

2025

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 03/18/2025.

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 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 Availability

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cuando esta List of Covered Drugs (Formulary) 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 List of Covered Drugs (Formulary) para nuestro plan que está vigente al 03/18/2025. Para obtener una List of Covered Drugs (Formulary) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la List of Covered Drugs (Formulary), figura en la portada y en la contraportada de este documento.

Generalmente, debe usar farmacias de la red para su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

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

En este documento, utilizamos los términos Lista de medicamentos y Formulario para referirnos a lo mismo. Un formulario es una 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 el Formulario?

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

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

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

Podemos hacer estos cambios inmediatos solo si agregamos un nuevo medicamento genérico de un medicamento de marca, o si agregamos determinadas versiones biosimilares nuevas de un producto biológico original que ya estaba en el Formulario (por ejemplo,

agregar una versión biosimilar con la que la farmacia pueda reemplazar un producto biológico original sin una receta nueva).

Si actualmente está tomando ese medicamento de marca o producto biológico original, podríamos no informarle con anticipación antes de hacer un cambio inmediato, pero más adelante le brindaremos información sobre el cambio específico que hicimos.

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

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

- **Medicamentos que se retiran del mercado.** Si un fabricante retira un medicamento del mercado o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina retirarlo por motivos de seguridad y eficacia, podemos eliminar el medicamento de nuestro Formulario inmediatamente y luego notificar 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 eliminar un medicamento de marca del Formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original o moverlo a un nivel diferente de costo compartido o ambos. 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. De manera alternativa, en el momento en que el miembro solicite un resurtido del medicamento, este puede recibir un suministro de 30 días del medicamento y se le notificará del cambio 30 días antes de que entre en vigencia.
 - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción para usted y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los UCare Your Choice Plans?”.

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro Formulario 2025 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios podrían afectarlo, y es importante verificar la Lista de el Formulario para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto se actualizó al 03/18/2025. Para obtener información actualizada sobre los medicamentos cubiertos por los UCare 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 12. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 14. Luego busque debajo del nombre de la categoría para su medicamento.

Lista alfabética

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice, que comienza en la página 112. El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Los UCare 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 funcionan tan bien como los medicamentos de marca y cuestan menos que estos últimos. Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos pueden reemplazar a los medicamentos de marca en la farmacia sin la necesidad de presentar una receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el Formulario, cuando nos referimos a medicamentos, esto puede implicar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos normales. Debido a la complejidad de los productos biológicos, en lugar de tener una forma genérica, estos tienen alternativas llamadas biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden reemplazar al producto biológico original en la farmacia sin la necesidad de presentar una nueva receta, tal como los medicamentos genéricos pueden reemplazar a los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte la sección 3.1 del Capítulo 5 de la Evidence of Coverage, en donde se indica qué medicamentos de la Parte D están cubiertos.

¿Hay restricciones para mi cobertura?

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

- **Autorización previa:** Los UCare Your Choice Plans exigen que usted o el médico que le hace las recetas 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 JANUVIA. 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 12. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Puede pedir a los UCare 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 10 para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta sin receta (over-the-counter, OTC)?

Los medicamentos de venta sin receta son medicamentos sin receta que no suele cubrir el Plan de medicamentos con receta de Medicare. Los UCare Your Choice Plans le brindarán estos medicamentos sin costo. El costo para los UCare Your Choice Plans de estos medicamentos no se sumará a su total de los costos de medicamentos de la Parte D.

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

Si su medicamento no está incluido en esta List of Covered Drugs (Formulary), 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 lista de medicamentos similares que están cubiertos por los UCare Your Choice Plans. Cuando reciba la lista, muéstrasela 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 renunciemos a las restricciones de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad 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.
- Puede solicitarnos que cubramos un medicamento del Formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad (Nivel 5). Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.

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

Usted o el médico que le hace las recetas debe comunicarse con nosotros para solicitarnos una excepción de nivel o al Formulario, incluida la excepción de restricción de cobertura. **Cuando solicite una excepción, el médico que le hace las recetas deberá explicar los motivos médicos por los que usted la necesita.** En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una decisión acelerada (rápida), si usted cree, y nosotros estamos de acuerdo con ello, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para tomar una decisión. Si estamos de acuerdo, o si el médico que le hace las recetas solicita una decisión acelerada, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo del médico que le hace las recetas.

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

Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con el médico que le hace las recetas para solicitar una decisión de cobertura y mostrar que cumple con los criterios de aprobación, decidir si debe cambiar a otro medicamento que cubramos, o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico

determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o tiene una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta se escribe por menos días, permitiremos resurtidos para proporcionar hasta un máximo de 30 días de suministro del medicamento. Si la cobertura no se aprueba, después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

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

Transición de la atención

Si usted es un miembro actual de los UCare 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 112.

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
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.

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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</i>	4	
METHAMPHETAMINE HCL METHAMPHETAMINE HCL, METHAMPHETAMINE HCL	4	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	4	
<i>guanfacine hcl er</i>	4	QL (30 EA PER 30 DAYS)
STIMULANTS - MISC.		
<i>armodafinil</i>	4	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	3	
<i>methylphenidate hcl 5 mg/5ml, 10 mg/5ml</i>	4	
<i>methylphenidate hcl er (osm) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>modafinil 100 mg tab, 200 mg tab</i>	3	PA, QL (60 EA PER 30 DAYS)
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
ARIKAYCE	5	PA, QL (252 ML PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	4	
<i>gentamicin sulfate 10 mg/ml solution</i>	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	4	
<i>neomycin sulfate 500 mg tab</i>	2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, QL (300 ML PER 30 DAYS), NDS
TOBRAMYCIN SULFATE TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION	4	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 PEN)	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (1 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (3 EA PER 28 DAYS), NDS
ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS

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

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

ANTIRHEUMATIC - ENZYME INHIBITORS

<i>leflunomide 10 mg tab, 20 mg tab</i>	3	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	5	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	3	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	3	
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	3	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	3	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - NONNARCOTIC		
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 600 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 1600 mcg loz handle</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	3	QL (180 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er</i>	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)
OPIOID COMBINATIONS		
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 EA PER 30 DAYS)
<i>acetaminophen-codeine acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution</i>	3	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	3	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	4	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)
OPIOID PARTIAL AGONISTS		
BELBUCA	4	PA, QL (60 EA PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	4	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	3	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	3	QL (60 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg tab, -8-2 mg tab</i>	2	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg, -4-1 mg, -8-2 mg</i>	3	QL (90 EA PER 30 DAYS)

ANDROGENS-ANABOLIC

ANDROGENS

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

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide 2 mg, 2 mg/act</i>	4	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocortisone 100 mg/60ml enema</i>	4	
RECTAL STEROIDS		
HYDROCORTISONE (PERIANAL) HYDROCORTISONE (PERIANAL) 1 % CREAM, HYDROCORTISONE (PERIANAL) 2.5 % CREAM	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	4	
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	
ANTI-INFECTIVE AGENTS - MISC.		
<i>azithromycin 500 mg recon soln</i>	4	
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	
<i>aztreonam</i>	4	
<i>bacitracin 50000 unit recon soln</i>	2	
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	4	
CEFEPIME-DEXTROSE	4	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	4	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clarithromycin er</i>	4	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA ³
TEFLARO	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	4	
TRIMETHOPRIM 100 MG TAB	2	
<i>trimethoprim 100 mg tab</i>	2	
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	3	
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 750 mg recon soln</i>	4	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
ANTIANSXIETY AGENTS		
ANTIANSXIETY AGENTS - MISC.		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BENZODIAZEPINES		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA ²
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA ²
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA ²

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate</i>	4	
QUINIDINE SULFATE QUINIDINE SULFATE, QUINIDINE SULFATE	2	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3	
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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 100 mg tab, 400 mg tab</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>dofetilide</i>	4	
<i>pacerone 100 mg tab, 400 mg tab</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pacerone 200 mg tab</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA ³
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, LA, NDS
FASENRA PEN	5	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (1 ML PER 28 DAYS), NDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LEUKOTRIENE MODULATORS		
<i>montelukast sodium 10 mg tab</i>	1	
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab</i>	2	
<i>zafirlukast</i>	4	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA ³
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
SYMPATHOMIMETICS		
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	2	PA ³
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA ³
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN	2	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	2	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	4	QL (120 ML PER 30 DAYS), PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>breynd</i>	3	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	3	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	3	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	3	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	2	PA ³
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA ³
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY	4	QL (2 EA PER 30 OVER TIME)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	3	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3	
ANTICONSULSANTS		
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam 10 mg tab, 20 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	4	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA ²
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	4	QL (10 EA PER 30 OVER TIME)
LIBERVANT	4	QL (10 EA PER 30 DAYS), PA ²
NAYZILAM	4	QL (10 EA PER 30 OVER TIME)
SYMPAZAN 10 MG FILM, 20 MG FILM	5	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	4	QL (60 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS

ANTICONSULSANTS - MISC.

APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 200 mg tab</i>	3	
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	LA, PA ² , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	LA, PA ² , NDS
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	LA, QL (360 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA ²
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>lamotrigine er</i>	4	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	2	
<i>levetiracetam er</i>	3	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	3	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	4	
<i>phenytek</i>	2	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin 20 mg/ml solution</i>	4	
<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide 200 mg tab</i>	4	PA ²
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	5	PA ² , NDS
SPRITAM	4	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
ZONISADE	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
ZTALMY	5	LA, QL (1100 ML PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARBAMATES		
<i>felbamate</i>	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA ²
XCOPRI COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	5	QL (28 EA PER 28 DAYS), PA ² , NDS
GABA MODULATORS		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	LA, PA ² , NDS
<i>vigadrone</i>	5	LA, PA ² , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>vigpoder</i>	5	LA, PA ² , NDS
SUCCINIMIDES		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	3	
<i>methsuximide</i>	4	
VALPROIC ACID		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ANTIDEPRESSANTS

ANTIDEPRESSANTS - MISC.

AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	3	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	2	
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	3	
<i>tranylcypromine sulfate</i>	4	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	4	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	4	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 90 mg cap dr</i>	4	
<i>fluvoxamine maleate</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	4	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	4	
<i>trazodone hcl 300 mg tab</i>	4	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	3	QL (30 EA PER 30 DAYS)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	4	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	2	
TRICYCLIC AGENTS		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	

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

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

ANTIDIABETICS

ANTIDIABETIC COMBINATIONS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
DIABETIC OTHER		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
<i>glucagon emergency glucagon emergency, glucagon emergency 1 mg kit</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
<i>liraglutide</i>	3	PA, QL (9 ML PER 30 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	3	PA ³ , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA ³ , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA ³ , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA ³ , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

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

SULFONYLUREAS

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

ANTIDIARRHEALS

ANTIDIARRHEAL AGENTS - MISC.

<i>alosetron hcl 1 mg tab</i>	5	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4	
<i>loperamide (immodium)</i>	2	
XERMELO	5	PA, LA, QL (84 EA PER 28 DAYS), NDS

ANTIDOTES AND SPECIFIC ANTAGONISTS

OPIOID ANTAGONISTS

KLOXXADO	3	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA ³
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA ³
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA ³
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA ³

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine</i>	2	
<i>scopolamine</i>	4	

ANTIEMETICS - MISCELLANEOUS

<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA ³
<i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA ³
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

<i>casposfungin acetate casposfungin acetate, casposfungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	
ABELCET	4	PA ³
AMPHOTERICIN B 50 MG RECON SOLN	4	PA ³
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA 372 MG RECON SOLN	5	NDS
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>fluconazole in sodium chloride fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	4	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	4	PA

ANTHYPERLIPIDEMICS

ANTHYPERLIPIDEMICS - MISC.

<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	3	
REPATHA	3	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	3	QL (2 ML PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BILE ACID SEQUESTRANTS		
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam hcl 625 mg tab</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	2	
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	2	
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	4	
<i>gemfibrozil 600 mg tab</i>	2	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<i>fluvastatin sodium</i>	2	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fosinopril sodium</i>	1	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine 4 mg tab</i>	2	
<i>perindopril erbumine perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	2	
<i>telmisartan</i>	2	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	3	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	
<i>guanfacine hcl</i>	2	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate-valsartan</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amlodipine-olmesartan</i>	3	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	3	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	3	
TELMISARTAN-AMLODIPINE	3	
<i>telmisartan-hctz</i>	3	
<i>valsartan-hydrochlorothiazide</i>	2	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate</i>	4	
<i>eplerenone</i>	3	
<i>metyrosine</i>	5	PA, NDS
VASODILATORS		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate primaquine phosphate, primaquine phosphate</i>	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	4	PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE	5	PA, NDS
<i>pyridostigmine bromide 60 mg tab</i>	3	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	

ANTIMYCOBACTERIAL AGENTS

<i>dapsone 25 mg tab, 100 mg tab</i>	3	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	
<i>isoniazid 300mg tab</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
<i>isoniazid isoniazid 100 mg tab, isoniazid 100 mg/ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	3	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, LA, NDS
TRECTOR	4	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide 25 mg cap</i>	3	PA ³
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	3	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cyclophosphamide 50 mg cap</i>	3	PA ³
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS
<i>temozolomide</i>	Part B Covered	

ANTIMETABOLITES

<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 2000 mg/100ml suspension</i>	5	LA, NDS
<i>mercaptopurine 50 mg tab</i>	3	
METHOTREXATE 1000 MG/40ML SOLUTION	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA ² , NDS
PURIXAN	5	LA, NDS

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (18 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (4 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - EGFR INHIBITORS

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

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>abirtega</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
AKEEGA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA ²
FIRMAGON (240 MG DOSE)	4	PA ²
<i>letrozole 2.5 mg tab</i>	2	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	PA ²
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA
<i>nilutamide</i>	5	PA ² , NDS
NUBEQA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORGOVYX	5	LA, QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
XTANDI 80 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC COMBINATIONS		
INQOVI	5	LA, QL (5 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA ² , NDS
LONSURF 15-6.14 MG TAB	5	LA, QL (100 EA PER 28 DAYS), PA ² , NDS
LONSURF 20-8.19 MG TAB	5	LA, QL (80 EA PER 28 DAYS), PA ² , NDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA 3 MG TAB, 4 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
BOSULIF 400 MG TAB, 500 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 50 MG CAP	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	5	LA, QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	5	LA, QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	5	LA, QL (84 EA PER 28 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COPIKTRA	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
COTELLIC	5	LA, QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	5	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
IBRANCE	5	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
ICLUSIG	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (324 ML PER 30 DAYS), PA ² , NDS
IMKELDI	5	QL (280 ML PER 28 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INREBIC	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
ITOVEBI 3 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
ITOVEBI 9 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
JAKAFI	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA ² , NDS
LORBRENA 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 240 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
NINLARO	5	LA, QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
QINLOCK	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
REZLIDHIA	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	5	LA, QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA ² , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	5	LA, QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA ² , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAZVERIK	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
VERZENIO	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	5	LA, QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
VONJO	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VORANIGO 10 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VORANIGO 40 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA ² , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
XALKORI 250 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
XOSPATA	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ZELBORAF	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ZYDELIG	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ZYKADIA	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE	5	LA, PA ² , NDS
AYVAKIT	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BESREMI	5	LA, QL (2 ML PER 28 DAYS), PA ² , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	LA, NDS
POMALYST	5	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
REVUFORJ 110 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REVUFORJ 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 10 MG TAB	3	LA, QL (60 EA PER 30 DAYS), PA ²
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA STARTING PACK	5	LA, QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	LA, QL (24 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	LA, QL (32 EA PER 28 DAYS), PA ² , NDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	5	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	3	
<i>mesna 400 mg tab</i>	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa 25 mg tab</i>	4	
<i>entacapone</i>	4	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	4	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	3	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	4	
<i>carbidopa-levodopa -10-100 mg tab, -25-100 mg tab, -25-250 mg tab</i>	2	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	4	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	2	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP	2	
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab</i>	2	
LITHIUM CARBONATE 600 MG CAP	2	
<i>lithium carbonate er</i>	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COBENFY	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COBENFY STARTER PACK	5	QL (56 EA PER 28 DAYS), PA ² , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl</i>	2	
MOLINDONE HCL	4	
NUPLAZID	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>thiothixene</i>	4	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	4	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
BENZISOXAZOLES		
FANAPT	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FANAPT TITRATION PACK	4	QL (8 EA PER 180 OVER TIME), PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	4	QL (30 EA PER 30 DAYS)
PERSERIS	5	QL (1 EA PER 30 DAYS), NDS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)

PHENOTHIAZINES

<i>chlorpromazine hcl chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc</i>	4	
<i>compro suppositories</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc</i>	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	4	
<i>prochlorperazine suppositories</i>	4	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	4	
<i>trifluoperazine tab</i>	3	

QUINOLINONE DERIVATIVES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	4	QL (60 EA PER 30 DAYS)
<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	5	QL (4.8 ML PER 365 OVER TIME), NDS
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

ANTIVIRALS

ANTIRETROVIRALS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>emtricitabine-tenofovir df -200-300 mg</i>	4	
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	5	NDS
FUZEON	5	NDS
GENVOYA	5	NDS
INTELENCE 25 MG TAB	4	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	5	NDS
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS
JULUCA	5	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir -100-25 mg tab, -200-50 mg tab</i>	2	
<i>lopinavir-ritonavir -400-100 mg/5ml solution</i>	4	
<i>maraviroc</i>	5	NDS
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine er 400 mg tab 24h</i>	4	
NORVIR 100 MG PACKET	4	
ODEFSEY	5	NDS
PIFELTRO	5	NDS
PREZCOBIX	5	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	5	NDS
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ritonavir</i>	3	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10 MG TAB	4	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine 100 mg cap, 300 mg tab</i>	3	
<i>zidovudine 50 mg/5ml syrup</i>	4	
CMV AGENTS		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 120 MG PACKET	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	3	
RIBAVIRIN 200 MG TAB	3	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS

HERPES AGENTS

<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	
<i>acyclovir 200 mg/5ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA ³
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	3	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	3	

INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	4	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISC. ANTIVIRALS		
PAXLOVID (150/100)	2	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	2	QL (30 EA PER 5 OVER TIME)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	3	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>metoprolol tartrate 37.5 mg tab</i>	2	
<i>nebivolol hcl</i>	3	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 80 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 60 mg tab</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	4	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	2	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS, OTHER		
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
DIGOXIN DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 0.05 MG/ML SOLUTION	4	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	3	
VERQUVO	4	QL (30 EA PER 30 DAYS)

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250 MG CAP, 500 MG CAP	3	
<i>cefotetan disodium</i>	4	
CEFOTETAN DISODIUM-DEXTROSE	4	
<i>cefoxitin sodium</i>	4	
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil</i>	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefdinir 300 mg cap</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 100 gm recon soln, ceftriaxone sodium 500 mg recon soln</i>	4	
CEFTRIAXONE SODIUM IN DEXTROSE	4	
CEFTRIAXONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab</i>	2	
<i>decadron 0.75 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	2	
<i>dexamethasone 0.75 mg tab, 1 mg tab</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	3	
<i>hydrocortisone sod suc (pf)</i>	4	
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	PA ³
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	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
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	PA ³
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	1	
PREDNISON 5 MG/5ML SOLUTION	2	PA ³
PREDNISON INTENSOL	4	PA ³
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine 10 %, 20 %</i>	3	PA ³
DENTAL AND ORAL AGENTS		
<i>cavarest</i>	2	
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>fraiche 5000 dental</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	3	
LIDOCAINE HCL 4 % SOLUTION	3	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
SOD FLUORIDE-POTASSIUM NITRATE	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	
SODIUM FLUORIDE 5000 ENAMEL	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	3	

DERMATOLOGICALS

ACNE PRODUCTS

<i>acutane</i>	4	
<i>amnesteam</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phosphate 1 % gel</i>	3	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	3	QL (60 ML PER 30 DAYS)
ERY	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	

ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate 0.1 % cream</i>	3	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	3	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	2	QL (220 GM PER 30 DAYS)

ANTIFUNGALS - TOPICAL

<i>ciclopirox 0.77 % gel</i>	3	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ciclopirox olamine 0.77 % cream</i>	3	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	3	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	3	QL (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	3	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

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

ANTIPSORIATICS

<i>acitretin</i>	4	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	3	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COSENTYX (300 MG DOSE)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	5	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALLEN RAPID	5	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, LA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 20 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 30 MG TAB	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	5	PA, QL (2 ML PER 28 DAYS), NDS
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	5	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	4	PA, QL (60 GM PER 30 DAYS)
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % ointment</i>	3	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	3	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % cream</i>	2	QL (100 GM PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4	QL (120 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>betamethasone dipropionate aug betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment</i>	4	QL (100 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % cream, 0.1 % ointment</i>	3	QL (180 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	3	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % cream, 0.05 % gel, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	4	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	4	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	4	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	4	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>desonide 0.05 % cream, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	4	
<i>fluocinolone acetonide 0.01 % solution</i>	4	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream, 0.05 % ointment</i>	4	QL (60 GM PER 30 DAYS)
FLUOCINONIDE 0.05 % GEL	4	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	4	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	4	
<i>halobetasol propionate 0.05 % cream</i>	4	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone</i>	2	QL (240 GM PER 30 DAYS)
HYDROCORTISONE 2.5 % LOTION	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)
ECZEMA AGENTS		
ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl 4 % solution</i>	3	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)
MISC. TOPICAL		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	3	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	3	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	4	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WOUND CARE PRODUCTS		
SANTYL	4	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
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, LA, NDS
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125 mg tab, 250 mg tab</i>	3	
<i>acetazolamide er</i>	3	
<i>methazolamide 25 mg tab, 50 mg tab</i>	4	
DIURETIC COMBINATIONS		
AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LOOP DIURETICS		
<i>bumetanide 0.25 mg/ml solution</i>	4	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide 10 mg/ml solution</i>	4	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	2	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	3	
<i>risedronate sodium</i>	4	
<i>teriparatide</i>	5	PA, QL (2.48 ML PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
GROWTH HORMONES		
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, LA, NDS
METABOLIC MODIFIERS		
<i>betaine</i>	5	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, LA, NDS
<i>cinacalcet hcl</i>	4	PA
DOXERCALCIFEROL DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	4	
<i>levocarnitine sf</i>	4	
NEXVIAZYME	5	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	5	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS
SOMATOSTATIC AGENTS		
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
SIGNIFOR	5	PA, LA, QL (60 ML PER 30 DAYS), NDS

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

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

ESTROGENS

ESTROGEN COMBINATIONS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>estradiol-norethindrone acet</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	4	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	2	
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30 (21)</i>	2	
<i>loestrin 1/20 (21)</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	4	
<i>tarina fe 1/20 eq</i>	4	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/50</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zumandimine</i>	2	
<i>dotti</i>	4	
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk</i>	4	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	
<i>lyllana</i>	4	
MENEST	4	

FLUOROQUINOLONES

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
CIPROFLOXACIN IN D5W CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	
<i>levofloxacin in d5w in 250 mg/50ml solution</i>	2	
<i>levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOXIFLOXACIN HCL IN NAACL	4	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	4	

GASTROINTESTINAL AGENTS

GASTROINTESTINAL AGENTS, OTHER

<i>cromolyn sodium 100 mg/5ml conc</i>	4	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	2	
<i>metoclopramide hcl 5 mg/5ml, 10 mg/10ml</i>	4	
REZDIFFRA	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS

GASTROINTESTINAL AGENTS - MISC.

INFLAMMATORY BOWEL AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS		
GENITOURINARY AGENTS, OTHER		
<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA
ELMIRON	4	
<i>potassium citrate er</i>	3	
RENACIDIN	3	
<i>sodium chloride sodium chloride 0.9 % solution, sodium chloride 0.9 % solution</i>	4	
GENITOURINARY AGENTS - MISCELLANEOUS		
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	4	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	3	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	2	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	
GOUT AGENTS		
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	
<i>colchicine 0.6 mg tab</i>	3	
<i>colchicine-probenecid</i>	3	
<i>febuxostat</i>	3	
<i>probenecid</i>	3	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	3	

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

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

HEMATOPOIETIC AGENTS

AGENTS FOR SICKLE CELL DISEASE

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

HEMATOPOIETIC GROWTH FACTORS

NYVEPRIA	5	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	5	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
RETACRIT	4	PA
UDENYCA	5	NDS
ZARXIO	5	NDS

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>tranexamic acid 650 mg tab</i>	3	
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

NON-BARBITURATE HYPNOTICS

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

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

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

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

LAXATIVES

LAXATIVE COMBINATIONS

GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	4	

LAXATIVES - MISCELLANEOUS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	4	
MOVANTIK	3	QL (30 EA PER 30 DAYS)

MEDICAL DEVICES AND SUPPLIES

BANDAGES-DRESSINGS-TAPE

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

DIABETIC SUPPLIES

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	3	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)

SEROTONIN AGONISTS

<i>naratriptan hcl</i>	3	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab disp, 10 mg tab disp</i>	4	QL (36 EA PER 28 OVER TIME)
<i>rizatriptan benzoate 5 mg tab, 10 mg tab</i>	3	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	4	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 5 mg tab</i>	4	QL (18 EA PER 30 OVER TIME)

MINERALS ELECTROLYTES

CALCIUM

<i>calcium gluconate 10 % solution</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	2	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
SODIUM		
<i>sodium chloride</i>	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
NEMLUVIO	5	PA, QL (2 EA PER 28 DAYS), NDS
REVLIMID	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	5	PA, LA, QL (30 EA PER 30 DAYS), NDS

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

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

IMMUNOSUPPRESSIVE AGENTS

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

POTASSIUM REMOVING AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	3	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	4	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	4	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	5	PA, LA, QL (70 ML PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RADICAVA ORS STARTER KIT	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	4	PA

NUTRIENTS

PROTEINS

<i>plenamine</i>	4	PA ³
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OPHTHALMIC AGENTS

BETA-BLOCKERS - OPTHALMIC

BETAXOLOL HCL 0.5 % SOLUTION, 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	
<i>timolol maleate 0.25 %, 0.5 %</i>	1	

OPHTHALMIC ADRENERGIC AGENTS

APRACLONIDINE HCL APRACLONIDINE HCL, APRACLONIDINE HCL	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	

OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>bacitracin-polymyxin b</i>	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gatifloxacin 0.5 % solution</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	3	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	3	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	3	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	3	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	3	
<i>sulfacetamide sodium 10 % solution</i>	2	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	3	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	3	
ROCKLATAN	4	
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	
<i>neomycin-polymyxin-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	3	
OPHTHALMICS - MISC.		
<i>atropine sulfate 1 % solution</i>	3	
ATROPINE SULFATE 1 % SOLUTION	3	
<i>azelastine hcl 0.05 % solution</i>	3	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	3	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	3	
XIIDRA	3	QL (60 EA PER 30 DAYS)
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost 0.005 % solution</i>	2	
LUMIGAN	4	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	3	QL (5 ML PER 30 DAYS)
VYZULTA	4	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>flac</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	

OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc</i>	3	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

GAMMAKED 1 GM/10ML SOLUTION	5	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	5	PA, NDS
VARIZIG	1	VAC

MONOCLONAL ANTIBODIES

BEYFORTUS	1	
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PENICILLINS

AMINOPENICILLINS

AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AMPICILLIN SODIUM AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
NATURAL PENICILLINS		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate -250-62.5 mg/5ml, -400-57 mg/5ml, -600-42.9 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	4	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>piperacillin sod-tazobactam so</i>	4	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
PROGESTINS		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA (52 MG)	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	3	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	2	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4	PA

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

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

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTIDEMENTIA AGENTS

<i>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab disp, 10 mg tab disp</i>	2	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	2	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	3	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	4	
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	5	NDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	5	PA, QL (120 EA PER 180 OVER TIME), NDS
<i> fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatopa 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	5	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	

SMOKING DETERRENTS

<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NASAL SPRAY	4	
<i>varenicline tartrate</i>	3	
<i>varenicline tartrate (starter)</i>	3	
<i>varenicline tartrate(continue)</i>	3	

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

CAYSTON	5	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150- 188 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, LA, QL (120 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI 75-94 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA ³ , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	5	PA, LA, QL (56 EA PER 28 DAYS), NDS

PULMONARY FIBROSIS AGENTS

OFEV	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS

RESPIRATORY TRACT AGENTS

ANTIHISTAMINES

<i>cetirizine (zyrtec)</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab</i>	4	

PULMONARY ANTIHYPERTENSIVES

<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	3	PA
<i>tadalafil (pah)</i>	5	PA, NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	5	PA, LA, NDS
WINREVAIR	5	PA, QL (1 EA PER 21 OVER TIME), NDS

RESPIRATORY TRACT/PULMONARY AGENTS

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

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

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

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

SULFONAMIDES

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

TETRACYCLINES

<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	

THYROID HORMONES

<i>euthyrox</i>	1	
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA ³
INFANRIX	1	
KINRIX	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA ³ , VAC
TENIVAC	1	PA ³ , VAC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

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

H-2 ANTAGONISTS

<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>famotidine (pepcid)</i>	1	

MISC. ANTI-ULCER

<i>misoprostol 100 mcg tab, 200 mcg tab</i>	3	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole (prilosec)</i>	2	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	3	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	3	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	3	
<i>flavoxate hcl</i>	4	
GEMTESA	3	
<i>mirabegron er</i>	3	
MYRBETRIQ 8 MG/ML SRER	3	

VACCINES

BACTERIAL VACCINES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VAXCHORA	1	VAC
VAXNEUVANCE	Part B Covered	
VIVOTIF	1	
VIRAL VACCINES		
ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA ³ , VAC
ERVEBO	1	VAC
GARDASIL 9	1	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA ³ , VAC
IMOVAX RABIES	1	PA ³ , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
MRESVIA	1	VAC
PREHEVBRIO	1	PA ³ , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA ³ , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	1	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA ³ , VAC

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

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

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	3	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>terconazole</i>	3	

VAGINAL ESTROGENS

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

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

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		amoxicillin-pot clavulanate	100
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		Amoxicillin-Pot Clavulanate 500-125 MG TAB	100
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diclofenac sodium.....	15,71,98	dronabinol.....	37	enpresse-28.....	79
diclofenac sodium er.....	15	drosiprenone-ethinyl estradiol.....	79	enskyce.....	79
dicloxacillin sodium.....	101	DROXIA.....	87	entacapone.....	55
dicyclomine hcl.....	108	droxidopa.....	65	entecavir.....	63
DIFICID.....	20	DULERA.....	26	ENTRESTO.....	66
diflunisal.....	15	duloxetine hcl.....	32	enulose.....	85
digoxin.....	66	DUPIXENT.....	24	ENVARUSUS XR.....	94
DIGOXIN.....	66	dutasteride.....	86	EPIDIOLEX.....	28
dihydroergotamine mesylate.....	91	dutasteride-tamsulosin hcl.....	86	Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only).....	26
DILANTIN.....	28	E		epitol.....	28
dilt-xr.....	65	ec-naproxen.....	15	eplerenone.....	41
diltiazem hcl.....	65	econazole nitrate.....	71	EPRONTIA.....	28
diltiazem hcl er.....	65	EDURANT.....	60	ERGOTAMINE-CAFFEINE.....	91
diltiazem hcl er beads.....	65	efavirenz.....	60	ERIVEDGE.....	44
diltiazem hcl er coated beads.....	65	efavirenz-emtricitab-tenofo df.....	60	ERLEADA.....	45
dimethyl fumarate.....	103	efavirenz-lamivudine-tenofovir.....	60	erlotinib hcl.....	44
dimethyl fumarate starter pack.....	103	ELIGARD.....	45	errin.....	101
diphenoxylate-atropine.....	36	elinest.....	79	ertapenem sodium.....	21
DIPHTHERIA-TETANUS TOXOIDS DT.....	107	ELIQUIS.....	26	ERVEBO.....	110
dipyridamole.....	87	ELIQUIS DVT/PE STARTER PACK.....	26	ERY.....	70
disopyramide phosphate.....	23	ELMIRON.....	86	ery-tab.....	20
disulfiram.....	102	eluryng.....	79	erythromycin.....	20,70,96
divalproex sodium.....	30	EMGALITY.....	91	erythromycin base.....	20
divalproex sodium er.....	30	EMGALITY (300 MG DOSE).....	91	erythromycin ethylsuccinate.....	20
dofetilide.....	23	emoquette.....	79	escitalopram oxalate.....	31
donepezil hcl.....	102	EMSAM.....	31	esomeprazole magnesium.....	108
dorzolamide hcl.....	98	emtricitabine.....	60	estarylla.....	79
dorzolamide hcl-timolol mal.....	96	emtricitabine-tenofovir df.....	60,61	estradiol.....	84,111
dorzolamide hcl-timolol mal pf.....	96	EMTRIVA.....	61	estradiol valerate.....	84
dotti.....	84	emzahn.....	101	estradiol-norethindrone acet.....	80
DOVATO.....	60	enalapril maleate.....	39	ESTRING.....	111
doxazosin mesylate.....	40	enalapril-hydrochlorothiazide.....	41	eszopiclone.....	88
doxepin hcl.....	32,87	ENBREL.....	13	ethacrynic acid.....	76
DOXERCALCIFEROL.....	77	ENBREL MINI.....	14	ethambutol hcl.....	42
doxy 100.....	106	ENBREL SURECLICK.....	14	ethosuximide.....	30
doxycycline hyclate.....	106	endocet.....	17	ethynodiol diac-eth estradiol.....	80
		ENGERIX-B.....	110	etodolac.....	15

gengraf.....	94	heather.....	101	INCRELEX.....	78
GENTAMICIN IN SALINE.....	13	heparin sodium (porcine).....	27	INCRUSE ELLIPTA.....	24
gentamicin sulfate.....	13,70,97	heparin sodium (porcine) pf.....	27	indapamide.....	76
GENVOYA.....	61	HEPLISAV-B.....	110	indomethacin.....	15
GILOTRIF.....	44	HIBERIX.....	109	INFANRIX.....	107
glatiramer acetate.....	103	HUMULIN R U-500 (CONCENTRATED).....	35	INGREZZA.....	103
glatopa.....	104	HUMULIN R U-500 KWIKPEN35		INLYTA.....	43
GLEOSTINE.....	43	hydrochlorothiazide.....	76	INQOVI.....	46
glimepiride.....	36	hydrocodone-acetaminophen.....	17	INREBIC.....	49
glipizide.....	36	hydrocortisone.....	19,68,73	INSULIN ASP PROT & ASP FLEXPEN.....	35
glipizide er.....	36	HYDROCORTISONE (PERIANAL).....	19	INSULIN ASPART.....	35
glipizide xl.....	36	HYDROCORTISONE 2.5 % LOTION.....	73	INSULIN ASPART FLEXPEN.....	35
glipizide-metformin hcl.....	33	hydrocortisone sod suc (pf).....	68	INSULIN ASPART PENFILL.....	35
glucagon emergency.....	34	hydrocortisone-acetic acid.....	99	INSULIN ASPART PROT & ASPART.....	35
glycopyrrolate.....	108	hydromorphone hcl.....	16	INSULIN PEN NEEDLE.....	90
GLYXAMBI.....	33	hydroxychloroquine sulfate.....	42	INSULIN SYRINGE (DISP) U-100 0.3 ML.....	91
GOLYTELY.....	88	hydroxyurea.....	53	INSULIN SYRINGE (DISP) U-100 1 ML.....	91
granisetron hcl.....	37	hydroxyzine hcl.....	22	INSULIN SYRINGE (DISP) U-100 1/2 ML.....	91
griseofulvin microsize.....	37	hydroxyzine pamoate.....	22	INTELENCE.....	61
griseofulvin ultramicrosize.....	38	I		introvale.....	80
guanfacine hcl.....	40	ibandronate sodium.....	76	INVEGA HAFYERA.....	57
guanfacine hcl er.....	12	IBRANCE.....	48	INVEGA SUSTENNA.....	57
GVOKE HYPOPEN 1-PACK.....	34	ibuprofen (MOTRIN).....	15	INVEGA TRINZA.....	57
GVOKE HYPOPEN 2-PACK.....	34	icatibant acetate.....	88	IPOL.....	110
GVOKE KIT.....	34	iclevia.....	80	ipratropium bromide.....	24,95
GVOKE PFS.....	34	ICLUSIG.....	48	ipratropium-albuterol.....	26
H		icosapent ethyl.....	38	irbesartan.....	40
HADLIMA.....	14	IDHIFA.....	48	irbesartan-hydrochlorothiazide.....	41
HADLIMA PUSH TOUCH.....	14	imatinib mesylate.....	48	ISENTRESS.....	61
HAEGARDA.....	88	IMBRUVICA.....	48	ISENTRESS HD.....	61
hailey 1.5/30.....	80	imipenem-cilastatin.....	21	isibloom.....	80
hailey 24 fe.....	80	imipramine hcl.....	33	isoniazid.....	42
hailey fe 1.5/30.....	80	imiquimod.....	74	isoniazid 300mg tab.....	42
hailey fe 1/20.....	80	IMKELDI.....	48	isosorbide dinitrate.....	22
halobetasol propionate.....	73	IMOYX RABIES.....	110	isosorbide mononitrate.....	22
haloette.....	80	incassia.....	101	isosorbide mononitrate er.....	22
haloperidol.....	56				
haloperidol decanoate.....	56				
haloperidol lactate.....	56				
HAVRIX.....	110				

levetiracetam er.....	29	LITHIUM CARBONATE 600 MG	lyza.....	101
LEVOBUNOLOL HCL.....	96	CAP.....		56
levocarnitine.....	77	lithium carbonate er.....	M	
levocarnitine sf.....	77	LIVTENCITY.....	M-M-R II.....	110
levocetirizine (XYZAL).....	105	lo-zumandimine.....	magnesium sulfate.....	92
levofloxacin.....	84	loestrin 1.5/30 (21).....	malathion.....	74
LEVOFLOXACIN.....	97	loestrin 1/20 (21).....	maraviroc.....	61
LEVOFLOXACIN 0.5 %		loestrin fe 1.5/30.....	marlissa.....	81
SOLUTION.....	97	loestrin fe 1/20.....	MARPLAN.....	31
levofloxacin in d5w.....	84	lojaimiess.....	MATULANE.....	53
levonest.....	81	LOKELMA.....	MAVYRET.....	63
levonorg-eth estrad triphasic.....	81	LONSURF.....	meclizine.....	37
levonorgest-eth estrad 91-		loperamide (IMMODIUM).....	medroxyprogesterone acetate.....	101
day.....	81	lopinavir-ritonavir.....	mefloquine hcl.....	42
levonorgest-eth estradiol-iron.....	81	lorazepam.....	megestrol acetate.....	45
levonorgestrel-ethinyl estrad.....	81	lorazepam intensol.....	MEGESTROL ACETATE.....	101
levora 0.15/30 (28).....	81	LORBRENA.....	MEKINIST.....	50
levothyroxine sodium.....	107	loryna.....	MEKTOVI.....	50
levoxyl.....	107	losartan potassium.....	melodetta 24 fe.....	81
LIBERVANT.....	27	losartan potassium-hctz.....	meloxicam.....	15
LIDOCAINE HCL.....	69	loteprednol etabonate.....	memantine hcl.....	102
lidocaine hcl.....	74	lovastatin.....	memantine hcl er.....	102
lidocaine patches.....	74	low-ogestrel.....	MENACTRA.....	109
lidocaine viscous hcl.....	69	loxapine succinate.....	MENEST.....	84
lidocaine-prilocaine.....	74	lubiprostone.....	MENQUADFI.....	109
LILETTA (52 MG).....	101	LUMAKRAS.....	MENVEO.....	109
lillow.....	81	LUMIGAN.....	mercaptopurine.....	43
lincomycin hcl.....	20	LUPRON DEPOT (1-MONTH).....	meropenem.....	21
linezolid.....	20	LUPRON DEPOT (3-MONTH).....	MEROPENEM-SODIUM	
LINEZOLID IN SODIUM		lurasidone hcl.....	CHLORIDE.....	21
CHLORIDE.....	20	lutera.....	mesalamine.....	85
LINZESS.....	89	lyleq.....	mesalamine er.....	85
liothyronine sodium.....	107	lyllana.....	mesalamine-cleanser.....	85
liraglutide.....	34	LYNPARZA.....	mesna.....	54
lisdexamfetamine dimesylate.....	12	LYSODREN.....	metformin hcl.....	34
lisinopril.....	40	LYTGOBI (12 MG DAILY	metformin hcl er.....	34
lisinopril-hydrochlorothiazide.....	41	DOSE).....	methadone hcl.....	16
lithium.....	56	LYTGOBI (16 MG DAILY	METHADONE HCL 10 MG/5ML	
LITHIUM CARBONATE.....	56	DOSE).....	SOLUTION.....	16
lithium carbonate.....	56	LYTGOBI (20 MG DAILY	METHADONE HCL 5 MG/5ML	
		DOSE).....	SOLUTION.....	16

METHAMPHETAMINE HCL	12	misoprostol	108	naratriptan hcl	91
methazolamide	75	modafinil	12	nateglinide	34
methenamine hippurate	22	moexipril hcl	40	NAYZILAM	27
methenamine mandelate	22	MOLINDONE HCL	56	nebivolol hcl	64
methimazole	107	mometasone furoate	73,74,95	necon 0.5/35 (28)	82
methocarbamol	95	mono-lynyah	82	needles and syringes	91
METHOTREXATE	43	montelukast sodium	25	NEFAZODONE HCL	32
METHOTREXATE SODIUM	43	MORPHINE SULFATE	16,17	NEFFY	26
methotrexate sodium (pf)	43	morphine sulfate	17	NEMLUVIO	93
Methoxsalen Rapid	72	morphine sulfate (concentrate)	16	neomycin sulfate	13
methsuximide	30	MORPHINE SULFATE (CONCENTRATE)	16	neomycin-bacitracin zn- polymyx	97
methylphenidate hcl	12	MORPHINE SULFATE 20 MG/5ML SOLUTION	17	neomycin-polymyxin-dexameth	97
methylphenidate hcl er	12	MORPHINE SULFATE 20 MG/5ML SOLUTION	17	NEOMYCIN-POLYMYXIN- GRAMICIDIN	97
methylphenidate hcl er (osm)	12	morphine sulfate er	17	NEOMYCIN-POLYMYXIN-HC	97
methylprednisolone	68	MOUNJARO	34	neomycin-polymyxin-hc	99
metoclopramide hcl	85	MOVANTIK	89	NERLYNX	50
metolazone	76	MOXIFLOXACIN HCL	85	nevirapine	61
metoprolol succinate er	64	moxifloxacin hcl	97	NEVIRAPINE	61
metoprolol tartrate	64	MOXIFLOXACIN HCL (2X DAY)	97	nevirapine er	61
metoprolol- hydrochlorothiazide	41	MOXIFLOXACIN HCL IN %	85	NEXPLANON	102
metronidazole	20,74	NACL	85	NEXVIAZYME	77
metronidazole vaginal gel 0.75 %	111	MRESVIA	110	niacin er (antihyperlipidemic)	38
metyrosine	41	mupirocin 2% ointment	70	NICOTROL NASAL SPRAY	104
mexiletine hcl	23	mycophenolate mofetil	94	nifedipine er	65
mibelas 24 fe	81	mycophenolate sodium	94	nifedipine er osmotic release	65
micafungin sodium	37	mycophenolic acid	94	nikki	82
microgestin 1.5/30	81	MYRBETRIQ	109	nilutamide	45
microgestin 1/20	82	N		nimodipine	65
microgestin 24 fe	82	na sulfate-k sulfate-mg sulf	88	NINLARO	50
microgestin fe 1.5/30	82	nabumetone	15	nitazoxanide	21
microgestin fe 1/20	82	nadolol	64	NITRO-BID	22
midodrine hcl	65	nafcillin sodium	101	nitrofurantoin macrocrystal	22
mifepristone	34	NAFCILLIN SODIUM IN DEXTROSE	101	nitrofurantoin monohyd macro	22
MIGERGOT	91	NALOXONE HCL	36	nitroglycerin	19,22
mili	82	naltrexone hcl	37	nora-be	102
minocycline hcl	107	naproxen	15	norelgestromin-eth estradiol	82
minoxidil	41			norethin ace-eth estrad-fe	82
mirabegron er	109			norethindrone	102
mirtazapine	31			norethindrone acet-ethinyl est	82

norethindrone acetate	102	NUBEQA	45	OMNIPOD 5 LIBRE2 PLUS G690
norethindrone-eth estradiol	82	NUDEXTA	104	OMNIPOD 5 LIBRE2 PLUS G6
norgestim-eth estrad		NUPLAZID	56	PODS
triphasic	82	NURTEC	91	OMNIPOD CLASSIC PDM (GEN
norgestimate-eth estradiol	82	nyamyc	71	3)
norlyda	102	nylia 1/35	82	OMNIPOD CLASSIC PODS
norlyroc	102	nylia 7/7/7	82	(GEN 3)
nortrel 0.5/35 (28)	82	nymyo	82	OMNIPOD DASH INTRO (GEN
nortrel 1/35 (21)	82	nystatin	38,69,71	4)
nortrel 1/35 (28)	82	nystatin-triamcinolone	71	OMNIPOD DASH PDM (GEN
nortrel 7/7/7	82	nystop	71	4)
nortriptyline hcl	33	NYVEPRIA	87	OMNIPOD DASH PODS (GEN
NORVIR	61			4)
NOVOLIN 70/30	35	O		OMNITROPE
NOVOLIN 70/30 FLEXPEN	35	ocella	82	ondansetron
NOVOLIN 70/30 FLEXPEN		octreotide acetate	77	ondansetron hcl
RELION	35	ODEFSEY	61	ONETOUCH ULTRA
NOVOLIN 70/30 RELION	35	ODOMZO	44	ONETOUCH ULTRA BLUE
NOVOLIN N	35	OFEV	105	TEST
NOVOLIN N FLEXPEN	35	OFLOXACIN	85	ONETOUCH ULTRA TEST
NOVOLIN N FLEXPEN		ofloxacin	97	ONETOUCH VERIO
RELION	35	OGSIVEO	50	ONUREG
NOVOLIN N RELION	35	OJEMDA	50	OPSUMIT
NOVOLIN R	35	OJJAARA	50	OPVEE
NOVOLIN R FLEXPEN	35	olanzapine	58	ORGOVYX
NOVOLIN R FLEXPEN		olmesartan medoxomil	40	ORKAMBI
RELION	35	olmesartan medoxomil-hctz	41	ORSERDU
NOVOLIN R RELION	35	olmesartan-amlodipine-hctz	41	orsythia
NOVOLOG	35	olopatadine hcl	95	oseltamivir phosphate
NOVOLOG 70/30 FLEXPEN		omega-3-acid ethyl esters	38	OTEZLA
RELION	35	omeprazole (PRILOSEC)	108	oxacillin sodium
NOVOLOG FLEXPEN	35	OMNIPOD 5 DEXG7G6 PODS		OXACILLIN SODIUM IN
NOVOLOG FLEXPEN		GEN 5	90	DEXTROSE
RELION	35	OMNIPOD 5 G6 INTRO (GEN		oxaprozin
NOVOLOG MIX 70/30	35	5)	90	oxazepam
NOVOLOG MIX 70/30		OMNIPOD 5 G6 PODS (GEN		oxcarbazepine
FLEXPEN	35	5)	90	oxybutynin chloride
NOVOLOG MIX 70/30		OMNIPOD 5 G7 INTRO (GEN		oxybutynin chloride er
RELION	35	5)	90	oxycodone hcl
NOVOLOG PENFILL	36	OMNIPOD 5 G7 PODS (GEN		oxycodone-acetaminophen
NOVOLOG RELION	36	5)	90	

P			
	permethrin (NIX).....	74	potassium chloride.....
	perphenazine.....	59	POTASSIUM CHLORIDE.....
pacerone.....	PERSERIS.....	57	potassium chloride 2 meq/ml
paliperidone er.....	PHENELZINE SULFATE 15 MG		solution.....
PANRETIN.....	TAB.....	31	potassium chloride 20 meq
pantoprazole sodium.....	phenobarbital.....	29	packet.....
paricalcitol.....	phenytek.....	29	potassium chloride crys er.....
paroxetine hcl.....	phenytoin.....	29	potassium chloride er.....
paroxetine hcl er.....	phenytoin infatabs.....	29	potassium chloride in dextrose.....
PAXLOVID (150/100).....	phenytoin sodium extended.....	29	potassium citrate er.....
PAXLOVID (300/100).....	philith.....	82	pramipexole dihydrochloride.....
pazopanib hcl.....	PIFELTRO.....	61	prasugrel hcl.....
PEDIARIX.....	pilocarpine hcl.....	69,98	pravastatin sodium.....
PEDVAX HIB.....	pimecrolimus.....	74	praziquantel.....
peg 3350-kcl-na bicarb-nacl.....	PIMOZIDE.....	104	prazosin hcl.....
peg-3350/electrolytes.....	pimtrex.....	82	prednisolone.....
peg-	pindolol.....	64	prednisolone acetate.....
3350/electrolytes/ascorbat.....	pioglitazone hcl.....	34	prednisolone sodium
peg-kcl-nacl-nasulf-na asc-c.....	pioglitazone hcl-glimepiride.....	33	phosphate.....
PEGASYS.....	pioglitazone hcl-metformin hcl.....	33	PREDNISOLONE SODIUM
PEMAZYRE.....	piperacillin sod-tazobactam		PHOSPHATE.....
PENBRAYA.....	so.....	101	prednisolone sodium phosphate
penicillamine.....	PIQRAY (200 MG DAILY		25 mg/5ml solution.....
penicillin g potassium.....	DOSE).....	50	prednisolone sodium phosphate
PENICILLIN G PROCAINE.....	PIQRAY (250 MG DAILY		6.7 (5 base) mg/5ml solution.....
PENICILLIN G SODIUM.....	DOSE).....	50	prednisone.....
penicillin v potassium.....	PIQRAY (300 MG DAILY		PREDNISONE.....
Penicillin V Potassium 125	DOSE).....	50	PREDNISONE INTENSOL.....
MG/5ML RECON SOLN.....	pirfenidone.....	105	pregabalin.....
Penicillin V Potassium 250	pirmella 1/35.....	82	PREHEVBRIO.....
MG/5ML RECON SOLN.....	pirmella 7/7/7.....	82	PREMARIN.....
PENTACEL.....	piroxicam.....	15	prenatal vitamin.....
Pentamidine Isethionate for	PLEGRIDY.....	104	PRENATAL VITAMIN WITH
Injection Solution.....	plenamine.....	96	MINERALS AND FOLIC ACID
Pentamidine Isethionate for	PNEUMOVAX 23.....	109	GREATER THAN 0.8 MG ORAL
Nebulization Solution.....	PODOFILOX 0.5 %		TABLET.....
pentoxifylline er.....	SOLUTION.....	74	prevalite.....
perindopril erbumine.....	polymyxin b-trimethoprim.....	97	PREVIDENT 5000 ENAMEL
perindopril erbumine 4 mg	POMALYST.....	53	PROTECT.....
tab.....	portia-28.....	82	PREVIDENT 5000 SENSITIVE
periogard.....	posaconazole.....	38	previfem.....

PREVNAR 20	109	QUINIDINE SULFATE	23	risedronate sodium	76
PREVYMIS	62	quinine sulfate	42	risperidone	58
PREZCOBIX	61	QVAR REDHALER	25	risperidone microspheres er	58
PREZISTA	61	R		ritonavir	62
PRIFTIN	42		RABAVERT	110	rivastigmine
primaquine phosphate	42	rabeprazole sodium	108	rivastigmine tartrate	102
PRIMIDONE	29	RADICAVA ORS	95	rizatriptan benzoate	91
PRIORIX	110	RADICAVA ORS STARTER		ROCKLATAN	97
PRIVIGEN	99	KIT	96	roflumilast	106
probenecid	86	raloxifene hcl	76	ropinirole hcl	56
prochlorperazine maleate	59	ramelteon	88	ropinirole hcl er	56
prochlorperazine		ramipril	40	rosuvastatin calcium	39
suppositories	59	ranolazine er	66	ROTARIX	111
procto-med hc	19	rasagiline mesylate	56	ROTATEQ	111
proctosol hc	19	reclipsen	83	roweepra	29
proctozone-hc	19	RECOMBIVAX HB	110,111	ROZLYTREK	51
progesterone	102	RENACIDIN	86	RUBRACA	51
PROGRAF	94	repaglinide	34	rufinamide	29
PROMACTA	87	REPATHA	38	RUKOBIA	62
promethazine hcl	105	REPATHA PUSHTRONEX		RYDAPT	51
propafenone hcl	23	SYSTEM	38	S	
propafenone hcl er	23	REPATHA SURECLICK	38		sajazir
propranolol hcl	64	RETACRIT	87	SANTYL	75
propranolol hcl er	64	RETEVMO	51	sapropterin dihydrochloride	77
propylthiouracil	107	REVLIMID	93	SCSEMBLIX	51
PROQUAD	110	REVUFORJ	53,54	scopolamine	37
protriptyline hcl	33	REXULTI	60	SECUADO	59
PULMOZYME	105	REYATAZ	61	selegiline hcl	56
PURIXAN	43	REZDIFFRA	85	selenium sulfide	74
pyrazinamide	42	REZLIDHIA	51	SELZENTRY	62
pyridostigmine bromide	42	REZUROCK	93	sertraline hcl	32
pyrimethamine	42	RHOPRESSA	97	setlakin	83
Q		RIBAVIRIN 200 MG CAP	63	sf	69
		RIBAVIRIN 200 MG TAB	63	sf 5000 plus	69
QINLOCK	51	rifabutin	42	sharobel	102
QUADRACEL	108	rifampin	42	SHINGRIX	111
Quadrivalent Influenza		riluzole	96	SIGNIFOR	77
Vaccines	110	RIMANTADINE HCL	63	sildenafil citrate	105
quetiapine fumarate	59	RINVOQ	14	silodosin	86
quetiapine fumarate er	59	RINVOQ LQ	14	silver sulfadiazine	75
quinapril hcl	40				

SIMLANDI (1 PEN).....	14	spironolactone-hctz.....	75	tadalafil.....	86
SIMLANDI (1 SYRINGE).....	14	sprintec 28.....	83	tadalafil (pah).....	105
SIMLANDI (2 PEN).....	14	SPRITAM.....	29	TAFINLAR.....	51,52
SIMLANDI (2 SYRINGE).....	14	sps (sodium polystyrene sulf).....	94	tafluprost (pf).....	98
simliya.....	83	sronyx.....	83	TAGRISSE.....	44
simpesse.....	83	ssd.....	75	TALZENNA.....	52
simvastatin.....	39	STELARA.....	72	tamoxifen citrate.....	46
sirolimus.....	94	STIOLTO RESPIMAT.....	26	tamsulosin hcl.....	86
SIRTURO.....	42	STIVARGA.....	51	tarina 24 fe.....	83
SKYRIZI.....	72,85	STREPTOMYCIN SULFATE.....	13	tarina fe 1/20.....	83
SKYRIZI PEN.....	72	STRIBILD.....	62	tarina fe 1/20 eq.....	83
SKYTROFA.....	77	STRIVERDI RESPIMAT.....	26	TASIGNA.....	52
SOD FLUORIDE-POTASSIUM		SUCRAID.....	75	tazarotene.....	72
NITRATE.....	69	sucrafate.....	108	TAZICEF.....	67
sodium chloride.....	86,93	SUFLAVE.....	88	tazicef 1 gm recon soln.....	67
sodium fluoride.....	70,92	SULFACETAMIDE SODIUM.....	97	tazicef 2 gm recon soln.....	67
SODIUM FLUORIDE 5000		sulfacetamide sodium.....	97	TAZVERIK.....	52
ENAMEL.....	70	sulfacetamide sodium (acne).....	70	TDVAX.....	108
sodium fluoride 5000 plus.....	70	SULFACETAMIDE-		TEFLARO.....	20
sodium fluoride 5000 ppm.....	70	PREDNISOLONE.....	98	telmisartan.....	40
SODIUM FLUORIDE 5000		sulfadiazine.....	106	TELMISARTAN-AMLODIPINE.....	41
SENSITIVE.....	70	sulfamethoxazole-		telmisartan-hctz.....	41
sodium fluoride chewable		trimethoprim.....	106	temazepam.....	88
tablet.....	92	sulfasalazine.....	85	temozolomide.....	43
SODIUM OXYBATE.....	106	sulindac.....	15	TENIVAC.....	108
sodium phenylbutyrate.....	77	sumatriptan.....	91	tenofovir disoproxil fumarate.....	62
sodium polystyrene sulfonate.....	94	sumatriptan succinate.....	91	TEPMETKO.....	52
SOFOSBUVIR-		sumatriptan succinate refill.....	91	terazosin hcl.....	40
VELPATASVIR.....	63	sunitinib malate.....	51	terbinafine hcl.....	38
solifenacin succinate.....	109	SUNLENCA.....	62	terbutaline sulfate.....	26
SOLIQUA.....	33	SUNOSI.....	106	terconazole.....	111
SOLTAMOX.....	46	syeda.....	83	teriflunomide.....	104
SOLU-CORTEF.....	68	SYMPAZAN.....	27	teriparatide.....	76
SOLU-MEDROL.....	68	SYMTUZA.....	62	TERIPARATIDE	
SOLU-MEDROL (PF).....	68	SYNJARDY.....	33	(RECOMBINANT).....	77
SOMAVERT.....	78	SYNJARDY XR.....	33	testosterone.....	18
sorafenib tosylate.....	51	SYNTHROID.....	107	TESTOSTERONE.....	18
sorine.....	64			testosterone 25 mg/2.5gm (1%)	
sotalol hcl.....	64	T		gel.....	18
sotalol hcl (af).....	64	TABRECTA.....	51	testosterone 50 mg/5gm (1%)	
spironolactone.....	76	tacrolimus.....	74,94	gel.....	18

TESTOSTERONE	travoprost (bak free).....	98	TRUQAP.....	52	
CYPIONATE.....	18	trazodone hcl.....	32	TUKYSA.....	54
testosterone cypionate 100	TRECATOR.....	42	tulana.....	102	
mg/ml solution.....	18	TRELEGY ELLIPTA.....	26	TURALIO.....	52
testosterone cypionate 200	TRELSTAR MIXJECT.....	46	turqoz.....	83	
mg/ml solution.....	18	tretinoin.....	54,70	TWINRIX.....	111
TESTOSTERONE	tri femynor.....	83	TYENNE.....	15	
ENANTHATE.....	18	tri-estarylla.....	83	TYPHIM VI.....	109
tetrabenazine.....	103	tri-lynyah.....	83	U	
tetracycline hcl.....	107	tri-lo-estarylla.....	83	UDENYCA.....	87
THALOMID.....	94	tri-lo-marzia.....	83	unithroid.....	107
theophylline er.....	106	tri-lo-mili.....	83	UPTRAVI.....	106
thioridazine hcl.....	59	tri-lo-sprintec.....	83	ursodiol.....	85
thiothixene.....	57	tri-mili.....	83	UZEDY.....	58
tiadylt er.....	65	tri-nymyo.....	83	V	
tiagabine hcl.....	30	tri-previfem.....	83	valacyclovir hcl.....	63
TIBSOVO.....	52	tri-sprintec.....	83	VALCHLOR.....	71
TICOVAC.....	111	tri-vylibra.....	83	valganciclovir hcl.....	62
tigecycline 50 mg recon soln.	21	tri-vylibra lo.....	83	valproic acid.....	30
timolol maleate.....	64,96	triamcinolone acetonide.....	70,74	valsartan.....	40
tinidazole.....	21	triamterene-hctz.....	75	valsartan-hydrochlorothiazide.....	41
TIVICAY.....	62	triderm.....	74	VALTOCO 10 MG DOSE.....	28
TIVICAY PD.....	62	trientine hcl.....	93	VALTOCO 15 MG DOSE.....	28
tizanidine hcl.....	95	trifluoperazine tab.....	59	VALTOCO 20 MG DOSE.....	28
tobramycin.....	13,97	TRIFLURIDINE.....	97	VALTOCO 5 MG DOSE.....	28
TOBRAMYCIN SULFATE.....	13	trihexyphenidyl hcl.....	55	valtya 1/50.....	83
tobramycin-dexamethasone.....	98	TRIHXYPHENIDYL HCL 0.4	55	VANCOMYCIN HCL.....	21
tolterodine tartrate.....	109	MG/ML SOLUTION.....	55	vancomycin hcl.....	21
tolterodine tartrate er.....	109	TRIJARDY XR.....	33	VANCOMYCIN HCL IN NAACL.....	21
topiramate.....	29	TRIKAFTA.....	105	VANFLYTA.....	52
toremifene citrate.....	46	TRIMETHOPRIM.....	21	VAQTA.....	111
torpenz.....	52	trimethoprim.....	21	varenicline tartrate.....	104
torse mide.....	76	trimipramine maleate.....	33	varenicline tartrate (starter).....	104
TOUJEO MAX SOLOSTAR.....	36	TRINTELLIX.....	32	varenicline tartrate(continue).....	104
TOUJEO SOLOSTAR.....	36	TRIUMEQ.....	62	VARIVAX.....	111
TRADJENTA.....	34	TRIUMEQ PD.....	62	VARIZIG.....	99
tramadol hcl.....	17	trivora (28).....	83	VAXCHORA.....	110
tramadol-acetaminophen.....	17	tropium chloride.....	109	VAXNEUVANCE.....	110
trandolapril.....	40	tropium chloride er.....	109	VELIVET.....	83
tranexamic acid.....	87	TRULICITY.....	34		
tranylcypramine sulfate.....	31	TRUMENBA.....	109		

VELTASSA.....	94	vylibra.....	84	XPOVIO (80 MG ONCE	
VEMLIDY.....	63	VYZULTA.....	98	WEEKLY).....	54
VENCLEXTA.....	54			XPOVIO (80 MG TWICE	
VENCLEXTA STARTING		W		WEEKLY).....	54
PACK.....	54	warfarin sodium.....	27	XTANDI.....	46
venlafaxine hcl.....	32	WELIREG.....	54	xulane.....	84
venlafaxine hcl er.....	32	wera.....	84		
VENTOLIN HFA.....	26	WINREVAIR.....	106	Y	
verapamil hcl.....	65	wixela inhub.....	26	YF-VAX.....	111
VERAPAMIL HCL ER.....	65			yuvafem.....	111
verapamil hcl er.....	65	X			
VERQUVO.....	66	XALKORI.....	53	Z	
VERSACLOZ.....	59	XARELTO.....	26	zafemy.....	84
VERZENIO.....	52	XARELTO STARTER PACK.....	26	zafirlukast.....	25
vestura.....	83	XCOPRI.....	30	zaleplon.....	88
vienna.....	83	XCOPRI (250 MG DAILY		zarah.....	84
vigabatrin.....	30	DOSE).....	30	ZARXIO.....	87
vigadrone.....	30	XCOPRI (350 MG DAILY		ZEJULA.....	53
VIGAFYDE.....	30	DOSE).....	30	ZELBORAF.....	53
vigpoder.....	30	XDEMVY.....	97	zenatane.....	70
vilazodone hcl.....	32	XELJANZ.....	14	zidovudine.....	62
VIMKUNYA.....	111	XELJANZ XR.....	14	ZIMHI.....	37
viorele.....	83	XERMELO.....	36	ziprasidone hcl.....	57
VIRACEPT.....	62	XGEVA.....	77	ziprasidone mesylate.....	57
VIREAD.....	62	XIFAXAN.....	21	ZIRGAN.....	97
VITRAKVI.....	52	XIGDUO XR.....	34	ZOLINZA.....	53
VIVITROL.....	37	XIIDRA.....	98	zolmitriptan.....	91
VIVOTIF.....	110	XOFLUZA (40 MG DOSE).....	63	zolpidem tartrate.....	88
VIZIMPRO.....	44	XOFLUZA (80 MG DOSE).....	63	zolpidem tartrate er.....	88
volnea.....	84	XOLAIR.....	24	ZONISADE.....	29
VONJO.....	52	XOSPATA.....	53	zonisamide.....	29
VORANIGO.....	53	XPOVIO (100 MG ONCE		zovia 1/35 (28).....	84
voriconazole.....	38	WEEKLY).....	54	zovia 1/35e (28).....	84
voriconazole 200 mg recon		XPOVIO (40 MG ONCE		ZTALMY.....	29
soln.....	38	WEEKLY).....	54	zumandimine.....	84
voriconazole 40 mg/ml recon		XPOVIO (40 MG TWICE		ZURZUVAE.....	31
susp.....	38	WEEKLY).....	54	ZYDELIG.....	53
VOSEVI.....	63	XPOVIO (60 MG ONCE		ZYKADIA.....	53
VOWST.....	85	WEEKLY).....	54	ZYPREXA RELPREVV.....	59
VRAYLAR.....	57	XPOVIO (60 MG TWICE		ZYVOX.....	21
vyfemla.....	84	WEEKLY).....	54		

Este formulario se actualizó el 03/18/2025.

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 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).



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