

2024

List of Covered Drugs (Formulary) (Lista de medicamentos cubiertos (Formulario) de UCare Your Choice Plans (PPO)

- UCare Your Choice
- UCare Your Choice Plus

Este formulario se actualizó el 10/22/2024.

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

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

Servicio al Cliente de **UCare Your Choice Plans** al 612-676-6526 o al 1-833-951-3183 (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

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 ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

විද්‍යාලය: -සමුහිකව කටයුතු කිරීමට, සහභාගී කිරීමට, සහභාගී කිරීමට, සහභාගී කිරීමට, සහභාගී කිරීමට. 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 ដោយមិនគិតល្អលក់ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

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

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

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

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

Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italiano vi 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 drug list (lista de medicamentos) (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa UCare Minnesota. Cuando se refiere al “plan” o “nuestro plan” significa los UCare Your Choice Plans.

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

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

¿Qué es el formulario de los UCare Your Choice Plans?

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

¿Puede cambiar la drug list (lista de medicamentos)?

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

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

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

excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los UCare Your Choice Plans?”

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

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

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

¿Cómo uso el Formulario?

Hay dos formas de encontrar un medicamento en el Formulario:

Afección médica

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

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

Lista alfabética

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 192. 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 aparezca en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay restricciones para mi cobertura?

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

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

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

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

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

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

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

¿Cómo solicito una excepción al Formulario de los UCare Your Choice Plans?

Puede pedirle a los UCare Your Choice Plans que hagan una excepción a las reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del Formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad (Nivel 5). Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, los UCare Your Choice Plans limitan la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos una cantidad mayor.

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

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

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

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

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

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

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

Transición de la atención

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

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de los UCare Your Choice Plans, revise su *Evidence of Coverage* y otros materiales del plan.

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

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

Formulario de los UCare Your Choice Plans

El formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por los UCare Your Choice Plans. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 192.

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 Your Choice Plans tienen algún requisito especial para la cobertura de su medicamento.

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

| Explicación de los requisitos/límites | |
|---------------------------------------|--|
| LA | Medicamentos que solo están disponibles en determinadas farmacias. Si tiene preguntas, llame al Servicio de Atención al Cliente al número en la parte posterior de su tarjeta de identificación (ID) de miembro. |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| <i>amphetamine-dextroamphet er</i> | 4 | |
| <i>amphetamine-dextroamphetamine</i> | 3 | |
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap)</i> | 4 | |
| <i>methamphetamine hcl</i> | 4 | |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| <i>atomoxetine hcl</i> | 2 | QL 60 EA / 30 DAYS |
| <i>clonidine hcl er</i> | 4 | |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI | 3 | QL 30 EA / 30 DAYS PA |
| STIMULANTS - MISC. | | |
| <i>armodafinil</i> | 4 | QL 30 EA / 30 DAYS PA |
| <i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i> | 3 | |
| <i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>methylphenidate hcl er (la)</i> | 4 | |
| <i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i> | 4 | |
| <i>modafinil</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> 60 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| <i>amikacin sulfate 1 gm/4ml solution</i> | 2 | |
| <i>amikacin sulfate 500 mg/2ml solution</i> | 4 | |
| 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</i> | 2 | |
| <i>paromomycin sulfate</i> | 4 | |
| STREPTOMYCIN SULFATE | 4 | |
| <i>tobramycin 300 mg/4ml nebu soln</i> | 5 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> 224 ML / 28 OVER TIME </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> Non-Extended Day Supply </div> |

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

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

| | | |
|--|---|---|
| <i>tobramycin 300 mg/5ml nebu soln</i> | 5 | <div data-bbox="1133 170 1192 205">QL</div> 300 ML / 30 DAYS <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NDS</div> Non-Extended Day Supply |
|--|---|---|

| | | |
|---|---|--|
| TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION) | 4 | |
|---|---|--|

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

| | | |
|--------------------------------|---|--|
| HADLIMA 40 MG/0.4ML SOLN PRSYR | 5 | <div data-bbox="1133 903 1192 938">QL</div> 2.4 ML / 28 DAYS <div data-bbox="1133 951 1192 987">PA</div> <div data-bbox="1133 999 1192 1035">NDS</div> Non-Extended Day Supply |
|--------------------------------|---|--|

| | | |
|--------------------------------|---|---|
| HADLIMA 40 MG/0.8ML SOLN PRSYR | 5 | <div data-bbox="1133 1085 1192 1121">QL</div> 4.8 ML / 28 DAYS <div data-bbox="1133 1134 1192 1169">PA</div> <div data-bbox="1133 1182 1192 1218">NDS</div> Non-Extended Day Supply |
|--------------------------------|---|---|

| | | |
|--|---|---|
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | 5 | <div data-bbox="1133 1270 1192 1306">QL</div> 2.4 ML / 28 DAYS <div data-bbox="1133 1318 1192 1354">PA</div> <div data-bbox="1133 1367 1192 1402">NDS</div> Non-Extended Day Supply |
|--|---|---|

| | | |
|--|---|---|
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | 5 | <div data-bbox="1133 1455 1192 1491">QL</div> 4.8 ML / 28 DAYS <div data-bbox="1133 1503 1192 1539">PA</div> <div data-bbox="1133 1551 1192 1587">NDS</div> Non-Extended Day Supply |
|--|---|---|

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |
| HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |
| HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |
| HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |
| HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |
| HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE) | 5 | <ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply |
| HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| HUMIRA-PED<40KG CROHNS STARTER | 5 | <ul style="list-style-type: none"> QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply |
| HUMIRA-PED>/=40KG CROHNS START | 5 | <ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| HUMIRA-PS/UV/ADOL HS STARTER | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| HUMIRA-PSORIASIS/UEVIT STARTER | 5 | <ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply |
| SIMLANDI (1 PEN) | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| SIMLANDI (2 PEN) | 5 | <ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR) | 5 | <ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR) | 5 | <ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| RINVOQ 45 MG TAB ER 24H | 5 | <ul style="list-style-type: none"> QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| XELJANZ 1 MG/ML SOLUTION | 5 | <ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply |
| XELJANZ XR | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| INTERLEUKIN-1 BLOCKERS | | |
| ARCALYST | 5 | <ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA 162 MG/0.9ML SOLN PRSYR | 5 | <ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| ACTEMRA ACTPEN | 5 | <ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| KEVZARA | 5 | <ul style="list-style-type: none"> QL 2.28 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR) | 5 | <ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply |

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

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

| | | |
|---|---|--|
| <i>celecoxib</i> | 3 | |
| <i>diclofenac potassium 50 mg tab</i> | 2 | |
| <i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i> | 2 | |
| <i>diclofenac sodium er</i> | 4 | |
| <i>ec-naproxen</i> | 2 | |
| <i>etodolac</i> | 3 | |
| <i>flurbiprofen 100 mg tab</i> | 2 | |
| <i>ibuprofen (motrin)</i> | 1 | |
| <i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i> | 2 | |
| <i>ketorolac tromethamine 10 mg tab</i> | 2 | |
| <i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i> | 1 | |
| <i>nabumetone</i> | 2 | |
| <i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 500 mg tab)</i> | 1 | |
| <i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i> | 2 | |
| <i>naproxen dr</i> | 2 | |
| <i>oxaprozin 600 mg tab</i> | 4 | |
| <i>piroxicam</i> | 3 | |
| <i>sulindac</i> | 2 | |

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

| | | |
|------------------------------------|---|---|
| OTEZLA 10 & 20 & 30 MG TAB THPK | 5 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">55 EA / 180 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div> |
|------------------------------------|---|---|

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| OTEZLA 20 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| OTEZLA 30 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| OTEZLA 4 X 10 & 51 X20 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 55 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| <i>leflunomide</i> | 3 | |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR) | 5 | <ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| ENBREL MINI | 5 | <ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| ENBREL SURECLICK | 5 | <ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ANALGESICS - NONNARCOTIC | | |
| SALICYLATES | | |
| <i>diflunisal</i> | 3 | |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| <i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i> | 4 | QL 10 EA / 30 DAYS PA |
| <i>fentanyl citrate (fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i> | 5 | QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| <i>fentanyl citrate 200 mcg loz handle</i> | 4 | QL 120 EA / 30 DAYS PA |
| <i>hydromorphone hcl 1 mg/ml liquid</i> | 4 | QL 2400 ML / 30 OVER TIME |
| <i>hydromorphone hcl 2 mg tab</i> | 3 | QL 450 EA / 30 DAYS |
| <i>hydromorphone hcl 4 mg tab</i> | 3 | QL 240 EA / 30 DAYS |
| <i>hydromorphone hcl 8 mg tab</i> | 3 | QL 120 EA / 30 DAYS |
| <i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i> | 4 | PA³ |
| <i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i> | 4 | QL 360 EA / 30 DAYS PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| METHADONE HCL 10 MG/5ML SOLUTION | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1800 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| METHADONE HCL 5 MG/5ML SOLUTION | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>3600 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| <i>morphine sulfate (concentrate)</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>180 ML / 30 DAYS</div> </div> |
| MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>180 ML / 30 DAYS</div> </div> |
| <i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>180 EA / 30 DAYS</div> </div> |
| MORPHINE SULFATE 10 MG/5ML SOLUTION | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1800 ML / 30 DAYS</div> </div> |
| MORPHINE SULFATE 20 MG/5ML SOLUTION | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>900 ML / 30 DAYS</div> </div> |
| <i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| <i>morphine sulfate er 200 mg tab er</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| <i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>180 EA / 30 DAYS</div> </div> |
| <i>oxycodone hcl 100 mg/5ml conc</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>270 ML / 30 DAYS</div> </div> |
| <i>oxycodone hcl 5 mg cap</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>360 EA / 30 OVER TIME</div> </div> |
| <i>oxycodone hcl 5 mg tab</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>360 EA / 30 DAYS</div> </div> |
| <i>oxycodone hcl 5 mg/5ml solution</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>5400 ML / 30 DAYS</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-------------------------------|
| <i>tramadol hcl 50 mg tab</i> | 3 | QL 240 EA / 30 DAYS |
| OPIOID COMBINATIONS | | |
| <i>acetaminophen-codeine (acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i> | 3 | QL 4980 ML / 30 DAYS |
| <i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i> | 3 | QL 390 EA / 30 DAYS |
| <i>endocet</i> | 3 | QL 360 EA / 30 DAYS |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i> | 4 | QL 5400 ML / 30 DAYS |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i> | 3 | QL 360 EA / 30 DAYS |
| <i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i> | 3 | QL 360 EA / 30 DAYS |
| <i>tramadol-acetaminophen</i> | 3 | QL 360 EA / 30 DAYS |
| OPIOID PARTIAL AGONISTS | | |
| BELBUCA | 4 | QL 60 EA / 30 OVER TIME PA |








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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>buprenorphine</i> | 4 | QL 4 EA / 28 DAYS PA |
| <i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i> | 3 | QL 90 EA / 30 DAYS |
| <i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film)</i> | 3 | QL 90 EA / 30 DAYS |
| <i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i> | 2 | QL 90 EA / 30 DAYS |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> | 3 | QL 60 EA / 30 DAYS |
| <i>butorphanol tartrate 10 mg/ml solution</i> | 4 | QL 10 ML / 30 DAYS |
| ANDROGENS-ANABOLIC | | |
| ANDROGENS | | |
| <i>danazol</i> | 4 | |
| ERYTHROMYCIN BASE 250 MG CP DR PART | 4 | QL 300 GM / 30 DAYS PA |
| <i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i> | 4 | QL 150 GM / 30 DAYS PA |
| TESTOSTERONE 10 MG/ACT (2%) GEL | 4 | QL 120 GM / 30 DAYS PA |
| <i>testosterone 20.25 mg/1.25gm (1.62%) gel</i> | 4 | QL 75 GM / 30 DAYS PA |
| <i>testosterone 25 mg/2.5gm (1%) gel</i> | 4 | QL 300 GM / 30 DAYS PA |






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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------|
| <i>testosterone 30 mg/act solution</i> | 4 | QL 180 ML / 30 DAYS PA |
| TESTOSTERONE 50 MG/5GM (1%) GEL | 4 | QL 300 GM / 30 DAYS PA |
| <i>testosterone 50 mg/5gm (1%) gel</i> | 4 | QL 300 GM / 30 DAYS PA |
| <i>testosterone cypionate 100 mg/ml solution</i> | 3 | PA |
| TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION | 3 | PA |
| <i>testosterone cypionate 200 mg/ml solution</i> | 3 | PA |
| TESTOSTERONE ENANTHATE | 4 | PA |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| <i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i> | 4 | PA |
| <i>hydrocortisone 100 mg/60ml enema</i> | 4 | |
| 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> | 4 | |





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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| <i>albendazole</i> | 5 |  Non-Extended Day Supply |
| <i>ivermectin 3 mg tab</i> | 3 | |
| <i>praziquantel</i> | 4 | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| <i>baciim</i> | 2 | |
| BACITRACIN 50000 UNIT RECON SOLN | 2 | |
| <i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i> | 2 | |
| METRONIDAZOLE 500 MG/100ML SOLUTION | 4 | |
| <i>metronidazole 500 mg/100ml solution</i> | 4 | |
| <i>pentamidine isethionate for injection solution</i> | 4 | |
| <i>pentamidine isethionate for nebulization solution</i> | 4 |  1 EA / 28 DAYS  |
| <i>tinidazole</i> | 4 | |
| TRIMETHOPRIM | 2 | |
| <i>trimethoprim</i> | 2 | |
| XIFAXAN 200 MG TAB | 4 |  9 EA / 30 OVER TIME |
| XIFAXAN 550 MG TAB | 5 |  90 EA / 30 DAYS   Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| <i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i> | 1 | |
| <i>sulfatrim pediatric</i> | 2 | |
| ANTIPROTOZOAL AGENTS | | |
| <i>atovaquone</i> | 5 |  Non-Extended Day Supply |
| NITAZOXANIDE 500 MG TAB | 5 |  6 EA / 3 OVER TIME  Non-Extended Day Supply |
| CARBAPENEMS | | |
| <i>ertapenem sodium</i> | 4 | |
| <i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i> | 4 | |
| <i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i> | 4 | |
| MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN | 4 |  30 EA / 10 OVER TIME |
| MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN | 4 |  10 EA / 10 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| CHLORAMPHENICOLS | | |
| CHLORAMPHENICOL SOD SUCCINATE | 2 | |
| CYCLIC LIPOPEPTIDES | | |
| <i>daptomycin</i> | 5 |  Non-Extended Day Supply |
| GLYCOPEPTIDES | | |
| DALVANCE | 5 |  Non-Extended Day Supply |
| <i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i> | 4 | |
| <i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i> | 4 |  120 EA / 30 DAYS |
| VANCOMYCIN HCL 100 GM RECON SOLN | 4 |  2 EA / 10 OVER TIME |
| VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION) | 3 | |
| LEPROSTATICS | | |
| <i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i> | 3 | |
| LINCOSAMIDES | | |
| <i>clindamycin hcl</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>clindamycin palmitate hcl</i> | 4 | |
| <i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i> | 4 | |
| <i>clindamycin phosphate in d5w</i> | 4 | |
| CLINDAMYCIN PHOSPHATE IN NACL | 4 | |
| <i>lincomycin hcl</i> | 2 | |
| MONOBACTAMS | | |
| <i>aztreonam</i> | 4 | |
| CAYSTON | 5 | <ul style="list-style-type: none"> QL 84 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |
| OXAZOLIDINONES | | |
| <i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i> | 4 | |
| <i>linezolid 100 mg/5ml recon susp</i> | 5 | NDS Non-Extended Day Supply |
| LINEZOLID IN SODIUM CHLORIDE | 4 | |
| SIVEXTRO 200 MG TAB | 5 | <ul style="list-style-type: none"> QL 6 EA / 6 OVER TIME PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| ZYVOX 200 MG/100ML SOLUTION | 3 | |
| POLYMYXINS | | |
| <i>colistimethate sodium (cba)</i> | 4 | |
| <i>polymyxin b sulfate</i> | 2 | |
| URINARY ANTI-INFECTIVES | | |
| <i>fosfomicin tromethamine</i> | 4 | |
| <i>methenamine hippurate</i> | 3 | |
| <i>methenamine mandelate</i> | 2 | |
| <i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i> | 3 | |
| <i>nitrofurantoin monohyd macro</i> | 3 | |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| <i>ranolazine er</i> | 3 | |
| NITRATES | | |
| <i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i> | 2 | |
| <i>isosorbide mononitrate</i> | 1 | |
| <i>isosorbide mononitrate er</i> | 2 | |
| NITRO-BID | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i> | 2 | |
| <i>nitroglycerin 0.4 mg/spray solution</i> | 4 | |
| ANTIANXIETY AGENTS | | |
| ANTIANXIETY AGENTS - MISC. | | |
| <i>buspirone hcl</i> | 2 | |
| <i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i> | 4 | |
| <i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i> | 4 | |
| BENZODIAZEPINES | | |
| <i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i> | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3d; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div> |
| <i>alprazolam 2 mg tab</i> | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3d; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div> |
| <i>clorazepate dipotassium</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3d; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div> |
| <i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i> | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3d; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div> |
| <i>diazepam 5 mg/5ml solution</i> | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1200 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3d; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>diazepam 5 mg/ml conc</i> | 2 | QL 240 ML / 30 DAYS PA ² |
| <i>diazepam intensol</i> | 2 | QL 240 ML / 30 DAYS PA ² |
| <i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i> | 2 | QL 150 EA / 30 DAYS PA ² |
| <i>lorazepam 2 mg/ml conc</i> | 2 | QL 150 ML / 30 DAYS PA ² |
| <i>lorazepam intensol</i> | 2 | QL 150 ML / 30 DAYS PA ² |
| <i>oxazepam</i> | 4 | QL 120 EA / 30 DAYS PA ² |

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

| | | |
|-------------------------------|---|--|
| <i>disopyramide phosphate</i> | 4 | |
| <i>quinidine gluconate er</i> | 4 | |
| QUINIDINE SULFATE | 2 | |

ANTIARRHYTHMICS TYPE I-B

| | | |
|-----------------------|---|--|
| <i>mexiletine hcl</i> | 3 | |
|-----------------------|---|--|

ANTIARRHYTHMICS TYPE I-C

| | | |
|---------------------------|---|--|
| <i>flecainide acetate</i> | 3 | |
| <i>propafenone hcl</i> | 3 | |
| <i>propafenone hcl er</i> | 4 | |

ANTIARRHYTHMICS TYPE III

| | | |
|--|---|--|
| <i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i> | 4 | |
|--|---|--|

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>amiodarone hcl 200 mg tab</i> | 2 | |
| <i>dofetilide</i> | 4 | |
| <i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i> | 4 | |
| <i>pacerone 200 mg tab</i> | 2 | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTI-INFLAMMATORY AGENTS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | 5 | PA ³ NDS Non-Extended Day Supply |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA 10 MG/0.5ML SOLN PRSYR | 5 | PA |
| FASENRA 30 MG/ML SOLN PRSYR | 5 | PA NDS Non-Extended Day Supply LA |
| FASENRA PEN | 5 | PA NDS Non-Extended Day Supply LA |
| XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR) | 5 | QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| XOLAIR 150 MG RECON SOLN | 5 | QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|---|-----------|--|
| XOLAIR 150 MG/ML SOLN A-INJ | 5 | 5 | <ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| XOLAIR 150 MG/ML SOLN PRSYR | 5 | 5 | <ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |
| XOLAIR 75 MG/0.5ML SOLN A-INJ | 5 | 5 | <ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | 5 | 5 | <ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |

BRONCHODILATORS - ANTICHOLINERGICS

| | | | |
|--|---|---|--|
| ATROVENT HFA | 4 | 4 | <ul style="list-style-type: none"> QL 25.8 GM / 30 DAYS |
| INCRUSE ELLIPTA | 3 | 3 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS |
| <i>ipratropium bromide 0.02 % solution</i> | 2 | 2 | <ul style="list-style-type: none"> PA³ |

LEUKOTRIENE MODULATORS

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| <i>roflumilast</i> | 4 | |
| STEROID INHALANTS | | |
| ASMANEX (120 METERED DOSES) | 3 | QL 2 EA / 30 DAYS |
| ASMANEX (30 METERED DOSES) | 3 | QL 1 EA / 30 DAYS |
| ASMANEX (60 METERED DOSES) | 3 | QL 1 EA / 30 DAYS |
| ASMANEX HFA | 3 | QL 13 GM / 30 DAYS |
| <i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i> | 4 | QL 120 ML / 30 DAYS PA ³ |
| FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL) | 4 | QL 24 GM / 30 DAYS |
| FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL | 4 | QL 21.2 GM / 30 DAYS |
| QVAR REDIHALER 40 MCG/ACT AERO BA | 3 | QL 10.6 GM / 30 DAYS |
| QVAR REDIHALER 80 MCG/ACT AERO BA | 3 | QL 21.2 GM / 30 DAYS |
| SYMPATHOMIMETICS | | |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN | 2 | PA ³ |


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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i> | 2 | PA ³ |
| <i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i> | 4 | |
| <i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i> | 2 | PA ³ |
| <i>albuterol sulfate 2 mg/5ml syrup</i> | 2 | |
| <i>albuterol sulfate hfa (proair equivalent)</i> | 2 | QL 17 GM / 30 DAYS |
| ALBUTEROL SULFATE HFA (PROVENTIL EQUIVALENT) | 2 | QL 17 GM / 30 DAYS |
| ANORO ELLIPTA | 3 | QL 60 EA / 30 DAYS |
| <i>arformoterol tartrate</i> | 4 | QL 120 ML / 30 DAYS PA ³ |
| BREO ELLIPTA | 3 | QL 60 EA / 30 DAYS |
| <i>brey-na</i> | 3 | QL 20.6 GM / 30 DAYS |
| BREZTRI AEROSPHERE | 3 | QL 10.7 GM / 30 DAYS |
| <i>budesonide-formoterol fumarate</i> | 3 | QL 20.4 GM / 30 DAYS |
| COMBIVENT RESPIMAT | 3 | QL 8 GM / 30 DAYS |
| DULERA | 3 | QL 26 GM / 30 DAYS |
| <i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i> | 3 | QL 60 EA / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>formoterol fumarate</i> | 4 | QL 120 ML / 30 DAYS PA ³ |
| <i>ipratropium-albuterol</i> | 2 | PA ³ |
| <i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i> | 4 | PA ³ |
| LEVALBUTEROL TARTRATE | 3 | QL 30 GM / 30 DAYS |
| STIOLTO RESPIMAT | 3 | QL 4 GM / 30 DAYS |
| STRIVERDI RESPIMAT | 3 | QL 4 GM / 30 DAYS |
| <i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i> | 4 | |
| TRELEGY ELLIPTA | 3 | QL 60 EA / 30 DAYS |
| VENTOLIN HFA | 3 | QL 36 GM / 30 DAYS |
| <i>wixela inhub</i> | 3 | QL 60 EA / 30 DAYS |
| XANTHINES | | |
| <i>theophylline</i> | 2 | |
| <i>theophylline er (theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i> | 2 | |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| <i>jantoven</i> | 1 | |
| <i>warfarin sodium</i> | 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS | 3 | |
| ELIQUIS DVT/PE STARTER PACK | 3 | |
| XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB) | 3 | |
| XARELTO STARTER PACK | 3 | |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| <i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i> | 4 | |
| <i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i> | 5 |  Non-Extended Day Supply |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | 4 | |
| <i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i> | 3 | |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ANTICONSULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB) | 5 | QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply |
| FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB) | 5 | QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply |
| FYCOMPA 0.5 MG/ML SUSPENSION | 5 | QL 720 ML / 30 DAYS PA ² NDS Non-Extended Day Supply |
| FYCOMPA 2 MG TAB | 4 | QL 60 EA / 30 DAYS PA ² |
| ANTICONSULSANTS - BENZODIAZEPINES | | |
| <i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i> | 4 | QL 60 EA / 30 DAYS |
| <i>clobazam 2.5 mg/ml suspension</i> | 4 | QL 480 ML / 30 DAYS |
| <i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)</i> | 4 | QL 90 EA / 30 DAYS PA ² |
| <i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i> | 2 | QL 90 EA / 30 DAYS PA ² |
| <i>clonazepam 2 mg tab</i> | 2 | QL 300 EA / 30 DAYS PA ² |
| <i>clonazepam 2 mg tab disp</i> | 4 | QL 300 EA / 30 DAYS PA ² |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL) | 4 | QL 10 EA / 30 OVER TIME |
| LIBERVANT | 4 | QL 10 EA / 30 DAYS PA ² |
| NAYZILAM | 4 | QL 10 EA / 30 OVER TIME |
| SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM) | 5 | QL 60 EA / 30 DAYS NDS Non-Extended Day Supply |
| SYMPAZAN 5 MG FILM | 4 | QL 60 EA / 30 DAYS |
| VALTOCO 10 MG DOSE | 5 | QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply |
| VALTOCO 15 MG DOSE | 5 | QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply |
| VALTOCO 20 MG DOSE | 5 | QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply |
| VALTOCO 5 MG DOSE | 5 | QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply |
| ANTICONVULSANTS - MISC. | | |
| APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB) | 4 | QL 60 EA / 30 DAYS |
| APTIOM 200 MG TAB | 4 | QL 180 EA / 30 DAYS |
| APTIOM 400 MG TAB | 4 | QL 90 EA / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB) | 5 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">60 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> |
| BRIVIACT 10 MG/ML SOLUTION | 5 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">600 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> |
| <i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i> | 3 | |
| <i>carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)</i> | 4 | |
| <i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i> | 4 | |
| DIACOMIT | 5 | <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA²</div> <div style="margin-right: 10px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div style="margin-right: 10px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">LA</div> </div> |
| EPIDIOLEX | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA²</div> <div style="margin-right: 10px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">LA</div> </div> |
| <i>epitol</i> | 2 | |
| EPRONTIA | 4 | |
| FINTEPLA | 5 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">360 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">PA²</div> <div style="margin-right: 10px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div style="margin-right: 10px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; margin-right: 5px;">LA</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i> | 2 | |
| <i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i> | 4 | |
| <i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)</i> | 4 | |
| <i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i> | 2 | |
| <i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i> | 4 | |
| <i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i> | 2 | |
| <i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i> | 4 | |
| <i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i> | 2 | |
| <i>levetiracetam er</i> | 3 | |
| <i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>oxcarbazepine 300 mg/5ml suspension</i> | 4 | |
| <i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i> | 2 | |
| <i>pregabalin 20 mg/ml solution</i> | 4 | |
| PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB) | 2 | |
| <i>roweepra 500 mg tab</i> | 2 | |
| <i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i> | 5 | PA ² NDS Non-Extended Day Supply |
| <i>rufinamide 200 mg tab</i> | 4 | PA ² |
| SPRITAM | 4 | |
| <i>topiramate</i> | 2 | |
| ZONISADE | 4 | |
| <i>zonisamide</i> | 2 | |
| ZTALMY | 5 | QL 1100 ML / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| CARBAMATES | | |
| <i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i> | 4 | |
| <i>felbamate 600 mg/5ml suspension</i> | 5 | NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | 5 | QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| XCOPRI (350 MG DAILY DOSE) | 5 | QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| XCOPRI (XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK) | 5 | QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB) | 5 | QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| XCOPRI (XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB) | 5 | QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | 4 | QL 28 EA / 28 DAYS PA² |
| GABA MODULATORS | | |
| <i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i> | 4 | |
| <i>vigabatrin</i> | 5 | PA² NDS Non-Extended Day Supply LA |
| <i>vigadrone</i> | 5 | PA² NDS Non-Extended Day Supply LA |


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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| VIGAFYDE | 5 | <ul style="list-style-type: none"> QL 720 ML / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>vigpoder</i> | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA |
| HYDANTOINS | | |
| DILANTIN 30 MG CAP | 3 | |
| <i>phenytek</i> | 2 | |
| <i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i> | 2 | |
| <i>phenytoin infatabs</i> | 2 | |
| <i>phenytoin sodium extended</i> | 2 | |
| SUCCINIMIDES | | |
| <i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i> | 3 | |
| <i>methsuximide</i> | 4 | |
| VALPROIC ACID | | |
| <i>divalproex sodium</i> | 2 | |
| <i>divalproex sodium er</i> | 2 | |
| <i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| <i>mirtazapine (mirtazapine 15 mg tab disp, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab disp)</i> | 3 | |
| <i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 30 mg tab, mirtazapine 45 mg tab)</i> | 2 | |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY | 4 | QL 60 EA / 30 DAYS |
| ANTIDEPRESSANTS - MISC. | | |
| <i>bupropion hcl</i> | 2 | |
| <i>bupropion hcl er (smoking det)</i> | 2 | |
| <i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i> | 2 | |
| <i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i> | 2 | |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP) | 5 | QL 28 EA / 14 OVER TIME PA ² NDS Non-Extended Day Supply |
| ZURZUVAE 30 MG CAP | 5 | QL 14 EA / 14 OVER TIME PA ² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| EMSAM | 5 |  Non-Extended Day Supply |
| MARPLAN | 4 | |
| PHENELZINE SULFATE 15 MG TAB | 3 | |
| <i>tranylcypromine sulfate</i> | 4 | |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| <i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i> | 1 | |
| <i>citalopram hydrobromide 10 mg/5ml solution</i> | 4 | |
| <i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i> | 1 | |
| <i>escitalopram oxalate 5 mg/5ml solution</i> | 2 | |
| <i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 40 mg cap)</i> | 1 | |
| <i>fluoxetine hcl 20 mg/5ml solution</i> | 2 | |
| FLUOXETINE HCL 90 MG CAP DR | 4 | |
| <i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i> | 3 | |
| <i>fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------|
| <i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i> | 2 | |
| <i>paroxetine hcl 10 mg/5ml suspension</i> | 4 | |
| <i>paroxetine hcl er</i> | 4 | |
| <i>sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i> | 1 | |
| <i>sertraline hcl 20 mg/ml conc</i> | 4 | |
| SEROTONIN MODULATORS | | |
| NEFAZODONE HCL | 4 | |
| <i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)</i> | 1 | |
| <i>trazodone hcl 300 mg tab</i> | 4 | |
| TRINTELLIX | 4 | QL 30 EA / 30 DAYS |
| <i>vilazodone hcl</i> | 4 | QL 30 EA / 30 DAYS |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| <i>desvenlafaxine succinate er</i> | 4 | |
| DRIZALMA SPRINKLE | 4 | QL 60 EA / 30 DAYS |
| <i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i> | 2 | |
| FETZIMA | 4 | QL 30 EA / 30 DAYS |
| FETZIMA TITRATION | 4 | QL 28 EA / 180 OVER TIME |
| <i>venlafaxine hcl</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i> | 2 | |
| TRICYCLIC AGENTS | | |
| <i>amitriptyline hcl</i> | 2 | |
| <i>amoxapine</i> | 4 | |
| <i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i> | 4 | |
| <i>desipramine hcl</i> | 4 | |
| <i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i> | 4 | |
| <i>imipramine hcl</i> | 4 | |
| <i>imipramine pamoate</i> | 4 | |
| <i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i> | 2 | |
| <i>protriptyline hcl</i> | 4 | |
| <i>trimipramine maleate</i> | 4 | |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose</i> | 2 | |
| MIGLITOL | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ANTIDIABETIC COMBINATIONS | | |
| <i>glipizide-metformin hcl (glipizide-metformin hcl 2.5-250 mg tab, glipizide-metformin hcl 2.5-500 mg tab, glipizide-metformin hcl 5-500 mg tab)</i> | 1 | |
| GLYXAMBI | 3 | QL 30 EA / 30 DAYS |
| INVOKAMET | 3 | QL 60 EA / 30 DAYS |
| INVOKAMET XR | 3 | QL 60 EA / 30 DAYS |
| JANUMET | 3 | QL 60 EA / 30 DAYS |
| JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H) | 3 | QL 60 EA / 30 DAYS |
| JANUMET XR 100-1000 MG TAB ER 24H | 3 | QL 30 EA / 30 DAYS |
| JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB) | 3 | QL 60 EA / 30 DAYS |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | 3 | QL 60 EA / 30 DAYS |
| JENTADUETO XR 5-1000 MG TAB ER 24H | 3 | QL 30 EA / 30 DAYS |
| <i>pioglitazone hcl-glimepiride</i> | 2 | |
| <i>pioglitazone hcl-metformin hcl</i> | 2 | |
| SOLIQUA | 3 | QL 90 ML / 30 DAYS INS \$35 Insulin |
| SYNJARDY | 3 | QL 60 EA / 30 DAYS |
| SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H) | 3 | QL 60 EA / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| SYNJARDY XR 25-1000 MG TAB ER 24H | 3 | QL 30 EA / 30 DAYS |
| TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H) | 3 | QL 30 EA / 30 DAYS |
| TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H) | 3 | QL 60 EA / 30 DAYS |
| BIGUANIDES | | |
| <i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i> | 1 | |
| <i>metformin hcl er (metformin hcl er 500 mg tab er 24h, metformin hcl er 750 mg tab er 24h)</i> | 1 | |
| DIABETIC OTHER | | |
| <i>diazoxide</i> | 4 | |
| GLUCAGON EMERGENCY 1 MG KIT | 3 | |
| GVOKE HYOPEN 1-PACK | 3 | |
| GVOKE HYOPEN 2-PACK | 3 | |
| GVOKE KIT | 3 | |
| GVOKE PFS | 3 | |
| KORLYM | 5 | QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>mifepristone 300 mg tab</i> | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA | 3 | QL 30 EA / 30 DAYS |
| TRADJENTA | 3 | QL 30 EA / 30 DAYS |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET | 4 | QL 180 EA / 30 DAYS |
| INCRETIN MIMETIC AGENTS | | |
| BYDUREON BCISE | 3 | <ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA |
| TRULICITY | 3 | <ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA |
| INSULIN | | |
| HUMULIN R U-500 (CONCENTRATED) | 3 | <ul style="list-style-type: none"> PA³ INS \$35 Insulin |
| HUMULIN R U-500 KWIKPEN | 3 | INS \$35 Insulin |
| INSULIN ASP PROT & ASP FLEXPEN | 3 | INS \$35 Insulin |
| INSULIN ASPART | 3 | <ul style="list-style-type: none"> PA³ INS \$35 Insulin |
| INSULIN ASPART FLEXPEN | 3 | INS \$35 Insulin |
| INSULIN ASPART PENFILL | 3 | INS \$35 Insulin |
| INSULIN ASPART PROT & ASPART | 3 | INS \$35 Insulin |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------|-----------|-------------------------------------|
| LANTUS | 3 | INS \$35 Insulin |
| LANTUS SOLOSTAR | 3 | INS \$35 Insulin |
| NOVOLIN 70/30 | 3 | INS \$35 Insulin |
| NOVOLIN 70/30 FLEXPEN | 3 | INS \$35 Insulin |
| NOVOLIN 70/30 FLEXPEN RELION | 3 | INS \$35 Insulin |
| NOVOLIN 70/30 RELION | 3 | INS \$35 Insulin |
| NOVOLIN N | 3 | INS \$35 Insulin |
| NOVOLIN N FLEXPEN | 3 | INS \$35 Insulin |
| NOVOLIN N FLEXPEN RELION | 3 | INS \$35 Insulin |
| NOVOLIN N RELION | 3 | INS \$35 Insulin |
| NOVOLIN R | 3 | INS \$35 Insulin |
| NOVOLIN R FLEXPEN | 3 | INS \$35 Insulin |
| NOVOLIN R FLEXPEN RELION | 3 | INS \$35 Insulin |
| NOVOLIN R RELION | 3 | INS \$35 Insulin |
| NOVOLOG | 3 | PA ³ INS \$35 Insulin |
| NOVOLOG 70/30 FLEXPEN RELION | 3 | INS \$35 Insulin |
| NOVOLOG FLEXPEN | 3 | INS \$35 Insulin |
| NOVOLOG FLEXPEN RELION | 3 | INS \$35 Insulin |
| NOVOLOG MIX 70/30 | 3 | INS \$35 Insulin |
| NOVOLOG MIX 70/30 FLEXPEN | 3 | INS \$35 Insulin |
| NOVOLOG MIX 70/30 RELION | 3 | INS \$35 Insulin |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------|-----------|-------------------------------------|
| NOVOLOG PENFILL | 3 | INS \$35 Insulin |
| NOVOLOG RELION | 3 | PA ³ INS \$35 Insulin |
| TOUJEO MAX SOLOSTAR | 3 | INS \$35 Insulin |
| TOUJEO SOLOSTAR | 3 | INS \$35 Insulin |

INSULIN SENSITIZING AGENTS

| | |
|-------------------------|---|
| <i>pioglitazone hcl</i> | 1 |
|-------------------------|---|

MEGLITINIDE ANALOGUES

| | |
|--------------------|---|
| <i>nateglinide</i> | 2 |
|--------------------|---|

| | |
|--------------------|---|
| <i>repaglinide</i> | 2 |
|--------------------|---|

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

| | | |
|----------|---|--------------------|
| INVOKANA | 3 | QL 30 EA / 30 DAYS |
|----------|---|--------------------|

| | | |
|-----------|---|--------------------|
| JARDIANCE | 3 | QL 30 EA / 30 DAYS |
|-----------|---|--------------------|

SULFONYLUREAS

| | |
|---|---|
| <i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i> | 1 |
|---|---|

| | |
|--|---|
| <i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i> | 1 |
|--|---|















| | |
|---|---|
| <i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i> | 1 |
|---|---|

| | |
|---------------------|---|
| <i>glipizide xl</i> | 1 |
|---------------------|---|






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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| VIVITROL | 5 |  Non-Extended Day Supply |
| ZIMHI | 2 | |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| <i>granisetron hcl 1 mg tab</i> | 4 |  60 EA / 30 DAYS  |
| <i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)</i> | 2 |  |
| <i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i> | 2 |  |
| <i>ondansetron hcl 4 mg/5ml solution</i> | 4 |  |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| <i>meclizine</i> | 2 | |
| <i>scopolamine</i> | 4 | |
| ANTIEMETICS - MISCELLANEOUS | | |
| <i>doxylamine-pyridoxine</i> | 4 | |
| <i>dronabinol</i> | 4 |  60 EA / 30 DAYS  |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i> | 4 |  3 EA / 2 OVER TIME  |
| <i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc, aprepitant 80 mg cap)</i> | 4 |  6 EA / 4 OVER TIME  |
| VARUBI (180 MG DOSE) | 4 |  4 EA / 28 OVER TIME  |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS | | |
| <i>casposfungin acetate</i> | 4 | |
| <i>micafungin sodium</i> | 5 |  Non-Extended Day Supply |
| ANTIFUNGALS | | |
| ABELCET | 4 |  |
| AMPHOTERICIN B | 4 |  |
| <i>flucytosine</i> | 5 |  Non-Extended Day Supply |
| <i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 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 | |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| CRESEMBA 372 MG RECON SOLN | 5 |  Non-Extended Day Supply |
| <i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp)</i> | 4 | |
| <i>fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------------|
| <i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i> | 4 | |
| <i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i> | 4 | PA |
| <i>ketoconazole 200 mg tab</i> | 2 | |
| <i>posaconazole 100 mg tab dr</i> | 5 | PA NDS Non-Extended Day Supply |
| <i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i> | 4 | PA |
| <i>voriconazole 200 mg recon soln</i> | 5 | PA NDS Non-Extended Day Supply |
| <i>voriconazole 40 mg/ml recon susp</i> | 5 | PA NDS Non-Extended Day Supply |

ANTI-HISTAMINES

ANTI-HISTAMINES - NON-SEDATING

| | |
|-------------------------------|---|
| <i>cetirizine (zyrtec)</i> | 2 |
| <i>levocetirizine (xyzal)</i> | 4 |

ANTI-HISTAMINES - PHENOTHIAZINES

| | |
|---|---|
| <i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i> | 4 |
|---|---|



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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-------------------------|
| <i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i> | 4 | |
| <i>gemfibrozil</i> | 2 | |
| HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> | 1 | |
| <i>fluvastatin sodium</i> | 2 | |
| <i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i> | 1 | QL 60 EA / 30 DAYS |
| <i>lovastatin 10 mg tab</i> | 1 | QL 30 EA / 30 DAYS |
| <i>pravastatin sodium</i> | 1 | |
| <i>rosuvastatin calcium</i> | 1 | |
| <i>simvastatin</i> | 1 | |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| <i>ezetimibe</i> | 2 | QL 30 EA / 30 DAYS |
| NICOTINIC ACID DERIVATIVES | | |
| <i>niacin er (antihyperlipidemic)</i> | 4 | |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT | 4 | QL 2 ML / 28 DAYS PA |
| REPATHA | 3 | QL 6 ML / 28 DAYS PA |
| REPATHA PUSHTRONEX SYSTEM | 3 | QL 7 ML / 28 DAYS PA |
| REPATHA SURECLICK | 3 | QL 6 ML / 28 DAYS PA |

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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|------------------|------------------------------|
| <i>losartan potassium</i> | 1 | |
| <i>olmesartan medoxomil</i> | 2 | |
| <i>telmisartan</i> | 2 | |
| <i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i> | 1 | |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| <i>clonidine tablet</i> | 1 | |
| <i>clonidine weekly patch</i> | 3 | |
| <i>doxazosin mesylate</i> | 2 | |
| <i>guanfacine hcl</i> | 2 | |
| <i>prazosin hcl</i> | 2 | |
| <i>terazosin hcl</i> | 1 | |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| <i>amlodipine besy-benazepril hcl</i> | 2 | |
| <i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i> | 2 | |
| <i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i> | 3 | |
| <i>atenolol-chlorthalidone</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i> | 2 | |
| <i>candesartan cilexetil-hctz</i> | 2 | |
| <i>enalapril-hydrochlorothiazide</i> | 1 | |
| <i>fosinopril sodium-hctz</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 10-12.5 mg tab, lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i> | 1 | |
| <i>losartan potassium-hctz</i> | 1 | |
| <i>metoprolol-hydrochlorothiazide</i> | 2 | |
| <i>olmesartan medoxomil-hctz</i> | 2 | |
| <i>olmesartan-amlodipine-hctz</i> | 3 | |
| TELMISARTAN-AMLODIPINE | 2 | |
| <i>telmisartan-hctz</i> | 2 | |
| <i>valsartan-hydrochlorothiazide</i> | 2 | |
| DIRECT RENIN INHIBITORS | | |
| <i>aliskiren fumarate</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| <i>eplerenone</i> | 3 | |
| VASODILATORS | | |
| <i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i> | 2 | |
| <i>minoxidil</i> | 2 | |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| <i>atovaquone-proguanil hcl (atovaquone-proguanil hcl 62.5-25 mg tab, atovaquone-proguanil hcl 250-100 mg tab)</i> | 4 | |
| COARTEM | 4 | |
| ANTIMALARIALS | | |
| <i>chloroquine phosphate</i> | 4 | |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | 2 | |
| <i>mefloquine hcl</i> | 2 | |
| <i>primaquine phosphate</i> | 3 | |
| PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB | 3 | |
| <i>pyrimethamine</i> | 5 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div style="margin-right: 5px;">LA</div> <div>Non-Extended Day Supply</div> </div> |
| <i>quinine sulfate</i> | 4 | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| FIRDAPSE | 5 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> <div>Non-Extended Day Supply</div> </div> |
| <i>pyridostigmine bromide 60 mg tab</i> | 3 | |
| <i>pyridostigmine bromide 60 mg/5ml solution</i> | 4 | |
| <i>pyridostigmine bromide er</i> | 4 | |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTIMYCOBACTERIAL AGENTS | | |
| <i>ethambutol hcl</i> | 2 | |
| ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION) | 2 | |
| <i>isoniazid 300mg tab</i> | 2 | |
| <i>isoniazid 50 mg/5ml syrup</i> | 4 | |
| PASER | 4 | |
| PRIFTIN | 4 | |
| <i>pyrazinamide</i> | 4 | |
| <i>rifabutin</i> | 4 | |
| <i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i> | 3 | |
| <i>rifampin 600 mg recon soln</i> | 4 | |
| SIRTURO | 5 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>Non-Extended Day Supply</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|----------------|---|
| TRECTOR | 4 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB) | 3 | PA ³ |
| <i>cyclophosphamide 25 mg cap</i> | 3 | PA ³ |
| <i>cyclophosphamide 50 mg cap</i> | 3 | PA ³ |
| GLEOSTINE | 5 | NDS Non-Extended Day Supply |
| LEUKERAN | 4 | |
| <i>temozolomide</i> | Part B Covered | |
| ANTIMETABOLITES | | |
| <i>capecitabine</i> | Part B Covered | |
| <i>mercaptopurine</i> | 3 | |
| <i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i> | 2 | |
| <i>methotrexate sodium (pf) 50 mg/2ml solution</i> | 2 | |
| ONUREG | 5 | QL 14 EA / 28 DAYS PA ² NDS Non-Extended Day Supply |
| PURIXAN | 5 | NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| TABLOID | 4 | |
| XATMEP | 4 | |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| FRUZAQLA 1 MG CAP | 5 | <ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| FRUZAQLA 5 MG CAP | 5 | <ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| INLYTA 1 MG TAB | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| INLYTA 5 MG TAB | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (10 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (12 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------------|-----------|---|
| LENVIMA (14 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (18 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (20 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (24 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (4 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LENVIMA (8 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA 10 MG TAB | 4 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² LA |
| VENCLEXTA 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VENCLEXTA 50 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VENCLEXTA STARTING PACK | 5 | <ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| <i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i> | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>erlotinib hcl 25 mg tab</i> | 5 | QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply |
| EXKIVITY | 5 | QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| <i>gefitinib</i> | 5 | QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply |
| GILOTRIF | 5 | QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| TAGRISSO | 5 | QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| VIZIMPRO | 5 | QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO | 5 | PA ² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ERIVEDGE | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA²</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div> |
| ODOMZO | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA²</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| <i>abiraterone acetate 250 mg tab</i> | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 120 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA²</div> <div>NDS Non-Extended Day Supply</div> </div> |
| <i>abiraterone acetate 500 mg tab</i> | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 60 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA²</div> <div>NDS Non-Extended Day Supply</div> </div> |
| AKEEGA | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 60 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA²</div> <div>NDS Non-Extended Day Supply</div> </div> |
| <i>anastrozole</i> | 2 | |
| <i>bicalutamide</i> | 2 | |
| ELIGARD 22.5 MG KIT | 4 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 84 OVER TIME</div> </div> |
| ELIGARD 30 MG KIT | 4 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 112 OVER TIME</div> </div> |
| ELIGARD 45 MG KIT | 4 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 168 OVER TIME</div> </div> |
| ELIGARD 7.5 MG KIT | 4 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 28 DAYS</div> </div> |
| EMCYT | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>NDS Non-Extended Day Supply</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ERLEADA 240 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ERLEADA 60 MG TAB | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| <i>exemestane</i> | 4 | |
| FIRMAGON | 4 | PA ² |
| FIRMAGON (240 MG DOSE) | 4 | PA ² |
| <i>letrozole</i> | 2 | |
| LUPRON DEPOT (1-MONTH) 3.75 MG KIT | 5 | <ul style="list-style-type: none"> QL 1 EA / 28 DAYS NDS Non-Extended Day Supply |
| LUPRON DEPOT (3-MONTH) 11.25 MG KIT | 5 | <ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME NDS Non-Extended Day Supply |
| LYSODREN | 5 | <ul style="list-style-type: none"> NDS Non-Extended Day Supply LA |
| <i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i> | 2 | PA ² |
| <i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i> | 4 | PA |
| <i>nilutamide</i> | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------------|-----------|--|
| NUBEQA | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ORGOVYX | 5 | <ul style="list-style-type: none"> QL 30 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| ORSERDU 345 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ORSERDU 86 MG TAB | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| SOLTAMOX | 5 | <ul style="list-style-type: none"> NDS Non-Extended Day Supply |
| <i>tamoxifen citrate</i> | 2 | |
| <i>toremifene citrate</i> | 5 | <ul style="list-style-type: none"> NDS Non-Extended Day Supply |
| TRELSTAR MIXJECT 11.25 MG RECON SUSP | 4 | <ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME |
| TRELSTAR MIXJECT 22.5 MG RECON SUSP | 4 | <ul style="list-style-type: none"> QL 1 EA / 168 OVER TIME |
| TRELSTAR MIXJECT 3.75 MG RECON SUSP | 4 | <ul style="list-style-type: none"> QL 1 EA / 28 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB) | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| XTANDI 80 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST | 5 | <ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| XPOVIO (60 MG TWICE WEEKLY) | 5 | <ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| XPOVIO (80 MG TWICE WEEKLY) | 5 | <ul style="list-style-type: none"> QL 32 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI | 5 | <ul style="list-style-type: none"> QL 5 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| KISQALI FEMARA (200 MG DOSE) | 5 | <ul style="list-style-type: none"> QL 49 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply |
| KISQALI FEMARA (400 MG DOSE) | 5 | <ul style="list-style-type: none"> QL 70 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply |
| KISQALI FEMARA (600 MG DOSE) | 5 | <ul style="list-style-type: none"> QL 91 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply |
| LONSURF | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| ALECENSA | 5 | <ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ALUNBRIG 30 MG TAB | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| AUGTYRO | 5 | <ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| BALVERSA 5 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| BOSULIF 100 MG CAP | 5 | <ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------|-----------|--|
| BOSULIF 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| BOSULIF 50 MG CAP | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| BRAFTOVI | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| BRUKINSA | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA |
| CABOMETYX | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| CALQUENCE 100 MG CAP | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| CALQUENCE 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------|-----------|---|
| CAPRELSA 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| CAPRELSA 300 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| COMETRIQ (100 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA |
| COMETRIQ (140 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA |
| COMETRIQ (60 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA |
| COPIKTRA | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| COTELLIC | 5 | <ul style="list-style-type: none"> QL 63 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>dasatinib (dasatinib 50 mg tab, dasatinib 70 mg tab, dasatinib 80 mg tab, dasatinib 100 mg tab, dasatinib 140 mg tab)</i> | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>dasatinib 20 mg tab</i> | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i> | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>everolimus 2 mg tab sol</i> | 5 | <ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>everolimus 3 mg tab sol</i> | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>everolimus 5 mg tab sol</i> | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| FOTIVDA | 5 | <ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| GAVRETO | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| IBRANCE | 5 | <ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply LA |
| ICLUSIG | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| IDHIFA | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| <i>imatinib mesylate 100 mg tab</i> | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>imatinib mesylate 400 mg tab</i> | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| IMBRUVICA 140 MG CAP | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|-----------|--|
| IMBRUVICA 70 MG/ML SUSPENSION | 5 | <ul style="list-style-type: none"> QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| INREBIC | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| JAKAFI | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| JAYPIRCA 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| JAYPIRCA 50 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| KISQALI (200 MG DOSE) | 5 | <ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply |
| KISQALI (400 MG DOSE) | 5 | <ul style="list-style-type: none"> QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------------------------|-----------|--|
| KISQALI (600 MG DOSE) | 5 | <ul style="list-style-type: none"> QL 63 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply |
| KOSELUGO 10 MG CAP | 5 | <ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| KOSELUGO 25 MG CAP | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| KRAZATI | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| <i>lapatinib ditosylate</i> | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply |
| LORBRENA 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LORBRENA 25 MG TAB | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|--|
| LUMAKRAS 120 MG TAB | 5 | <ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LUMAKRAS 320 MG TAB | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LYNPARZA | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| LYTGOBI (12 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| LYTGOBI (16 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 112 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| LYTGOBI (20 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| MEKINIST 0.05 MG/ML RECON SOLN | 5 | <ul style="list-style-type: none"> QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| MEKINIST 0.5 MG TAB | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| MEKINIST 2 MG TAB | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| MEKTOVI | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| NERLYNX | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| NINLARO | 5 | <ul style="list-style-type: none"> QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |
| OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB) | 5 | <ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| OGSIVEO 50 MG TAB | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| OJEMDA 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------------|-----------|---|
| OJEMDA 25 MG/ML RECON SUSP | 5 | <ul style="list-style-type: none"> QL 96 ML / 28 DAYS PA² NDS Non-Extended Day Supply |
| OJJAARA | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>pazopanib hcl</i> | 5 | <ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply |
| PEMAZYRE | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| PIQRAY (200 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| PIQRAY (250 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| PIQRAY (300 MG DAILY DOSE) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| QINLOCK | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| RETEVMO 40 MG CAP | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| RETEVMO 40 MG TAB | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| RETEVMO 80 MG CAP | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| REZLIDHIA | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ROZLYTREK 100 MG CAP | 5 | <ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ROZLYTREK 200 MG CAP | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------|-----------|--|
| ROZLYTREK 50 MG PACKET | 5 | <ul style="list-style-type: none"> QL 336 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| RUBRACA | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| RYDAPT | 5 | <ul style="list-style-type: none"> QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| SCEMBLIX 100 MG TAB | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| SCEMBLIX 20 MG TAB | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| SCEMBLIX 40 MG TAB | 5 | <ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| <i>sorafenib tosylate</i> | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| STIVARGA | 5 | <ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>sunitinib malate</i> | 5 | <div data-bbox="1133 174 1192 205">PA²</div> <div data-bbox="1133 222 1477 289">NDS Non-Extended Day Supply</div> |
| TABRECTA | 5 | <div data-bbox="1133 308 1469 340">QL 120 EA / 30 DAYS</div> <div data-bbox="1133 357 1192 388">PA²</div> <div data-bbox="1133 405 1477 472">NDS Non-Extended Day Supply</div> |
| TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP) | 5 | <div data-bbox="1133 497 1469 529">QL 120 EA / 30 DAYS</div> <div data-bbox="1133 546 1192 577">PA²</div> <div data-bbox="1133 594 1477 661">NDS Non-Extended Day Supply</div> |
| TAFINLAR 10 MG TAB SOL | 5 | <div data-bbox="1133 686 1469 718">QL 840 EA / 28 DAYS</div> <div data-bbox="1133 735 1192 766">PA²</div> <div data-bbox="1133 783 1477 850">NDS Non-Extended Day Supply</div> |
| TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP) | 5 | <div data-bbox="1133 875 1451 907">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 924 1192 955">PA²</div> <div data-bbox="1133 972 1477 1039">NDS Non-Extended Day Supply</div> |
| TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP) | 5 | <div data-bbox="1133 1064 1451 1096">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 1113 1192 1144">PA²</div> <div data-bbox="1133 1161 1477 1228">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1245 1192 1276">LA</div> |
| TALZENNA 0.25 MG CAP | 5 | <div data-bbox="1133 1295 1451 1327">QL 90 EA / 30 DAYS</div> <div data-bbox="1133 1344 1192 1375">PA²</div> <div data-bbox="1133 1392 1477 1459">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1476 1192 1507">LA</div> |
| TASIGNA | 5 | <div data-bbox="1133 1526 1192 1558">PA²</div> <div data-bbox="1133 1575 1477 1642">NDS Non-Extended Day Supply</div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------|-----------|--|
| TAZVERIK | 5 | <ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| TEPMETKO | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| TIBSOVO | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| <i>torpenz</i> | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| TRUQAP | 5 | <ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| TURALIO 125 MG CAP | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VANFLYTA 17.7 MG TAB | 5 | <ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| VANFLYTA 26.5 MG TAB | 5 | <ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply |
| VERZENIO | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VITRAKVI 100 MG CAP | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VITRAKVI 20 MG/ML SOLUTION | 5 | <ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VITRAKVI 25 MG CAP | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VONJO | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK) | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply |










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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| XALKORI 150 MG CAP SPRINK | 5 | <ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| XALKORI 200 MG CAP | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| XALKORI 250 MG CAP | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| XOSPATA | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| ZEJULA 100 MG CAP | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ZELBORAF | 5 | <ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------|-----------|--|
| ZOLINZA | 5 | PA ² NDS Non-Extended Day Supply |
| ZYDELIG | 5 | QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| ZYKADIA | 5 | QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |
| ANTINEOPLASTICS MISC. | | |
| ACTIMMUNE | 5 | PA ² NDS Non-Extended Day Supply LA |
| BESREMI | 5 | QL 2 ML / 28 DAYS PA ² NDS Non-Extended Day Supply LA |
| <i>bexarotene 75 mg cap</i> | 5 | PA ² NDS Non-Extended Day Supply |
| <i>hydroxyurea</i> | 2 | |
| MATULANE | 5 | NDS Non-Extended Day Supply LA |
| SYNRIBO | 5 | PA ² NDS Non-Extended Day Supply LA |

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

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

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

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

| ANTIPARKINSON COMT INHIBITORS | | |
|-------------------------------|--|--|
|-------------------------------|--|--|

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

| ANTIPARKINSON DOPAMINERGICS | | |
|-----------------------------|--|--|
|-----------------------------|--|--|

| | | |
|--|---|--|
| <i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i> | 3 | |
| <i>bromocriptine mesylate</i> | 4 | |
| CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP) | 4 | |
| <i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i> | 2 | |
| <i>carbidopa-levodopa er</i> | 2 | |
| <i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i> | 4 | |
| <i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i> | 4 | |
| <i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i> | 4 | |
| <i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i> | 4 | |
| <i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i> | 4 | |
| <i>pramipexole dihydrochloride</i> | 2 | |
| <i>ropinirole hcl</i> | 2 | |
| <i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i> | 4 | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| <i>rasagiline mesylate</i> | 4 | |
| <i>selegiline hcl</i> | 3 | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| <i>lithium</i> | 2 | |
| LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP) | 2 | |
| <i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab)</i> | 2 | |
| LITHIUM CARBONATE 600 MG CAP | 2 | |
| <i>lithium carbonate er</i> | 2 | |
| ANTIPSYCHOTICS - MISC. | | |
| CAPLYTA | 4 | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 EA / 30 DAYS </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>lurasidone hcl</i> | 2 | |
| NUPLAZID | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP) | 4 | QL 30 EA / 30 DAYS |
| VRAYLAR 1.5 & 3 MG CAP THPK | 4 | QL 7 EA / 180 OVER TIME |
| <i>ziprasidone hcl</i> | 4 | |
| <i>ziprasidone mesylate</i> | 4 | QL 60 EA / 30 DAYS |
| BENZISOXAZOLES | | |
| FANAPT | 4 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² |
| FANAPT TITRATION PACK | 4 | <ul style="list-style-type: none"> QL 8 EA / 180 OVER TIME PA² |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR | 5 | <ul style="list-style-type: none"> QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR | 5 | <ul style="list-style-type: none"> QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | 5 | <ul style="list-style-type: none"> QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | 5 | <p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p> |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | 5 | <p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p> |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | 4 | <p>QL 0.25 ML / 28 DAYS</p> |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | 5 | <p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p> |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | 5 | <p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p> |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | 5 | <p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p> |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | 5 | <p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p> |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | 5 | <p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p> |
| <i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i> | 4 | <p>QL 30 EA / 30 DAYS</p> |
| <i>paliperidone er 6 mg tab er 24h</i> | 4 | <p>QL 60 EA / 30 DAYS</p> |
| PERSERIS | 5 | <p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i> | 4 | |
| <i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i> | 2 | |
| <i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i> | 4 | QL 2 EA / 28 DAYS |
| <i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i> | 5 | QL 2 EA / 28 DAYS NDS Non-Extended Day Supply |
| UZEDY 100 MG/0.28ML SUSP PRSYR | 5 | QL 0.28 ML / 30 DAYS NDS Non-Extended Day Supply |
| UZEDY 125 MG/0.35ML SUSP PRSYR | 5 | QL 0.35 ML / 30 DAYS NDS Non-Extended Day Supply |
| UZEDY 150 MG/0.42ML SUSP PRSYR | 5 | QL 0.42 ML / 60 OVER TIME NDS Non-Extended Day Supply |
| UZEDY 200 MG/0.56ML SUSP PRSYR | 5 | QL 0.56 ML / 60 OVER TIME NDS Non-Extended Day Supply |
| UZEDY 250 MG/0.7ML SUSP PRSYR | 5 | QL 0.7 ML / 60 OVER TIME NDS Non-Extended Day Supply |

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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i> | 2 | |
| <i>quetiapine fumarate er</i> | 4 | |
| SECUADO | 5 | QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply |
| VERSACLOZ | 5 | NDS Non-Extended Day Supply |
| ZYPREXA RELPREVV 210 MG RECON SUSP | 4 | QL 2 EA / 28 DAYS |
| DIHYDROINDOLONES | | |
| MOLINDONE HCL | 4 | |
| PHENOTHIAZINES | | |
| <i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i> | 4 | |
| <i>compro</i> | 4 | |
| <i>fluphenazine decanoate</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i> | 4 | |
| <i>perphenazine</i> | 4 | |
| <i>prochlorperazine</i> | 4 | |
| <i>prochlorperazine maleate</i> | 4 | |
| <i>thioridazine hcl</i> | 4 | |
| <i>trifluoperazine hcl</i> | 3 | |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2.4 ML / 56 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 3.2 ML / 56 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ABILIFY MAINTENA | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div> |
| <i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i> | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div> |
| <i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i> | 3 | |
| <i>aripiprazole 1 mg/ml solution</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ARISTADA 1064 MG/3.9ML PRSYR | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 3.9 ML / 56 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ARISTADA 441 MG/1.6ML PRSYR | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1.6 ML / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ARISTADA 662 MG/2.4ML PRSYR | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2.4 ML / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ARISTADA 882 MG/3.2ML PRSYR | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 3.2 ML / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div> |
| ARISTADA INITIO | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 4.8 ML / 365 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div> |
| REXULTI | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div> |
| THIOXANTHENES | | |
| <i>thiothixene</i> | 4 | |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| <i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i> | 4 | |
| <i>abacavir sulfate-lamivudine</i> | 4 | |
| <i>abacavir-lamivudine-zidovudine</i> | 5 | NDS Non-Extended Day Supply |
| APRETUDE | 5 | NDS Non-Extended Day Supply |










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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| APTIVUS 250 MG CAP | 5 | NDS Non-Extended Day Supply |
| <i>atazanavir sulfate</i> | 4 | |
| BIKTARVY | 5 | NDS Non-Extended Day Supply |
| CABENUVA | 5 | NDS Non-Extended Day Supply |
| CIMDUO | 5 | NDS Non-Extended Day Supply |
| COMPLERA | 4 | |
| <i>darunavir</i> | 5 | NDS Non-Extended Day Supply |
| DELSTRIGO | 5 | NDS Non-Extended Day Supply |
| DESCOVY | 5 | QL 30 EA / 30 DAYS NDS Non-Extended Day Supply |
| DOVATO | 5 | NDS Non-Extended Day Supply |
| EDURANT | 5 | NDS Non-Extended Day Supply |
| EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB) | 4 | |
| <i>efavirenz-emtricitab-tenofo df</i> | 5 | NDS Non-Extended Day Supply |
| <i>efavirenz-lamivudine-tenofovir</i> | 5 | NDS Non-Extended Day Supply |
| <i>emtricitabine</i> | 4 | |
| <i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i> | 5 | QL 30 EA / 30 DAYS NDS Non-Extended Day Supply |












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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>emtricitabine-tenofovir df 200-300 mg tab</i> | 4 | QL 30 EA / 30 DAYS |
| EMTRIVA 10 MG/ML SOLUTION | 3 | |
| <i>etravirine</i> | 5 | NDS Non-Extended Day Supply |
| EVOTAZ | 5 | NDS Non-Extended Day Supply |
| <i>fosamprenavir calcium</i> | 5 | NDS Non-Extended Day Supply |
| FUZEON | 5 | NDS Non-Extended Day Supply |
| GENVOYA | 5 | NDS Non-Extended Day Supply |
| INTELENCE 25 MG TAB | 4 | |
| INVIRASE | 5 | NDS Non-Extended Day Supply |
| ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB) | 5 | NDS Non-Extended Day Supply |
| ISENTRESS 25 MG CHEW TAB | 3 | |
| ISENTRESS HD | 5 | NDS Non-Extended Day Supply |
| JULUCA | 5 | NDS Non-Extended Day Supply |
| <i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i> | 4 | |
| <i>lamivudine-zidovudine</i> | 4 | |
| LEXIVA 50 MG/ML SUSPENSION | 4 | |
| <i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i> | 2 | |



















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

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

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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID (150/100) | 3 |  20 EA / 5 OVER TIME  \$0 Copay |
| PAXLOVID (300/100) | 3 |  30 EA / 5 OVER TIME  \$0 Copay |
| CMV AGENTS | | |
| PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB) | 5 |  30 EA / 30 DAYS  Non-Extended Day Supply |
| <i>valganciclovir hcl 450 mg tab</i> | 3 | |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | 5 |  Non-Extended Day Supply |
| HEPATITIS AGENTS | | |
| <i>adefovir dipivoxil</i> | 4 | |
| BARACLUDE 0.05 MG/ML SOLUTION | 5 |  Non-Extended Day Supply |
| <i>entecavir</i> | 4 |  30 EA / 30 DAYS |
| <i>lamivudine 100 mg tab</i> | 4 | |
| LEDIPASVIR-SOFOSBUVIR | 5 |  28 EA / 28 DAYS   Non-Extended Day Supply |
| MAVYRET 100-40 MG TAB | 5 |  84 EA / 28 DAYS   Non-Extended Day Supply |
| MAVYRET 50-20 MG PACKET | 5 |  168 EA / 28 DAYS   Non-Extended Day Supply |

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

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------|
| RIMANTADINE HCL | 4 | |
| XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK | 3 | |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK | 3 | |
| MISC. ANTIVIRALS | | |
| LAGEVRIO | 3 | QL 40 EA / 5 OVER TIME |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| <i>carvedilol</i> | 1 | |
| <i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i> | 2 | |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| <i>acebutolol hcl</i> | 2 | |
| <i>atenolol</i> | 1 | |
| <i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i> | 3 | |
| <i>bisoprolol fumarate</i> | 2 | |
| <i>metoprolol succinate er</i> | 2 | |
| <i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i> | 1 | |
| <i>metoprolol tartrate 37.5 mg tab</i> | 2 | |
| <i>nebivolol hcl</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|------------------|------------------------------|
| BETA BLOCKERS NON-SELECTIVE | | |
| <i>nadolol</i> | 3 | |
| <i>pindolol</i> | 3 | |
| <i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i> | 2 | |
| <i>propranolol hcl er</i> | 2 | |
| <i>sorine</i> | 2 | |
| <i>sotalol hcl (af)</i> | 2 | |
| <i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i> | 2 | |
| <i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i> | 4 | |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i> | 1 | |
| <i>cartia xt</i> | 2 | |
| <i>dilt-xr</i> | 2 | |
| <i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i> | 2 | |
| <i>diltiazem hcl er beads</i> | 2 | |
| <i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i> | 2 | |
| <i>felodipine er</i> | 2 | |
| <i>isradipine</i> | 2 | |
| <i>matzim la</i> | 2 | |
| <i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i> | 4 | |
| <i>nifedipine er</i> | 2 | |
| <i>nifedipine er osmotic release</i> | 2 | |
| <i>nimodipine</i> | 4 | |
| <i>taztia xt</i> | 2 | |
| <i>tiadylt er</i> | 2 | |
| <i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i> | 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H) | 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 cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h)</i> | 2 | |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| <i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i> | 2 | |
| DIGOXIN 0.05 MG/ML SOLUTION | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| <i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i> | 2 | |
| ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB) | 3 | QL 60 EA / 30 DAYS |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| <i>ambrisentan</i> | 5 | QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| <i>bosentan</i> | 5 | QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| OPSUMIT | 5 | PA NDS Non-Extended Day Supply LA |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| <i>alyq</i> | 5 | PA NDS Non-Extended Day Supply |
| <i>sildenafil citrate 20 mg tab</i> | 3 | PA |
| <i>tadalafil (pah)</i> | 5 | PA NDS Non-Extended Day Supply |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB) | 5 | PA NDS Non-Extended Day Supply LA |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS | 5 | PA NDS Non-Extended Day Supply LA |
| SINUS NODE INHIBITORS | | |
| CORLANOR 5 MG TAB | 3 | QL 60 EA / 30 DAYS |
| CORLANOR 5 MG/5ML SOLUTION | 3 | QL 450 ML / 30 DAYS |
| CORLANOR 7.5 MG TAB | 3 | QL 60 EA / 30 DAYS |
| <i>ivabradine hcl</i> | 3 | QL 60 EA / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / 30 DAYS</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| CEFADROXIL (CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP, CEFADROXIL 500 MG/5ML RECON SUSP) | 3 | |
| <i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i> | 4 | |
| CEFAZOLIN SODIUM 100 GM RECON SOLN | 4 | |
| CEFAZOLIN SODIUM 2 GM RECON SOLN | 2 | |
| CEFAZOLIN SODIUM 300 GM RECON SOLN | 4 | |
| CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION) | 4 | |
| CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN | 2 | |
| <i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)</i> | 2 | |
| <i>cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)</i> | 1 | |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| CEPHALOSPORINS - 2ND GENERATION | | |
| CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP) | 3 | |
| <i>cefotetan disodium</i> | 4 | |
| CEFOTETAN DISODIUM-DEXTROSE | 4 | |
| <i>cefoxitin sodium</i> | 4 | |
| CEFOXITIN SODIUM-DEXTROSE | 4 | |
| <i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i> | 3 | |
| <i>cefuroxime axetil</i> | 3 | |
| <i>cefuroxime sodium</i> | 4 | |
| CEPHALOSPORINS - 3RD GENERATION | | |
| <i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)</i> | 3 | |
| <i>cefdinir 300 mg cap</i> | 2 | |
| <i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i> | 4 | |
| <i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i> | 4 | |
| <i>ceftazidime</i> | 4 | |
| CEFTAZIDIME AND DEXTROSE | 4 | |

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

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

| | | |
|---|---|--|
| <i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 100 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i> | 4 | |
|---|---|--|

| | | |
|--------------------------------|---|--|
| CEFTRIAZONE SODIUM IN DEXTROSE | 4 | |
|--------------------------------|---|--|

| | | |
|-----------------------------|---|--|
| CEFTRIAZONE SODIUM-DEXTROSE | 4 | |
|-----------------------------|---|--|

| | | |
|--------------------------------|---|--|
| <i>tazicef 1 gm recon soln</i> | 4 | |
|--------------------------------|---|--|

| | | |
|--------------------------------|---|--|
| <i>tazicef 2 gm recon soln</i> | 4 | |
|--------------------------------|---|--|

| | | |
|-------------------------|---|--|
| TAZICEF 6 GM RECON SOLN | 4 | |
|-------------------------|---|--|

CEPHALOSPORINS - 4TH GENERATION

| | | |
|---|---|--|
| <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 | |
|-------------------|---|--|

CEPHALOSPORINS - 5TH GENERATION

| | | |
|---------|---|---|
| TEFLARO | 5 |  Non-Extended Day Supply |
|---------|---|---|

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|-----------------|---|--|
| <i>altavera</i> | 2 | |
|-----------------|---|--|

| | | |
|---------------------|---|--|
| <i>alyacen 1/35</i> | 2 | |
|---------------------|---|--|

| | | |
|-------------|---|--|
| <i>apri</i> | 2 | |
|-------------|---|--|

| | | |
|-----------------|---|--|
| <i>aranelle</i> | 2 | |
|-----------------|---|--|

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>abra</i> | 2 | |
| <i>abra eq</i> | 2 | |
| <i>aviane</i> | 2 | |
| <i>azurette</i> | 2 | |
| <i>blisovi 24 fe</i> | 4 | |
| <i>blisovi fe 1.5/30</i> | 4 | |
| <i>camrese</i> | 2 | |
| <i>camrese lo</i> | 4 | |
| <i>cryselle-28</i> | 2 | |
| <i>cyred</i> | 2 | |
| <i>cyred eq</i> | 2 | |
| <i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i> | 4 | |
| <i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i> | 2 | |
| <i>drospirenone-ethinyl estradiol</i> | 4 | |
| <i>enpresse-28</i> | 2 | |
| <i>enskyce</i> | 2 | |
| <i>estarylla</i> | 2 | |
| <i>ethynodiol diac-eth estradiol</i> | 2 | |
| <i>falmina</i> | 2 | |
| <i>femynor</i> | 2 | |
| <i>hailey 24 fe</i> | 4 | |
| <i>introvale</i> | 4 | |
| <i>isibloom</i> | 2 | |
| <i>jasmiel</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|------------------|------------------------------|
| <i>joyeaux</i> | 2 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 4 | |
| <i>junel 1/20</i> | 4 | |
| <i>junel fe 1.5/30</i> | 4 | |
| <i>junel fe 1/20</i> | 4 | |
| <i>junel fe 24</i> | 4 | |
| <i>kaitlib fe</i> | 4 | |
| <i>kariva</i> | 4 | |
| <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 fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>larissia</i> | 2 | |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonorg-eth estrad triphasic</i> | 2 | |
| <i>levonorgest-eth est & eth est</i> | 4 | |
| <i>levonorgest-eth estrad 91-day (levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab)</i> | 4 | |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>levonorgest-eth estradiol-iron</i> | 2 | |
| <i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estradiol 90-20 mcg tab)</i> | 2 | |
| <i>levora 0.15/30 (28)</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 fe 1.5/30</i> | 2 | |
| <i>microgestin fe 1/20</i> | 2 | |
| <i>mili</i> | 2 | |
| <i>nikki</i> | 4 | |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i> | 2 | |
| <i>norethindrone acet-ethinyl est 1-20 mg- mcg tab</i> | 2 | |
| <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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------|------------------|------------------------------|
| <i>nortrel 1/35 (28)</i> | 2 | |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>nylia 1/35</i> | 2 | |
| <i>pimtrea</i> | 4 | |
| <i>pirmella 1/35</i> | 2 | |
| <i>portia-28</i> | 2 | |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 2 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>syeda</i> | 4 | |
| <i>tarina 24 fe</i> | 4 | |
| <i>tarina fe 1/20</i> | 4 | |
| <i>tarina fe 1/20 eq</i> | 4 | |
| <i>tilia fe</i> | 4 | |
| <i>tri femynor</i> | 2 | |
| <i>tri-estarylla</i> | 2 | |
| <i>tri-legest fe</i> | 2 | |
| <i>tri-lo-estarylla</i> | 2 | |
| <i>tri-lo-sprintec</i> | 2 | |
| <i>tri-mili</i> | 4 | |
| <i>tri-sprintec</i> | 2 | |
| <i>tri-vylibra</i> | 4 | |
| <i>trivora (28)</i> | 2 | |
| <i>turqoz</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-------------------------|
| TYBLUME | 4 | |
| <i>tydemy</i> | 4 | |
| VELIVET | 2 | |
| <i>vestura</i> | 2 | |
| <i>vienva</i> | 2 | |
| <i>vyfemla</i> | 4 | |
| <i>vylibra</i> | 4 | |
| <i>wymzya fe</i> | 4 | |
| <i>zovia 1/35 (28)</i> | 2 | |
| <i>zovia 1/35e (28)</i> | 2 | |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| <i>norelgestromin-eth estradiol</i> | 4 | |
| <i>xulane</i> | 4 | |
| <i>zafemy</i> | 4 | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA | 4 | QL 1 EA / 365 OVER TIME |
| <i>eluryng</i> | 4 | |
| <i>enilloring</i> | 4 | |
| <i>etonogestrel-ethinyl estradiol</i> | 4 | |
| <i>haloette</i> | 4 | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-SUBQ PROVERA 104 | 3 | |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>camila</i> | 2 | |
| <i>deblitane</i> | 2 | |
| <i>emzahh</i> | 2 | |
| <i>errin</i> | 2 | |
| <i>heather</i> | 2 | |
| <i>incassia</i> | 2 | |
| <i>jencycla</i> | 2 | |
| <i>lyleq</i> | 2 | |
| <i>lyza</i> | 2 | |
| <i>nora-be</i> | 2 | |
| <i>norethindrone</i> | 2 | |
| <i>norlyda</i> | 2 | |
| <i>norlyroc</i> | 2 | |
| <i>sharobel</i> | 2 | |
| SLYND | 4 | |
| <i>tulana</i> | 2 | |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| <i>budesonide 3 mg cp dr part</i> | 4 | |
| <i>budesonide er</i> | 5 | QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| <i>decadron 0.5 mg tab</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>decadron 0.75 mg tab</i> | 1 | |
| <i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i> | 2 | |
| <i>dexamethasone (dexamethasone 0.75 mg tab, dexamethasone 1 mg tab)</i> | 1 | |
| DEXAMETHASONE INTENSOL | 2 | |
| DEXAMETHASONE SOD PHOS +RFID | 2 | |
| <i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i> | 2 | |
| <i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i> | 3 | |
| <i>hydrocortisone sod suc (pf)</i> | 4 | |
| <i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i> | 2 | PA ³ |
| <i>methylprednisolone 4 mg tab thpk</i> | 2 | |
| <i>prednisolone 15 mg/5ml solution</i> | 3 | PA ³ |
| <i>prednisolone sodium phosphate 15 mg/5ml solution</i> | 3 | PA ³ |
| <i>prednisolone sodium phosphate 20 mg/5ml solution</i> | 4 | PA ³ |
| <i>prednisolone sodium phosphate 25 mg/5ml solution</i> | 2 | PA ³ |
| <i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i> | 2 | PA ³ |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg tab, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i> | 1 | PA ³ |
| <i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i> | 1 | |
| PREDNISONE 5 MG/5ML SOLUTION | 2 | PA ³ |
| PREDNISONE INTENSOL | 4 | PA ³ |
| SOLU-CORTEF | 4 | |
| SOLU-MEDROL (PF) | 4 | |
| SOLU-MEDROL 1000 MG RECON SOLN | 4 | |
| SOLU-MEDROL 2 GM RECON SOLN | 4 | |
| SOLU-MEDROL 500 MG RECON SOLN | 4 | |
| MINERALOCORTICOIDS | | |
| <i>fludrocortisone acetate</i> | 2 | |
| COUGH/COLD/ALLERGY | | |
| MUCOLYTICS | | |
| <i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i> | 3 | PA ³ |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| <i>accutane</i> | 4 | |
| <i>amneesteem</i> | 4 | |
| <i>avita 0.025 % cream</i> | 4 | QL 45 GM / 30 DAYS PA |
| <i>claravis</i> | 4 | |
| <i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i> | 3 | QL 60 ML / 30 DAYS |
| <i>clindamycin phosphate 1 % gel</i> | 3 | QL 75 GM / 30 DAYS |
| ERY | 3 | QL 60 EA / 30 DAYS |
| <i>erythromycin 2 % solution</i> | 2 | QL 60 ML / 30 DAYS |
| <i>isotretinoin</i> | 4 | |
| <i>sulfacetamide sodium (acne)</i> | 4 | QL 118 ML / 30 DAYS |
| <i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i> | 3 | QL 45 GM / 30 DAYS PA |
| <i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i> | 4 | QL 45 GM / 30 DAYS PA |
| <i>zenatane</i> | 4 | |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| <i>diclofenac 1% gel</i> | 2 | QL 1000 GM / 30 DAYS |
| ANTIBIOTICS - TOPICAL | | |
| <i>gentamicin sulfate 0.1 % cream</i> | 4 | QL 30 GM / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>gentamicin sulfate 0.1 % ointment</i> | 3 | QL 120 GM / 30 DAYS |
| <i>mupirocin 2% ointment</i> | 2 | QL 220 GM / 30 DAYS |
| ANTIFUNGALS - TOPICAL | | |
| <i>ciclopirox 0.77 % gel</i> | 3 | QL 100 GM / 30 DAYS |
| <i>ciclopirox 1 % shampoo</i> | 3 | QL 120 ML / 30 DAYS |
| <i>ciclopirox 8 % solution</i> | 2 | QL 13.2 ML / 30 DAYS |
| <i>ciclopirox olamine 0.77 % cream</i> | 3 | QL 90 GM / 30 DAYS |
| <i>ciclopirox olamine 0.77 % suspension</i> | 3 | QL 60 ML / 30 DAYS |
| <i>clotrimazole (lotrimin)</i> | 2 | QL 30 ML / 28 OVER TIME |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i> | 3 | QL 90 GM / 30 DAYS |
| <i>econazole nitrate</i> | 4 | QL 85 GM / 30 DAYS |
| <i>ketokonazole 2 % cream</i> | 3 | QL 120 GM / 30 DAYS |
| <i>ketokonazole 2 % shampoo</i> | 2 | QL 240 ML / 30 DAYS |
| <i>klayesta</i> | 2 | QL 60 GM / 30 DAYS |
| <i>nyamyc</i> | 2 | QL 60 GM / 30 DAYS |
| <i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i> | 2 | QL 30 GM / 30 DAYS |
| <i>nystatin 100000 unit/gm powder</i> | 2 | QL 60 GM / 30 DAYS |
| <i>nystatin-triamcinolone</i> | 3 | QL 60 GM / 30 DAYS |
| <i>nystop</i> | 2 | QL 60 GM / 30 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| <i>bexarotene 1 % gel</i> | 5 | QL 60 GM / 30 DAYS PA ² NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>diclofenac sodium 3 % gel</i> | 4 | QL 100 GM / 30 DAYS PA |
| FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION) | 3 | QL 10 ML / 30 DAYS |
| <i>fluorouracil 5 % cream</i> | 4 | QL 40 GM / 30 DAYS |
| PANRETIN | 5 | PA² NDS Non-Extended Day Supply |
| VALCHLOR | 5 | QL 240 GM / 30 DAYS PA² NDS Non-Extended Day Supply LA |
| ANTIPSORIATICS | | |
| <i>acitretin</i> | 4 | |
| <i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i> | 4 | QL 120 GM / 30 DAYS |
| CALCIPOTRIENE 0.005 % SOLUTION | 3 | QL 120 ML / 30 DAYS |
| CALCITRIOL 3 MCG/GM OINTMENT | 4 | |
| METHOXSALLEN RAPID | 5 | NDS Non-Extended Day Supply |
| SKYRIZI 150 MG/ML SOLN PRSYR | 5 | QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| SKYRIZI PEN | 5 | QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION) | 5 | <ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| STELARA 90 MG/ML SOLN PRSYR | 5 | <ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR) | 5 | <ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |
| TALTZ 20 MG/0.25ML SOLN PRSYR | 5 | <ul style="list-style-type: none"> QL 0.25 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| TALTZ 40 MG/0.5ML SOLN PRSYR | 5 | <ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| <i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i> | 4 | <ul style="list-style-type: none"> QL 60 GM / 30 DAYS PA |
| ANTISEBORRHEIC PRODUCTS | | |
| <i>selenium sulfide 2.5 % lotion</i> | 2 | |
| ANTIVIRALS - TOPICAL | | |
| <i>acyclovir 5 % ointment</i> | 4 | <ul style="list-style-type: none"> QL 30 GM / 30 DAYS |
| <i>penciclovir</i> | 4 | <ul style="list-style-type: none"> QL 5 GM / 7 OVER TIME |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| BURN PRODUCTS | | |
| <i>silver sulfadiazine</i> | 2 | |
| <i>ssd</i> | 2 | |
| SULFAMYLON 85 MG/GM CREAM | 4 | QL 453.6 GM / 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | | |
| <i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i> | 3 | QL 90 GM / 30 DAYS |
| <i>betamethasone dipropionate 0.05 % lotion</i> | 3 | QL 120 ML / 30 DAYS |
| <i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i> | 4 | QL 100 GM / 30 DAYS |
| <i>betamethasone dipropionate aug 0.05 % cream</i> | 2 | QL 100 GM / 30 DAYS |
| <i>betamethasone dipropionate aug 0.05 % lotion</i> | 4 | QL 120 ML / 30 DAYS |
| <i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i> | 3 | QL 180 GM / 30 DAYS |
| <i>betamethasone valerate 0.1 % lotion</i> | 3 | QL 120 ML / 30 DAYS |
| <i>clobetasol prop emollient base</i> | 4 | QL 120 GM / 30 DAYS |
| <i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i> | 4 | QL 120 GM / 30 DAYS |
| <i>clobetasol propionate 0.05 % foam</i> | 4 | QL 100 GM / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>clobetasol propionate 0.05 % lotion</i> | 4 | QL 118 ML / 30 DAYS |
| <i>clobetasol propionate 0.05 % shampoo</i> | 4 | QL 236 ML / 30 DAYS |
| <i>clobetasol propionate 0.05 % solution</i> | 4 | QL 100 ML / 30 DAYS |
| <i>clobetasol propionate e</i> | 4 | QL 120 GM / 30 DAYS |
| <i>clodan 0.05 % shampoo</i> | 4 | QL 236 ML / 30 DAYS |
| <i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i> | 4 | QL 120 GM / 30 DAYS |
| <i>fluocinolone acetonide 0.01 % solution</i> | 4 | QL 90 ML / 30 DAYS |
| <i>fluocinolone acetonide 0.025 % ointment</i> | 4 | QL 120 GM / 30 DAYS |
| <i>fluocinolone acetonide body</i> | 4 | QL 120 ML / 30 DAYS |
| <i>fluocinolone acetonide scalp</i> | 4 | QL 120 ML / 30 DAYS |
| <i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % ointment)</i> | 4 | QL 60 GM / 30 DAYS |
| FLUOCINONIDE 0.05 % GEL | 4 | QL 60 GM / 30 DAYS |
| <i>fluocinonide 0.05 % solution</i> | 4 | QL 60 ML / 30 DAYS |
| <i>halobetasol propionate 0.05 % cream</i> | 4 | |
| <i>halobetasol propionate 0.05 % ointment</i> | 4 | QL 50 GM / 30 DAYS |
| <i>hydrocortisone</i> | 2 | QL 240 GM / 30 DAYS |
| HYDROCORTISONE 2.5 % LOTION | 2 | QL 118 ML / 30 DAYS |
| <i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i> | 2 | QL 180 GM / 30 DAYS |
| <i>mometasone furoate 0.1 % solution</i> | 2 | QL 180 ML / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i> | 2 | QL 454 GM / 30 DAYS |
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i> | 2 | QL 120 ML / 30 DAYS |
| <i>triamcinolone acetonide 0.5 % ointment</i> | 2 | QL 120 GM / 30 DAYS |
| <i>triderm</i> | 2 | QL 454 GM / 30 DAYS |
| ECZEMA AGENTS | | |
| ADBRY 150 MG/ML SOLN PRSYR | 5 | QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |
| DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR) | 5 | QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR) | 5 | QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| DUPIXENT 100 MG/0.67ML SOLN PRSYR | 5 | QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply |

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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|----------------|---|
| ROSACEA AGENTS | | |
| <i>azelaic acid</i> | 4 | QL 50 GM / 30 DAYS |
| <i>ivermectin 1 % cream</i> | 2 | QL 60 GM / 30 OVER TIME |
| <i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i> | 4 | QL 45 GM / 30 DAYS |
| <i>metronidazole 0.75 % lotion</i> | 4 | QL 59 ML / 30 DAYS |
| <i>metronidazole 1 % gel</i> | 4 | QL 60 GM / 30 DAYS |
| SCABICIDES PEDICULICIDES | | |
| LINDANE | 4 | |
| <i>malathion</i> | 4 | |
| <i>permethrin (nix)</i> | 3 | |
| WOUND CARE PRODUCTS | | |
| REGRANEX | 5 | NDS Non-Extended Day Supply |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC TESTS | | |
| ONETOUCH ULTRA | Part B Covered | |
| ONETOUCH ULTRA BLUE TEST | Part B Covered | |
| ONETOUCH ULTRA TEST | Part B Covered | |
| ONETOUCH VERIO STRIP | Part B Covered | |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON | 3 | |
| SUCRAID | 5 | PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| <i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i> | 3 | |
| <i>acetazolamide er</i> | 3 | |
| <i>methazolamide</i> | 4 | |
| DIURETIC COMBINATIONS | | |
| AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB | 2 | |
| <i>spironolactone-hctz</i> | 2 | |
| <i>triamterene-hctz</i> | 1 | |
| LOOP DIURETICS | | |
| <i>bumetanide (bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i> | 2 | |
| <i>bumetanide 0.25 mg/ml solution</i> | 4 | |
| <i>ethacrynic acid</i> | 4 | |
| <i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i> | 1 | |
| <i>furosemide 10 mg/ml solution</i> | 4 | |
| FUROSEMIDE 8 MG/ML SOLUTION | 2 | |
| <i>torseamide</i> | 2 | |
| POTASSIUM SPARING DIURETICS | | |
| <i>amiloride hcl</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i> | 1 | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorthalidone</i> | 2 | |
| <i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i> | 1 | |
| <i>indapamide</i> | 1 | |
| <i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i> | 3 | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| BONE DENSITY REGULATORS | | |
| <i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i> | 1 | |
| <i>alendronate sodium 70 mg/75ml solution</i> | 4 | |
| <i>calcitonin (salmon) 200 unit/act solution</i> | 3 | |
| <i>ibandronate sodium 150 mg tab</i> | 2 | QL 1 EA / 30 DAYS |
| <i>risedronate sodium</i> | 4 | |
| <i>teriparatide</i> | 5 | QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN) | 5 | QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| XGEVA | 5 | <div data-bbox="1133 174 1187 205">QL</div> 1.7 ML / 28 DAYS <div data-bbox="1133 222 1187 254">PA</div> <div data-bbox="1133 279 1187 310">NDS</div> Non-Extended Day Supply |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT | 5 | <div data-bbox="1133 434 1187 466">PA</div> <div data-bbox="1133 491 1187 522">NDS</div> Non-Extended Day Supply <div data-bbox="1133 548 1187 579">LA</div> |
| GROWTH HORMONES | | |
| OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART) | 5 | <div data-bbox="1133 726 1187 758">PA</div> <div data-bbox="1133 783 1187 814">NDS</div> Non-Extended Day Supply |
| SKYTROFA | 5 | <div data-bbox="1133 907 1187 938">PA</div> <div data-bbox="1133 963 1187 995">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1020 1187 1052">LA</div> |
| HORMONE RECEPTOR MODULATORS | | |
| OSPHENA | 4 | |
| <i>raloxifene hcl</i> | 3 | |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX | 5 | <div data-bbox="1133 1350 1187 1381">PA</div> <div data-bbox="1133 1407 1187 1438">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1463 1187 1495">LA</div> |
| METABOLIC MODIFIERS | | |
| <i>betaine</i> | 5 | <div data-bbox="1133 1610 1187 1642">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1667 1187 1698">LA</div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i> | 2 | |
| <i>calcitriol 1 mcg/ml solution</i> | 4 | |
| <i>carglumic acid</i> | 5 | PA NDS Non-Extended Day Supply LA |
| <i>cinacalcet hcl</i> | 4 | PA |
| <i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i> | 4 | |
| <i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i> | 4 | |
| <i>levocarnitine sf</i> | 4 | |
| NEXVIAZYME | 5 | PA NDS Non-Extended Day Supply LA |
| <i>nitisinone</i> | 5 | PA NDS Non-Extended Day Supply |
| OPFOLDA | 4 | QL 8 EA / 28 DAYS |
| <i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i> | 4 | |
| <i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i> | 5 | PA NDS Non-Extended Day Supply LA |
| <i>sodium phenylbutyrate 500 mg tab</i> | 5 | PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA | 3 | QL 30 EA / 30 DAYS PA |
| POSTERIOR PITUITARY HORMONES | | |
| <i>desmopressin ace spray refrig</i> | 4 | |
| <i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i> | 3 | |
| <i>desmopressin acetate spray</i> | 4 | |
| PROLACTIN INHIBITORS | | |
| <i>cabergoline</i> | 3 | |
| SOMATOSTATIC AGENTS | | |
| <i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i> | 4 | PA |
| SIGNIFOR | 5 | QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| <i>estradiol-norethindrone acet</i> | 4 | |
| <i>fyavolv</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>jinteli</i> | 4 | |
| <i>norethindrone-eth estradiol</i> | 4 | |
| ESTROGENS | | |
| <i>dotti</i> | 4 | |
| <i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk)</i> | 4 | |
| <i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i> | 3 | |
| <i>estradiol valerate</i> | 4 | |
| <i>lyllana</i> | 4 | |
| MENEST | 4 | |
| FLUROQUINOLONES | | |
| FLUROQUINOLONES | | |
| <i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i> | 1 | |
| CIPROFLOXACIN HCL 100 MG TAB | 4 | |
| <i>ciprofloxacin in d5w 200 mg/100ml solution</i> | 4 | |
| <i>ciprofloxacin in d5w 400 mg/200ml solution</i> | 2 | |
| <i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>levofloxacin 25 mg/ml solution</i> | 4 | |
| <i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i> | 4 | |
| <i>levofloxacin in d5w 250 mg/50ml solution</i> | 2 | |
| MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION) | 4 | |
| MOXIFLOXACIN HCL IN NAACL | 4 | |
| OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB) | 4 | |
| GASTROINTESTINAL AGENTS - MISC. | | |
| GALLSTONE SOLUBILIZING AGENTS | | |
| RELTONE | 4 | PA |
| <i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i> | 3 | |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| <i>cromolyn sodium 100 mg/5ml conc</i> | 4 | |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| <i>lubiprostone</i> | 4 | |
| GASTROINTESTINAL STIMULANTS | | |
| <i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 10 mg tab)</i> | 2 | |
| <i>metoclopramide hcl (metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg/10ml solution)</i> | 4 | |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| INFLAMMATORY BOWEL AGENTS | | |
| <i>balsalazide disodium</i> | 4 | |
| <i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)</i> | 4 | |
| <i>mesalamine er</i> | 4 | |
| <i>mesalamine-cleanser</i> | 4 | |
| SKYRIZI 180 MG/1.2ML SOLN CART | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1.2 ML / 56 OVER TIME</div> <div>PA</div> <div>NDS Non-Extended Day Supply</div> </div> |
| SKYRIZI 360 MG/2.4ML SOLN CART | 5 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2.4 ML / 56 OVER TIME</div> <div>PA</div> <div>NDS Non-Extended Day Supply</div> </div> |
| <i>sulfasalazine</i> | 3 | |
| INTESTINAL ACIDIFIERS | | |
| <i>enulose</i> | 2 | |
| <i>generlac</i> | 2 | |
| <i>lactulose encephalopathy</i> | 2 | |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| <i>alose tron hcl</i> | 5 | NDS Non-Extended Day Supply |
| LINZESS | 3 | QL 30 EA / 30 DAYS |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK | 3 | QL 30 EA / 30 DAYS |
| RELISTOR 12 MG/0.6ML SOLUTION | 5 | QL 18 ML / 30 DAYS PA NDS Non-Extended Day Supply |
| RELISTOR 8 MG/0.4ML SOLUTION | 5 | QL 12 ML / 30 DAYS PA NDS Non-Extended Day Supply |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate (phos binder)</i> | 3 | |
| <i>calcium acetate 667 mg tab</i> | 3 | |
| <i>lanthanum carbonate</i> | 5 | NDS Non-Extended Day Supply |
| <i>sevelamer carbonate</i> | 4 | |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO | 5 | QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ACIDIFIERS | | |
| K-PHOS NO 2 | 3 | |
| ALKALINIZERS | | |
| <i>potassium citrate er</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| CYSTINOSIS AGENTS | | |
| CYSTAGON | 4 | PA LA |
| GENITOURINARY IRRIGANTS | | |
| <i>acetic acid 0.25 % solution</i> | 2 | |
| RENACIDIN | 3 | |
| <i>sodium chloride 0.9 % solution</i> | 4 | |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON | 4 | |
| PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin hcl er</i> | 2 | |
| <i>dutasteride</i> | 2 | |
| <i>dutasteride-tamsulosin hcl</i> | 4 | |
| <i>finasteride 5 mg tab</i> | 2 | |
| <i>silodosin</i> | 3 | |
| <i>tamsulosin hcl</i> | 1 | |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| <i>colchicine-probenecid</i> | 3 | |
| GOUT AGENTS | | |
| <i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i> | 1 | |
| <i>colchicine 0.6 mg tab</i> | 3 | |
| <i>febuxostat</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| URICOSURICS | | |
| <i>probenecid</i> | 3 | |
| HEMATOLOGICAL AGENTS - MISC. | | |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| <i>icatibant acetate</i> | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div> |
| <i>sajazir</i> | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div> |
| COMPLEMENT INHIBITORS | | |
| CINRYZE | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div> |
| HAEGARDA | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div> |
| RUCONEST | 5 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div> |
| HEMATORHEOLOGIC AGENTS | | |
| <i>pentoxifylline er</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| PLATELET AGGREGATION INHIBITORS | | |
| <i>anagrelide hcl</i> | 3 | |
| <i>aspirin-dipyridamole er</i> | 4 | |
| BRILINTA | 3 | |
| <i>cilostazol</i> | 2 | |
| <i>clopidogrel bisulfate 75 mg tab</i> | 1 | |
| <i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i> | 4 | |
| <i>prasugrel hcl</i> | 3 | |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR SICKLE CELL DISEASE | | |
| DROXIA | 3 | |
| | | QL 180 EA / 30 DAYS PA |
| l-glutamine 5 gm packet | 5 | NDS Non-Extended Day Supply LA |
| HEMATOPOIETIC GROWTH FACTORS | | |
| PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET) | 5 | PA NDS Non-Extended Day Supply |
| PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB) | 5 | QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB) | 5 | QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------------|
| RETACRIT | 4 | PA |
| UDENYCA | 5 | NDS Non-Extended Day Supply |
| ZARXIO | 5 | NDS Non-Extended Day Supply |
| ZIEXTENZO | 5 | NDS Non-Extended Day Supply |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| <i>tranexamic acid 650 mg tab</i> | 3 | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |
| <i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i> | 4 | |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| <i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i> | 3 | QL 30 EA / 30 DAYS |
| NON-BARBITURATE HYPNOTICS | | |
| <i>eszopiclone</i> | 4 | QL 30 EA / 30 DAYS |
| <i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i> | 2 | QL 30 EA / 30 DAYS PA ² |
| <i>zaleplon 10 mg cap</i> | 4 | QL 60 EA / 30 DAYS |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>zaleplon 5 mg cap</i> | 4 | QL 30 EA / 30 DAYS |
| <i>zolpidem tartrate 10 mg tab</i> | 2 | QL 30 EA / 30 DAYS |
| <i>zolpidem tartrate 5 mg tab</i> | 2 | QL 60 EA / 30 DAYS |
| <i>zolpidem tartrate er</i> | 4 | QL 30 EA / 30 DAYS |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA | 4 | QL 30 EA / 30 DAYS |
| DAYVIGO | 4 | QL 30 EA / 30 DAYS |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| HETLIOZ | 5 | QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| <i>ramelteon</i> | 3 | QL 30 EA / 30 DAYS |
| <i>tasimelteon</i> | 5 | QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| 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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>peg-3350/electrolytes</i> | 2 | |
| <i>peg-3350/electrolytes/ascorbat</i> | 2 | |
| <i>peg-kcl-nacl-nasulf-na asc-c</i> | 2 | |
| SUFLAVE | 4 | |
| LAXATIVES - MISCELLANEOUS | | |
| <i>constulose</i> | 2 | |
| <i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i> | 2 | |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| <i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i> | 2 | |
| <i>azithromycin 500 mg recon soln</i> | 4 | |
| CLARITHROMYCIN | | |
| CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP) | 4 | |
| <i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i> | 3 | |
| <i>clarithromycin er</i> | 4 | |
| ERYTHROMYCINS | | |
| <i>ery-tab</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|----------------|--------------------------|
| ERYTHROCIN STEARATE | 4 | |
| <i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i> | 4 | |
| <i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i> | 4 | |
| <i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab)</i> | 4 | |
| FIDAXOMICIN | | |
| DIFICID 200 MG TAB | 3 | QL 20 EA / 10 OVER TIME |
| DIFICID 40 MG/ML RECON SUSP | 3 | QL 136 ML / 10 OVER TIME |
| MEDICAL DEVICES AND SUPPLIES | | |
| BANDAGES-DRESSINGS-TAPE | | |
| GAUZE PADS | 3 | |
| <i>gauze pads and dressings</i> | 3 | |
| DIABETIC SUPPLIES | | |
| <i>blood glucose monitoring supplies</i> | Part B Covered | |
| DEXCOM G5 MOB/G4 PLAT SENSOR | Part B Covered | PA |
| DEXCOM G5 MOBILE RECEIVER | Part B Covered | PA |
| DEXCOM G5 MOBILE TRANSMITTER | Part B Covered | PA |
| DEXCOM G5 RECEIVER KIT | Part B Covered | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|----------------|--|
| DEXCOM G6 RECEIVER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| DEXCOM G6 SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| DEXCOM G6 TRANSMITTER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 68 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| DEXCOM G7 RECEIVER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| DEXCOM G7 SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 14 DAY READER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 14 DAY SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 2 PLUS SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 2 READER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 2 SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 3 PLUS SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |
| FREESTYLE LIBRE 3 READER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|----------------|--|
| FREESTYLE LIBRE 3 SENSOR | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| FREESTYLE LIBRE READER | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| FREESTYLE LIBRE SENSOR SYSTEM | Part B Covered | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / 20 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>lancet device</i> | Part B Covered | |
| <i>lancets</i> | Part B Covered | |
| OMNIPOD 5 G6 INTRO (GEN 5) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> |
| OMNIPOD 5 G6 PODS (GEN 5) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> |
| OMNIPOD 5 G7 INTRO (GEN 5) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> |
| OMNIPOD 5 G7 PODS (GEN 5) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> |
| OMNIPOD 5 LIBRE2 PLUS G6 | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> |
| OMNIPOD 5 PACK | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> |
| OMNIPOD CLASSIC PDM (GEN 3) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> |
| OMNIPOD DASH INTRO (GEN 4) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> |
| OMNIPOD DASH PDM (GEN 4) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> |
| OMNIPOD DASH PODS (GEN 4) | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| MISC. DEVICES | | |
| <i>alcohol swabs</i> | 3 | |
| ALCOHOL SWABS 1X1 | 3 | |
| PARENTERAL THERAPY SUPPLIES | | |
| INSULIN PEN NEEDLE | 3 | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 3 | |
| <i>needles and syringes</i> | 3 | |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| EMGALITY | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| EMGALITY (300 MG DOSE) | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| NURTEC | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| MIGRAINE COMBINATIONS | | |
| ERGOTAMINE-CAFFEINE | 3 | |
| MIGERGOT | 4 | |
| <i>sumatriptan-naproxen sodium</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 OVER TIME</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| MIGRAINE PRODUCTS | | |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>16 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| SEROTONIN AGONISTS | | |
| <i>eletriptan hydrobromide</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>18 EA / 30 OVER TIME</div> </div> |
| <i>naratriptan hcl</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>18 EA / 30 OVER TIME</div> </div> |
| <i>rizatriptan benzoate (rizatriptan benzoate 5 mg tab disp, rizatriptan benzoate 10 mg tab disp)</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>36 EA / 28 OVER TIME</div> </div> |
| <i>rizatriptan benzoate (rizatriptan benzoate 5 mg tab, rizatriptan benzoate 10 mg tab)</i> | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>36 EA / 28 OVER TIME</div> </div> |
| <i>sumatriptan</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>12 EA / 30 OVER TIME</div> </div> |
| <i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i> | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>18 EA / 30 OVER TIME</div> </div> |
| <i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>8 ML / 28 DAYS</div> </div> |
| <i>sumatriptan succinate refill</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>8 ML / 28 DAYS</div> </div> |
| <i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>18 EA / 30 OVER TIME</div> </div> |
| <i>zomig (zomig 2.5 mg tab, zomig 5 mg tab)</i> | 4 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>18 EA / 30 OVER TIME</div> </div> |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| MINERALS ELECTROLYTES | | |
| CALCIUM | | |
| <i>calcium gluconate 10 % solution</i> | 2 | |
| ELECTROLYTE MIXTURES | | |
| DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION) | 4 | PA ³ |
| <i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i> | 4 | |
| DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION | 4 | |
| KCL (0.149%) IN NAACL | 4 | |
| KCL (0.298%) IN NAACL | 4 | |
| <i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i> | 4 | |
| KCL-LACTATED RINGERS-D5W | 4 | |
| <i>lactated ringers</i> | 2 | |
| MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION | 2 | |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | 4 | |
| <i>potassium chloride in nacl 20-0.45 meq/l-% solution</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|------------------|------------------------------|
| <i>potassium chloride in nacl 20-0.9 meq/l-% solution</i> | 4 | |
| <i>potassium chloride in nacl 40-0.9 meq/l-% solution</i> | 4 | |
| FLUORIDE | | |
| <i>sodium fluoride</i> | 2 | |
| <i>sodium fluoride chewable tablet</i> | 2 | |
| MAGNESIUM | | |
| <i>magnesium sulfate 50 % solution</i> | 4 | |
| PHOSPHATE | | |
| K-PHOS | 3 | |
| POTASSIUM | | |
| <i>klor-con 10</i> | 2 | |
| <i>klor-con 20 meq packet</i> | 4 | |
| <i>klor-con 8 meq tab er</i> | 2 | |
| <i>klor-con m10</i> | 2 | |
| <i>klor-con m15</i> | 2 | |
| <i>klor-con m20</i> | 2 | |
| <i>potassium chloride (potassium chloride 10 % solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/15ml (20%) solution)</i> | 2 | |
| POTASSIUM CHLORIDE (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 the beginning of this table.

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>potassium chloride 2 meq/ml solution</i> | 4 | |
| <i>potassium chloride 20 meq packet</i> | 4 | |
| <i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq 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 10 meq tab er, potassium chloride er 20 meq tab er)</i> | 2 | |
| SODIUM | | |
| <i>sodium chloride</i> | 4 | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| <i>penicillamine 250 mg tab</i> | 5 | PA NDS Non-Extended Day Supply |
| <i>trientine hcl 250 mg cap</i> | 5 | PA NDS Non-Extended Day Supply |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> | 5 | QL 28 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA |
| REVLIMID | 5 | QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| REZUROCK | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS NDS Non-Extended Day Supply LA |
| THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS NDS Non-Extended Day Supply LA |
| IMMUNOSUPPRESSIVE AGENTS | | |
| <i>azathioprine 50 mg tab</i> | 2 | PA³ |
| <i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i> | 4 | PA³ |
| <i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i> | 4 | PA³ |
| ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H) | 4 | PA³ |
| ENVARUSUS XR 4 MG TAB ER 24H | 5 | <ul style="list-style-type: none"> PA³ NDS Non-Extended Day Supply |
| <i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i> | 5 | <ul style="list-style-type: none"> PA³ NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i> | 4 | PA ³ |
| <i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i> | 2 | PA ³ |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | 5 | PA ³ NDS Non-Extended Day Supply |
| <i>mycophenolate sodium</i> | 4 | PA ³ |
| <i>mycophenolic acid</i> | 4 | PA ³ |
| PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET) | 4 | PA ³ |
| <i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i> | 4 | PA ³ |
| <i>sirolimus 1 mg/ml solution</i> | 5 | PA ³ NDS Non-Extended Day Supply |
| <i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i> | 3 | PA ³ |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK) | 5 | QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| VIJOICE 200 & 50 MG TAB THPK | 5 | QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| POTASSIUM REMOVING AGENTS | | |
| <i>kionex</i> | 2 | |
| LOKELMA | 4 | |
| <i>sodium polystyrene sulfonate powder</i> | 3 | |
| <i>sodium polystyrene sulfonate 15 gm/60ml suspension</i> | 2 | |
| <i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 15 gm/60ml suspension, sps (sodium polystyrene sulf) 30 gm/120ml suspension)</i> | 2 | |
| VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET) | 4 | |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR) | 5 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 4 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div style="margin-bottom: 5px;">LA</div> </div> |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| LIDOCAINE HCL 4 % SOLUTION | 3 | QL 50 ML / 30 DAYS |
| <i>lidocaine viscous hcl</i> | 2 | |
| ANTI-INFECTIVES - THROAT | | |
| <i>clotrimazole 10 mg troche</i> | 2 | |
| NYSTATIN 100000 UNIT/ML SUSPENSION | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|------------------|------------------------------|
| <i>nystatin 100000 unit/ml suspension</i> | 2 | |
| ANTISEPTICS - MOUTH/THROAT | | |
| <i>chlorhexidine gluconate 0.12 % solution</i> | 2 | |
| <i>periogard</i> | 2 | |
| DENTAL PRODUCTS | | |
| <i>cavarest</i> | 2 | |
| <i>clinpro 5000</i> | 2 | |
| <i>denta 5000 plus</i> | 2 | |
| <i>dentagel</i> | 2 | |
| <i>fluoridex</i> | 2 | |
| <i>fluoridex enhanced whitening</i> | 2 | |
| <i>fluorimax 5000</i> | 2 | |
| <i>fraiche 5000 dental</i> | 2 | |
| <i>just right 5000</i> | 2 | |
| 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 (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i> | 2 | |
| SODIUM FLUORIDE 5000 ENAMEL | 2 | |
| <i>sodium fluoride 5000 plus</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i> | 2 | |
| SODIUM FLUORIDE 5000 SENSITIVE | 2 | |
| STEROIDS - MOUTH/THROAT/DENTAL | | |
| <i>kourzeq</i> | 3 | |
| <i>triamcinolone acetonide 0.1 % paste</i> | 3 | |
| THROAT PRODUCTS - MISC. | | |
| <i>cevimeline hcl</i> | 4 | |
| <i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i> | 2 | |
| MULTIVITAMINS | | |
| PRENATAL VITAMINS | | |
| <i>prenatal vitamin</i> | 4 | |
| PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET | 4 | |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| <i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i> | 2 | |
| <i>chlorzoxazone 500 mg tab</i> | 4 | |
| <i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i> | 4 | |






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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i> | 4 | |
| <i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i> | 2 | |
| DIRECT MUSCLE RELAXANTS | | |
| <i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i> | 4 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL ANTIALLERGY | | |
| <i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i> | 3 | |
| <i>olopatadine hcl 0.6 % solution</i> | 4 | |
| NASAL ANTICHOLINERGICS | | |
| <i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i> | 2 | |
| NASAL STEROIDS | | |
| <i>flunisolide</i> | 4 | QL 50 ML / 30 DAYS |
| <i>fluticasone propionate 50 mcg/act suspension</i> | 2 | QL 32 GM / 30 DAYS |
| <i>mometasone furoate 50 mcg/act suspension</i> | 4 | QL 34 GM / 30 DAYS |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| RADICAVA ORS | 5 | QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|---|
| RADICAVA ORS STARTER KIT | 5 | <ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |
| <i>riluzole</i> | 4 | PA |
| NUTRIENTS | | |
| CARBOHYDRATES | | |
| <i>dextrose 10 % solution</i> | 4 | PA ³ |
| <i>dextrose 5 % solution</i> | 4 | |
| PROTEINS | | |
| CLINIMIX/DEXTROSE (4.25/10) | 4 | PA ³ |
| CLINIMIX/DEXTROSE (4.25/5) | 4 | PA ³ |
| CLINIMIX/DEXTROSE (5/15) | 4 | PA ³ |
| CLINIMIX/DEXTROSE (5/20) | 4 | PA ³ |
| <i>plenamine</i> | 4 | PA ³ |
| OPHTHALMIC AGENTS | | |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL HCL 0.5 % SOLUTION | 3 | |
| <i>brimonidine tartrate-timolol</i> | 3 | |
| CARTEOLOL HCL | 2 | |
| <i>dorzolamide hcl-timolol mal</i> | 3 | |
| <i>dorzolamide hcl-timolol mal pf</i> | 3 | |
| LEVOBUNOLOL HCL | 2 | |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i> | 1 | |
| CYCLOPLEGIC MYDRIATICS | | |
| <i>atropine sulfate 1 % solution</i> | 3 | |
| ATROPINE SULFATE 1 % SOLUTION | 3 | |
| MIOTICS | | |
| PHOSPHOLINE IODIDE | 5 |  Non-Extended Day Supply |
| <i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i> | 3 | |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| APRACLONIDINE HCL | 3 | |
| <i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i> | 3 | |
| <i>brimonidine tartrate 0.2 % solution</i> | 2 | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| <i>ak-poly-bac</i> | 2 |  7 GM / 7 OVER TIME |
| BACITRACIN 500 UNIT/GM OINTMENT | 3 | |
| <i>bacitracin-polymyxin b</i> | 2 |  7 GM / 7 OVER TIME |
| <i>ciprofloxacin hcl 0.3 % solution</i> | 2 |  60 ML / 30 OVER TIME |
| <i>erythromycin 5 mg/gm ointment</i> | 2 |  7 GM / 7 OVER TIME |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>gatifloxacin</i> | 4 | QL 5 ML / 7 OVER TIME |
| <i>gentamicin sulfate 0.3 % solution</i> | 2 | QL 10 ML / 7 OVER TIME |
| LEVOFLOXACIN 0.5 % SOLUTION | 3 | QL 60 ML / 30 OVER TIME |
| LEVOFLOXACIN 1.5 % SOLUTION | 2 | |
| MOXIFLOXACIN HCL (2X DAY) | 3 | |
| <i>moxifloxacin hcl 0.5 % solution</i> | 3 | QL 6 ML / 7 OVER TIME |
| NATACYN | 4 | QL 15 ML / 7 OVER TIME |
| <i>neomycin-bacitracin zn-polymyx</i> | 3 | QL 7 GM / 7 OVER TIME |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 3 | QL 10 ML / 7 OVER TIME |
| <i>ofloxacin 0.3 % solution</i> | 2 | QL 60 ML / 30 OVER TIME |
| <i>polymyxin b-trimethoprim</i> | 2 | QL 10 ML / 7 OVER TIME |
| SULFACETAMIDE SODIUM 10 % OINTMENT | 3 | |
| <i>sulfacetamide sodium 10 % solution</i> | 2 | QL 15 ML / 7 OVER TIME |
| <i>tobramycin 0.3 % solution</i> | 2 | QL 60 ML / 30 OVER TIME |
| TRIFLURIDINE | 3 | QL 15 ML / 7 OVER TIME |
| XDEMZY | 5 | QL 10 ML / 42 DAYS |
| | | PA |
| | | NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ZIRGAN | 4 | |
| OPHTHALMIC IMMUNOMODULATORS | | |
| <i>cyclosporine 0.05 % emulsion</i> | 2 | QL 60 EA / 30 DAYS QL 120 EA / 30 DAYS |
| VERKAZIA | 5 | PA NDS Non-Extended Day Supply |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA | 3 | QL 60 EA / 30 DAYS |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA | 3 | |
| ROCKLATAN | 4 | |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE | 5 | QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA |
| OPHTHALMIC STEROIDS | | |
| <i>bacitra-neomycin-polymyxin-hc</i> | 3 | |
| 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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i> | 2 | |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION | 4 | |
| <i>prednisolone acetate</i> | 2 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 2 | |
| SULFACETAMIDE-PREDNISOLONE | 2 | |
| <i>tobramycin-dexamethasone</i> | 3 | |
| OPHTHALMICS - MISC. | | |
| <i>azelastine hcl 0.05 % solution</i> | 3 | |
| CROMOLYN SODIUM 4 % SOLUTION | 2 | |
| CYSTARAN | 5 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div> |
| <i>diclofenac sodium 0.1 % solution</i> | 2 | |
| <i>dorzolamide hcl</i> | 3 | |
| <i>epinastine hcl</i> | 4 | |
| FLURBIPROFEN SODIUM | 2 | |
| <i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i> | 2 | |
| <i>olopatadine</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------------|
| PROSTAGLANDINS - OPHTHALMIC | | |
| <i>latanoprost</i> | 2 | QL 5 ML / 30 DAYS |
| LUMIGAN | 4 | |
| <i>travoprost (bak free)</i> | 3 | QL 5 ML / 30 DAYS |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| <i>acetic acid 2 % solution</i> | 2 | |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN HCL 0.2 % SOLUTION | 4 | |
| OTIC COMBINATIONS | | |
| <i>ciprofloxacin-dexamethasone</i> | 3 | |
| <i>neomycin-polymyxin-hc</i> | 3 | |
| OTIC STEROIDS | | |
| <i>flac</i> | 4 | |
| <i>fluocinolone acetonide 0.01 % oil</i> | 4 | |
| <i>hydrocortisone-acetic acid</i> | 4 | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| GAMMAKED 1 GM/10ML SOLUTION | 5 | PA NDS Non-Extended Day Supply |
| GAMUNEX-C 1 GM/10ML SOLUTION | 5 | PA NDS Non-Extended Day Supply |


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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| PRIVIGEN 20 GM/200ML SOLUTION | 5 | PA NDS Non-Extended Day Supply |
| VARIZIG | 1 | VAC \$0 Part D Adult Vaccine |
| MONOCLONAL ANTIBODIES | | |
| BEYFORTUS | 1 | |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA | 5 | PA NDS Non-Extended Day Supply LA |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 125 MG/5ML RECON SUSP, AMOXICILLIN 200 MG/5ML RECON SUSP, AMOXICILLIN 250 MG CAP, AMOXICILLIN 250 MG CHEW TAB, AMOXICILLIN 250 MG/5ML RECON SUSP, AMOXICILLIN 400 MG/5ML RECON SUSP, AMOXICILLIN 500 MG CAP, AMOXICILLIN 500 MG TAB, AMOXICILLIN 875 MG TAB) | 1 | |
| AMOXICILLIN 400 MG/5ML RECON SUSP | 1 | |
| <i>ampicillin</i> | 1 | |
| <i>ampicillin sodium 1 gm recon soln</i> | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>ampicillin sodium 10 gm recon soln</i> | 4 | |
| AMPICILLIN SODIUM 125 MG RECON SOLN | 4 | |
| AMPICILLIN SODIUM 2 GM RECON SOLN | 2 | |
| NATURAL PENICILLINS | | |
| BICILLIN L-A | 4 | |
| <i>penicillin g potassium</i> | 4 | |
| PENICILLIN G PROCAINE | 4 | |
| PENICILLIN G SODIUM | 4 | |
| <i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i> | 1 | |
| PFIZERPEN | 2 | |
| PENICILLIN COMBINATIONS | | |
| AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB) | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i> | 4 | |
| AMOXICILLIN-POT CLAVULANATE ER | 4 | |
| <i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i> | 4 | |
| <i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i> | 4 | |
| <i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i> | 4 | |
| <i>piperacillin sod-tazobactam so</i> | 4 | |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| <i>dicloxacillin sodium</i> | 2 | |
| <i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i> | 4 | |
| <i>nafcillin sodium 10 gm recon soln</i> | 5 |  Non-Extended Day Supply |
| NAFCILLIN SODIUM IN DEXTROSE | 4 | |
| <i>oxacillin sodium</i> | 4 | |
| OXACILLIN SODIUM IN DEXTROSE | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| PROGESTINS | | |
| PROGESTINS | | |
| <i>gallifrey</i> | 2 | |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i> | 2 | |
| MEGESTROL ACETATE 625 MG/5ML SUSPENSION | 4 | PA |
| <i>norethindrone acetate</i> | 2 | |
| <i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i> | 3 | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| <i>acamprosate calcium</i> | 4 | |
| <i>disulfiram</i> | 4 | |
| ANTI-CATAPLECTIC AGENTS | | |
| SODIUM OXYBATE | 5 | QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA |
| XYWAV | 5 | QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ANTIDEMENTIA AGENTS | | |
| <i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)</i> | 2 | QL 30 EA / 30 DAYS |
| <i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i> | 2 | |
| <i>donepezil hcl 23 mg tab</i> | 4 | QL 30 EA / 30 DAYS |
| <i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i> | 3 | |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION | 4 | |
| <i>galantamine hydrobromide er</i> | 3 | |
| <i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i> | 4 | |
| <i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i> | 2 | |
| <i>memantine hcl er</i> | 4 | |
| <i>rivastigmine</i> | 4 | |
| <i>rivastigmine tartrate</i> | 4 | |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB) | 5 | QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| AUSTEDO 6 MG TAB | 5 | QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| AUSTEDO XR (AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| AUSTEDO XR 6 MG TAB ER 24H | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | 5 | <ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK | 5 | <ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| INGREZZA (INGREZZA 40 MG CAP, INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP, INGREZZA 80 MG CAP SPRINK) | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| INGREZZA 40 & 80 MG CAP THPK | 5 | <ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>tetrabenazine</i> | 5 | <div data-bbox="1133 174 1192 243">NDS</div> Non-Extended Day Supply |
| MULTIPLE SCLEROSIS AGENTS | | |
| AVONEX PEN | 5 | <div data-bbox="1133 317 1192 386">QL</div> 1 EA / 28 DAYS <div data-bbox="1133 386 1192 426">PA</div> <div data-bbox="1133 426 1192 495">NDS</div> Non-Extended Day Supply |
| AVONEX PREFILLED | 5 | <div data-bbox="1133 501 1192 571">QL</div> 1 EA / 28 DAYS <div data-bbox="1133 571 1192 611">PA</div> <div data-bbox="1133 611 1192 680">NDS</div> Non-Extended Day Supply |
| <i>dalfampridine er</i> | 3 | <div data-bbox="1133 686 1192 756">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 756 1192 795">PA</div> |
| <i>dimethyl fumarate 120 mg cap dr</i> | 5 | <div data-bbox="1133 800 1192 869">QL</div> 14 EA / 30 DAYS <div data-bbox="1133 869 1192 909">PA</div> <div data-bbox="1133 909 1192 978">NDS</div> Non-Extended Day Supply |
| <i>dimethyl fumarate 240 mg cap dr</i> | 5 | <div data-bbox="1133 984 1192 1054">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 1054 1192 1094">PA</div> <div data-bbox="1133 1094 1192 1163">NDS</div> Non-Extended Day Supply |
| <i>dimethyl fumarate starter pack</i> | 5 | <div data-bbox="1133 1169 1192 1239">QL</div> 120 EA / 180 DAYS <div data-bbox="1133 1239 1192 1278">PA</div> <div data-bbox="1133 1278 1192 1348">NDS</div> Non-Extended Day Supply |
| <i>fingolimod hcl</i> | 5 | <div data-bbox="1133 1381 1192 1451">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1451 1192 1491">PA</div> <div data-bbox="1133 1491 1192 1560">NDS</div> Non-Extended Day Supply |
| <i>glatiramer acetate 20 mg/ml soln prsyr</i> | 5 | <div data-bbox="1133 1566 1192 1635">QL</div> 30 ML / 30 DAYS <div data-bbox="1133 1635 1192 1675">PA</div> <div data-bbox="1133 1675 1192 1745">NDS</div> Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>glatiramer acetate 40 mg/ml soln prsy</i> | 5 | <ul style="list-style-type: none"> QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| <i>glatopa 20 mg/ml soln prsy</i> | 5 | <ul style="list-style-type: none"> QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply |
| <i>glatopa 40 mg/ml soln prsy</i> | 5 | <ul style="list-style-type: none"> QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| KESIMPTA | 5 | <ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply |
| PLEGRIDY | 5 | <ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA |
| <i>teriflunomide</i> | 5 | <ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUEDEXTA | 5 | <ul style="list-style-type: none"> PA NDS Non-Extended Day Supply |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| ERGOLOID MESYLATES | 4 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| PIMOZIDE | 4 | |
| SMOKING DETERRENTS | | |
| NICOTROL INHALER | 4 | |
| NICOTROL NASAL SPRAY | 3 | |
| <i>varenicline tartrate</i> | 3 | |
| <i>varenicline tartrate (starter)</i> | 3 | |
| <i>varenicline tartrate(continue)</i> | 3 | |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL | 5 | <ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |
| BRONCHITOL TOLERANCE TEST | 5 | <ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |
| KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| KALYDECO 13.4 MG PACKET | 5 | <ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| KALYDECO 5.8 MG PACKET | 5 | <ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply |
| ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET) | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB) | 5 | <ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| ORKAMBI 75-94 MG PACKET | 5 | <ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |
| PULMOZYME | 5 | <ul style="list-style-type: none"> QL 150 ML / 30 DAYS PA³ NDS Non-Extended Day Supply |
| TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK) | 5 | <ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |
| TRIKAFTA 100-50-75 & 150 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| TRIKAFTA 50-25-37.5 & 75 MG TAB THPK | 5 | <ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA |
| PULMONARY FIBROSIS AGENTS | | |
| OFEV | 5 | <ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA |
| <i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i> | 5 | <ul style="list-style-type: none"> QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| <i>pirfenidone 801 mg tab</i> | 5 | <ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| <i>sulfadiazine</i> | 4 | |
| TETRACYCLINES | | |
| GLYCYLCYCLINES | | |
| TIGECYCLINE | 5 | <ul style="list-style-type: none"> NDS Non-Extended Day Supply |
| <i>tigecycline 50 mg recon soln</i> | 5 | <ul style="list-style-type: none"> NDS Non-Extended Day Supply |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|------------------|------------------------------|
| TETRACYCLINES | | |
| <i>demeclocycline hcl</i> | 4 | |
| <i>doxy 100</i> | 4 | |
| <i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i> | 3 | |
| <i>doxycycline hyclate 100 mg recon soln</i> | 4 | |
| <i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i> | 2 | |
| <i>doxycycline monohydrate 25 mg/5ml recon susp</i> | 4 | |
| <i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i> | 2 | |
| <i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i> | 4 | |
| <i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i> | 4 | |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| <i>methimazole (methimazole 5 mg tab, methimazole 10 mg tab)</i> | 1 | |
| <i>propylthiouracil</i> | 2 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------------|
| THYROID HORMONES | | |
| <i>euthyrox</i> | 1 | |
| <i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i> | 1 | |
| <i>levoxyl</i> | 1 | |
| <i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i> | 2 | |
| SYNTHROID | 3 | |
| <i>unithroid</i> | 1 | |
| TOXOIDS | | |
| TOXOID COMBINATIONS | | |
| ADACEL | 1 | VAC \$0 Part D Adult Vaccine |
| BOOSTRIX | 1 | VAC \$0 Part D Adult Vaccine |
| DAPTACEL | 1 | |
| DIPHThERIA-TETANUS TOXOIDS DT | 1 | PA ³ |
| INFANRIX | 1 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|-----------|---|
| KINRIX | 1 | |
| PEDIARIX | 1 | |
| PENTACEL | 1 | |
| QUADRACEL | 1 | |
| TDVAX | 1 | PA ³ VAC \$0 Part D Adult Vaccine |
| TENIVAC | 1 | PA ³ VAC \$0 Part D Adult Vaccine |
| TETANUS-DIPHThERIA TOXOIDS TD | 1 | PA ³ VAC \$0 Part D Adult Vaccine |

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

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

H-2 ANTAGONISTS

| | |
|----------------------------|---|
| <i>cimetidine</i> | 2 |
| <i>famotidine (pepcid)</i> | 1 |

MISC. ANTI-ULCER

| | |
|--|---|
| <i>sucralfate 1 gm tab</i> | 2 |
| <i>sucralfate 1 gm/10ml suspension</i> | 4 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|------------------|------------------------------|
| PROTON PUMP INHIBITORS | | |
| <i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i> | 3 | |
| <i>lansoprazole (prevacid)</i> | 3 | |
| <i>omeprazole (prilosec)</i> | 2 | |
| <i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i> | 2 | |
| <i>rabeprazole sodium 20 mg tab dr</i> | 2 | |
| ULCER DRUGS - PROSTAGLANDINS | | |
| <i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i> | 3 | |
| ULCER THERAPY COMBINATIONS | | |
| <i>bis subcit-metronid-tetracyc</i> | 4 | |
| <i>bismuth/metronidaz/tetracyclin</i> | 4 | |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| <i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i> | 2 | |
| <i>oxybutynin chloride er (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)</i> | 2 | |
| <i>solifenacin succinate</i> | 2 | |
| <i>tolterodine tartrate</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|----------------|------------------------------|
| <i>tolterodine tartrate er</i> | 3 | |
| <i>tropium chloride</i> | 2 | |
| <i>tropium chloride er</i> | 3 | |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| GEMTESA | 3 | |
| MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H) | 3 | |
| MYRBETRIQ 8 MG/ML SRER | 3 | |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| <i>bethanechol chloride</i> | 3 | |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS | | |
| <i>flavoxate hcl</i> | 4 | |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| ACTHIB | 1 | |
| BCG VACCINE | 1 | VAC \$0 Part D Adult Vaccine |
| BEXSERO | 1 | VAC \$0 Part D Adult Vaccine |
| CAPVAXIVE | Part B Covered | |
| HIBERIX | 1 | |
| MENACTRA | 1 | VAC \$0 Part D Adult Vaccine |
| MENQUADFI | 1 | VAC \$0 Part D Adult Vaccine |
| MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION) | 1 | VAC \$0 Part D Adult Vaccine |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------------------|----------------|---|
| PEDVAX HIB | 1 | |
| PENBRAYA | 1 | VAC \$0 Part D Adult Vaccine |
| PNEUMOVAX 23 | Part B Covered | |
| PREVNAR 20 | Part B Covered | |
| TRUMENBA | 1 | VAC \$0 Part D Adult Vaccine |
| TYPHIM VI | 1 | VAC \$0 Part D Adult Vaccine |
| VAXCHORA | 1 | VAC \$0 Part D Adult Vaccine |
| VAXNEUVANCE | Part B Covered | |
| VIRAL VACCINES | | |
| ABRYSVO | 1 | VAC \$0 Part D Adult Vaccine |
| AREXVY | 1 | VAC \$0 Part D Adult Vaccine |
| COVID-19 VACCINES | Part B Covered | |
| ENGERIX-B | 1 | PA ³ VAC \$0 Part D Adult Vaccine |
| ERVEBO | 1 | |
| GARDASIL 9 | 1 | VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45) |
| HAVRIX 1440 EL U/ML SUSPENSION | 1 | VAC \$0 Part D Adult Vaccine |
| HAVRIX 720 EL U/0.5ML SUSPENSION | 1 | |
| HEPLISAV-B | 1 | PA ³ VAC \$0 Part D Adult Vaccine |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|----------------|--|
| IMOVAX RABIES | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| IPOL | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| IXCHIQ | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| IXIARO | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| JYNNEOS | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| M-M-R II | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| MRESVIA | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| PREHEVBRIO | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div> |
| | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| PRIORIX | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| PROQUAD | 1 | |
| QUADRIVALENT INFLUENZA VACCINES | Part B Covered | |
| RABAVERT | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div> |
| | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION) | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |
| RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div> |

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

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

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

| | | |
|---|---|--|
| <i>clindamycin phosphate 2 % cream</i> | 3 | |
| <i>metronidazole vaginal gel 0.75 %</i> | 4 | |
| <i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i> | 3 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| VANDAZOLE | 2 | |
| VAGINAL ESTROGENS | | |
| <i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i> | 4 | |
| ESTRING | 4 | |
| PREMARIN 0.625 MG/GM CREAM | 4 | |
| <i>yuvafem</i> | 4 | |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| <i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i> | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 5px;">2 EA / 30 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">MFG</div> <div style="margin-top: 5px;">Drug coverage is limited to certain manufacturers</div> </div> |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| <i>droxidopa</i> | 5 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-top: 5px;">Non-Extended Day Supply</div> </div> |
| <i>midodrine hcl</i> | 3 | |

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

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| | | |
|--|---|--|
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