESTYLE UNISTICK II LANCETS	Part B Covered	
GENTEEL BUTTERFLY TOUCH LANCET	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GENTEEL CONTACT TIPS (BLUE)	Part B Covered	
GENTEEL CONTACT TIPS (CLEAR)	Part B Covered	
GENTEEL CONTACT TIPS (GREEN)	Part B Covered	
GENTEEL CONTACT TIPS (ORANGE)	Part B Covered	
GENTEEL CONTACT TIPS (RAINBOW)	Part B Covered	
GENTEEL CONTACT TIPS (VIOLET)	Part B Covered	
GENTEEL CONTACT TIPS (YELLOW)	Part B Covered	
GENTEEL LANCING KIT (BLUE)	Part B Covered	
GENTEEL NOZZLES	Part B Covered	
GENTEEL PLUS LANCING (BLACK)	Part B Covered	
GENTEEL PLUS LANCING (PURPLE)	Part B Covered	
GENTEEL PLUS LANCING (WHITE)	Part B Covered	
GENTEEL PLUS LANCING DEV(BLUE)	Part B Covered	
GENTEEL PLUS LANCING DEV(PINK)	Part B Covered	
GENTLE-LET GP LANCETS	Part B Covered	
GENTLE-LET LANCETS	Part B Covered	
GENTLE-LET PLATFORMS	Part B Covered	
GLOBAL INJECT EASE LANCETS 28G	Part B Covered	
GLOBAL INJECT EASE LANCETS 30G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GLOBAL LANCING DEVICE	Part B Covered	
GLUCOCOM LANCETS 28G	Part B Covered	
GLUCOCOM LANCETS 30G	Part B Covered	
GLUCOCOM LANCETS 33G	Part B Covered	
GNP LANCETS 21G	Part B Covered	
GNP LANCETS THIN	Part B Covered	
GNP LANCETS THIN 26G	Part B Covered	
GNP LANCING SYSTEM DEVICE	Part B Covered	
GNP STERILE LANCETS 28G	Part B Covered	
GNP STERILE LANCETS 30G	Part B Covered	
GNP STERILE LANCETS 33G	Part B Covered	
GOJJI LANCING DEVICE/CLEAR CAP	Part B Covered	
GOJJI STERILE LANCETS	Part B Covered	
GOODSENSE COLOR LANCETS 33G	Part B Covered	
GOODSENSE LANCETS 26G UNIV	Part B Covered	
GOODSENSE LANCETS 30G	Part B Covered	
GOODSENSE LANCETS 30G UNIV	Part B Covered	
GOODSENSE LANCETS 33G	Part B Covered	
GOODSENSE LANCETS 33G UNIV	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GOODSENSE LANCING DEVICE	Part B Covered	
H-E-B INCONTROL ADV LANCING	Part B Covered	
H-E-B INCONTROL LANCETS 28G	Part B Covered	
H-E-B INCONTROL LANCETS 30G	Part B Covered	
H-E-B INCONTROL LANCETS 33G	Part B Covered	
HAEMOLANCE	Part B Covered	
HAEMOLANCE LOW FLOW LANCETS	Part B Covered	
HAEMOLANCE PLUS	Part B Covered	
HAEMOLANCE PLUS HIGH FLOW	Part B Covered	
HAEMOLANCE PLUS LOW FLOW	Part B Covered	
HAEMOLANCE PLUS MAX FLOW	Part B Covered	
HAEMOLANCE PLUS PEDIATRIC FLOW	Part B Covered	
HEALTH CARE LANCING DEVICE	Part B Covered	
HEALTHY ACCENTS LANCING DEVICE	Part B Covered	
HEALTHY ACCENTS UNILET LANCETS	Part B Covered	
HY-VEE LANCETS	Part B Covered	
HY-VEE THIN LANCETS	Part B Covered	
HYPOLANCE AST LANCING	Part B Covered	
IHEALTH LANCING DEVICE	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
IN TOUCH LANCING DEVICE	Part B Covered	
IN TOUCH STERILE LANCETS 30G	Part B Covered	
KINNEY LANCETS	Part B Covered	
KINNEY THIN LANCETS	Part B Covered	
KROGER AUTOLET LANCING DEVICE	Part B Covered	
KROGER HEALTHPRO LANCET 26G	Part B Covered	
KROGER LANCETS	Part B Covered	
KROGER LANCETS 21G	Part B Covered	
KROGER LANCETS MICRO THIN 33G	Part B Covered	
KROGER LANCETS SUPER THIN	Part B Covered	
KROGER LANCETS THIN	Part B Covered	
KROGER LANCETS THIN 26G	Part B Covered	
KROGER LANCETS ULTRATHIN 30G	Part B Covered	
KROGER LANCING DEVICE	Part B Covered	
LANCET DEVICE	Part B Covered	
LANCET DEVICE WITH EJECTOR	Part B Covered	
LANCET TRANSPORTER CASE	Part B Covered	
LANCETS	Part B Covered	
LANCETS 28G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LANCETS 30G	Part B Covered	
LANCETS 33G	Part B Covered	
LANCETS MICRO THIN 33G	Part B Covered	
LANCETS SUPER THIN	Part B Covered	
LANCETS SUPER THIN 28G	Part B Covered	
LANCETS THIN	Part B Covered	
LANCETS ULTRA FINE	Part B Covered	
LANCETS ULTRA THIN	Part B Covered	
LANCETS ULTRA THIN 30G	Part B Covered	
LANCING DEVICE	Part B Covered	
LANZO	Part B Covered	
LEADER ADVANCED LANCING DEVICE	Part B Covered	
LIBERTY MEDICAL LANCETS	Part B Covered	
LIBERTY MINI LANCING DEVICE	Part B Covered	
LIFESCAN UNISTIK 2	Part B Covered	
LIFESCAN UNISTIK II LANCETS	Part B Covered	
LITE TOUCH LANCETS	Part B Covered	
LITE TOUCH LANCING PEN	Part B Covered	
LITETOUCH LANCETS	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LIVE BETTER ADV LANCING DEVICE	Part B Covered	
LIVE BETTER LANCET SUPER THIN	Part B Covered	
LIVE BETTER LANCET ULTRA THIN	Part B Covered	
LONGS LANCETS STANDARD	Part B Covered	
LONGS LANCETS THIN	Part B Covered	
LONGS LANCETS ULTRA THIN	Part B Covered	
MEDICHOICE SAFETY LANCET	Part B Covered	
MEDICHOICE SAFETY LANCET EXTRA	Part B Covered	
MEDICHOICE SAFETY LANCET NORM	Part B Covered	
MEDISENSE THIN LANCETS	Part B Covered	
MEDLANCE EXTRA 21G	Part B Covered	
MEDLANCE LITE 25G	Part B Covered	
MEDLANCE PLUS EXTRA 21G	Part B Covered	
MEDLANCE PLUS LANCETS	Part B Covered	
MEDLANCE PLUS LITE 25G	Part B Covered	
MEDLANCE PLUS SPECIAL 0.8MM	Part B Covered	
MEDLANCE PLUS SUPERLITE 30G	Part B Covered	
MEDLANCE PLUS UNIVERSAL 21G	Part B Covered	
MEDLANCE UNIVERSAL 21G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MEIJER LANCETS	Part B Covered	
MEIJER LANCETS THIN	Part B Covered	
MEIJER LANCETS UNIVERSAL 21G	Part B Covered	
MEIJER LANCETS UNIVERSAL 30G	Part B Covered	
MEIJER LANCETS UNIVERSAL 33G	Part B Covered	
MEIJER SUPER THIN LANCETS	Part B Covered	
MICROLET LANCETS	Part B Covered	
MICROLET NEXT LANCING DEVICE	Part B Covered	
MINI LANCING DEVICE	Part B Covered	
MM LANCING DEVICE	Part B Covered	
MM TWIST LANCETS	Part B Covered	
MONOLET LANCETS	Part B Covered	
MONOLET OPD LANCETS	Part B Covered	
MONOLETTOR SAFETY LANCETS	Part B Covered	
MPD SAFETY LANCET 21G	Part B Covered	
MPD SAFETY LANCET 23G	Part B Covered	
MPD SAFETY LANCET 28G	Part B Covered	
MPD SAFETY LANCET 30G	Part B Covered	
MULTI-LANCET DEVICE	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MULTI-LANCET DEVICE 2	Part B Covered	
MYGLUCOHEALTH LANCETS 30G	Part B Covered	
NOVA SAFETY LANCETS 23G	Part B Covered	
NOVA SAFETY LANCETS 28G	Part B Covered	
NOVA SUREFLEX LANCETS	Part B Covered	
NOVA SUREFLEX LANCING DEVICE	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 5 PACK	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
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)
ONETOUCH CLUB LANCETS FINE PT	Part B Covered	
ONETOUCH DELICA LANCETS 30G	Part B Covered	
ONETOUCH DELICA LANCETS 33G	Part B Covered	
ONETOUCH DELICA LANCING DEV	Part B Covered	
ONETOUCH DELICA PLUS LANCET30G	Part B Covered	
ONETOUCH DELICA PLUS LANCET33G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ONETOUCH DELICA PLUS LANCING	Part B Covered	
ONETOUCH DELICA SAFETY LANCING	Part B Covered	
ONETOUCH FINEPOINT LANCETS	Part B Covered	
ONETOUCH SURESOFT LANCING DEV	Part B Covered	
ONETOUCH ULTRA 2	Part B Covered	
ONETOUCH ULTRA MINI	Part B Covered	
ONETOUCH ULTRASOFT 2 LANCETS	Part B Covered	
ONETOUCH ULTRASOFT LANCETS	Part B Covered	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	Part B Covered	
ONETOUCH VERIO REFLECT	Part B Covered	
ONETOUCH VERIO W/DEVICE KIT	Part B Covered	
PC LANCETS SUPER THIN 30G	Part B Covered	
PENLET II BLOOD SAMPLER	Part B Covered	
PENLET II REPLACEMENT CAP	Part B Covered	
PERFECT LANCETS 28G	Part B Covered	
PERFECT LANCETS 30G	Part B Covered	
PERFECT POINT SAFETY LANCETS	Part B Covered	
PHARMACIST CHOICE LANCETS	Part B Covered	
PHARMACY COUNTER LANCETS	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PIP LANCETS 28G	Part B Covered	
PIP LANCETS 30G	Part B Covered	
PRECISION THINS GP LANCETS	Part B Covered	
PREFERRED PLUS LANCETS COLORED	Part B Covered	
PREFERRED PLUS LANCETS THIN	Part B Covered	
PRESSURE ACTIVAT SAFETY LANCET	Part B Covered	
PRO COMFORT LANCETS 30G	Part B Covered	
PRO COMFORT LANCETS 31G	Part B Covered	
PRO COMFORT SAFETY LANCETS 30G	Part B Covered	
PRODIGY LANCETS 28G	Part B Covered	
PRODIGY LANCING DEVICE	Part B Covered	
PRODIGY SAFETY LANCETS 26G	Part B Covered	
PRODIGY TWIST TOP LANCETS 28G	Part B Covered	
PSS SELECT GP LANCETS	Part B Covered	
PSS SELECT PLATFORMS	Part B Covered	
PSS SELECT SAFETY LANCETS	Part B Covered	
PURE COMFORT LANCETS 30G	Part B Covered	
PUSH BUTTON SAFETY LANCETS	Part B Covered	
PUSH BUTTON SAFETY LANCETS 28G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PX ADVANCED LANCING DEVICE	Part B Covered	
PX LANCET AUTO INJECTOR	Part B Covered	
PX LANCETS MICROTHIN 33G	Part B Covered	
PX LANCETS ULTRA THIN	Part B Covered	
PX LANCETS ULTRA THIN 28G	Part B Covered	
QC ADVANCED LANCING DEVICE	Part B Covered	
QC LANCETS SUPER THIN 30G	Part B Covered	
QC LANCETS ULTRA THIN	Part B Covered	
QC UNILET LANCETS 28G	Part B Covered	
QC UNILET LANCETS MICRO THIN	Part B Covered	
RA E-ZJECT LANCETS 28G	Part B Covered	
RA E-ZJECT LANCETS THIN 26G	Part B Covered	
RA E-ZJECT LANCETS THIN 28G	Part B Covered	
RA E-ZJECT LANCETS ULTRA THIN	Part B Covered	
READYLANCE SAFETY LANCETS	Part B Covered	
REALITY LANCETS	Part B Covered	
REALITY TRIGGER LANCETS	Part B Covered	
RELION LANCET DEVICES 30G	Part B Covered	
RELION LANCETS	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
RELION LANCETS MICRO-THIN 33G	Part B Covered	
RELION LANCETS THIN 26G	Part B Covered	
RELION LANCETS ULTRA-THIN 30G	Part B Covered	
RELION LANCING DEVICE	Part B Covered	
RELION ULTRA THIN LANCETS 30G	Part B Covered	
RELION ULTRA THIN PLUS LANCETS	Part B Covered	
REXALL LANCETS ULTRA THIN 30G	Part B Covered	
RIGHTEST ALTERNATE SITE ADAPT	Part B Covered	
RIGHTEST GD500 LANCING DEVICE	Part B Covered	
RIGHTEST GL300 LANCETS	Part B Covered	
SAFE-T-LANCE	Part B Covered	
SAFE-T-LANCE PLUS	Part B Covered	
SAFETY LANCET 21G/PRESSURE ACT	Part B Covered	
SAFETY LANCET 23G/PRESSURE ACT	Part B Covered	
SAFETY LANCET 28G/PRESSURE ACT	Part B Covered	
SAFETY LANCET 30G/PRESSURE ACT	Part B Covered	
SAFETY LANCETS	Part B Covered	
SAFETY LANCETS 21G	Part B Covered	
SAFETY LANCETS 23G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SAFETY LANCETS 28G	Part B Covered	
SAFETY LET LANCETS	Part B Covered	
SAFETY SEAL LANCETS	Part B Covered	
SAPS HEALTH PLUS LANCETS	Part B Covered	
SAPS HEALTH TWIST TOP LANCETS	Part B Covered	
SAPS TWIST TOP LANCETS	Part B Covered	
SAPSCARE TWIST TOP LANCETS	Part B Covered	
SB LANCETS THIN	Part B Covered	
SB LANCETS ULTRA THIN	Part B Covered	
SELECT-LITE DEVICE/LANCETS	Part B Covered	
SELECT-LITE LANCING DEVICE	Part B Covered	
SHOPKO AUTOLET LANCING DEVICE	Part B Covered	
SHOPKO ON-THE-GO LANCETS 30G	Part B Covered	
SHOPKO UNILET LANCETS 28G	Part B Covered	
SHOPKO UNILET LANCETS 30G	Part B Covered	
SIDE BUTTON SAFETY LANCET	Part B Covered	
SIMPLE DIAGNOSTICS LANCING DEV	Part B Covered	
SINGLE-LET	Part B Covered	
SM LANCETS 33G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SM TRUEDRAW LANCING DEVICE	Part B Covered	
SMART DIABETES VANTAGE LANCING	Part B Covered	
SMART SENSE COLOR LANCETS 33G	Part B Covered	
SMART SENSE STANDARD LANCETS	Part B Covered	
SMART SENSE SUPER THIN LANCETS	Part B Covered	
SMART SENSE THIN LANCETS 26G	Part B Covered	
SMARTEST LANCETS 28G	Part B Covered	
SOLUS V2 LANCETS 28G	Part B Covered	
SOLUS V2 LANCING DEVICE	Part B Covered	
SOLUS V2 TWIST LANCETS 30G	Part B Covered	
STERILANCE PA	Part B Covered	
STERILANCE TL	Part B Covered	
SUPER THIN LANCETS	Part B Covered	
SURE COMFORT LANCETS 18G	Part B Covered	
SURE COMFORT LANCETS 21G	Part B Covered	
SURE COMFORT LANCETS 23G	Part B Covered	
SURE COMFORT LANCETS 28G	Part B Covered	
SURE COMFORT LANCETS 30G	Part B Covered	
SURE COMFORT LANCING PEN	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SURE-LANCE FLAT LANCETS	Part B Covered	
SURE-LANCE LANCETS 26G	Part B Covered	
SURE-LANCE THIN LANCETS 28G	Part B Covered	
SURE-LANCE ULTRA THIN LANCETS	Part B Covered	
SURE-PEN	Part B Covered	
SURE-TOUCH LANCETS UNIVERSAL	Part B Covered	
SURELITE LANCETS	Part B Covered	
TECHLITE AST LANCETS	Part B Covered	
TECHLITE LANCETS	Part B Covered	
TECHLITE LANCETS 26G	Part B Covered	
TECHLITE LANCETS 30G	Part B Covered	
TGT LANCET MICRO THIN 33G	Part B Covered	
TGT LANCET THIN 26G	Part B Covered	
TGT LANCET ULTRA THIN 30G	Part B Covered	
TGT LANCING DEVICE	Part B Covered	
THINLETS GP LANCETS	Part B Covered	
TODAYS HEALTH LANCING DEVICE	Part B Covered	
TODAYS HEALTH THIN LANCETS 28G	Part B Covered	
TODAYS HEALTH THIN LANCETS 30G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TOPCARE LANCETS MICRO-THIN 33G	Part B Covered	
TRAVEL LANCETS	Part B Covered	
TRAVEL LANCETS ADVANCED 28G	Part B Covered	
TRUE COMFORT SAFETY LANCETS	Part B Covered	
TRUE COMFORT TWIST TOP LANCETS	Part B Covered	
TRUEDRAW LANCING DEVICE	Part B Covered	
TRUEPLUS LANCETS 26G	Part B Covered	
TRUEPLUS LANCETS 28G	Part B Covered	
TRUEPLUS LANCETS 30G	Part B Covered	
TRUEPLUS LANCETS 33G	Part B Covered	
TRUEPLUS SAFETY LANCETS 28G	Part B Covered	
TWIST TOP LANCETS 30G	Part B Covered	
ULTI-LANCE AUTOMATIC	Part B Covered	
ULTILET CLASSIC LANCETS	Part B Covered	
ULTILET LANCETS	Part B Covered	
ULTILET SAFETY LANCETS	Part B Covered	
ULTILET SAFETY LANCETS 23G	Part B Covered	
ULTRA THIN LANCETS 31G	Part B Covered	
ULTRA-CARE LANCETS 30G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ULTRA-THIN II AUTO LANCET	Part B Covered	
ULTRA-THIN II LANCETS	Part B Covered	
ULTRALANCE	Part B Covered	
UNILET COMFORTOUCH LANCET	Part B Covered	
UNILET EXCELITE	Part B Covered	
UNILET EXCELITE II	Part B Covered	
UNILET G.P. LANCET	Part B Covered	
UNILET G.P. SUPERLITE LANCET	Part B Covered	
UNILET GP 28 ULTRA THIN	Part B Covered	
UNILET LANCET	Part B Covered	
UNILET MICRO-THIN 33G	Part B Covered	
UNILET SUPER-THIN 30G	Part B Covered	
UNILET SUPERLITE LANCET	Part B Covered	
UNILET ULTRA-THIN 28G	Part B Covered	
UNISTIK 1	Part B Covered	
UNISTIK 2	Part B Covered	
UNISTIK 2 COMFORT	Part B Covered	
UNISTIK 2 EXTRA	Part B Covered	
UNISTIK 2 NEONATAL	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
UNISTIK 2 NORMAL	Part B Covered	
UNISTIK 2 SUPER	Part B Covered	
UNISTIK 3	Part B Covered	
UNISTIK 3 COMFORT	Part B Covered	
UNISTIK 3 EXTRA	Part B Covered	
UNISTIK 3 GENTLE	Part B Covered	
UNISTIK 3 NEONATAL	Part B Covered	
UNISTIK 3 NORMAL	Part B Covered	
UNISTIK CZT COMFORT	Part B Covered	
UNISTIK CZT NORMAL	Part B Covered	
UNISTIK NORMAL	Part B Covered	
UNISTIK PRO SAFETY LANCET	Part B Covered	
UNISTIK SAFETY LANCETS 28G	Part B Covered	
UNISTIK SAFETY LANCETS 30G	Part B Covered	
UNISTIK TOUCH SAFETY LANC 21G	Part B Covered	
UNISTIK TOUCH SAFETY LANC 23G	Part B Covered	
UNISTIK TOUCH SAFETY LANC 28G	Part B Covered	
UNISTIK TOUCH SAFETY LANC 30G	Part B Covered	
UNIVERSAL 1 LANCETS THIN 26G	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
UNIVERSAL 1 LANCETS THIN 33G	Part B Covered	
UNIVERSAL 1 LANCETS ULTRA THIN	Part B Covered	
VALUE PLUS LANCET STANDARD 21G	Part B Covered	
VALUE PLUS LANCETS SUPER THIN	Part B Covered	
VALUE PLUS LANCETS THIN 26G	Part B Covered	
VALUE PLUS LANCING DEVICE	Part B Covered	
VALUMARK LANCET SUPER THIN 30G	Part B Covered	
VALUMARK LANCET ULTRA THIN 28G	Part B Covered	
VERIFINE SAFE LANCET MINI 21G	Part B Covered	
VERIFINE SAFE LANCET MINI 23G	Part B Covered	
VERIFINE SAFE LANCET MINI 28G	Part B Covered	
VERIFINE SAFE LANCET MINI 30G	Part B Covered	
VERIFINE UNIVERSAL LANCETS 28G	Part B Covered	
VERIFINE UNIVERSAL LANCETS 30G	Part B Covered	
VERIFINE UNIVERSAL LANCETS 33G	Part B Covered	
VIDA MIA AUTOLET LANCING DEV	Part B Covered	
VIDA MIA UNILET LANCETS 28G	Part B Covered	
VIDA MIA UNILET LANCETS 30G	Part B Covered	
VIVAGUARD LANCETS	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VIVAGUARD LANCETS 30G	Part B Covered	
VIVAGUARD LANCING DEVICE	Part B Covered	
VIVAGUARD SAFETY LANCETS 28G	Part B Covered	
WALGREENS ADV TRAVEL LANCETS	Part B Covered	
WALGREENS LANCETS	Part B Covered	
WALGREENS LANCETS MICRO THIN	Part B Covered	
WALGREENS LANCETS SUPER THIN	Part B Covered	
WALGREENS THIN LANCETS	Part B Covered	
WALGREENS ULTRA THIN LANCETS	Part B Covered	
ZEVRX TWIST TOP LANCETS 30G	Part B Covered	

### **MISC. DEVICES**

ADVOCATE ALCOHOL PREP PADS	3	
ALCOHOL PADS	3	
ALCOHOL PREP	3	
ALCOHOL PREP PADS	3	
ALCOHOL PREPS	3	
ALCOHOL SWABS	3	
ALCOHOL SWABSTICK	3	
AUM ALCOHOL PREP PADS	3	
BD SWAB SINGLE USE REGULAR	3	
BD SWABS SINGLE USE BUTTERFLY	3	
CARETOUCH ALCOHOL PREP	3	
COMFORT TOUCH ALCOHOL PREP	3	
CURITY ALCOHOL PREPS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CVS ALCOHOL PREP PADS	3	
CVS PREP	3	
DROPSAFE ALCOHOL PREP	3	
EASY COMFORT ALCOHOL PADS	3	
EASY TOUCH ALCOHOL PREP MEDIUM	3	
EQL ALCOHOL SWABS	3	
FIFTY50 ALCOHOL PREP	3	
GLOBAL ALCOHOL PREP EASE	3	
GNP ALCOHOL SWABS	3	
GOODSENSE ALCOHOL SWABS	3	
H-E-B INCONTROL ALCOHOL	3	
HM STERILE ALCOHOL PREP	3	
MEIJER ALCOHOL SWABS	3	
PHARMACIST CHOICE ALCOHOL	3	
PURE COMFORT ALCOHOL PREP	3	
QC ALCOHOL SWABS	3	
RA ALCOHOL SWABS	3	
REALITY SWABS	3	
RELION ALCOHOL SWABS	3	
SAPS CARE ALCOHOL PREP	3	
SAPS HEALTH ALCOHOL PREP	3	
SAPS HEALTH CARE ALCOHOL PREP	3	
SB ALCOHOL PREP	3	
SM ALCOHOL PREP 70 % PAD, PAD	3	
SURE COMFORT ALCOHOL PREP	3	
SURE-PREP ALCOHOL PREP	3	
TRUE COMFORT PRO ALCOHOL PREP	3	
ULTICARE ALCOHOL SWABS	3	
ULTILET ALCOHOL SWABS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ULTRA-CARE ALCOHOL PREP PADS	3	
WEBCOL ALCOHOL PREP LARGE	3	
WEBCOL ALCOHOL PREP MEDIUM	3	
ZEVX STERILE ALCOHOL PREP PAD	3	

## **PARENTERAL THERAPY SUPPLIES**

1ST TIER UNIFINE PENTIPS	3	
1ST TIER UNIFINE PENTIPS PLUS	3	
ABOUTTIME PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLES	3	
ADVOCATE INSULIN SYRINGE	3	
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	
ASSURE ID DUO PRO PEN NEEDLES	3	
ASSURE ID INSULIN SAFETY SYR	3	
ASSURE ID PRO PEN NEEDLES	3	
ASSURE ID SAFETY PEN NEEDLES	3	
AUM INSULIN SAFETY PEN NEEDLE	3	
AUM MINI INSULIN PEN NEEDLE	3	
AUM PEN NEEDLE	3	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
AURORA PEN NEEDLES	3	
AURORA UNIFINE PENTIPS	3	
BD AUTOSHIELD	3	
BD AUTOSHIELD DUO	3	
BD INSULIN SYR ULTRAFINE II	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC	3	
BD INSULIN SYRINGE HALF-UNIT	3	
BD INSULIN SYRINGE MICROFINE	3	
BD INSULIN SYRINGE U-500	3	
BD INSULIN SYRINGE U/F	3	
BD INSULIN SYRINGE U/F 1/2UNIT	3	
BD INSULIN SYRINGE ULTRAFINE	3	
BD PEN NEEDLE MICRO U/F	3	
BD PEN NEEDLE MINI U/F	3	
BD PEN NEEDLE NANO 2ND GEN	3	
BD PEN NEEDLE NANO U/F	3	
BD PEN NEEDLE ORIGINAL U/F	3	
BD PEN NEEDLE SHORT U/F	3	
BD SAFETY-LOK INSULIN SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	3	
BD VEO INSULIN SYRINGE U/F	3	
CAREFINE PEN NEEDLES	3	
CAREONE INSULIN SYRINGE	3	
CAREONE UNIFINE PENTIPS	3	
CAREONE UNIFINE PENTIPS PLUS	3	
CARETOUCH INSULIN SYRINGE	3	
CARETOUCH PEN NEEDLES	3	
CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC	3	
CLICKFINE PEN NEEDLES	3	
COMFORT ASSIST INSULIN SYRINGE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COMFORT EZ INSULIN SYRINGE	3	
COMFORT EZ MICRO PEN NEEDLES	3	
COMFORT EZ PEN NEEDLES	3	
COMFORT EZ PRO PEN NEEDLES	3	
COMFORT EZ SHORT PEN NEEDLES	3	
COMFORT TOUCH INSULIN PEN NEED	3	
DIATHRIVE PEN NEEDLE	3	
DROPLET INSULIN SYRINGE	3	
DROPLET MICRON	3	
DROPLET PEN NEEDLES	3	
DROPSAFE SAFETY PEN NEEDLES	3	
DROPSAFE SAFETY SYRINGE/NEEDLE	3	
DRUG MART UNIFINE PENTIPS	3	
DRUG MART UNIFINE PENTIPS PLUS	3	
EASY COMFORT INSULIN SYRINGE	3	
EASY COMFORT PEN NEEDLES	3	
EASY GLIDE PEN NEEDLES	3	
EASY TOUCH FLIPLOCK INSULIN SY	3	
EASY TOUCH INSULIN SAFETY SYR	3	
EASY TOUCH INSULIN SYRINGE	3	
EASY TOUCH PEN NEEDLES	3	
EASY TOUCH SAFETY PEN NEEDLES	3	
EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	3	
EMBRACE PEN NEEDLES	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
EQL INSULIN SYRINGE	3	
EXEL COMFORT POINT INSULIN SYR	3	
EXEL COMFORT POINT PEN NEEDLE	3	
FIFTY50 PEN NEEDLES	3	
FIFTY50 SUPERIOR COMFORT SYR	3	
FREDS PHARMACY UNIFINE PENTIP+	3	
FREDS PHARMACY UNIFINE PENTIPS	3	
FREESTYLE PRECISION INS SYR	3	
GLOBAL EASE INJECT PEN NEEDLES	3	
GLOBAL EASY GLIDE INSULIN SYR	3	
GLOBAL EASY GLIDE PEN NEEDLES	3	
GLOBAL INJECT EASE INSULIN SYR	3	
GLOBAL INSULIN SYRINGES	3	
GLUCOPRO INSULIN SYRINGE	3	
GNP CLICKFINE PEN NEEDLES	3	
GNP INSULIN SYRINGE	3	
GNP INSULIN SYRINGES	3	
GNP INSULIN SYRINGES 28GX1/2"	3	
GNP INSULIN SYRINGES 29GX1/2"	3	
GNP INSULIN SYRINGES 30GX5/16"	3	
GNP INSULIN SYRINGES 31GX5/16"	3	
GNP ULTICARE PEN NEEDLES	3	
GNP ULTIGUARD SAFEPACK NEEDLE	3	
GNP ULTRA COM INSULIN SYRINGE	3	
GOODSENSE CLICKFINE PEN NEEDLE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GOODSENSE PEN NEEDLE PENFINE	3	
H-E-B INCONTROL PEN NEEDLES	3	
H-E-B INCONTROL UNIFINE PENTIP	3	
HEALTHWISE INSULIN SYR/NEEDLE	3	
HEALTHWISE MICRON PEN NEEDLES	3	
HEALTHWISE MINI PEN NEEDLES	3	
HEALTHWISE PEN NEEDLES	3	
HEALTHWISE SHORT PEN NEEDLES	3	
HEALTHWISE UNIFINE PENTIPS	3	
HEALTHY ACCENTS UNIFINE PENTIP	3	
HM ULTICARE INSULIN SYRINGE	3	
HM ULTICARE MINI PEN NEEDLES	3	
HM ULTICARE SHORT PEN NEEDLES	3	
INCONTROL ULTICARE PEN NEEDLES	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSULIN SYRINGE	3	
INSULIN SYRINGE-NEEDLE U-100	3	
INSULIN SYRINGE/NEEDLE	3	
INSUPEN PEN NEEDLES	3	
INSUPEN SENSITIVE	3	
INSUPEN ULTRAFIN	3	
KINRAY INSULIN SYRINGE	3	
KMART VALU INSULIN SYRINGE 29G	3	
KMART VALU INSULIN SYRINGE 30G	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
KROGER INSULIN SYRINGE	3	
KROGER PEN NEEDLES	3	
LEADER INSULIN SYRINGE	3	
LEADER UNIFINE PENTIPS	3	
LEADER UNIFINE PENTIPS PLUS	3	
LITETOUCH INSULIN SYRINGE	3	
LITETOUCH PEN NEEDLES	3	
LONGS INSULIN SYRINGE	3	
MAGELLAN INSULIN SAFETY SYR	3	
MARATHON MEDICAL PENTIPS	3	
MAXI-COMFORT INSULIN SYRINGE	3	
MAXI-COMFORT SAFETY PEN NEEDLE	3	
MAXICOMFORT II PEN NEEDLE	3	
MAXICOMFORT SYR 27G X 1/2"	3	
MEDIC INSULIN SYRINGE	3	
MEDICINE SHOPPE PEN NEEDLES	3	
MEIJER PEN NEEDLES	3	
MICRODOT PEN NEEDLE	3	
MM INSULIN SYRINGE/NEEDLE	3	
MM PEN NEEDLES	3	
MONOJECT INSULIN SYRINGE	3	
MONOJECT ULTRA COMFORT SYRINGE	3	
MS INSULIN SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	3	
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
NOVOPEN ECHO	3	
NOVOTWIST PEN NEEDLE	3	
PC UNIFINE PENTIPS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PEN NEEDLE/5-BEVEL TIP	3	
PEN NEEDLES	3	
PEN NEEDLES 3/16"	3	
PEN NEEDLES 5/16"	3	
PENTIPS	3	
PENTIPS GENERIC PEN NEEDLES	3	
PIP PEN NEEDLES 31G X 5MM	3	
PIP PEN NEEDLES 32G X 4MM	3	
PRECISION SURE-DOSE SYRINGE	3	
PRECISION SUREDOSE PLUS SYR	3	
PREFERRED PLUS INSULIN SYRINGE	3	
PREFERRED PLUS UNIFINE PENTIPS	3	
PREVENT DROPSAFE PEN NEEDLES	3	
PREVENT SAFETY PEN NEEDLES	3	
PRO COMFORT INSULIN SYRINGE	3	
PRO COMFORT PEN NEEDLES	3	
PRODIGY INSULIN SYRINGE	3	
PURE COMFORT PEN NEEDLE	3	
PURE COMFORT SAFETY PEN NEEDLE	3	
PX EXTRA SHORT PEN NEEDLES	3	
PX INSULIN SYRINGE	3	
PX MINI PEN NEEDLES	3	
PX PEN NEEDLE	3	
PX SHORTLENGTH PEN NEEDLES	3	
QC PEN NEEDLES	3	
QC UNIFINE PENTIPS	3	
RA INSULIN SYRINGE	3	
RA PEN NEEDLES	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
RAYA SURE PEN NEEDLE	3	
REALITY INSULIN SYRINGE	3	
RELION INSULIN SYRINGE	3	
RELION MINI PEN NEEDLES	3	
RELION PEN NEEDLES	3	
RELION SHORT PEN NEEDLES	3	
SAFETY INSULIN SYRINGES	3	
SAFETY PEN NEEDLES	3	
SB INSULIN SYRINGE	3	
SECURESAFE INSULIN SYRINGE	3	
SECURESAFE SAFETY PEN NEEDLES	3	
SHOPKO UNIFINE PENTIPS	3	
SHOPKO UNIFINE PENTIPS PLUS	3	
SURE COMFORT INSULIN SYRINGE	3	
SURE COMFORT PEN NEEDLES	3	
SURE-FINE PEN NEEDLES	3	
SURE-JECT INSULIN SYRINGE	3	
TECHLITE INSULIN SYRINGE	3	
TECHLITE PEN NEEDLES	3	
TECHLITE PLUS PEN NEEDLES	3	
TODAYS HEALTH MINI PEN NEEDLES	3	
TODAYS HEALTH PEN NEEDLES	3	
TODAYS HEALTH SHORT PEN NEEDLE	3	
TOPCARE CLICKFINE PEN NEEDLES	3	
TOPCARE ULTRA COMFORT INS SYR	3	
TRUE COMFORT INSULIN SYRINGE	3	
TRUE COMFORT PEN NEEDLES	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TRUE COMFORT PRO INSULIN SYR	3	
TRUE COMFORT PRO PEN NEEDLES	3	
TRUEPLUS 5-BEVEL PEN NEEDLES	3	
TRUEPLUS INSULIN SYRINGE	3	
TRUEPLUS PEN NEEDLES	3	
ULTICARE INSULIN SAFETY SYR	3	
ULTICARE INSULIN SYR 1/2 UNIT	3	
ULTICARE INSULIN SYRINGE	3	
ULTICARE MICRO PEN NEEDLES	3	
ULTICARE MINI PEN NEEDLES	3	
ULTICARE PEN NEEDLES	3	
ULTICARE SHORT PEN NEEDLES	3	
ULTIGUARD SAFEPACK PEN NEEDLE	3	
ULTIGUARD SAFEPACK SYR/NEEDLE	3	
ULTILET INSULIN SYRINGE	3	
ULTILET INSULIN SYRINGE SHORT	3	
ULTILET PEN NEEDLE	3	
ULTRA COMFORT INSULIN SYRINGE	3	
ULTRA FLO INSULIN PEN NEEDLES	3	
ULTRA FLO INSULIN SYR 1/2 UNIT	3	
ULTRA FLO INSULIN SYRINGE	3	
ULTRA THIN PEN NEEDLES	3	
ULTRA-THIN II INS SYR SHORT	3	
ULTRA-THIN II INSULIN SYRINGE	3	
ULTRA-THIN II MINI PEN NEEDLE	3	
ULTRA-THIN II PEN NEEDLE SHORT	3	
ULTRA-THIN II PEN NEEDLES	3	
ULTRACARE INSULIN SYRINGE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ULTRACARE PEN NEEDLES	3	
UNIFINE PEN NEEDLES	3	
UNIFINE PENTIPS	3	
UNIFINE PENTIPS PLUS	3	
UNIFINE PROTECT PEN NEEDLE	3	
UNIFINE SAFECONTROL PEN NEEDLE	3	
UNIFINE ULTRA PEN NEEDLE	3	
VALUE HEALTH INSULIN SYRINGE	3	
VALUMARK PEN NEEDLES	3	
VANISHPOINT INSULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	
VERIFINE PLUS PEN NEEDLE	3	
VIDA MIA UNIFINE PENTIPS	3	
VP INSULIN SYRINGE	3	
WEGMANS UNIFINE PENTIPS PLUS	3	
ZEVRX INSULIN SYRINGE	3	
ZEVRX PEN NEEDLES	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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

## **MINERALS ELECTROLYTES**

### **CALCIUM**

<i>calcium gluconate 10 % solution</i>	2	
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### **ELECTROLYTE MIXTURES**

<i>kcl in dextrose-nacl kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	4	
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LACTATED RINGERS LACTATED RINGERS, LACTATED RINGERS	2	
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<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
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### **FLUORIDE**

<i>nafrinse</i>	2	
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<i>sodium fluoride sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 2.2 (1 f) mg tab</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	4	
<b>PHOSPHATE</b>		
K-PHOS	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	
<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 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SODIUM</b>		
SODIUM CHLORIDE SODIUM CHLORIDE 0.45 % SOLUTION, SODIUM CHLORIDE 3 % SOLUTION, SODIUM CHLORIDE 5 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION	4	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
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
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REVLIMID	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
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
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>gengraf</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	4	
<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	
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	3	

## **MULTIVITAMINS**

### **PRENATAL VITAMINS**

ATABEX EC	4	
ATABEX OB	4	
AZESCHEW PRENATAL/POSTNATAL	4	
AZESCO	4	
C-NATE DHA	4	
CITRANATAL 90 DHA	4	
CITRANATAL ASSURE	4	
CITRANATAL B-CALM	4	
CITRANATAL BLOOM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CITRANATAL BLOOM DHA	4	
CITRANATAL DHA	4	
CITRANATAL ESSENCE	4	
CITRANATAL HARMONY	4	
CITRANATAL MEDLEY	4	
CITRANATAL RX	4	
CO-NATAL FA	4	
COMPLETE NATAL DHA	4	
COMPLETENATE	4	
CONCEPT DHA	4	
CONCEPT OB	4	
DERMACINRX PRETRATE	4	
DUET DHA 400	4	
DUET DHA BALANCED	4	
ELITE-OB	4	
ENBRACE HR	4	
FOLIVANE-OB	4	
INATAL GT	4	
JENLIVA PRENATAL/POSTNATAL	4	
KOSHER PRENATAL PLUS IRON	4	
M-NATAL PLUS	4	
MULTI-MAC	4	
NATACHEW	4	
NATAL PNV	4	
NATALVIT	4	
NEEVO DHA	4	
NEO-VITAL RX	4	
NEONATAL + DHA	4	
NEONATAL 19	4	
NEONATAL COMPLETE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NEONATAL FE	4	
NEONATAL PLUS	4	
NESTABS	4	
NESTABS DHA	4	
NESTABS ONE	4	
NIVA-PLUS	4	
OB COMPLETE	4	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	
OBSTETRIX EC (WITH DOCUSATE)	4	
OBSTETRIX ONE (WITH DOCUSATE)	4	
ONE VITE WOMENS PLUS	4	
PNV PRENATAL PLUS MULTIVIT+DHA	4	
PNV TABS 20-1	4	
PNV TABS 29-1	4	
PNV-DHA	4	
PNV-DHA+DOCUSATE	4	
PNV-OMEGA	4	
PNV-SELECT	4	
PREGEN DHA	4	
PREGENNA	4	
PREMESISRX	4	
PRENA 1 TRUE	4	
PRENA1	4	
PRENA1 PEARL	4	
PRENAISSANCE	4	
PRENAISSANCE PLUS	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PRENARA	4	
PRENATABS OBN	4	
PRENATAL 19 19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB	4	
PRENATAL 27-1 MG TAB	4	
PRENATAL PLUS	4	
PRENATAL PLUS IRON	4	
PRENATAL PLUS VITAMIN/MINERAL	4	
PRENATAL VITAMIN PLUS LOW IRON	4	
PRENATAL-U	4	
PRENATE	4	
PRENATE AM	4	
PRENATE DHA	4	
PRENATE ELITE	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL	4	
PRENATE MINI	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
PRENATRIX	4	
PRENATRYL	4	
PRENATVITE COMPLETE	4	
PRENATVITE PLUS	4	
PRENATVITE RX	4	
PREPLUS	4	
PRETAB	4	
PRIMACARE	4	
PROVIDA OB	4	
RELNATE DHA	4	
SE-NATAL 19	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SELECT-OB	4	
SELECT-OB+DHA	4	
TARON-C DHA	4	
TARON-PREX	4	
THRIVITE RX	4	
TRI-TABS DHA	4	
TRICARE	4	
TRICARE PRENATAL DHA ONE	4	
TRINATAL RX 1	4	
TRINATE	4	
TRINAZ	4	
TRISTART DHA	4	
TRISTART FREE	4	
TRISTART ONE	4	
TRIVEEN-DUO DHA	4	
VINATE DHA RF	4	
VINATE II	4	
VINATE ONE	4	
VIRT-C DHA	4	
VIRT-NATE DHA	4	
VIRT-PN DHA	4	
VIRT-PN PLUS	4	
VITAFOL FE+	4	
VITAFOL GUMMIES	4	
VITAFOL STRIPS	4	
VITAFOL ULTRA	4	
VITAFOL-NANO	4	
VITAFOL-OB	4	
VITAFOL-OB+DHA	4	
VITAFOL-ONE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VITAMEDMD ONE RX/QUATREFOLIC	4	
VITAMEDMD REDICHEW RX	4	
VITAPEARL	4	
VITATHELY WITH GINGER	4	
VITATRUE	4	
VIVA DHA	4	
VOL-PLUS	4	
VOL-TAB RX	4	
VP-PNV-DHA	4	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
WESNATAL DHA COMPLETE	4	
WESNATE DHA	4	
WESTAB PLUS	4	
WESTGEL DHA	4	
ZALVIT	4	
ZATEAN-PN DHA	4	
ZATEAN-PN PLUS	4	
ZIPHEX	4	

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	

### **DIRECT MUSCLE RELAXANTS**

<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>timolol maleate 0.25 %, 0.5 %</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>apraclonidine hcl apraclonidine hcl, apraclonidine hcl</i>	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA	4	
<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 1.5 % SOLUTION	2	
<i>levofloxacin levofloxacin 0.5 % solution, levofloxacin 0.5 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
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)
XDEMZY	5	PA, QL (10 ML PER 42 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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)
<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)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<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	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc</i>	2	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
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
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 1 GM RECON SOLN, 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 PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 500 MG TAB	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE ER	4	
AMPICILLIN-SULBACTAM SODIUM AMPICILLIN-SULBACTAM SODIUM, AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN, AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN	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
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
<b>PROGESTINS</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<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 12.

<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 12.

<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 12.

<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 12.

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

### ANTI-HISTAMINES

<i>cetirizine hcl 1 mg/ml, 5 mg/5ml</i>	2	
<i>desloratadine 5 mg tab</i>	2	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	4	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	
<i>promethazine hcl 6.25 mg/5ml solution, 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

## 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 12.

<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 12.



<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	

## **TOXOIDS**

### **TOXOID COMBINATIONS**

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

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<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 20 mg tab, 40 mg tab</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	4	
<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 15 mg cap dr, 30 mg cap dr</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>	3	
<i>tropium chloride</i>	2	
<i>tropium 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 12.

<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	

### **VIRAL VACCINES**

ABRYSVO	1	VAC
AFLURIA	Part B Covered	
AFLURIA PRESERVATIVE FREE	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
AREXVY	1	VAC
COMIRNATY	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> , VAC
ERVEBO	1	VAC
FLUAD	Part B Covered	
FLUARIX	Part B Covered	
FLUARIX QUADRIVALENT	Part B Covered	
FLUBLOK	Part B Covered	
FLUBLOK QUADRIVALENT	Part B Covered	
FLUCELVAX	Part B Covered	
FLULAVAL	Part B Covered	
FLULAVAL QUADRIVALENT	Part B Covered	
FLUMIST	Part B Covered	
FLUZONE	Part B Covered	
FLUZONE HIGH-DOSE	Part B Covered	
FLUZONE HIGH-DOSE QUADRIVALENT	Part B Covered	
FLUZONE QUADRIVALENT	Part B Covered	
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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
IMOVAX RABIES	1	PA <sup>3</sup> , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JANSSEN COVID-19 VACCINE	Part B Covered	
JYNNEOS	1	VAC
M-M-R II	1	VAC
MODERNA COVID-19 BIVAL 6M-5Y	Part B Covered	
MODERNA COVID-19 BIVAL BOOSTER	Part B Covered	
MODERNA COVID-19 BIVALENT	Part B Covered	
MODERNA COVID-19 VAC (BOOSTER)	Part B Covered	
MODERNA COVID-19 VAC 6M-11Y	Part B Covered	
MODERNA COVID-19 VACC 6-11Y	Part B Covered	
MODERNA COVID-19 VACC 6M-5Y	Part B Covered	
MODERNA COVID-19 VACCINE	Part B Covered	
MRESVIA	1	VAC
NOVAVAX COVID-19 VACCINE	Part B Covered	
PFIZER COVID-19 BIVAL 6MO-4YR	Part B Covered	
PFIZER COVID-19 VAC BIVAL 5-11	Part B Covered	
PFIZER COVID-19 VAC BIVALENT	Part B Covered	
PFIZER COVID-19 VAC-TRIS 5-11Y	Part B Covered	
PFIZER COVID-19 VAC-TRIS 6M-4Y	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PFIZER-BIONT COVID-19 VAC-TRIS	Part B Covered	
PFIZER-BIONTECH COVID-19 VACC	Part B Covered	
PREHEVBRIO	1	PA <sup>3</sup> , VAC
PRIORIX	1	VAC
PROQUAD	1	
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
SPIKEVAX	Part B Covered	
SPIKEVAX COVID-19 VACCINE	Part B Covered	
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TWINRIX	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
YF-VAX	1	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 2 % cream</i>	2	
<i>terconazole</i>	2	
<b>VAGINAL ESTROGENS</b>		
<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 12.

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			LIFESCAN UNISTIK II
			LANCETS
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U12567 Spanish (U12951) (12/2024)