

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 01/21/2025.

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 Nondiscrimination

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

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

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

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

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

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

Oral grievance

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

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

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

ဟ်သျှ်ဟ်သး-နမ့ၢ်ကတိၢ် ကညီ ကျိၣ်အယိၣ်, နမ့ၢ်ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢကတိၣ်လၢကတိၣ် နီတၢ်ဝဲၣ်သ့ၣ်န့ၣ်လီၤ. တိၢ်: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cuando esta 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 01/21/2025. 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 01/21/2025. 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 14. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 14. Luego busque debajo del nombre de la categoría para su medicamento.

Lista alfabética

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice, que comienza en la página 113. 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 14. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Puede pedir a los UCare 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 113.

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	
<i>methamphetamine hcl</i>	4	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	4	
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 12.

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 12.

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 (2 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE)	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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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
<i>hydrocortisone 100 mg/60ml enema</i>	4	

RECTAL STEROIDS

<i>hydrocortisone (perianal)</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>baciim</i>	2	
<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	
<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 NA CL	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg 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
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
NITAZOXANIDE NITAZOXANIDE 500 MG TAB, NITAZOXANIDE 500 MG TAB	5	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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
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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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)

SYMPATHOMIMETICS

<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	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	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
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>breyna</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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	3	
XARELTO STARTER PACK	3	

COUMARIN ANTICOAGULANTS

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

HEPARINS AND HEPARINOID-LIKE AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10 mg tab, 20 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	4	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA ²
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)
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
ANTICONVULSANTS - MISC.		
APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
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	
GLUCAGON EMERGENCY	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>casprofungin acetate casprofungin acetate, casprofungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	
ABELCET	4	PA ³
AMPHOTERICIN B 50 MG RECON SOLN	4	PA ³
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize</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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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 50 mg tab</i>	3	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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

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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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) 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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

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	
TRIHXYPHENIDYL 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	4	QL (30 EA PER 30 DAYS)
PERSERIS	5	QL (1 EA PER 30 DAYS), NDS
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prochlorperazine suppositories</i>	4	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	4	
<i>trifluoperazine tab</i>	3	

QUINOLINONE DERIVATIVES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
MISC. ANTIVIRALS		
PAXLOVID (150/100)	3	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	3	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 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	

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	4	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
<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)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIURETIC COMBINATIONS		
AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SIGNIFOR	5	PA, LA, QL (60 ML PER 30 DAYS), NDS

ENDOCRINE MEDICATIONS

OTHER ENDOCRINE DRUGS

<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<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	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	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	
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 12.

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 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOXIFLOXACIN HCL IN NACL	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 12.

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 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 12.

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 12.

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 12.

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 12.

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 12.

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 12.

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 12.

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	
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MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS

IMMUNOMODULATORS

<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REVLIMID	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 12.

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
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 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 12.

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 12.

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 12.

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 12.

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 12.

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 12.

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 12.

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 prsy</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsy</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 12.

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 12.

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, 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 12.

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 12.

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 12.

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 12.

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 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VAXCHORA	1	VAC
VAXNEUVANCE	Part B Covered	
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 12.

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
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 12.

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clobazam	29	COSENTYX SENSOREADY (300 MG)	73	decadron	69
clobetasol prop emollient base	74	COSENTYX SENSOREADY PEN	73	deferasirox	94
clobetasol propionate	74	COVID-19 Vaccines	111	DELSTRIGO	62
clobetasol propionate e	74	CREON	76	delyla	80
clodan	74	CRESEMBA	39	demeclocycline hcl	107
clomipramine hcl	34	cromolyn sodium	25,86	denta 5000 plus	70
clonazepam	29	CROMOLYN SODIUM	99	dentagel	70
clonidine hcl er	14	cryselle-28	80	DEPO-SUBQ PROVERA 104	102
clonidine tablet	42	cyclafem 1/35	80	DESCOVY	62
clonidine weekly patch	42	cyclafem 7/7/7	80	desipramine hcl	34
clopidogrel bisulfate	88	cyclobenzaprine hcl	96	desmopressin ace spray refrig	79
clorazepate dipotassium	24	CYCLOPHOSPHAMIDE	44	desmopressin acetate	79
clotrimazole	70	cyclophosphamide 25 mg cap	44	desmopressin acetate spray	79
clotrimazole (LOTRIMIN)	72	cyclophosphamide 50 mg cap	44	desogestrel-ethinyl estradiol	80
clotrimazole-betamethasone	72	CYCLOSET	35	desonide	74
clozapine	60	cyclosporine	95,99	desoximetasone	74
CLOZAPINE 12.5 MG TAB DISP	60	cyclosporine modified	95	desvenlafaxine succinate er	34
COARTEM	43	cyred	80	dexamethasone	69
COBENFY	57	cyred eq	80	DEXAMETHASONE INTENSOL	69
COBENFY STARTER PACK	58	CYSTAGON	87	dexamethasone sodium phosphate	69
colchicine	87	CYSTARAN	99	DEXAMETHASONE SODIUM PHOSPHATE	98
colchicine-probenecid	87	D		DEXCOM G5 MOB/G4 PLAT SENSOR	90
colesevelam hcl	40	dabigatran etexilate mesylate	28	DEXCOM G5 MOBILE RECEIVER	90
colestipol hcl	40	dalfampridine er	104	DEXCOM G5 MOBILE TRANSMITTER	90
colistimethate sodium (cba)	22	danazol	20	DEXCOM G5 RECEIVER KIT	90
COMBIVENT RESPIMAT	27	dantrolene sodium	96	DEXCOM G6 RECEIVER	90
COMETRIQ (100 MG DAILY DOSE)	49	dapsone	44	DEXCOM G6 SENSOR	90
COMETRIQ (140 MG DAILY DOSE)	49	DAPTACEL	108	DEXCOM G6 TRANSMITTER	90
COMETRIQ (60 MG DAILY DOSE)	49	DAPTOMYCIN	22	DEXCOM G7 RECEIVER	90
COMPLERA	61	darunavir	61	DEXCOM G7 SENSOR	90
compro suppositories	60	dasatinib	49	DIACOMIT	30
constulose	89	dasetta 1/35	80	diazepam	24
COPIKTRA	49	dasetta 7/7/7	80	DIAZEPAM	29
CORLANOR	67	DAURISMO	46	diazepam intensol	24
COSENTYX	73	daysee	80		

diazoxide	35	doxycycline monohydrate	108	enilloring	80
diclofenac potassium	17	DRIZALMA SPRINKLE	34	enoxaparin sodium	28
diclofenac sodium	17,72,99	dronabinol	39	enpresse-28	80
diclofenac sodium er	17	drosiprenone-ethinyl estradiol	80	enskyce	81
dicloxacillin sodium	102	DROXIA	88	entacapone	56
dicyclomine hcl	109	droxidopa	67	entecavir	64
DIFICID	22	DULERA	27	ENTRESTO	67
diflunisal	17	duloxetine hcl	34	enulose	86
digoxin	67	DUPIXENT	25,26	ENVARUSUS XR	95
DIGOXIN	67	dutasteride	87	EPIDIOLEX	30
dihydroergotamine mesylate	92	dutasteride-tamsulosin hcl	87	Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only)	27
DILANTIN	30	E		epitol	30
dilt-xr	66	ec-naproxen	17	eplerenone	43
diltiazem hcl	66	econazole nitrate	72	EPRONTIA	30
diltiazem hcl er	66	EDURANT	62	ERGOTAMINE-CAFFEINE	92
diltiazem hcl er beads	66	efavirenz	62	ERIVEDGE	46
diltiazem hcl er coated beads	66	efavirenz-emtricitab-tenofo df	62	ERLEADA	46,47
dimethyl fumarate	104	efavirenz-lamivudine-tenofovir	62	erlotinib hcl	45
dimethyl fumarate starter pack	104	ELIGARD	46	errin	102
diphenoxylate-atropine	38	elinest	80	ertapenem sodium	23
DIPHTHERIA-TETANUS TOXOIDS DT	108	ELIQUIS	28	ERVEBO	111
dipyridamole	88	ELIQUIS DVT/PE STARTER PACK	28	ERY	71
disopyramide phosphate	25	ELMIRON	87	ery-tab	22
disulfiram	103	eluryng	80	erythromycin	22,71,97
divalproex sodium	32	EMGALITY	92	erythromycin base	22
divalproex sodium er	32	EMGALITY (300 MG DOSE)	92	erythromycin ethylsuccinate	22
dofetilide	25	emoquette	80	escitalopram oxalate	33
donepezil hcl	103	EMSAM	33	esomeprazole magnesium	109
dorzolamide hcl	99	emtricitabine	62	estarylla	81
dorzolamide hcl-timolol mal	97	emtricitabine-tenofovir df	62	estradiol	85,112
dorzolamide hcl-timolol mal pf	97	EMTRIVA	62	estradiol valerate	85
dotti	85	emzahn	102	estradiol-norethindrone acet	81
DOVATO	62	enalapril maleate	41	ESTRING	112
doxazosin mesylate	42	enalapril-hydrochlorothiazide	42	eszopiclone	89
doxepin hcl	34,88	ENBREL	15	ethacrynic acid	77
doxercalciferol	78	ENBREL MINI	16	ethambutol hcl	44
doxy 100	107	ENBREL SURECLICK	16	ethosuximide	32
doxycycline hyclate	107	endocet	19	ethynodiol diac-eth estradiol	81
		ENGERIX-B	111	etodolac	17

etonogestrel-ethinyl estradiol	81	fluconazole in sodium chloride	40	FREESTYLE LIBRE 2	
etravirine	62	flucytosine	39	READER	91
euthyrox	108	fludrocortisone acetate	70	FREESTYLE LIBRE 2	
everolimus	49,95	flunisolide	96	SENSOR	91
EVOTAZ	62	fluocinolone acetonide	74,100	FREESTYLE LIBRE 3 PLUS	
exemestane	47	fluocinolone acetonide body	74	SENSOR	91
ezetimibe	40	fluocinolone acetonide scalp	74	FREESTYLE LIBRE 3	
ezetimibe-simvastatin	40	fluocinonide	74,75	READER	91
		FLUOCINONIDE 0.05 % GEL	75	FREESTYLE LIBRE 3	
		fluoridex	70	SENSOR	91
		fluoridex enhanced whitening	70	FREESTYLE LIBRE READER	91
falmina	81	fluorimax 5000	70	FRUZAQLA	45
famciclovir	64	fluorometholone	98	furosemide	77
famotidine (PEPCID)	109	fluorouracil	72	FUROSEMIDE	77
FANAPT	58	FLUOROURACIL	72	FUZEON	62
FANAPT TITRATION PACK	58	fluoxetine hcl	33	fyavolv	81
FARXIGA	37	fluphenazine decanoate	60	FYCOMPA	30
FASENRA	26	fluphenazine hcl	60		
FASENRA PEN	26	flurbiprofen	17		
febuxostat	87	FLURBIPROFEN SODIUM	99	gabapentin	30
felbamate	31	fluticasone propionate	96	galantamine hydrobromide	103
felodipine er	66	FLUTICASONE PROPIONATE		GALANTAMINE	
femynor	81	HFA	27	HYDROBROMIDE	103
fenofibrate	40	fluticasone-salmeterol	27	galantamine hydrobromide er	103
fenofibrate micronized	41	fluvastatin sodium	41	gallifrey	102
fenofibric acid	41	fluvoxamine maleate	33	GAMMAKED	100
fentanyl	17	fluvoxamine maleate er	33	GAMUNEX-C	100
fentanyl citrate	17,18	fondaparinux sodium	28	GARDASIL 9	111
FETZIMA	34	formoterol fumarate	27	gatifloxacin	98
FETZIMA TITRATION	34	fosamprenavir calcium	62	GAUZE PADS	90
finasteride	87	fosfomycin tromethamine	23	gauze pads and dressings	90
finngolimod hcl	104	fosinopril sodium	41	GAVILYTE-C	89
FINTEPLA	30	fosinopril sodium-hctz	42	gavilyte-g	89
finzala	81	FOTIVDA	49	gavilyte-n with flavor pack	89
FIRDAPSE	43	fraiche 5000 dental	70	GAVRETO	49
FIRMAGON	47	FREESTYLE LIBRE 14 DAY		gefitinib	46
FIRMAGON (240 MG DOSE)	47	READER	90	gemfibrozil	41
flac	100	FREESTYLE LIBRE 14 DAY		GEMTESA	110
flavoxate hcl	110	SENSOR	90	generlac	86
flecainide acetate	25	FREESTYLE LIBRE 2 PLUS		gengraf	95
fluconazole	39	SENSOR	90	GENTAMICIN IN SALINE	15

gentamicin sulfate	15,72,98	heparin sodium (porcine) pf	28	INFANRIX	108
GENVOYA	62	HEPLISAV-B	111	INGREZZA	104
gianvi	81	HIBERIX	110	INLYTA	45
GILOTRIF	46	HUMULIN R U-500		INQOVI	48
glatiramer acetate	104	(CONCENTRATED)	36	INREBIC	50
glatopa	105	HUMULIN R U-500 KWIKPEN	36	INSULIN ASP PROT & ASP	
GLEOSTINE	44	hydralazine hcl	43	FLEXPEN	36
glimepiride	37	hydrochlorothiazide	77	INSULIN ASPART	36
glipizide	37	hydrocodone-acetaminophen .	19	INSULIN ASPART FLEXPEN .	36
glipizide er	37	hydrocortisone	20,69,75	INSULIN ASPART PENFILL . .	36
glipizide xl	37	hydrocortisone (perianal)	20	INSULIN ASPART PROT &	
glipizide-metformin hcl	34	HYDROCORTISONE 2.5 %		ASPART	36
GLUCAGON EMERGENCY .	35	LOTION	75	INSULIN PEN NEEDLE	91
glycopyrrolate	109	hydrocortisone sod suc (pf) . . .	69	INSULIN SYRINGE (DISP) U-100	
GLYXAMBI	34	hydrocortisone-acetic acid	100	0.3 ML	92
GOLYTELY	89	hydromorphone hcl	18	INSULIN SYRINGE (DISP) U-100	
granisetron hcl	38	hydroxychloroquine sulfate	43	1 ML	92
griseofulvin microsize	39	hydroxyurea	55	INSULIN SYRINGE (DISP) U-100	
griseofulvin ultramicrosize	39	hydroxyzine hcl	24	1/2 ML	92
guanfacine hcl	42	hydroxyzine pamoate	24	INTELENCE	62
GVOKE HYPOPEN 1-PACK .	35			introvale	81
GVOKE HYPOPEN 2-PACK .	35			INVEGA HAFYERA	58
GVOKE KIT	36	ibandronate sodium	78	INVEGA SUSTENNA	58
GVOKE PFS	36	IBRANCE	50	INVEGA TRINZA	59
		ibuprofen (MOTRIN)	17	IPOL	111
		icatibant acetate	89	ipratropium bromide	26,96
		iclevia	81	ipratropium-albuterol	27
HADLIMA	16	ICLUSIG	50	irbesartan	42
HADLIMA PUSH TOUCH	16	icosapent ethyl	40	irbesartan-hydrochlorothiazide .	42
HAEGARDA	89	IDHIFA	50	ISENTRESS	62
hailey 1.5/30	81	imatinib mesylate	50	ISENTRESS HD	62
hailey 24 fe	81	IMBRUVICA	50	isibloom	81
hailey fe 1.5/30	81	imipenem-cilastatin	23	isoniazid	44
hailey fe 1/20	81	imipramine hcl	34	isoniazid 300mg tab	44
halobetasol propionate	75	imiquimod	75	isosorbide dinitrate	24
haloette	81	IMOVAX RABIES	111	isosorbide mononitrate	24
haloperidol	58	incassia	102	isosorbide mononitrate er	24
haloperidol decanoate	58	INCRELEX	79	isotretinoin	71
haloperidol lactate	58	INCRUSE ELLIPTA	26	isradipine	66
HAVRIX	111	indapamide	77	ITOVEBI	50
heather	102	indomethacin	17	itraconazole	40
heparin sodium (porcine)	28				

ivabradine hcl.....	67	ketoconazole.....	40,72	LANTUS SOLOSTAR.....	36
ivermectin.....	21,76	ketorolac tromethamine....	17,99	lapatinib ditosylate.....	51
IWILFIN.....	56	KEVZARA.....	17	larin 1.5/30.....	82
IXCHIQ.....	111	KINRIX.....	108	larin 1/20.....	82
IXIARO.....	111	kionex.....	95	larin 24 fe.....	82
J		KISQALI (200 MG DOSE).....	50	larin fe 1.5/30.....	82
jaimiess.....	81	KISQALI (400 MG DOSE).....	50	larin fe 1/20.....	82
JAKAFI.....	50	KISQALI (600 MG DOSE).....	50	larissia.....	82
jantoven.....	28	KISQALI FEMARA (200 MG DOSE).....	48	latanoprost.....	99
JANUMET.....	34	KISQALI FEMARA (400 MG DOSE).....	48	LAZCLUZE.....	46
JANUMET XR.....	35	KISQALI FEMARA (600 MG DOSE).....	48	LEDIPASVIR-SOFOSBUVIR... 64	
JANUVIA.....	36	klayesta.....	72	leena.....	82
JARDIANCE.....	37	klor-con.....	93	leflunomide.....	16
jasmiel.....	81	klor-con 10.....	93	lenalidomide.....	94
JAYPIRCA.....	50	klor-con m10.....	93	LENVIMA (10 MG DAILY DOSE).....	45
jencycla.....	102	klor-con m15.....	93	LENVIMA (12 MG DAILY DOSE).....	45
JENTADUETO.....	35	klor-con m20.....	93	LENVIMA (14 MG DAILY DOSE).....	45
JENTADUETO XR.....	35	KLOXXADO.....	38	LENVIMA (18 MG DAILY DOSE).....	45
jinteli.....	81	KOSELUGO.....	50	LENVIMA (20 MG DAILY DOSE).....	45
jolessa.....	81	kourzeq.....	71	LENVIMA (24 MG DAILY DOSE).....	45
juleber.....	81	KRAZATI.....	51	LENVIMA (4 MG DAILY DOSE).....	45
JULUCA.....	62	kurvelo.....	82	LENVIMA (8 MG DAILY DOSE).....	45
junel 1.5/30.....	81	L		lessina.....	82
junel 1/20.....	81	l-glutamine.....	88	letrozole.....	47
junel fe 1.5/30.....	81	labetalol hcl.....	65	leucovorin calcium.....	56
junel fe 1/20.....	81	lacosamide.....	30	levalbuterol hcl.....	27
junel fe 24.....	81	lactated ringers.....	93	LEVALBUTEROL TARTRATE 28	
just right 5000.....	70	lactulose.....	89	levetiracetam.....	30
JYNNEOS.....	111	lactulose encephalopathy....	86	levetiracetam er.....	30
K		lamivudine.....	62,64	LEVOBUNOLOL HCL.....	97
K-PHOS.....	93	lamivudine-zidovudine.....	62	levocarnitine.....	78
kalliga.....	81	lamotrigine.....	30	levocarnitine sf.....	78
KALYDECO.....	105	lamotrigine er.....	30	levocetirizine (XYZAL).....	106
kariva.....	81	lancet device.....	91		
kcl in dextrose-nacl.....	93	lancets.....	91		
kelnor 1/35.....	82	lansoprazole (PREVACID)....	109		
kelnor 1/50.....	82	LANTUS.....	36		
KERENDIA.....	79				
KESIMPTA.....	105				

levofloxacin.....	85	loestrin 1/20 (21).....	82	maraviroc.....	62	
LEVOFLOXACIN.....	98	loestrin fe 1.5/30.....	82	marlissa.....	82	
LEVOFLOXACIN 0.5 %		loestrin fe 1/20.....	82	MARPLAN.....	33	
SOLUTION.....	98	lojaimiess.....	82	MATULANE.....	55	
levofloxacin in d5w.....	85	LOKELMA.....	95	MAVYRET.....	64	
levonest.....	82	LONSURF.....	48	meclizine.....	39	
levonorg-eth estrad triphasic.....	82	loperamide (IMMODIUM).....	38	medroxyprogesterone acetate.....	102	
levonorgest-eth estrad 91-		lopinavir-ritonavir.....	62	mefloquine hcl.....	43	
day.....	82	lorazepam.....	24,25	megestrol acetate.....	47	
levonorgest-eth estradiol-iron.....	82	lorazepam intensol.....	25	MEGESTROL ACETATE.....	102	
levonorgestrel-ethinyl estrad.....	82	LORBRENA.....	51	MEKINIST.....	51	
levora 0.15/30 (28).....	82	loryna.....	82	MEKTOVI.....	51	
levothyroxine sodium.....	108	losartan potassium.....	42	melodetta 24 fe.....	82	
levoxy.....	108	losartan potassium-hctz.....	42	meloxicam.....	17	
LIBERVANT.....	29	loteprednol etabonate.....	98	memantine hcl.....	103	
LIDOCAINE HCL.....	71	lovastatin.....	41	memantine hcl er.....	103	
lidocaine hcl.....	75	low-ogestrel.....	82	MENACTRA.....	110	
lidocaine patches.....	75	loxapine succinate.....	60	MENEST.....	85	
lidocaine viscous hcl.....	71	lubiprostone.....	90	MENQUADFI.....	110	
lidocaine-prilocaine.....	75	LUMAKRAS.....	51	MENVEO.....	110	
LILETTA (52 MG).....	102	LUMIGAN.....	99	mercaptopurine.....	44	
lillow.....	82	LUPRON DEPOT (1-MONTH).....	47	meropenem.....	23	
lincomycin hcl.....	22	LUPRON DEPOT (3-MONTH).....	47	MEROPENEM-SODIUM		
linezolid.....	22	lurasidone hcl.....	58	CHLORIDE.....	23	
LINEZOLID IN SODIUM		lutera.....	82	mesalamine.....	86	
CHLORIDE.....	22	lyleq.....	102	mesalamine er.....	86	
LINZESS.....	90	lyllana.....	85	mesalamine-cleanser.....	86	
liothyronine sodium.....	108	LYNPARZA.....	51	mesna.....	56	
liraglutide.....	36	LYSODREN.....	47	metformin hcl.....	36	
lisdexamfetamine dimesylate.....	14	LYTGOBI (12 MG DAILY		metformin hcl er.....	36	
lisinopril.....	41	DOSE).....	51	methadone hcl.....	18	
lisinopril-hydrochlorothiazide.....	42	LYTGOBI (16 MG DAILY		METHADONE HCL 10 MG/5ML		
lithium.....	57	DOSE).....	51	SOLUTION.....	18	
LITHIUM CARBONATE.....	57	LYTGOBI (20 MG DAILY		METHADONE HCL 5 MG/5ML		
lithium carbonate.....	57	DOSE).....	51	SOLUTION.....	18	
LITHIUM CARBONATE 600		lyza.....	102	methamphetamine hcl.....	14	
MG CAP.....	57	M			methazolamide.....	76
lithium carbonate er.....	57	M-M-R II.....	111	methenamine hippurate.....	23	
LIVTENCITY.....	63	magnesium sulfate.....	93	methenamine mandelate.....	23	
lo-zumandimine.....	82	malathion.....	75	methimazole.....	108	
loestrin 1.5/30 (21).....	82			methocarbamol.....	96	

METHOTREXATE SODIUM	45	MORPHINE SULFATE	18	NEFFY	28
methotrexate sodium (pf)	44	morphine sulfate	18	neomycin sulfate	15
Methoxsalen Rapid	73	morphine sulfate (concentrate)	18	neomycin-bacitracin zn-	
methsuximide	32	MORPHINE SULFATE (CONCENTRATE)	18	polymyx	98
methylphenidate hcl	14	MORPHINE SULFATE 20		neomycin-polymyxin-dexameth	98
methylphenidate hcl er	14	MG/5ML SOLUTION	18	NEOMYCIN-POLYMYXIN-	
methylphenidate hcl er (osm)	14	morphine sulfate er	18	GRAMICIDIN	98
methylprednisolone	69	MOUNJARO	36	NEOMYCIN-POLYMYXIN-HC	98
metoclopramide hcl	86	MOVANTIK	90	neomycin-polymyxin-hc	100
metolazone	77	MOXIFLOXACIN HCL	86	NERLYNX	51
metoprolol succinate er	65	moxifloxacin hcl	98	nevirapine	62
metoprolol-		MOXIFLOXACIN HCL (2X		NEVIRAPINE	62
hydrochlorothiazide	43	DAY)	98	nevirapine er	63
metronidazole	22,76	MOXIFLOXACIN HCL IN		NEXPLANON	103
metronidazole vaginal gel 0.75		NACL	86	NEXVIAZYME	78
%	112	MRESVIA	111	niacin er (antihyperlipidemic)	40
metyrosine	43	mupirocin 2% ointment	72	NICOTROL NASAL SPRAY	105
mexiletine hcl	25	mycophenolate mofetil	95	nifedipine er	66
mibelas 24 fe	82	mycophenolate sodium	95	nifedipine er osmotic release	66
micafungin sodium	39	mycophenolic acid	95	nikki	83
microgestin 1.5/30	83	MYRBETRIQ	110	nilutamide	47
microgestin 1/20	83	N		nimodipine	66
microgestin 24 fe	83	na sulfate-k sulfate-mg sulf	89	NINLARO	51
microgestin fe 1.5/30	83	nabumetone	17	NITAZOXANIDE	23
microgestin fe 1/20	83	nadolol	65	NITRO-BID	24
midodrine hcl	67	nafcillin sodium	102	nitrofurantoin macrocrystal	24
mifepristone	36	NAFCILLIN SODIUM IN		nitrofurantoin monohyd macro	24
MIGERGOT	92	DEXTROSE	102	nitroglycerin	21,24
mili	83	NALOXONE HCL	38	nora-be	103
minocycline hcl	108	naltrexone hcl	38	norelgestromin-eth estradiol	83
minoxidil	43	naproxen	17	norethin ace-eth estrad-fe	83
mirabegron er	110	naratriptan hcl	92	norethindrone	103
mirtazapine	32	nateglinide	36	norethindrone acet-ethinyl est	83
misoprostol	109	NAYZILAM	29	norethindrone acetate	103
modafinil	14	neбиволol hcl	65	norethindrone-eth estradiol	83
moexipril hcl	41	necon 0.5/35 (28)	83	norgestim-eth estrad triphasic	83
MOLINDONE HCL	58	needles and syringes	92	norgestimate-eth estradiol	83
mometasone furoate	75,96	NEFAZODONE HCL	33	norlyda	103
mono-linyah	83			norlyroc	103
montelukast sodium	26			nortrel 0.5/35 (28)	83
				nortrel 1/35 (21)	83

nortrel 1/35 (28).....	83	nystatin-triamcinolone.....	72	OMNIPOD DASH INTRO (GEN	
nortrel 7/7/7.....	83	nystop.....	72	4).....	91
nortriptyline hcl.....	34	NYVEPRIA.....	88	OMNIPOD DASH PDM (GEN	
NORVIR.....	63			4).....	91
NOVOLIN 70/30.....	36	O		OMNIPOD DASH PODS (GEN	
NOVOLIN 70/30 FLEXPEN.....	37	ocella.....	83	4).....	91
NOVOLIN 70/30 FLEXPEN		octreotide acetate.....	78	OMNITROPE.....	78
RELION.....	37	ODEFSEY.....	63	ondansetron.....	38
NOVOLIN 70/30 RELION.....	37	ODOMZO.....	46	ondansetron hcl.....	38
NOVOLIN N.....	37	OFEV.....	106	ONETOUCH ULTRA.....	76
NOVOLIN N FLEXPEN.....	37	OFLOXACIN.....	86	ONETOUCH ULTRA BLUE	
NOVOLIN N FLEXPEN		ofloxacin.....	98	TEST.....	76
RELION.....	37	OGSIVEO.....	51	ONETOUCH ULTRA TEST....	76
NOVOLIN N RELION.....	37	OJEMDA.....	52	ONETOUCH VERIO.....	76
NOVOLIN R.....	37	OJJAARA.....	52	ONUREG.....	45
NOVOLIN R FLEXPEN.....	37	olanzapine.....	60	OPSUMIT.....	106
NOVOLIN R FLEXPEN		olmesartan medoxomil.....	42	OPVEE.....	38
RELION.....	37	olmesartan medoxomil-hctz.....	43	ORGOVYX.....	47
NOVOLIN R RELION.....	37	olmesartan-amlodipine-hctz.....	43	ORKAMBI.....	105,106
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sorine.....	66			testosterone 25 mg/2.5gm (1%)	
sotalol hcl.....	66	T		gel.....	20
sotalol hcl (af).....	66	TABRECTA.....	53	testosterone 50 mg/5gm (1%)	
spironolactone.....	77	tacrolimus.....	75,95	gel.....	20
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tranexamic acid	88	TRULICITY	36
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V

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voriconazole 40 mg/ml recon susp.....	40	XPOVIO (60 MG TWICE WEEKLY).....	55	zovia 1/35e (28).....
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