

2024

# List of Covered Drugs (Formulary)

- UCare's MSHO
- UCare Connect + Medicare

## Introduction

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This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs are covered by UCare's MSHO and UCare Connect + Medicare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UCare's MSHO and UCare Connect + Medicare.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

This formulary was updated on 08/20/2024.

**Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

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**Toll free 1-800-203-7225, TTY 1-800-688-2534**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်. ကိးဘဉ် လိတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

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

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services: UCare** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Customer Response Center: Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll-free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).



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**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

## A. Disclaimers

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This is a list of drugs that members can get in UCare's MSHO and UCare Connect + Medicare.

- UCare's MSHO and UCare Connect + Medicare are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.
- The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year.
- Benefits and/or copays may change on January 1 of each year.
- You can always check UCare's MSHO or UCare Connect + Medicare's up-to-date *List of Covered Drugs* online at [ucare.org](https://www.ucare.org) or call Customer Service at the number listed at the bottom of this page.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number listed at the bottom of this page.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Service at the number at the bottom of this page.

## B. Frequently Asked Questions (FAQ)

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Find answers here to frequently asked questions you have about this *List of Covered Drugs*. You can read all the FAQ to learn more or look for a question and answer.

### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "Drug List" for short)

The drugs on the *List of Covered Drugs* that starts in Section C are the drugs covered by UCare's MSHO and UCare Connect + Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies. The prescription drugs included on this List of Covered Drugs are covered by UCare's MSHO and UCare Connect + Medicare.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

- UCare's MSHO and UCare Connect + Medicare will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - UCare's MSHO and UCare Connect + Medicare agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a UCare's MSHO and UCare Connect + Medicare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [ucare.org](https://www.ucare.org) or call Customer Services at the number listed at the bottom of this page.

## B2. Does the Drug List ever change?

Yes, and UCare's MSHO and UCare Connect + Medicare must follow Medicare and Medical Assistance rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UCare's MSHO or UCare Connect + Medicare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits.)
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check UCare's MSHO and UCare Connect + Medicare's up-to-date Drug List online at [ucare.org](https://www.ucare.org).
- You can also call Customer Service at the number listed at the bottom of this page to check the current Drug List.

### **B3. What happens when there is a change to the Drug List?**

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Members should also contact their doctor or pharmacy for further information.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior Authorization:** For some drugs, you or your doctor, or other prescriber must get authorization from UCare's MSHO or UCare Connect + Medicare before you fill your prescription. Prior authorization is different from a referral. UCare's MSHO and UCare Connect + Medicare may not cover the drug if you don't get prior authorization.
- **Quantity Limits:** Sometimes UCare's MSHO and UCare Connect + Medicare limits the amount of a drug you can get.
- **Step Therapy:** Sometimes UCare's MSHO and UCare Connect + Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If UCare's MSHO and UCare Connect + Medicare covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the table in Section C1. You can also get more information by visiting our website at [ucare.org](http://ucare.org). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](http://ucare.org).

## **B5. How will I know if the drug I want has limits or if there are any actions required to get the drug?**

The table in the List of Drugs by Medical Condition in section C1 has a column labeled “Necessary actions, restrictions, or limits on use.”

## **B6. What happens if UCare's MSHO and UCare Connect + Medicare change their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

## **B7. How can I find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically, *or*
- You can search by drug type

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 236. The Index of Covered Drugs is an alphabetical list of all the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the Index.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” in Section C1. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

## **B8. What if the drug I want to take is not on the Drug List?**

If you don't find your drug on the Drug List, call Customer Service at the number listed at the bottom of this page and ask about it. If you learn that UCare's MSHO and UCare Connect + Medicare will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

*or*

- You can ask UCare's MSHO and UCare Connect + Medicare to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

## **B9. What if I am a new UCare's MSHO or UCare Connect + Medicare member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, *or*
- our plan rules do not let you get the amount ordered by your prescriber, *or*
- the drug requires prior authorization by UCare's MSHO or UCare Connect + Medicare, *or*
- you are taking a drug that is part of a step therapy restriction

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UCare's MSHO or UCare Connect + Medicare member.
- This is in addition to the temporary supply during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

transitioning to a different level of care. If you are a current member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

### **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask UCare's MSHO or UCare Connect + Medicare to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, UCare's MSHO or UCare Connect + Medicare may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

### **B11. How can I ask for an exception?**

To ask for an exception, call UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

### **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

Prior Authorization and formulary exception requests can be initiated by calling Navitus Health Solutions at 1-833-837-4300 (this call is free) or by faxing the request form to 1-855-668-8552. Providers can also submit requests through ePA.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.



### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

UCare's MSHO and UCare Connect + Medicare covers both brand name drugs and generic drugs.

### **B14. What are over-the-counter (OTC) drugs?**

OTC stands for "over-the-counter." UCare's MSHO and UCare Connect + Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UCare's MSHO and UCare Connect + Medicare Drug List to find out what OTC drugs are covered.

### **B15. Does UCare's MSHO and UCare Connect + Medicare cover non-drug OTC products?**

UCare's MSHO and UCare Connect + Medicare covers some non-drug OTC products when they are written as prescriptions by your provider. You can read the drug list in section UCare's MSHO and UCare Connect + Medicare List of Covered Drugs to find out what non-drug OTC products are covered. Examples of non-drug OTC products include gauze pads and bandages.

### **B16. Does UCare's MSHO and UCare Connect + Medicare cover long term supplies of prescriptions?**

- We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

### **B17. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

## B18. What is my copay?

UCare's MSHO and UCare Connect + Medicare members have copays for prescription drugs as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have the lowest copay. The copay is from \$0 to \$4.50, depending on your income and level of Medical Assistance eligibility.
- Tier 1 Brand drugs have a higher copay. The copay is from \$0 to \$11.20, depending on your income and level of Medical Assistance eligibility.
- OTCs have a \$0 copay.

If you have questions, call Customer Service at the number at the bottom of this page. We can help you understand what your copays will be.

## C. Overview of the List of Covered Drugs

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The *List of Covered Drugs* gives you information about the drugs covered by UCare's MSHO and UCare Connect + Medicare. If you have trouble finding your drug in the list turn to the Index of Covered Drugs in Section D. The index alphabetically lists all drugs covered by UCare's MSHO and UCare Connect + Medicare.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *azathioprine*), brand name drugs are capitalized (e.g., EPIPEN), and over-the-counter (OTC) drugs are listed separately after the Index of Covered Drugs at the end of the document. The information in the “Necessary actions, restrictions, or limits on use” column tells you if UCare's MSHO or UCare Connect + Medicare has any rules for covering your drug.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA =	Prior authorization: Drugs that require approval from UCare before we'll cover it.
PA <sup>2</sup> =	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA <sup>3</sup> =	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST=	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL =	Quantity limit: There are limits to the amount of drug you can receive per fill
Part B Covered =	Diabetic supplies covered under Part B (medical) benefit
VAC =	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE =	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45.
MFG =	Drug coverage is limited to certain manufacturers
NDS =	Drugs limited to 30-day supply per fill
LA =	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card
Tier 1* =	Prescription drugs covered by Medicaid benefit

## **C1. List of Drugs by Drug Type**

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The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

**For more recent information or other questions**, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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UCare's Minnesota Senior Health Options (MSHO)  
and UCare Connect + Medicare Formulary  
(List of Covered Drugs)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 10 mg cap,</i> <i>lisdexamfetamine dimesylate 20 mg cap,</i> <i>lisdexamfetamine dimesylate 30 mg cap,</i> <i>lisdexamfetamine dimesylate 40 mg cap,</i> <i>lisdexamfetamine dimesylate 50 mg cap,</i> <i>lisdexamfetamine dimesylate 60 mg cap,</i> <i>lisdexamfetamine dimesylate 70 mg cap</i> )	1	
<i>methamphetamine hcl</i>	1	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>phentermine hcl (phentermine hcl 30 mg cap, phentermine hcl 37.5 mg cap)</i>	1*	 30 EA / 30 DAYS
<i>phentermine hcl 15 mg cap</i>	1*	 30 EA / 30 DAYS
<i>phentermine hcl 37.5 mg tab</i>	1*	 30 EA / 30 DAYS
<b>ANTI-OBESITY AGENTS</b>		
SAXENDA	1*	 15 ML / 30 DAYS   Non-Extended Day Supply
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	1	 4 ML / 365 OVER TIME   Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	1	<span>QL</span> 3 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
ZEPBOUND (ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 5 MG/0.5ML SOLN A-INJ, ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 10 MG/0.5ML SOLN A-INJ, ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 15 MG/0.5ML SOLN A-INJ)	1*	<span>QL</span> 2 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
ZEPBOUND 2.5 MG/0.5ML SOLUTION	1*	<span>QL</span> 2 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
ZEPBOUND 5 MG/0.5ML SOLUTION	1*	<span>QL</span> 2 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	<span>QL</span> 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	1	<span>QL</span> 30 EA / 30 DAYS <span>PA</span>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**STIMULANTS - MISC.**

<i>armodafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>30 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg tab, methylphenidate hcl 10 mg/5ml solution, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	1	
<i>modafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>60 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>

**ALTERNATIVE MEDICINES**

**ALTERNATIVE MEDICINE - C'S**

<i>activated charcoal</i>	OTC	
<i>coenzyme q10</i>	OTC	
<i>cranberry supplement</i>	OTC	

**ALTERNATIVE MEDICINE - F'S**

<i>flaxseed oil</i>	OTC	
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**ALTERNATIVE MEDICINE - G'S**

<i>glucosamine sulfate</i>	OTC	
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**ALTERNATIVE MEDICINE - H'S**

<i>melatonin</i>	OTC	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ALTERNATIVE MEDICINE - M'S</b>		
<i>melatonin / pyridoxine</i>	OTC	
<i>msm supplement</i>	OTC	
<b>ALTERNATIVE MEDICINE - S'S</b>		
<i>sam-e supplement</i>	OTC	
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
<i>glucosamine / chondroitin</i>	OTC	
<i>omega-3 fatty acids (fish oil)</i>	OTC	
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
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)	1	
<i>gentamicin sulfate (gentamicin sulfate 10 mg/ml solution, gentamicin sulfate 40 mg/ml solution)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>tobramycin 300 mg/5ml nebu soln</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	1
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### ANALGESICS - ANTI-INFLAMMATORY

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HADLIMA 40 MG/0.4ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2.4 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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HADLIMA 40 MG/0.8ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4.8 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2.4 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4.8 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-PSOR/UEIT STARTER	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-CD/UC/HS STARTER	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 6 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PED<40KG CROHNS STARTER	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA-PED>=40KG CROHNS START	1	<ul style="list-style-type: none"> <li>QL 3 EA / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
HUMIRA-PS/UV/ADOL HS STARTER	1	<ul style="list-style-type: none"> <li>QL 4 EA / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	1	<ul style="list-style-type: none"> <li>QL 3 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	1	<ul style="list-style-type: none"> <li>QL 0.5 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
RINVOQ 45 MG TAB ER 24H	1	<ul style="list-style-type: none"> <li>QL 84 EA / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XELJANZ 1 MG/ML SOLUTION	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ XR	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>GOLD COMPOUNDS</b>		
RIDAURA	1	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	1	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ACTEMRA ACTPEN	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KEVZARA	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2.28 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	OTC	
<i>ibuprofen (motrin) rx only</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (aleve)</i>	OTC	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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*sulindac*

1

**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA 10 & 20 & 30 MG TAB  
THPK

1

QL 55 EA / 180 OVER TIME  
PA  
NDS Non-Extended Day Supply  
LA

OTEZLA 30 MG TAB

1

QL 60 EA / 30 DAYS  
PA  
NDS Non-Extended Day Supply  
LA

**PYRIMIDINE SYNTHESIS INHIBITORS**

*leflunomide*

1

**SELECTIVE COSTIMULATION MODULATORS**

ORENCIA 125 MG/ML SOLN  
PRSYR

1

QL 4 ML / 28 DAYS  
PA  
NDS Non-Extended Day Supply

ORENCIA 50 MG/0.4ML SOLN  
PRSYR

1

QL 1.6 ML / 28 DAYS  
PA  
NDS Non-Extended Day Supply

ORENCIA 87.5 MG/0.7ML SOLN  
PRSYR

1

QL 2.8 ML / 28 DAYS  
PA  
NDS Non-Extended Day Supply

ORENCIA CLICKJECT

1

QL 4 ML / 28 DAYS  
PA  
NDS Non-Extended Day Supply

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 8 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ENBREL MINI	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 8 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ENBREL SURECLICK	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 8 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

<i>acetaminophen / caffeine / pyrilamine (midol)</i>	OTC
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	OTC

**ANALGESICS OTHER**

<i>acetaminophen (tylenol)</i>	OTC
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**SALICYLATES**

<i>aspirin (bayer)</i>	OTC
<i>aspirin / buffers (bufferin)</i>	OTC
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	OTC
<i>diflunisal</i>	1

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	<span>QL</span> 10 EA / 30 DAYS <span>PA</span>
<i>fentanyl citrate (fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i>	1	<span>QL</span> 120 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	1	<span>QL</span> 120 EA / 30 DAYS <span>PA</span>
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<span>QL</span> 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	1	<span>QL</span> 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	1	<span>QL</span> 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	1	<span>QL</span> 120 EA / 30 DAYS
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	1	<span>PA<sup>3</sup></span>
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	1	<span>QL</span> 360 EA / 30 DAYS <span>PA</span>
METHADONE HCL 10 MG/5ML SOLUTION	1	<span>QL</span> 1800 ML / 30 DAYS <span>PA</span>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
METHADONE HCL 5 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">3600 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>morphine sulfate (concentrate)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">180 ML / 30 DAYS</div> </div>
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">180 ML / 30 DAYS</div> </div>
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">180 EA / 30 DAYS</div> </div>
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1800 ML / 30 DAYS</div> </div>
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">900 ML / 30 DAYS</div> </div>
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">180 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 100 mg/5ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">270 ML / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg cap</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">360 EA / 30 OVER TIME</div> </div>
<i>oxycodone hcl 5 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">360 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">5400 ML / 30 DAYS</div> </div>
<i>tramadol hcl 50 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">240 EA / 30 DAYS</div> </div>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 390 EA / 30 DAYS
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4980 ML / 30 DAYS
<i>endocet</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 360 EA / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 360 EA / 30 DAYS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 360 EA / 30 DAYS
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 OVER TIME <span style="background-color: #8b4513; color: white; padding: 2px;">PA</span>
<i>buprenorphine</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS <span style="background-color: #8b4513; color: white; padding: 2px;">PA</span>



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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QL 10 ML / 30 DAYS
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	1	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	1	QL 150 GM / 30 DAYS PA
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	1	QL 300 GM / 30 DAYS PA
TESTOSTERONE 10 MG/ACT (2%) GEL	1	QL 120 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	QL 75 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	1	QL 180 ML / 30 DAYS PA
<i>testosterone cypionate 100 mg/ml solution</i>	1	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
<i>testosterone cypionate 200 mg/ml solution</i>	1	PA
TESTOSTERONE ENANTHATE	1	PA
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	PA
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal cream</i>	OTC	
<i>hemorrhoidal ointment</i>	OTC	
<i>hemorrhoidal suppository</i>	OTC	
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	OTC	
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>pramoxine (procto-foam)</i>	OTC	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	OTC	
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	OTC	
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	OTC	
<b>ANTACIDS - ALUMINUM SALTS</b>		
<i>aluminum hydroxide (alternagel)</i>	OTC	
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate</i>	OTC	
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (tums)</i>	OTC	
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide</i>	OTC	
<i>magnesium oxide (antacid)</i>	OTC	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	 Non-Extended Day Supply
BENZNIDAZOLE	1	
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	1	
METRONIDAZOLE 500 MG/100ML SOLUTION	1	
<i>pentamidine isethionate for injection solution</i>	1	
<i>pentamidine isethionate for nebulization solution</i>	1	<span data-bbox="1133 947 1190 982">QL</span> 1 EA / 28 DAYS <span data-bbox="1133 993 1190 1029">PA<sup>3</sup></span>
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	1	<span data-bbox="1133 1241 1190 1276">QL</span> 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	1	<span data-bbox="1133 1335 1190 1371">QL</span> 90 EA / 30 DAYS <span data-bbox="1133 1381 1190 1417">PA</span> <span data-bbox="1133 1428 1190 1463">NDS</span> Non-Extended Day Supply
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>multivitamins / minerals</i>	OTC	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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*sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)*

1

*sulfatrim pediatric*

1

### ANTIPROTOZOAL AGENTS

*atovaquone*

1

**NDS** Non-Extended Day Supply

*nitazoxanide*

1

**QL** 6 EA / 3 OVER TIME

**NDS** Non-Extended Day Supply

### CARBAPENEMS

*ertapenem sodium*

1

*imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)*

1

*meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)*

1

MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN

1

**QL** 30 EA / 10 OVER TIME

MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN

1







**QL** 10 EA / 10 DAYS

### CHLORAMPHENICOLS

CHLORAMPHENICOL SOD SUCCINATE

1

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>CYCLIC LIPOPEPTIDES</b>		
DAPTOMYCIN 350 MG RECON SOLN	1	 Non-Extended Day Supply
<i>daptomycin 350 mg recon soln</i>	1	 Non-Extended Day Supply
<i>daptomycin 500 mg recon soln</i>	1	 Non-Extended Day Supply
<b>GLYCOPEPTIDES</b>		
DALVANCE	1	 Non-Extended Day Supply
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	1	 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	1	
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL	1	
<i>lincomycin hcl</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam</i>	1	
CAYSTON	1	<div data-bbox="1133 1142 1192 1184">QL</div> 84 ML / 28 DAYS <div data-bbox="1133 1192 1192 1234">PA</div> <div data-bbox="1133 1243 1192 1285">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1310 1192 1352">LA</div>
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
<i>linezolid 100 mg/5ml recon susp</i>	1	<div data-bbox="1133 1541 1192 1583">NDS</div> Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SIVEXTRO 200 MG TAB	1	<div data-bbox="1133 317 1192 380">QL</div> 6 EA / 6 OVER TIME <div data-bbox="1133 390 1192 432">PA</div> <div data-bbox="1133 443 1192 506">NDS</div> Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	1	
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomicin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ISOSORBIDE MONONITRATE 10 MG TAB	1	
ISOSORBIDE MONONITRATE 20 MG TAB	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.4 mg/spray solution, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	
<b>ANTI-ANXIETY AGENTS</b>		
<b>ANTI-ANXIETY AGENTS - MISC.</b>		
<i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 7.5 mg tab, bupirone hcl 10 mg tab, bupirone hcl 15 mg tab, bupirone hcl 30 mg tab)</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	1	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	<div data-bbox="1133 1591 1188 1623" style="background-color: #8e44ad; color: white; padding: 2px;">QL</div> 120 EA / 30 DAYS <div data-bbox="1133 1644 1188 1675" style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>2</sup></div>
<i>alprazolam 2 mg tab</i>	1	<div data-bbox="1133 1717 1188 1749" style="background-color: #8e44ad; color: white; padding: 2px;">QL</div> 150 EA / 30 DAYS <div data-bbox="1133 1770 1188 1801" style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>2</sup></div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clorazepate dipotassium</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>180 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>120 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>diazepam 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1200 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>diazepam 5 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>240 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>diazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>240 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>150 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>lorazepam 2 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>150 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>lorazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>150 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<i>oxazepam</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>120 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>

## ANTIARRHYTHMICS

### ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE 200 MG TAB	1	
<i>quinidine sulfate 300 mg tab</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QUINIDINE SULFATE 300 MG TAB	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
<i>pacerone</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	<div data-bbox="1133 1262 1192 1297">PA<sup>3</sup></div> <div data-bbox="1133 1310 1192 1346">NDS</div> <div data-bbox="1203 1310 1477 1377">Non-Extended Day Supply</div>
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	1	<div data-bbox="1133 1486 1192 1522">PA</div>
FASENRA 30 MG/ML SOLN PRSYR	1	<div data-bbox="1133 1570 1192 1606">PA</div> <div data-bbox="1133 1619 1192 1654">NDS</div> <div data-bbox="1203 1619 1477 1686">Non-Extended Day Supply</div> <div data-bbox="1133 1692 1192 1728">LA</div>

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






NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FASENRA PEN	1	PA NDS Non-Extended Day Supply LA
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG RECON SOLN	1	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN A-INJ	1	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG/ML SOLN PRSYR	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA	1	 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	1	 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	1	 90 EA / 90 DAYS
SPIRIVA RESPIMAT	1	 4 GM / 30 DAYS








**LEUKOTRIENE MODULATORS**

<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	

**SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

<i>roflumilast</i>	1	
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**STEROID INHALANTS**

ASMANEX (120 METERED DOSES)	1	 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	1	 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	1	 1 EA / 30 DAYS
ASMANEX HFA	1	 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	 120 ML / 30 DAYS 
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	1	 24 GM / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	1	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	1	QL 21.2 GM / 30 DAYS
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	1	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 4 mg tab)</i>	1	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA <sup>3</sup>
<i>albuterol sulfate hfa (proair equivalent)</i>	1	QL 17 GM / 30 DAYS
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
ANORO ELLIPTA	1	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA <sup>3</sup>
BREO ELLIPTA	1	QL 60 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>brey-na</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	1	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	1	QL 8 GM / 30 DAYS
DULERA	1	QL 26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	1	QL 120 ML / 30 DAYS PA <sup>3</sup>
<i>ipratropium-albuterol</i>	1	PA <sup>3</sup>
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	1	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	1	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	1	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	1	
TRELEGY ELLIPTA	1	QL 60 EA / 30 DAYS
VENTOLIN HFA	1	QL 36 GM / 30 DAYS


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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
<b>XANTHINES</b>		
<i>theophylline</i>	1	
<i>theophylline er (theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	1	
ELIQUIS DVT/PE STARTER PACK	1	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	1	
XARELTO STARTER PACK	1	

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







NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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### HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	1	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	1	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	

### ANTICONSULSANTS

#### AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	1	 60 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	1	 30 EA / 30 DAYS   Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FYCOMPA 0.5 MG/ML SUSPENSION	1	<span>QL</span> 720 ML / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
FYCOMPA 2 MG TAB	1	<span>QL</span> 60 EA / 30 DAYS <span>PA<sup>2</sup></span>
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	<span>QL</span> 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	1	<span>QL</span> 480 ML / 30 DAYS
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab, clonazepam 1 mg tab disp)</i>	1	<span>QL</span> 90 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>clonazepam (clonazepam 2 mg tab, clonazepam 2 mg tab disp)</i>	1	<span>QL</span> 300 EA / 30 DAYS <span>PA<sup>2</sup></span>
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	<span>QL</span> 10 EA / 30 OVER TIME
LIBERVANT	1	<span>QL</span> 10 EA / 30 DAYS <span>PA<sup>2</sup></span>
NAYZILAM	1	<span>QL</span> 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	1	<span>QL</span> 60 EA / 30 DAYS <span>NDS</span> Non-Extended Day Supply
SYMPAZAN 5 MG FILM	1	<span>QL</span> 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	1	<span>QL</span> 10 EA / 30 OVER TIME <span>NDS</span> Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VALTOCO 15 MG DOSE	1	<div data-bbox="1133 317 1192 380">QL</div> 10 EA / 30 OVER TIME <div data-bbox="1133 390 1192 453">NDS</div> Non-Extended Day Supply
VALTOCO 20 MG DOSE	1	<div data-bbox="1133 480 1192 543">QL</div> 10 EA / 30 OVER TIME <div data-bbox="1133 554 1192 617">NDS</div> Non-Extended Day Supply
VALTOCO 5 MG DOSE	1	<div data-bbox="1133 644 1192 707">QL</div> 10 EA / 30 OVER TIME <div data-bbox="1133 718 1192 781">NDS</div> Non-Extended Day Supply
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	1	<div data-bbox="1133 894 1192 936">QL</div> 60 EA / 30 DAYS
APTIOM 200 MG TAB	1	<div data-bbox="1133 978 1192 1020">QL</div> 180 EA / 30 DAYS
APTIOM 400 MG TAB	1	<div data-bbox="1133 1041 1192 1083">QL</div> 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	1	<div data-bbox="1133 1119 1192 1161">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 1171 1192 1234">NDS</div> Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	1	<div data-bbox="1133 1278 1192 1320">QL</div> 600 ML / 30 DAYS <div data-bbox="1133 1331 1192 1394">NDS</div> Non-Extended Day Supply
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	
DIACOMIT	1	<div data-bbox="1133 569 1190 604">PA<sup>2</sup></div> <div data-bbox="1133 617 1190 653">NDS</div> <div data-bbox="1198 617 1479 684">Non-Extended Day Supply</div> <div data-bbox="1133 686 1190 722">LA</div>
EPIDIOLEX	1	<div data-bbox="1133 751 1190 787">PA<sup>2</sup></div> <div data-bbox="1133 800 1190 835">LA</div>
<i>epitol</i>	1	
EPRONTIA	1	
FINTEPLA	1	<div data-bbox="1133 982 1190 1018">QL</div> <div data-bbox="1198 982 1471 1018">360 ML / 30 DAYS</div> <div data-bbox="1133 1031 1190 1066">PA<sup>2</sup></div> <div data-bbox="1133 1079 1190 1115">NDS</div> <div data-bbox="1198 1079 1479 1146">Non-Extended Day Supply</div> <div data-bbox="1133 1148 1190 1184">LA</div>
<i>gabapentin (gabapentin 100 mg cap, gabapentin 250 mg/5ml solution, gabapentin 300 mg cap, gabapentin 300 mg/6ml solution, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 50 mg/5ml solution, lacosamide 100 mg tab, lacosamide 100 mg/10ml solution, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab, lamotrigine 100 mg tab disp, lamotrigine 150 mg tab, lamotrigine 200 mg tab, lamotrigine 200 mg tab disp)</i>	1	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	1	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	1	<div data-bbox="1133 373 1192 411">PA<sup>2</sup></div> <div data-bbox="1133 422 1479 491">NDS Non-Extended Day Supply</div>
<i>rufinamide 200 mg tab</i>	1	<div data-bbox="1133 510 1192 548">PA<sup>2</sup></div>
SPRITAM	1	
<i>topiramate</i>	1	
ZONISADE	1	
<i>zonisamide</i>	1	
ZTALMY	1	<div data-bbox="1133 814 1393 884">QL 1100 ML / 30 DAYS</div> <div data-bbox="1133 894 1192 932">PA<sup>2</sup></div> <div data-bbox="1133 942 1479 1012">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1022 1192 1060">LA</div>
<b>CARBAMATES</b>		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	<div data-bbox="1133 1239 1479 1308">NDS Non-Extended Day Supply</div>
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	1	<div data-bbox="1133 1333 1451 1371">QL 56 EA / 28 DAYS</div> <div data-bbox="1133 1381 1192 1419">PA<sup>2</sup></div> <div data-bbox="1133 1430 1479 1499">NDS Non-Extended Day Supply</div>
XCOPRI (350 MG DAILY DOSE)	1	<div data-bbox="1133 1512 1451 1549">QL 56 EA / 28 DAYS</div> <div data-bbox="1133 1560 1192 1598">PA<sup>2</sup></div> <div data-bbox="1133 1608 1479 1677">NDS Non-Extended Day Supply</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	1	<div data-bbox="1133 365 1192 401">QL</div> 28 EA / 28 DAYS <div data-bbox="1133 415 1192 451">PA<sup>2</sup></div>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	1	<div data-bbox="1133 527 1192 562">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 577 1192 613">PA<sup>2</sup></div> <div data-bbox="1133 627 1192 688">NDS</div> Non-Extended Day Supply
XCOPRI (XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	1	<div data-bbox="1133 716 1192 751">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 766 1192 802">PA<sup>2</sup></div> <div data-bbox="1133 816 1192 877">NDS</div> Non-Extended Day Supply

### GABA MODULATORS

<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	<div data-bbox="1133 1031 1192 1066">PA<sup>2</sup></div> <div data-bbox="1133 1081 1192 1142">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1157 1192 1192">LA</div>
<i>vigadrone</i>	1	<div data-bbox="1133 1220 1192 1255">PA<sup>2</sup></div> <div data-bbox="1133 1270 1192 1331">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1346 1192 1381">LA</div>
<i>vigpoder</i>	1	<div data-bbox="1133 1409 1192 1444">PA<sup>2</sup></div> <div data-bbox="1133 1459 1192 1520">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1535 1192 1570">LA</div>

### HYDANTOINS

DILANTIN 30 MG CAP	1	
<i>phenytek</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
<b>VALPROIC ACID</b>		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	1	QL 60 EA / 30 DAYS
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	
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### GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	1	<div data-bbox="1133 520 1192 583">QL</div> 28 EA / 14 OVER TIME <div data-bbox="1133 596 1192 638">PA<sup>2</sup></div> <div data-bbox="1133 646 1192 709">NDS</div> Non-Extended Day Supply
ZURZUVAE 30 MG CAP	1	<div data-bbox="1133 730 1192 793">QL</div> 14 EA / 14 OVER TIME <div data-bbox="1133 806 1192 848">PA<sup>2</sup></div> <div data-bbox="1133 856 1192 919">NDS</div> Non-Extended Day Supply

### MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	1	<div data-bbox="1133 1016 1192 1079">NDS</div> Non-Extended Day Supply
MARPLAN	1	
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	

### SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap, fluoxetine hcl 90 mg cap dr)</i>	1	
<i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i>	1	
<i>fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)</i>	1	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 10 mg/5ml suspension, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	

### SEROTONIN MODULATORS

NEFAZODONE HCL	1	
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	
TRINTELLIX	1	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	1	QL 30 EA / 30 DAYS

### SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>desvenlafaxine succinate er</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
FETZIMA	1	QL 30 EA / 30 DAYS
FETZIMA TITRATION	1	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	1	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	1	QL 30 EA / 30 DAYS
INVOKAMET	1	QL 60 EA / 30 DAYS
INVOKAMET XR	1	QL 60 EA / 30 DAYS
JANUMET	1	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	1	QL 60 EA / 30 DAYS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	1	QL 90 ML / 30 DAYS
		INS \$35 Insulin

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYNJARDY	1	QL 60 EA / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	1	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
<b>BIGUANIDES</b>		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
<b>DIABETIC OTHER</b>		
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY 1 MG KIT	1	
<i>glucose (dextrose)</i>	OTC	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GVOKE PFS	1	
KORLYM	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #00728f; color: white; padding: 2px 5px;">LA</span></li> </ul>
<i>mifepristone 300 mg tab</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #c85134; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #00728f; color: white; padding: 2px 5px;">LA</span></li> </ul>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	1	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS
TRADJENTA	1	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET	1	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 180 EA / 30 DAYS
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 4 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> </ul>
MOUNJARO	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 2 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> </ul>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 3 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> </ul>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 3 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> </ul>
OZEMPIC (2 MG/DOSE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 3 ML / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RYBELSUS	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>30 EA / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
TRULICITY	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>2 ML / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
VICTOZA	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>9 ML / 30 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	1	<div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
HUMULIN R U-500 KWIKPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
INSULIN ASP PROT & ASP FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
INSULIN ASPART	1	<div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
INSULIN ASPART FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
INSULIN ASPART PENFILL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
INSULIN ASPART PROT & ASPART	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
LANTUS	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
LANTUS SOLOSTAR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
NOVOLIN 70/30	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
NOVOLIN 70/30 FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
NOVOLIN 70/30 FLEXPEN RELION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>
NOVOLIN 70/30 RELION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">INS</div> <span>\$35 Insulin</span> </div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLIN N	1	INS \$35 Insulin
NOVOLIN N FLEXPEN	1	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	1	INS \$35 Insulin
NOVOLIN N RELION	1	INS \$35 Insulin
NOVOLIN R	1	INS \$35 Insulin
NOVOLIN R FLEXPEN	1	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	1	INS \$35 Insulin
NOVOLIN R RELION	1	INS \$35 Insulin
NOVOLOG	1	PA <sup>3</sup> INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	1	INS \$35 Insulin
NOVOLOG FLEXPEN	1	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	1	INS \$35 Insulin
NOVOLOG MIX 70/30	1	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	1	INS \$35 Insulin
NOVOLOG MIX 70/30 RELION	1	INS \$35 Insulin
NOVOLOG PENFILL	1	INS \$35 Insulin
NOVOLOG RELION	1	PA <sup>3</sup> INS \$35 Insulin
TOUJEO MAX SOLOSTAR	1	INS \$35 Insulin
TOUJEO SOLOSTAR	1	INS \$35 Insulin

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
INVOKANA	1	<span style="background-color: #4a4a8a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
JARDIANCE	1	<span style="background-color: #4a4a8a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	
<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	
<i>glipizide xl</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
<i>bismuth subsalicylate (pepto-bismol)</i>	OTC	
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	1	
<i>loperamide (immodium)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>loperamide (immodium) rx only</i>	1	
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### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### ANTIDOTES - CHELATING AGENTS

CHEMET	1	
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<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	1	<div data-bbox="1133 577 1193 613">PA</div> <div data-bbox="1133 630 1193 665">NDS</div> Non-Extended Day Supply
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<i>deferasirox 90 mg tab</i>	1	<div data-bbox="1133 716 1193 751">PA</div>
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<i>deferiprone</i>	1	<div data-bbox="1133 779 1193 814">PA</div> <div data-bbox="1133 831 1193 867">NDS</div> Non-Extended Day Supply
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LA

#### OPIOID ANTAGONISTS

KLOXXADO	1	
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NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
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<i>naloxone hcl 4 mg/0.1ml liquid</i>	OTC	
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<i>naltrexone hcl</i>	1	
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NARCAN	OTC	
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OPVEE	1	
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RIVIVE	OTC	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIVITROL	1	 Non-Extended Day Supply
ZIMHI	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	1	 60 EA / 30 DAYS 
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)</i>	1	
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution)</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate (dramamine)</i>	OTC	
<i>meclizine</i>	OTC	
<i>meclizine rx only</i>	1	
<i>scopolamine</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	 60 EA / 30 DAYS 
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	1	 3 EA / 2 OVER TIME 

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aprepitant (aprepitant 80 &amp; 125 mg cap, aprepitant 80 &amp; 125 mg misc, aprepitant 80 mg cap)</i>	1	<div data-bbox="1133 317 1192 380">QL</div> <div data-bbox="1198 317 1419 380">6 EA / 4 OVER TIME</div> <div data-bbox="1133 390 1192 426">PA<sup>3</sup></div>
VARUBI (180 MG DOSE)	1	<div data-bbox="1133 453 1192 516">QL</div> <div data-bbox="1198 453 1438 516">4 EA / 28 OVER TIME</div> <div data-bbox="1133 527 1192 562">PA<sup>3</sup></div>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate 50 mg recon soln</i>	1	<div data-bbox="1133 737 1192 800">NDS</div> <div data-bbox="1198 737 1479 800">Non-Extended Day Supply</div>
<i>caspofungin acetate 70 mg recon soln</i>	1	
<i>micafungin sodium</i>	1	<div data-bbox="1133 884 1192 947">NDS</div> <div data-bbox="1198 884 1479 947">Non-Extended Day Supply</div>
<b>ANTIFUNGALS</b>		
ABELCET	1	<div data-bbox="1133 1041 1192 1077">PA<sup>3</sup></div>
AMPHOTERICIN B	1	<div data-bbox="1133 1104 1192 1140">PA<sup>3</sup></div>
<i>flucytosine</i>	1	<div data-bbox="1133 1167 1192 1230">NDS</div> <div data-bbox="1198 1167 1479 1230">Non-Extended Day Supply</div>
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	1	<div data-bbox="1133 1650 1192 1713">NDS</div> <div data-bbox="1198 1650 1479 1713">Non-Extended Day Supply</div>

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	1	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	1	PA
<i>voriconazole 200 mg recon soln</i>	1	PA NDS Non-Extended Day Supply
<i>voriconazole 40 mg/ml recon susp</i>	1	PA NDS Non-Extended Day Supply

## ANTIHISTAMINES

### ANTIHISTAMINES - ALKYLAMINES

<i>chlorpheniramine</i>	OTC	
<i>dexbrompheniramine</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>clemastine fumarate</i>	OTC	
<i>diphenhydramine (benadryl)</i>	OTC	
<i>diphenhydramine</i>	OTC	
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	OTC	
<i>cetirizine (zyrtec) rx only</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>fexofenadine (allegra)</i>	OTC	
<i>levocetirizine (xyzal)</i>	OTC	
<i>levocetirizine (xyzal) rx only</i>	1	
<i>loratadine (claritin)</i>	OTC	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i>	1*	
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i>	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	<span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS



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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	1	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	1	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	
<i>gemfibrozil</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 ML / 28 DAYS <span style="background-color: #996633; color: white; padding: 2px;">PA</span>
REPATHA	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS <span style="background-color: #996633; color: white; padding: 2px;">PA</span>
REPATHA PUSHTRONEX SYSTEM	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 7 ML / 28 DAYS <span style="background-color: #996633; color: white; padding: 2px;">PA</span>
REPATHA SURECLICK	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS <span style="background-color: #996633; color: white; padding: 2px;">PA</span>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine (perindopril erbumine 4 mg tab, perindopril erbumine 8 mg tab)</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	1	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	1	 Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl (guanfacine hcl 1 mg tab, guanfacine hcl 2 mg tab)</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 10-12.5 mg tab, lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	1	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>primaquine phosphate</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	1	
<i>pyrimethamine</i>	1	<div data-bbox="1133 474 1195 512">PA</div> <div data-bbox="1133 527 1195 585">NDS</div> <div data-bbox="1203 527 1479 590">Non-Extended Day Supply</div> <div data-bbox="1133 596 1195 634">LA</div>
<i>quinine sulfate</i>	1	<div data-bbox="1133 659 1195 697">PA</div>
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	1	<div data-bbox="1133 873 1195 911">PA</div> <div data-bbox="1133 926 1195 984">NDS</div> <div data-bbox="1203 926 1479 989">Non-Extended Day Supply</div>
<i>pyridostigmine bromide (pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	1	
<i>isoniazid 300mg tab</i>	1	
<i>isoniazid 50mg/5ml syrup</i>	1	
PASER	1	
PRIFTIN	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>                     Non-Extended Day Supply                 </div> </div>
TRECTOR	1	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	1	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div>
<i>cyclophosphamide 25 mg cap</i>	1	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div>
<i>cyclophosphamide 50 mg cap</i>	1	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div>
GLEOSTINE	1	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply
LEUKERAN	1	
<i>temozolomide</i>	Part B Covered	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
ONUREG	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 14 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
PURIXAN	1	<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px 5px;">LA</span></li> </ul>
TABLOID	1	
XATMEP	1	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 84 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
FRUZAQLA 5 MG CAP	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 21 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
INLYTA 1 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px 5px;">LA</span></li> </ul>
INLYTA 5 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px 5px;">LA</span></li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LENVIMA (10 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (12 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (14 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (18 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (20 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (24 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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LENVIMA (8 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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### ANTINEOPLASTIC - ANTI-HER2 AGENTS

TUKYSA	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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### ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA 10 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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VENCLEXTA 100 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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VENCLEXTA 50 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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VENCLEXTA STARTING PACK	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 42 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**ANTINEOPLASTIC - EGFR INHIBITORS**

<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>erlotinib hcl 25 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
EXKIVITY	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>gefitinib</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
GILOTRIF	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TAGRISSO	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VIZIMPRO	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

DAURISMO	1	PA <sup>2</sup> NDS Non-Extended Day Supply LA
ERIVEDGE	1	PA <sup>2</sup> NDS Non-Extended Day Supply LA
ODOMZO	1	PA <sup>2</sup> NDS Non-Extended Day Supply

**ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate 250 mg tab</i>	1	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
AKEEGA	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	1	QL 1 EA / 84 OVER TIME

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





















NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELIGARD 30 MG KIT	1	 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	1	 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	1	 1 EA / 28 DAYS
EMCYT	1	 Non-Extended Day Supply
ERLEADA 240 MG TAB	1	 30 EA / 30 DAYS
		
		 Non-Extended Day Supply
		
ERLEADA 60 MG TAB	1	 120 EA / 30 DAYS
		
		 Non-Extended Day Supply
		
<i>exemestane</i>	1	
FIRMAGON	1	
FIRMAGON (240 MG DOSE)	1	
<i>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	1	 1 EA / 28 DAYS
		 Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	1	 1 EA / 84 OVER TIME
		 Non-Extended Day Supply
LYSODREN	1	 Non-Extended Day Supply 

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	PA <sup>2</sup>
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	PA
<i>nilutamide</i>	1	PA <sup>2</sup> NDS Non-Extended Day Supply
NUBEQA	1	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORGOVYX	1	QL 30 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORSERDU 86 MG TAB	1	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
SOLTAMOX	1	NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	 Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1	 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	1	 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	1	 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	1	 120 EA / 30 DAYS   Non-Extended Day Supply 
XTANDI 80 MG TAB	1	 60 EA / 30 DAYS   Non-Extended Day Supply 
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	1	 90 EA / 30 DAYS   Non-Extended Day Supply 
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	1	 21 EA / 28 DAYS   Non-Extended Day Supply 

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**

AYVAKIT	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
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**ANTINEOPLASTIC - XPO1 INHIBITORS**

XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 8 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 8 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
XPOVIO (60 MG TWICE WEEKLY)	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 24 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XPOVIO (80 MG TWICE WEEKLY)	1	<ul style="list-style-type: none"> <li>QL 32 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	1	<ul style="list-style-type: none"> <li>QL 5 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KISQALI FEMARA (200 MG DOSE)	1	<ul style="list-style-type: none"> <li>QL 49 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA (400 MG DOSE)	1	<ul style="list-style-type: none"> <li>QL 70 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA (600 MG DOSE)	1	<ul style="list-style-type: none"> <li>QL 91 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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LONSURF	1	<div data-bbox="1133 317 1190 352">PA<sup>2</sup></div> <div data-bbox="1133 369 1477 436">NDS Non-Extended Day Supply</div> <div data-bbox="1133 443 1190 474">LA</div>
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### ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA	1	<div data-bbox="1133 575 1471 611">QL 240 EA / 30 DAYS</div> <div data-bbox="1133 621 1190 657">PA<sup>2</sup></div> <div data-bbox="1133 674 1477 741">NDS Non-Extended Day Supply</div> <div data-bbox="1133 747 1190 779">LA</div>
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ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	1	<div data-bbox="1133 810 1455 846">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 856 1190 892">PA<sup>2</sup></div> <div data-bbox="1133 909 1477 976">NDS Non-Extended Day Supply</div> <div data-bbox="1133 982 1190 1014">LA</div>
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ALUNBRIG 30 MG TAB	1	<div data-bbox="1133 1041 1471 1077">QL 120 EA / 30 DAYS</div> <div data-bbox="1133 1087 1190 1123">PA<sup>2</sup></div> <div data-bbox="1133 1140 1477 1207">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1213 1190 1245">LA</div>
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AUGTYRO	1	<div data-bbox="1133 1272 1471 1308">QL 240 EA / 30 DAYS</div> <div data-bbox="1133 1318 1190 1354">PA<sup>2</sup></div> <div data-bbox="1133 1371 1477 1438">NDS Non-Extended Day Supply</div>
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BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	1	<div data-bbox="1133 1461 1455 1497">QL 60 EA / 30 DAYS</div> <div data-bbox="1133 1507 1190 1543">PA<sup>2</sup></div> <div data-bbox="1133 1560 1477 1627">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1633 1190 1665">LA</div>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
BOSULIF 100 MG TAB	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF 50 MG CAP	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
BRAFTOVI	1	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BRUKINSA	1	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
CABOMETYX	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CALQUENCE 100 MG CAP	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
CALQUENCE 100 MG TAB	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
CAPRELSA 100 MG TAB	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (100 MG DAILY DOSE)	1	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (140 MG DAILY DOSE)	1	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	1	PA <sup>2</sup> NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COPIKTRA	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
COTELLIC	1	QL 63 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	1	QL 150 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	1	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>everolimus 5 mg tab sol</i>	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
FOTIVDA	1	QL 21 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAVRETO	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IBRANCE	1	<ul style="list-style-type: none"> <li>QL 21 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ICLUSIG	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IDHIFA	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>imatinib mesylate 100 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>imatinib mesylate 400 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMBRUVICA 140 MG CAP	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IMBRUVICA 70 MG/ML SUSPENSION	1	<ul style="list-style-type: none"> <li>QL 324 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
INREBIC	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAKAFI	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAYPIRCA 100 MG TAB	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAYPIRCA 50 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KISQALI (400 MG DOSE)	1	<p>QL 42 EA / 28 OVER TIME</p> <p>PA<sup>2</sup></p> <p>NDS Non-Extended Day Supply</p>
KISQALI (600 MG DOSE)	1	<p>QL 63 EA / 28 OVER TIME</p> <p>PA<sup>2</sup></p> <p>NDS Non-Extended Day Supply</p>
KOSELUGO 10 MG CAP	1	<p>QL 240 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
KOSELUGO 25 MG CAP	1	<p>QL 120 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
KRAZATI	1	<p>QL 180 EA / 30 DAYS</p> <p>PA<sup>2</sup></p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
<i>lapatinib ditosylate</i>	1	<p>PA<sup>2</sup></p> <p>NDS Non-Extended Day Supply</p>
LORBRENA 100 MG TAB	1	<p>QL 30 EA / 30 DAYS</p> <p>PA<sup>2</sup></p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LORBRENA 25 MG TAB	1	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
LUMAKRAS 120 MG TAB	1	QL 240 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
LUMAKRAS 320 MG TAB	1	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
LYNPARZA	1	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
LYTGOBI (12 MG DAILY DOSE)	1	QL 84 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
LYTGOBI (16 MG DAILY DOSE)	1	QL 112 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
LYTGOBI (20 MG DAILY DOSE)	1	QL 140 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MEKINIST 0.05 MG/ML RECON SOLN	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 1200 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
MEKINIST 0.5 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
MEKINIST 2 MG TAB	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
MEKTOVI	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
NERLYNX	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
NINLARO	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	1	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 56 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OGSIVEO 50 MG TAB	1	QL 180 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
OJEMDA 100 MG TAB	1	QL 24 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
OJEMDA 25 MG/ML RECON SUSP	1	QL 96 ML / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
OJJAARA	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>pazopanib hcl</i>	1	PA <sup>2</sup> NDS Non-Extended Day Supply
PEMAZYRE	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
PIQRAY (200 MG DAILY DOSE)	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	1	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PIQRAY (300 MG DAILY DOSE)	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
QINLOCK	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 40 MG CAP	1	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 40 MG TAB	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 80 MG CAP	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
REZLIDHIA	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ROZLYTREK 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 200 MG CAP	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 50 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 336 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
RUBRACA	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RYDAPT	1	<ul style="list-style-type: none"> <li>QL 224 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
SCEMBLIX 100 MG TAB	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
SCEMBLIX 20 MG TAB	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SCEMBLIX 40 MG TAB	1	QL 300 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>sorafenib tosylate</i>	1	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	1	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
SPRYCEL 20 MG TAB	1	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
STIVARGA	1	QL 84 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<i>sunitinib malate</i>	1	PA <sup>2</sup> NDS Non-Extended Day Supply
TABRECTA	1	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAFINLAR 10 MG TAB SOL	1	<ul style="list-style-type: none"> <li>QL 840 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TALZENNA 0.25 MG CAP	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TASIGNA	1	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TAZVERIK	1	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TEPMETKO	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TIBSOVO	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>torpenz</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TRUQAP	1	<ul style="list-style-type: none"> <li>QL 64 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TURALIO 125 MG CAP	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VANFLYTA 17.7 MG TAB	1	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VANFLYTA 26.5 MG TAB	1	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VERZENIO	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VITRAKVI 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VITRAKVI 20 MG/ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 300 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VITRAKVI 25 MG CAP	1	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VONJO	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XALKORI 150 MG CAP SPRINK	1	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XALKORI 200 MG CAP	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XALKORI 250 MG CAP	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XOSPATA	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
ZEJULA 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ZELBORAF	1	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ZOLINZA	1	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
ZYDELIG	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ZYKADIA	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px;">LA</span></li> </ul>
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**ANTINEOPLASTICS MISC.**

ACTIMMUNE	1	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px;">LA</span></li> </ul>
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BESREMI	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px;">LA</span></li> </ul>
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<i>bexarotene 75 mg cap</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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<i>hydroxyurea</i>	1	
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MATULANE	1	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px;">LA</span></li> </ul>
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SYNRIBO	1	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #006699; color: white; padding: 2px;">LA</span></li> </ul>
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<i>tretinoin 10 mg cap</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

IWILFIN	1	<span>QL</span> 240 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	1	<span>NDS</span> Non-Extended Day Supply

**ANTIPARKINSON AND RELATED THERAPY AGENTS**

**ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa</i>	1	
NOURIANZ	1	<span>QL</span> 30 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>

**ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**ANTIPARKINSON COMT INHIBITORS**

<i>entacapone</i>	1	
<i>tolcapone</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> <div>Non-Extended Day Supply</div> </div>

**ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	
<i>bromocriptine mesylate</i>	1	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	
RYTARY	1	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	1	
LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP)	1	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab)</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	1	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>lurasidone hcl</i>	1	
NUPLAZID	1	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	1	<span>QL</span> 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	1	<span>QL</span> 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	<span>QL</span> 60 EA / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT	1	<span>QL</span> 60 EA / 30 DAYS <span>PA<sup>2</sup></span>
FANAPT TITRATION PACK	1	<span>QL</span> 8 EA / 180 OVER TIME <span>PA<sup>2</sup></span>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	<span>QL</span> 3.5 ML / 180 OVER TIME <span>NDS</span> Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	<span>QL</span> 5 ML / 180 OVER TIME <span>NDS</span> Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	<p>QL 0.75 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	<p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	<p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	<p>QL 0.25 ML / 28 DAYS</p>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	<p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	<p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	1	<p>QL 30 EA / 30 DAYS</p>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>paliperidone er 6 mg tab er 24h</i>	1	<span>QL</span> 60 EA / 30 DAYS
PERSERIS	1	<span>QL</span> 1 EA / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	1	<span>QL</span> 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	1	<span>QL</span> 2 EA / 28 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR	1	<span>QL</span> 0.28 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 125 MG/0.35ML SUSP PRSYR	1	<span>QL</span> 0.35 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	1	<span>QL</span> 0.42 ML / 60 OVER TIME <span>NDS</span> Non-Extended Day Supply
UZEDY 200 MG/0.56ML SUSP PRSYR	1	<span>QL</span> 0.56 ML / 60 OVER TIME <span>NDS</span> Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
UZEDY 250 MG/0.7ML SUSP PRSYR	1	<div data-bbox="1133 317 1190 380">QL</div> 0.7 ML / 60 OVER TIME <div data-bbox="1133 390 1190 453">NDS</div> Non-Extended Day Supply
UZEDY 50 MG/0.14ML SUSP PRSYR	1	<div data-bbox="1133 485 1190 548">QL</div> 0.14 ML / 30 DAYS <div data-bbox="1133 558 1190 621">NDS</div> Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	1	<div data-bbox="1133 621 1190 684">QL</div> 0.21 ML / 30 DAYS <div data-bbox="1133 695 1190 758">NDS</div> Non-Extended Day Supply
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	1	<div data-bbox="1133 1083 1190 1146">QL</div> 60 EA / 30 DAYS
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	1	
CLOZAPINE 12.5 MG TAB DISP	1	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	1	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
VERSACLOZ	1	<span>NDS</span> Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	1	<span>QL</span> 2 EA / 28 DAYS
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	

### QUINOLINONE DERIVATIVES











ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	<div data-bbox="1133 936 1192 999">QL</div> 2.4 ML / 56 OVER TIME <div data-bbox="1133 1010 1192 1073">NDS</div> Non-Extended Day Supply
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	<div data-bbox="1133 1098 1192 1161">QL</div> 3.2 ML / 56 OVER TIME <div data-bbox="1133 1171 1192 1234">NDS</div> Non-Extended Day Supply
ABILIFY MAINTENA	1	<div data-bbox="1133 1260 1192 1323">QL</div> 1 EA / 28 DAYS <div data-bbox="1133 1333 1192 1396">NDS</div> Non-Extended Day Supply
<i>aripiprazole (aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	1	<div data-bbox="1133 1612 1192 1675">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 1686 1192 1749">NDS</div> Non-Extended Day Supply

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














NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARISTADA 1064 MG/3.9ML PRSYR	1	<div data-bbox="1133 317 1192 380">QL</div> 3.9 ML / 56 OVER TIME <div data-bbox="1133 390 1192 453">NDS</div> Non-Extended Day Supply
ARISTADA 441 MG/1.6ML PRSYR	1	<div data-bbox="1133 485 1192 548">QL</div> 1.6 ML / 28 DAYS <div data-bbox="1133 558 1192 621">NDS</div> Non-Extended Day Supply
ARISTADA 662 MG/2.4ML PRSYR	1	<div data-bbox="1133 621 1192 684">QL</div> 2.4 ML / 28 DAYS <div data-bbox="1133 695 1192 758">NDS</div> Non-Extended Day Supply
ARISTADA 882 MG/3.2ML PRSYR	1	<div data-bbox="1133 758 1192 821">QL</div> 3.2 ML / 28 DAYS <div data-bbox="1133 831 1192 894">NDS</div> Non-Extended Day Supply
ARISTADA INITIO	1	<div data-bbox="1133 894 1192 957">QL</div> 4.8 ML / 365 OVER TIME <div data-bbox="1133 968 1192 1031">NDS</div> Non-Extended Day Supply
REXULTI	1	<div data-bbox="1133 1062 1192 1125">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1136 1192 1199">NDS</div> Non-Extended Day Supply
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide</i>	OTC	
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	OTC	

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










NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>IODINE ANTISEPTICS</b>		
<i>povidone-iodine (betadine)</i>	OTC	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	 Non-Extended Day Supply
APRETUDE	1	 Non-Extended Day Supply
APTIVUS 250 MG CAP	1	 Non-Extended Day Supply
<i>atazanavir sulfate</i>	1	
BIKTARVY	1	 Non-Extended Day Supply
CABENUVA	1	 Non-Extended Day Supply
CIMDUO	1	 Non-Extended Day Supply
COMPLERA	1	
<i>darunavir</i>	1	 Non-Extended Day Supply
DELSTRIGO	1	 Non-Extended Day Supply
DESCOVY	1	 30 EA / 30 DAYS  Non-Extended Day Supply












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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DOVATO	1	 Non-Extended Day Supply
EDURANT	1	 Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	 Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	1	 Non-Extended Day Supply
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	1	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	1	
<i>etravirine</i>	1	 Non-Extended Day Supply
EVOTAZ	1	 Non-Extended Day Supply
<i>fosamprenavir calcium</i>	1	 Non-Extended Day Supply
FUZEON	1	 Non-Extended Day Supply
GENVOYA	1	 Non-Extended Day Supply
INTELENCE 25 MG TAB	1	
INVIRASE	1	 Non-Extended Day Supply













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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	1	 Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	1	
ISENTRESS HD	1	 Non-Extended Day Supply
JULUCA	1	 Non-Extended Day Supply
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	1	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab, lopinavir-ritonavir 400-100 mg/5ml solution)</i>	1	
<i>maraviroc</i>	1	 Non-Extended Day Supply
<i>nevirapine (nevirapine 50 mg/5ml suspension, nevirapine 200 mg tab)</i>	1	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	1	
NORVIR 100 MG PACKET	1	
ODEFSEY	1	 Non-Extended Day Supply
PIFELTRO	1	 Non-Extended Day Supply
PREZCOBIX	1	 Non-Extended Day Supply


















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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	1	
PREZISTA 100 MG/ML SUSPENSION	1	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	1	 Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	1	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	1	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	1	
STRIBILD	1	 Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	1	 Non-Extended Day Supply
SYMTUZA	1	
TEMIXYS	1	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	1	 Non-Extended Day Supply
TIVICAY 10 MG TAB	1	
TIVICAY PD	1	 Non-Extended Day Supply
TRIUMEQ	1	 Non-Extended Day Supply
TRIUMEQ PD	1	 Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRIZIVIR	1	 Non-Extended Day Supply
TROGARZO	1	 Non-Extended Day Supply  LA
VIRACEPT	1	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	1	 20 EA / 5 OVER TIME  \$0 Copay
PAXLOVID (300/100)	1	 30 EA / 5 OVER TIME  \$0 Copay
<b>CMV AGENTS</b>		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	1	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	 Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	 Non-Extended Day Supply
<i>entecavir</i>	1	 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	1	
LEDIPASVIR-SOFOSBUVIR	1	 28 EA / 28 DAYS   Non-Extended Day Supply
MAVYRET 100-40 MG TAB	1	 84 EA / 28 DAYS   Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	1	 168 EA / 28 DAYS   Non-Extended Day Supply
PEGASYS	1	  Non-Extended Day Supply
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	1	 28 EA / 28 DAYS   Non-Extended Day Supply
VEMLIDY	1	 Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VOSEVI	1	<div data-bbox="1133 317 1192 359">QL</div> 28 EA / 28 DAYS <div data-bbox="1133 365 1192 407">PA</div> <div data-bbox="1133 413 1192 478">NDS</div> Non-Extended Day Supply
<b>HERPES AGENTS</b>		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir sodium</i>	1	<div data-bbox="1133 709 1192 751">PA<sup>3</sup></div>
<i>famciclovir</i>	1	
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	<div data-bbox="1133 1024 1192 1087">QL</div> 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	1	<div data-bbox="1133 1140 1192 1203">QL</div> 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	<div data-bbox="1133 1234 1192 1297">QL</div> 540 ML / 180 OVER TIME
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	1	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	1	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	1	<div data-bbox="1133 1650 1192 1713">QL</div> 40 EA / 5 OVER TIME

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>taztia xt</i>	1	
<i>tiadytl er</i>	1	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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*verapamil hcl er (verapamil hcl er 100 mg cap er 24h, 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 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h)*

1

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

*digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)*

1

DIGOXIN 0.05 MG/ML SOLUTION

1

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

*amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)*

1

ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)

1

**QL** 60 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>bosentan</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
OPSUMIT	1	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<i>alyq</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>tadalafil (pah)</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)

1

PA  
 NDS Non-Extended Day Supply  
 LA

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS

1

PA  
 NDS Non-Extended Day Supply  
 LA

**SINUS NODE INHIBITORS**

CORLANOR 5 MG TAB

1

QL 60 EA / 30 DAYS

CORLANOR 5 MG/5ML SOLUTION

1

QL 450 ML / 30 DAYS

CORLANOR 7.5 MG TAB

1

QL 60 EA / 30 DAYS

*ivabradine hcl*

1

QL 60 EA / 30 DAYS

**TRANSTHYRETIN STABILIZERS**

VYNDAMAX

1

QL 30 EA / 30 DAYS  
 PA  
 LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

VERQUVO	1	<span style="background-color: #4a4a8a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
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**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**CEPHALOSPORINS - 2ND GENERATION**

CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	1	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	

**CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	1	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME AND DEXTROSE	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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CEFTRIAXONE SODIUM (CEFTRIAXONE SODIUM 1 GM RECON SOLN, CEFTRIAXONE SODIUM 2 GM RECON SOLN, CEFTRIAXONE SODIUM 10 GM RECON SOLN, CEFTRIAXONE SODIUM 100 GM RECON SOLN, CEFTRIAXONE SODIUM 250 MG RECON SOLN, CEFTRIAXONE SODIUM 500 MG RECON SOLN)	1	
CEFTRIAXONE SODIUM IN DEXTROSE	1	
CEFTRIAXONE SODIUM-DEXTROSE	1	
<i>tazicef 1 gm recon soln</i>	1	
<i>tazicef 2 gm recon soln</i>	1	
TAZICEF 6 GM RECON SOLN	1	

### CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	1	
CEFEPIME-DEXTROSE	1	

### CEPHALOSPORINS - 5TH GENERATION

TEFLARO	1	 Non-Extended Day Supply
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### CONTRACEPTIVES

#### COMBINATION CONTRACEPTIVES - ORAL

<i>altavera</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aviane</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>hailey 24 fe</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est &amp; eth est</i>	1	


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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tri-vylibra</i>	1	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	1	 1 EA / 365 OVER TIME
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>haloette</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>levonorgestrel (plan b)</i>	OTC	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104	1	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	1	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	OTC	
<i>sharobel</i>	1	
SLYND	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tulana</i>	1	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	<div data-bbox="1133 579 1192 617">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 632 1192 669">PA</div> <div data-bbox="1133 684 1192 722">NDS</div> Non-Extended Day Supply
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i>	1	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	<div data-bbox="1133 1633 1192 1671">PA<sup>3</sup></div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	PA <sup>3</sup>
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	1	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	PA <sup>3</sup>
PREDNISON (PREDNISON 1 MG TAB, PREDNISON 2.5 MG TAB, PREDNISON 5 MG TAB, PREDNISON 5 MG/5ML SOLUTION, PREDNISON 10 MG TAB, PREDNISON 20 MG TAB, PREDNISON 50 MG TAB)	1	PA <sup>3</sup>
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISON INTENSOL	1	PA <sup>3</sup>
SOLU-CORTEF	1	
SOLU-MEDROL (PF)	1	
SOLU-MEDROL 1000 MG RECON SOLN	1	
SOLU-MEDROL 2 GM RECON SOLN	1	
SOLU-MEDROL 500 MG RECON SOLN	1	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1*	
<i>dextromethorphan (robitussin)</i>	OTC	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	OTC	
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	OTC	
<i>chlorpheniramine / phenylephrine / aspirin</i>	OTC	
<i>dextromethorphan / acetaminophen / chlorpheniramine</i>	OTC	
<i>dextromethorphan / phenylephrine / acetaminophen</i>	OTC	
<i>diphenhydramine / phenylephrine / acetaminophen</i>	OTC	
<i>doxylamine / dextromethorphan</i>	OTC	
<i>ephedrine / guaifenesin</i>	OTC	
<i>g tussin ac</i>	OTC	
<i>guaiaatussin ac</i>	OTC	
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	OTC	
<i>guaifenesin / dextromethorphan / phenylephrine</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	OTC	
<i>guaifenesin ac</i>	OTC	
<i>guaifenesin-codeine (guaifenesin-codeine 100-10 mg/5ml solution, guaifenesin-codeine 200-20 mg/10ml solution)</i>	OTC	
<i>loratadine / pseudoephedrine (claritin – d)</i>	OTC	
<i>maxi-tuss ac</i>	OTC	
<i>phenylephrine / acetaminophen</i>	OTC	
<i>phenylephrine / bropheniramine / dextromethorphan</i>	OTC	
<i>phenylephrine / chlorpheniramine / dextromethorphan</i>	OTC	
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	OTC	
<i>phenylephrine / dextromethorphan</i>	OTC	
<i>phenylephrine / dextromethorphan / guaifenesin / acetaminophen</i>	OTC	
<i>phenylephrine / doxylamine / dextromethorphan / acetaminophen</i>	OTC	
<i>phenylephrine / guaifenesin</i>	OTC	
<i>pseudoephedrine / acetaminophen</i>	OTC	
<i>pseudoephedrine / guaifenesin</i>	OTC	
<i>pseudoephedrine / ibuprofen</i>	OTC	
<i>virtussin a/c</i>	OTC	
<i>virtussin ac w/alc</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>EXPECTORANTS</b>		
<i>guaifenesin (mucinex)</i>	OTC	
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>camphor</i>	OTC	
<i>camphor / eucalyptus / menthol</i>	OTC	
<i>sodium chloride nasal spray</i>	OTC	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	PA <sup>3</sup>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	1	
<i>amnestem</i>	1	
<i>avita 0.025 % cream</i>	1	QL 45 GM / 30 DAYS PA
<i>benzoyl peroxide</i>	OTC	
<i>claravis</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	1	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	1	QL 75 GM / 30 DAYS
ERY	1	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	1	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sulfacetamide sodium (acne)</i>	1	<span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.05 % gel, tretinoin 0.1 % cream)</i>	1	<span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 45 GM / 30 DAYS <span style="background-color: #f39c12; color: white; padding: 2px;">PA</span>
<i>zenatane</i>	1	
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>aleve arthritis pain</i>	OTC	
<i>arthritis pain reliever 1 % gel</i>	OTC	
<i>aspercreme arthritis pain</i>	OTC	
<i>cvs diclofenac sodium</i>	OTC	
<i>diclofenac 1% gel</i>	OTC	
<i>diclofenac 1% gel rx only</i>	1	<span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 1000 GM / 30 DAYS
<i>diclofenac sodium 1 % gel</i>	OTC	
<i>eq arthritis pain 1 % gel</i>	OTC	
<i>eq arthritis pain reliever</i>	OTC	
<i>ft arthritis pain</i>	OTC	
<i>gnp arthritis pain</i>	OTC	
<i>gnp diclofenac sodium</i>	OTC	
<i>goodsense arthritis pain 1 % gel</i>	OTC	
<i>kls arthritis pain relief</i>	OTC	
<i>kls diclofenac sodium</i>	OTC	
<i>mm arthritis pain reliever</i>	OTC	
<i>motrin arthritis pain</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pharmacist choice diclofenac</i>	OTC	
<i>qc diclofenac sodium</i>	OTC	
<i>sm arthritis pain</i>	OTC	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin</i>	OTC	
<i>bacitracin / polymyxin b (polysporin)</i>	OTC	
<i>bacitracin zinc</i>	OTC	
<i>gentamicin sulfate 0.1 % cream</i>	1	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	1	QL 220 GM / 30 DAYS
<i>neomycin / bacitracin / polymixin (neosporin)</i>	OTC	
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	OTC	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox 0.77 % gel</i>	1	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	1	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	1	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	1	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	OTC	
<i>clotrimazole cream (lotrimin) rx only</i>	1	QL 45 GM / 30 DAYS
<i>clotrimazole solution (lotrimin) rx only</i>	1	QL 30 ML / 28 OVER TIME

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	1	QL 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	1	QL 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	1	QL 240 ML / 30 DAYS
<i>klayesta</i>	1	QL 60 GM / 30 DAYS
<i>miconazole (micatin)</i>	OTC	
<i>nyamyc</i>	1	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	1	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	1	QL 60 GM / 30 DAYS
<i>nystatin-triamcinolone</i>	1	QL 60 GM / 30 DAYS
<i>nystop</i>	1	QL 60 GM / 30 DAYS
<i>terbinafine (lamisil)</i>	OTC	
<i>tolnaftate (tinactin)</i>	OTC	
<b>ANTIHISTAMINES-TOPICAL</b>		
<i>diphenhydramine</i>	OTC	
<i>diphenhydramine / zinc</i>	OTC	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	QL 60 GM / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	1	QL 100 GM / 30 DAYS PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS
PANRETIN	1	PA <sup>2</sup> NDS Non-Extended Day Supply
VALCHLOR	1	QL 240 GM / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

### ANTIPRURITICS - TOPICAL

<i>anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>cvs anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>gnp anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>men-phor</i>	OTC	

### ANTIPSORIATICS

<i>acitretin</i>	1	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	1	QL 120 GM / 30 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	1	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	1	
METHOXSALEN RAPID	1	NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SKYRIZI 150 MG/ML SOLN PRSYR	1	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	1	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	1	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	1	QL 60 GM / 30 DAYS PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	1	QL 30 GM / 30 DAYS
<i>penciclovir</i>	1	QL 5 GM / 7 OVER TIME

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>BATH PRODUCTS</b>		
<i>bath oil</i>	OTC	
<i>body wash</i>	OTC	
<i>emollient</i>	OTC	
MOISTURIZING CREAM (VANICREAM)	OTC	
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	1	<span data-bbox="1133 856 1192 919">QL</span> 453.6 GM / 30 DAYS
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	<span data-bbox="1133 1073 1192 1115">QL</span> 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	<span data-bbox="1133 1192 1192 1234">QL</span> 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	<span data-bbox="1133 1335 1192 1377">QL</span> 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	<span data-bbox="1133 1486 1192 1528">QL</span> 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	<span data-bbox="1133 1602 1192 1644">QL</span> 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	<span data-bbox="1133 1703 1192 1745">QL</span> 120 ML / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clobetasol prop emollient base</i>	1	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	1	QL 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	1	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	1	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	1	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	1	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	1	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	1	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	1	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	1	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	1	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	1	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
FLUOCINONIDE 0.05 % GEL	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	OTC	
HYDROCORTISONE 2.5 % LOTION	1	QL 118 ML / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone cream</i>	1	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	1	QL 454 GM / 30 DAYS

### DIAPER RASH PRODUCTS

<i>diaper rash products</i>	OTC	
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### ECZEMA AGENTS

ADBRY 150 MG/ML SOLN PRSYR	1	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	<div data-bbox="1133 317 1192 359">QL</div> 1.34 ML / 28 DAYS <div data-bbox="1133 365 1192 407">PA</div> <div data-bbox="1133 413 1192 478">NDS</div> Non-Extended Day Supply
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (carmol)</i>	OTC	
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	OTC	
<i>ammonium lactate (amlactin) rx only</i>	1	
<i>glycerin</i>	OTC	
<i>mineral oil / petrolatum</i>	OTC	
<i>vitamin a</i>	OTC	
<i>vitamin a / vitamin d</i>	OTC	
<b>ENZYMES - TOPICAL</b>		
SANTYL	1	<div data-bbox="1133 1125 1192 1190">QL</div> 180 GM / 30 OVER TIME
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	<div data-bbox="1133 1293 1192 1335">QL</div> 24 EA / 30 DAYS
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	<div data-bbox="1133 1423 1192 1465">QL</div> 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	<div data-bbox="1133 1499 1192 1541">QL</div> 100 GM / 30 DAYS
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	1	<div data-bbox="1133 1648 1192 1690">QL</div> 7 ML / 30 DAYS



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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>salicylic acid</i>	OTC	
<b>LINIMENTS</b>		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	OTC	
<i>methyl salicylate / menthol</i>	OTC	
<i>trolamine salicylate (myoflex)</i>	OTC	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin (zostrix)</i>	OTC	
<i>capsaicin / menthol (salonpas)</i>	OTC	
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine ointment rx only</i>	1	QL 107 GM / 30 DAYS
<i>lidocaine patches</i>	OTC	
<i>lidocaine patches rx only</i>	1	QL 90 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS
<i>pramoxine / calamine</i>	OTC	
<b>MISC. TOPICAL</b>		
<i>calamine</i>	OTC	
<i>calamine / zinc oxide</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dimethicone</i>	OTC	
DIMETHICONE CREAM	OTC	
DRYSOL	1*	
<i>eyelid cleansers</i>	OTC	
<i>lanolin / petrolatum</i>	OTC	
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	OTC	
<i>menthol / zinc oxide</i>	OTC	
<i>mineral oil</i>	OTC	
SKIN OIL (JOHNSONS BABY OIL)	OTC	
<i>skin oils</i>	OTC	
<i>sodium chloride</i>	OTC	
<i>witch hazel</i>	OTC	
<i>zinc oxide (desitin)</i>	OTC	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	1	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	1	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	1	QL 60 GM / 30 DAYS
<b>SCABICIDES PEDICULICIDES</b>		
LINDANE	1	
<i>malathion</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>permethrin (nix)</i>	OTC	
<i>permethrin (nix) rx only</i>	1	
<i>piperonyl / pyrethrins (rid)</i>	OTC	
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	OTC	
<b>WOUND CARE PRODUCTS</b>		
REGRANEX	1	 Non-Extended Day Supply
<i>wound care supplies</i>	OTC	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
<i>covid-19 test kit</i>	OTC	 8 EA / 30 DAYS
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
I-methylfolate	OTC	
I-methylfolate combinations	OTC	
<b>NUTRITIONAL SUPPLEMENTS</b>		
<i>nutritional supplements</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	1	
<i>lactase (lactaid)</i>	OTC	
SUCRAID	1	<div data-bbox="1133 577 1193 615">PA</div> <div data-bbox="1133 632 1193 672">NDS</div> <div data-bbox="1203 632 1477 695">Non-Extended Day Supply</div> <div data-bbox="1133 699 1193 737">LA</div>
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)</i>	1	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE- HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	1	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>torseamide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	
<i>indapamide</i>	1	
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	<span style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 5px;">QL</span> 1 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>risedronate sodium</i>	1	
<i>teriparatide</i>	1	<span>QL</span> 2.48 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	1	<span>QL</span> 2.48 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
XGEVA	1	<span>QL</span> 1.7 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	1	<span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<b>GROWTH HORMONES</b>		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	1	<span>PA</span> <span>NDS</span> Non-Extended Day Supply
SKYTROFA	1	<span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHERA	1	
<i>raloxifene hcl</i>	1	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	1	<div data-bbox="1133 579 1192 611">PA</div> <div data-bbox="1133 632 1192 663">NDS</div> <div data-bbox="1208 632 1479 695">Non-Extended Day Supply</div> <div data-bbox="1133 705 1192 737">LA</div>
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	1	<div data-bbox="1133 842 1192 873">NDS</div> <div data-bbox="1208 842 1479 905">Non-Extended Day Supply</div> <div data-bbox="1133 915 1192 947">LA</div>
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap, calcitriol 1 mcg/ml solution)</i>	1	
<i>carglumic acid</i>	1	<div data-bbox="1133 1073 1192 1104">PA</div> <div data-bbox="1133 1125 1192 1157">NDS</div> <div data-bbox="1208 1125 1479 1188">Non-Extended Day Supply</div> <div data-bbox="1133 1199 1192 1230">LA</div>
<i>cinacalcet hcl</i>	1	<div data-bbox="1133 1251 1192 1283">PA</div>
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	1	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	1	<div data-bbox="1133 1619 1192 1650">PA</div> <div data-bbox="1133 1671 1192 1703">NDS</div> <div data-bbox="1208 1671 1479 1734">Non-Extended Day Supply</div> <div data-bbox="1133 1745 1192 1776">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nitisinone</i>	1	<div data-bbox="1133 317 1192 352">PA</div> <div data-bbox="1133 365 1192 428">NDS</div> Non-Extended Day Supply
OPFOLDA	1	<div data-bbox="1133 453 1192 489">QL</div> 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	1	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	1	<div data-bbox="1133 655 1192 690">PA</div> <div data-bbox="1133 703 1192 766">NDS</div> Non-Extended Day Supply <div data-bbox="1133 779 1192 814">LA</div>
<i>sodium phenylbutyrate 500 mg tab</i>	1	<div data-bbox="1133 840 1192 875">PA</div> <div data-bbox="1133 888 1192 951">NDS</div> Non-Extended Day Supply
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	1	<div data-bbox="1133 1050 1192 1085">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1098 1192 1134">PA</div>
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	1	PA
SIGNIFOR	1	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>norethindrone-eth estradiol</i>	1	
<b>ESTROGENS</b>		
<i>dotti</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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*estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk, estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)*

1

*estradiol valerate*

1

*lyllana*

1

MENEST

1

**FLUOROQUINOLONES**

**FLUOROQUINOLONES**

*ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)*

1

*ciprofloxacin in d5w*

1

*levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)*

1

*levofloxacin in d5w*

1

MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)

1

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOXIFLOXACIN HCL IN NAACL	1	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
<i>simethicone (mylicon)</i>	OTC	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
RELTONE	1	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	1	
DIPENTUM	1	NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 1000 mg suppos)</i>	1	
MESALAMINE 800 MG TAB DR	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
SKYRIZI 180 MG/1.2ML SOLN CART	1	<div data-bbox="1133 632 1187 688">QL</div> 1.2 ML / 56 OVER TIME <div data-bbox="1133 705 1187 741">PA</div> <div data-bbox="1133 758 1187 814">NDS</div> Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	1	<div data-bbox="1133 846 1187 903">QL</div> 2.4 ML / 56 OVER TIME <div data-bbox="1133 919 1187 955">PA</div> <div data-bbox="1133 972 1187 1029">NDS</div> Non-Extended Day Supply
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	1	<div data-bbox="1133 1472 1187 1528">NDS</div> Non-Extended Day Supply
LINZESS	1	<div data-bbox="1133 1570 1187 1606">QL</div> 30 EA / 30 DAYS
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	1	<div data-bbox="1133 1698 1187 1734">QL</div> 30 EA / 30 DAYS

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RELISTOR 12 MG/0.6ML SOLUTION	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 18 ML / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
RELISTOR 8 MG/0.4ML SOLUTION	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 12 ML / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>lanthanum carbonate</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>sevelamer carbonate</i>	1	
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #00728f; color: white; padding: 2px;">LA</span></li> </ul>
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS NO 2	1	
<b>ALKALINIZERS</b>		
<i>potassium citrate</i>	OTC	
<i>potassium citrate / sodium citrate (cytra-3)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>potassium citrate er</i>	1	
<i>sodium citrate</i>	OTC	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	1	<div data-bbox="1133 506 1195 548">PA</div> <div data-bbox="1133 554 1195 596">LA</div>
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	1	
<i>sodium chloride 0.9 % solution</i>	1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	1	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	OTC	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	1	
<i>tiopronin 100 mg tab</i>	1	<div data-bbox="1133 1688 1195 1730">PA</div> <div data-bbox="1133 1736 1195 1778">NDS</div> <div data-bbox="1203 1736 1479 1808">Non-Extended Day Supply</div> <div data-bbox="1133 1806 1195 1848">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
<b>URICOSURICS</b>		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	1	<div data-bbox="1133 1079 1192 1115">PA</div> <div data-bbox="1133 1129 1192 1192">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1203 1192 1239">LA</div>
<i>sajazir</i>	1	<div data-bbox="1133 1268 1192 1304">PA</div> <div data-bbox="1133 1318 1192 1381">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1392 1192 1428">LA</div>
<b>COMPLEMENT INHIBITORS</b>		
CINRYZE	1	<div data-bbox="1133 1530 1192 1566">PA</div> <div data-bbox="1133 1581 1192 1644">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1654 1192 1690">LA</div>
HAEGARDA	1	<div data-bbox="1133 1709 1192 1745">PA</div> <div data-bbox="1133 1759 1192 1822">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1833 1192 1869">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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RUCONEST

1

PA

NDS

Non-Extended Day Supply

LA

**HEMATORHEOLOGIC AGENTS**

*pentoxifylline er*

1

**PLATELET AGGREGATION INHIBITORS**

*anagrelide hcl*

1

*aspirin-dipyridamole er*

1

BRILINTA

1

*cilostazol*

1

*clopidogrel bisulfate 75 mg tab*

1

*dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)*

1

*prasugrel hcl*

1

**HEMATOPOIETIC AGENTS**

**AGENTS FOR GAUCHER DISEASE**

CERDELGA

1

QL

60 EA / 30 DAYS

PA

NDS

Non-Extended Day Supply

LA

*miglustat*

1

PA

NDS

Non-Extended Day Supply

LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>yargesa</i>	1	<div data-bbox="1133 317 1192 352">PA</div> <div data-bbox="1133 369 1477 436">NDS Non-Extended Day Supply</div> <div data-bbox="1133 443 1192 474">LA</div>
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### AGENTS FOR SICKLE CELL DISEASE

DROXIA	1	
l-glutamine 5 gm packet	1	<div data-bbox="1133 632 1477 667">QL 180 EA / 30 DAYS</div> <div data-bbox="1133 680 1192 716">PA</div> <div data-bbox="1133 730 1477 798">NDS Non-Extended Day Supply</div> <div data-bbox="1133 804 1192 837">LA</div>

### COBALAMINS

<i>cyanocobalmin (vitamin b12)</i>	OTC
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### FOLIC ACID/FOLATES

<i>folic acid</i>	OTC
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### HEMATOPOIETIC GROWTH FACTORS

PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	1	<div data-bbox="1133 1197 1192 1232">PA</div> <div data-bbox="1133 1247 1477 1318">NDS Non-Extended Day Supply</div>
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	1	<div data-bbox="1133 1337 1477 1373">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 1388 1192 1423">PA</div> <div data-bbox="1133 1438 1477 1503">NDS Non-Extended Day Supply</div>
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	1	<div data-bbox="1133 1520 1477 1556">QL 60 EA / 30 DAYS</div> <div data-bbox="1133 1570 1192 1606">PA</div> <div data-bbox="1133 1621 1477 1686">NDS Non-Extended Day Supply</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	1	PA
RETACRIT 40000 UNIT/ML SOLUTION	1	PA NDS Non-Extended Day Supply
UDENYCA	1	NDS Non-Extended Day Supply
ZARXIO	1	NDS Non-Extended Day Supply
ZIEXTENZO	1	NDS Non-Extended Day Supply

### HEMATOPOIETIC MIXTURES

<i>chewable iron</i>	OTC
<i>cyanocobalmin (vitamin b12) / folic acid</i>	OTC
<i>ferraplus 90</i>	OTC
FERREX	OTC
<i>ferrex 150 forte</i>	OTC
<i>ferrex 150 forte plus</i>	OTC
<i>ferrex 150 plus</i>	OTC
<i>ferrex 28</i>	OTC
<i>ferrous fumarate / folic acid</i>	OTC
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	OTC
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	OTC

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ferrous fumarate polysaccharide complex</i>	OTC	
FERROUS SULFATE	OTC	
<i>ferrous sulfate combination</i>	OTC	
<i>folic acid / vitamin b6 / vitamin b12</i>	OTC	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	OTC	
<i>folic acid / vitamin d</i>	OTC	
<i>hemetab</i>	OTC	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	OTC	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	OTC	
<i>iron combinations</i>	OTC	
<i>iron polysaccharide complex</i>	OTC	
<i>multigen</i>	OTC	
<i>multigen folic</i>	OTC	
<i>multigen plus</i>	OTC	
MULTIGEN TABLET	OTC	
<i>taron forte</i>	OTC	
<i>vitamin c / iron (vitron-c)</i>	OTC	
<b>IRON</b>		
<i>carbonyl iron</i>	OTC	
<i>ferrous fumarate</i>	OTC	
<i>ferrous gluconate</i>	OTC	
<i>ferrous sulfate</i>	OTC	
<i>polysaccharide iron complex</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>eszopiclone</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS <span style="background-color: #808040; color: white; padding: 2px;">PA<sup>2</sup></span>
<i>zaleplon 10 mg cap</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	1	<span>QL</span> 30 EA / 30 DAYS
DAYVIGO	1	<span>QL</span> 30 EA / 30 DAYS
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ	1	<span>QL</span> 30 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<i>ramelteon</i>	1	<span>QL</span> 30 EA / 30 DAYS
<i>tasimelteon</i>	1	<span>QL</span> 30 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
<i>benefiber on the go powder</i>	OTC	
<i>calcium polycarbophil (fiber laxative)</i>	OTC	
<i>cellulose (unifiber)</i>	OTC	
<i>clear soluble fiber</i>	OTC	
<i>eq fiber powder</i>	OTC	
<i>eql fiber supplement</i>	OTC	
<i>eql fiber supplement (wheat)</i>	OTC	
<i>gnp best fiber</i>	OTC	
<i>goodsense best fiber</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylcellulose (citrucel)</i>	OTC	
<i>psyllium (metamucil)</i>	OTC	
<b>LAXATIVE COMBINATIONS</b>		
GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>senna / docusate sodium (peri-colace)</i>	OTC	
SUFLAVE	1	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
<i>glycerin suppository</i>	OTC	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	
<i>polyethylene glycol 3350 (miralax)</i>	OTC	
<i>sorbitol solution</i>	OTC	
<b>SALINE LAXATIVES</b>		
<i>enema</i>	OTC	
<i>magnesium citrate solution (citroma)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>magnesium hydroxide (phillips' milk of magnesia)</i>	OTC	
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl (dulcolax)</i>	OTC	
<i>sennosides</i>	OTC	
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium (surfak)</i>	OTC	
<i>docusate sodium (colace)</i>	OTC	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
<b>ERYTHROMYCINS</b>		
<i>ery-tab</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERYTHROCIN STEARATE	1	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	1	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i>	1	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	1	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	1	QL 136 ML / 10 OVER TIME
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>AUDITORY SUPPLIES</b>		
<i>hearing aid batteries</i>	OTC	
<b>BANDAGES-DRESSINGS-TAPE</b>		
GAUZE PADS	1	
<i>gauze pads and dressings</i>	1	





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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>CONTRACEPTIVES</b>		
<i>female condoms</i>	OTC	
<i>male condoms</i>	OTC	
<b>DIABETIC SUPPLIES</b>		
<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	QL 1 EA / 274 OVER TIME PA
DEXCOM G6 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
DEXCOM G6 TRANSMITTER	Part B Covered	QL 1 EA / 68 OVER TIME PA
DEXCOM G7 RECEIVER	Part B Covered	QL 1 EA / 275 OVER TIME PA
DEXCOM G7 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
FREESTYLE LIBRE 14 DAY READER	Part B Covered	QL 1 EA / 274 OVER TIME PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	<span>QL</span> 2 EA / 28 DAYS <span>PA</span>
FREESTYLE LIBRE 2 READER	Part B Covered	<span>QL</span> 1 EA / 274 OVER TIME <span>PA</span>
FREESTYLE LIBRE 2 SENSOR	Part B Covered	<span>QL</span> 2 EA / 28 DAYS <span>PA</span>
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	<span>QL</span> 2 EA / 30 DAYS <span>PA</span>
FREESTYLE LIBRE 3 READER	Part B Covered	<span>QL</span> 1 EA / 274 OVER TIME <span>PA</span>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<span>QL</span> 2 EA / 28 DAYS <span>PA</span>
FREESTYLE LIBRE READER	Part B Covered	<span>QL</span> 1 EA / 274 OVER TIME <span>PA</span>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<span>QL</span> 2 EA / 20 DAYS <span>PA</span>
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	1	<span>QL</span> 1 EA / 275 OVER TIME
OMNIPOD 5 G6 PODS (GEN 5)	1	<span>QL</span> 15 EA / 30 DAYS
OMNIPOD 5 G7 INTRO (GEN 5)	1	<span>QL</span> 1 EA / 275 OVER TIME
OMNIPOD 5 G7 PODS (GEN 5)	1	<span>QL</span> 15 EA / 30 DAYS
OMNIPOD 5 PACK	1	<span>QL</span> 15 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OMNIPOD CLASSIC PDM (GEN 3)	1	 1 EA / 275 OVER TIME
OMNIPOD DASH INTRO (GEN 4)	1	 1 EA / 275 OVER TIME
OMNIPOD DASH PDM (GEN 4)	1	 1 EA / 275 OVER TIME
OMNIPOD DASH PODS (GEN 4)	1	 15 EA / 30 DAYS
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>catheter</i>	OTC	
<i>incontinence supplies</i>	OTC	
<b>INFANT CARE PRODUCTS</b>		
<i>diapers</i>	OTC	
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	1	
ALCOHOL SWABS 1X1	1	
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
<i>optical supplies</i>	OTC	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	
INSULIN SYRINGE (DISP) U-100 1 ML	1	
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MONOJECT SYRINGES	1*	
<i>needles and syringes</i>	1	
<i>needles and syringes</i>	OTC	
<i>needles and syringes rx only</i>	OTC	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER HOLDING CHAMBER	1*	
AEROCHAMBER MINI CHAMBER	1*	
AEROCHAMBER MV	1*	
AEROCHAMBER PLS FLOVU MTHPIECE	1*	
AEROCHAMBER PLUS FLO-VU	1*	
AEROCHAMBER PLUS FLO-VU INTERM	OTC	
AEROCHAMBER PLUS FLO-VU LARGE	1*	
AEROCHAMBER PLUS FLO-VU MEDIUM	1*	
AEROCHAMBER PLUS FLO-VU SMALL	1*	
AEROCHAMBER PLUS FLO-VU W/MASK	1*	
AEROCHAMBER PLUS FLOW VU	1*	
AEROCHAMBER W/FLOWSIGNAL	1*	
AEROCHAMBER Z-STAT PLUS	1*	
AEROCHAMBER Z-STAT PLUS CHAMBR	1*	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AEROCHAMBER Z-STAT PLUS/LARGE	1*	
AEROCHAMBER Z-STAT PLUS/MEDIUM	1*	
AEROCHAMBER Z-STAT PLUS/SMALL	1*	
AEROVENT PLUS	1*	
AIRIAL CHAMBER	OTC	
AIRZONE PEAK FLOW METER	OTC	
ASSESS FULL RANGE PEAK METER	OTC	
ASSESS LOW RANGE PEAK METER	OTC	
ASSESS PEAK FLOW METER	OTC	
ASTHMA CHECK METER-ZONE SYSTEM	OTC	
ASTHMAMENTOR	OTC	
BREATHE COMFORT CHAMBER/ADULT	OTC	
BREATHE COMFORT CHAMBER/CHILD	OTC	
BREATHE EASE LARGE	1*	
BREATHE EASE MEDIUM	1*	
BREATHE EASE PEAK FLOW METER	OTC	
BREATHE EASE SMALL	1*	
BREATHERITE	1*	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BREATHERITE COLL SPACER ADULT	1*	
BREATHERITE COLL SPACER CHILD	1*	
BREATHERITE COLL SPACER INFANT	1*	
BREATHERITE RIGID SPACER/MASK	1*	
BREATHERITE SPACER NEONATE	1*	
BREATHERITE SPACER SMALL CHILD	1*	
BREATHERITE VALVED MDI CHAMBER	1*	
BREATHERITE/LARGE MASK	1*	
BREATHERITE/MEDIUM MASK	1*	
BREATHERITE/SMALL MASK	1*	
CLEVER CHOICE HOLDING CHAMBER	OTC	
CLEVER CHOICE PEAK FLOW METER	OTC	
COMPACT SPACE CHAMBER	1*	
COMPACT SPACE CHAMBER/LG MASK	1*	
COMPACT SPACE CHAMBER/MED MASK	1*	
COMPACT SPACE CHAMBER/SM MASK	1*	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
EASIVENT	1*	
EASIVENT MASK LARGE	1*	
EASIVENT MASK MEDIUM	1*	
EASIVENT MASK SMALL	1*	
EQ SPACE CHAMBER ANTI-STATIC	1*	
EQ SPACE CHAMBER ANTI-STATIC L	1*	
EQ SPACE CHAMBER ANTI-STATIC M	1*	
EQ SPACE CHAMBER ANTI-STATIC S	1*	
FLEXICHAMBER	1*	
INSPIRACHAMBER/LARGE	1*	
INSPIRACHAMBER/MEDIUM	1*	
INSPIRACHAMBER/MOUTHPIECE	1*	
INSPIRACHAMBER/SMALL	1*	
INSPIREASE	1*	
LITEAIRE	1*	
LUNG PERFORM PEAK FLOW METER	OTC	
MICROCHAMBER	1*	
MICROLIFE DIGITAL PEAK FLOW	OTC	
MICROSPACER	1*	
MINI WRIGHT PEAK FLOW METER	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPTICHAMBER ADVANTAGE-LG MASK	1*	
OPTICHAMBER ADVANTAGE-MED MASK	1*	
OPTICHAMBER ADVANTAGE-SM MASK	1*	
OPTICHAMBER DIAMOND	1*	
OPTICHAMBER DIAMOND-LG MASK	1*	
OPTICHAMBER DIAMOND-MD MASK	1*	
OPTICHAMBER DIAMOND-SM MASK	1*	
OPTICHAMBER FACE MASK-LARGE	OTC	
OPTICHAMBER FACE MASK-MEDIUM	OTC	
OPTICHAMBER FACE MASK-SMALL	OTC	
OPTIHALER	1*	
PEAK A-I-R FLOW METER	OTC	
PEAK AIR PEAK FLOW METER	OTC	
PEAK FLOW METER UNIVERSAL RANG	OTC	
PERSONAL BEST FULL RANGE	OTC	
PERSONAL BEST LOW RANGE	OTC	
PIKO 1	OTC	
POCKET CHAMBER	1*	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
POCKET PEAK FLOW METER	OTC	
POCKET SPACER	1*	
POCKETPEAK PEAK FLOW METER	OTC	
PRIMEAIRE HOLDING CHAMBER	1*	
PRO COMFORT SPACER ADULT	OTC	
PRO COMFORT SPACER CHILD	OTC	
PRO COMFORT SPACER INFANT	OTC	
PROCARE SPACER/ADULT MASK	OTC	
PROCARE SPACER/CHILD MASK	OTC	
PROCHAMBER VHC	1*	
PURE COMFORT FLOW METER ADULT	OTC	
PURE COMFORT FLOW METER CHILD	OTC	
PURE COMFORT SPACER CHAMBER	OTC	
<i>respiratory therapy supplies</i>	OTC	
RITEFLO	1*	
STRIVE DUAL ZONE PEAK FLOW MTR	1*	
TRUZONE PEAK FLOW METER	1*	
VORTEX HOLD CHMBR/MASK/CHILD	1*	
VORTEX HOLD CHMBR/MASK/TODDLER	1*	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VORTEX HOLDING CHAMBER/MASK	1*	
VORTEX VALVED HOLDING CHAMBER	1*	
WATCHHALER	1*	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	1	<span>QL</span> 1 ML / 30 DAYS <span>PA</span>
AJOVY	1	<span>QL</span> 1.5 ML / 30 DAYS <span>PA</span>
EMGALITY	1	<span>QL</span> 2 ML / 30 DAYS <span>PA</span>
EMGALITY (300 MG DOSE)	1	<span>QL</span> 3 ML / 30 DAYS <span>PA</span>
NURTEC	1	<span>QL</span> 16 EA / 30 DAYS <span>PA</span>
<b>MIGRAINE COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	1	
<i>sumatriptan-naproxen sodium</i>	1	<span>QL</span> 18 EA / 30 OVER TIME
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	<span>QL</span> 16 ML / 30 DAYS <span>PA</span>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	1	QL 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	1	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	1	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	1	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	1	QL 18 EA / 30 OVER TIME
<i>zomig (zomig 2.5 mg tab, zomig 5 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium / magnesium / vitamin d</i>	OTC	
<i>calcium / magnesium / zinc</i>	OTC	
<i>calcium / phosphorus / vitamin d</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium / vitamin c / vitamin d</i>	OTC	
<i>calcium / vitamin d / vitamin k</i>	OTC	
<i>calcium carbonate</i>	OTC	
<i>calcium carbonate / folic acid / vitamin d</i>	OTC	
<i>calcium carbonate / vitamin d</i>	OTC	
<i>calcium carbonate / vitamin d / minerals</i>	OTC	
<i>calcium citrate</i>	OTC	
<i>calcium citrate / vitamin d</i>	OTC	
<i>calcium gluconate 10 % solution</i>	1	
<b>ELECTROLYTE MIXTURES</b>		
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	1	PA <sup>3</sup>
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	1	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	1	
<i>electrolyte solution</i>	OTC	
KCL (0.149%) IN NAACL	1	
KCL (0.298%) IN NAACL	1	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	1	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KCL-LACTATED RINGERS-D5W	1	
LACTATED RINGERS	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.45 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.9 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 40-0.9 meq/l-% solution</i>	1	
<i>ringers</i>	1*	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	1	
<i>sodium fluoride chewable tablet</i>	1	
<b>MAGNESIUM</b>		
<i>magnesium</i>	OTC	
<i>magnesium chloride</i>	OTC	
<i>magnesium gluconate</i>	OTC	
<i>magnesium sulfate 50 % solution</i>	1	
<b>PHOSPHATE</b>		
K-PHOS	1	
<i>phosphorus supplement</i>	OTC	
<i>potassium / sodium phosphate</i>	OTC	
<b>POTASSIUM</b>		
<i>klor-con</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	1	
<i>potassium chloride 2 meq/ml solution</i>	1	
<i>potassium chloride 20 meq packet</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
<i>potassium gluconate</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>SODIUM</b>		
<i>sodium chloride rx only</i>	1	
<b>TRACE MINERALS</b>		
<i>chromium</i>	OTC	
<i>selenium</i>	OTC	
<b>ZINC</b>		
<i>zinc</i>	OTC	
<i>zinc gluconate</i>	OTC	
<i>zinc sulfate</i>	OTC	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine 250 mg tab</i>	1	<div data-bbox="1133 1031 1192 1066">PA</div> <div data-bbox="1133 1079 1192 1115">NDS</div> <div data-bbox="1203 1079 1479 1150">Non-Extended Day Supply</div>
<i>trientine hcl 250 mg cap</i>	1	<div data-bbox="1133 1165 1192 1201">PA</div> <div data-bbox="1133 1213 1192 1249">NDS</div> <div data-bbox="1203 1213 1479 1285">Non-Extended Day Supply</div>
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	<div data-bbox="1133 1373 1192 1409">QL</div> <div data-bbox="1203 1373 1451 1409">28 EA / 28 DAYS</div> <div data-bbox="1133 1421 1192 1457">PA<sup>2</sup></div> <div data-bbox="1133 1470 1192 1505">NDS</div> <div data-bbox="1203 1470 1479 1541">Non-Extended Day Supply</div> <div data-bbox="1133 1541 1192 1577">LA</div>
REVLIMID	1	<div data-bbox="1133 1606 1192 1642">QL</div> <div data-bbox="1203 1606 1451 1642">30 EA / 30 DAYS</div> <div data-bbox="1133 1654 1192 1690">PA<sup>2</sup></div> <div data-bbox="1133 1703 1192 1738">NDS</div> <div data-bbox="1203 1703 1479 1774">Non-Extended Day Supply</div> <div data-bbox="1133 1774 1192 1810">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REZUROCK	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	1	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply LA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	1	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply LA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	1	PA <sup>3</sup>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	PA <sup>3</sup>
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	PA <sup>3</sup>
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	1	PA <sup>3</sup>
ENVARUSUS XR 4 MG TAB ER 24H	1	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	PA <sup>3</sup> NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	PA <sup>3</sup>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	PA <sup>3</sup>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	1	PA <sup>3</sup>
<i>mycophenolic acid</i>	1	PA <sup>3</sup>
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	1	PA <sup>3</sup>
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	1	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	1	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	PA <sup>3</sup>
<b>IRRIGATION SOLUTIONS</b>		
<i>ringers irrigation</i>	1*	
<i>tis-u-sol</i>	1*	
<b>MISC NATURAL PRODUCTS</b>		
<i>miscellaneous natural products</i>	OTC	
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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VIJOICE 200 & 50 MG TAB THPK	1	<div data-bbox="1133 317 1192 354">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 365 1192 403">PA</div> <div data-bbox="1133 413 1474 480">NDS Non-Extended Day Supply</div>
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### POTASSIUM REMOVING AGENTS

<i>kionex</i>	1	
LOKELMA	1	
<i>sodium polystyrene sulfonate (sodium polystyrene sulfonate powder, sodium polystyrene sulfonate 15 gm/60ml suspension)</i>	1	
<i>sps</i>	1	
VELTASSA	1	

### SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	1	<div data-bbox="1133 1058 1192 1096">QL</div> 4 ML / 28 DAYS <div data-bbox="1133 1106 1192 1144">PA</div> <div data-bbox="1133 1155 1474 1222">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1232 1192 1270">LA</div>
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### MOUTH/THROAT/DENTAL AGENTS

#### ANESTHETICS TOPICAL ORAL

LIDOCAINE HCL 4 % SOLUTION	1	<div data-bbox="1133 1438 1192 1476">QL</div> 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	

#### ANTI-INFECTIVES - THROAT

<i>clotrimazole 10 mg troche</i>	1	
<i>hydrogen peroxide / benzyl alcohol</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	1	
<i>clinpro 5000</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoridex</i>	1	
<i>fluoridex enhanced whitening</i>	1	
<i>fluorimax 5000</i>	1	
<i>just right 5000</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	1	
PREVIDENT 5000 SENSITIVE	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sod fluoride-potassium nitrate</i>	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
<i>sodium fluoride 5000 enamel</i>	1	
<i>sodium fluoride 5000 plus</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i>	1	
<i>sodium fluoride 5000 sensitive</i>	1	
<b>LOZENGES</b>		
<i>menthol</i>	OTC	
<i>throat lozenge</i>	OTC	
<i>throat lozenges</i>	OTC	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	OTC	
<i>vitamin b complex combinations</i>	OTC	
<b>B-COMPLEX W/ C</b>		
<i>vitamin b complex / vitamin c</i>	OTC	
<i>vitamin b complex / vitamin c / calcium</i>	OTC	
<i>vitamin b complex / vitamin c / vitamin e / zinc</i>	OTC	

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>vitamin b complex / biotin / folic acid</i>	OTC	
<i>vitamin b complex / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / vitamin e / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	OTC	
VITAMIN B COMPLEX COMBINATIONS	OTC	
<b>B-COMPLEX W/ IRON</b>		
<i>vitamin b complex / iron</i>	OTC	
<b>B-COMPLEX W/ MINERALS</b>		
<i>vitamin b complex / minerals</i>	OTC	
<b>BIOFLAVONOID PRODUCTS</b>		
<i>bioflavonoids</i>	OTC	
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
<i>multivitamins / calcium</i>	OTC	
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>multivitamins / iron</i>	OTC	
<b>MULTIVITAMINS</b>		
<i>multivitamins</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins / fluoride / iron</i>	OTC	
<i>pediatric multivitamin combinations</i>	OTC	
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<i>pediatric multiple vitamins / minerals</i>	OTC	
PEDIATRIC MULTIVITAMIN COMBINATIONS	OTC	
<b>PED MV W/ FLUORIDE</b>		
<i>pediatric multiple vitamins / fluoride</i>	OTC	
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	OTC	
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron</i>	OTC	
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>pediatric multiple vitamins</i>	OTC	
<b>PEDIATRIC VITAMINS</b>		
<i>pediatric vitamins</i>	OTC	
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin</i>	OTC	
<i>prenatal vitamin rx only</i>	1	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>VITAMIN MIXTURES</b>		
<i>niacin</i>	OTC	
<i>vitamin a / vitamin c / vitamin d</i>	OTC	
<i>vitamin d / vitamin k</i>	OTC	
<b>VITAMINS W/ LIPOTROPICS</b>		
<i>vitamins / lipotropics</i>	OTC	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	1	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	1	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	


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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cromolyn (nasalcrom)</i>	OTC	
<i>olopatadine hcl 0.6 % solution</i>	1	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 34 GM / 30 DAYS
<i>triamcinolone acetonide (nasacort)</i>	OTC	
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>oxymetazoline (afrin)</i>	OTC	
<i>phenylephrine (neo-synephrine)</i>	OTC	
<i>phenylephrine (sudafed pe)</i>	OTC	
<i>pseudoephedrine (sudafed)</i>	OTC	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	1	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 70 ML / 28 DAYS <span style="background-color: #8b572d; color: white; padding: 2px;">PA</span> <span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply <span style="background-color: #0070c0; color: white; padding: 2px;">LA</span>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>riluzole</i>	1	PA
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose 10 % solution</i>	1	PA <sup>3</sup>
<i>dextrose 5 % solution</i>	1	
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>pyridoxine (vitamin b6)</i>	OTC	
<b>PROTEINS</b>		
CLINIMIX/DEXTROSE (4.25/10)	1	PA <sup>3</sup>
CLINIMIX/DEXTROSE (4.25/5)	1	PA <sup>3</sup>
CLINIMIX/DEXTROSE (5/15)	1	PA <sup>3</sup>
CLINIMIX/DEXTROSE (5/20)	1	PA <sup>3</sup>
<i>plenamine</i>	1	PA <sup>3</sup>
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
<i>artificial tear drops</i>	OTC	
<i>dextran 70/he-cell drops (genteal tears)</i>	OTC	
<i>lubricant eye drops</i>	OTC	
<i>lubricant eye ointment</i>	OTC	
<i>polyethylene glycol drops</i>	OTC	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	OTC	
<i>polyvinyl alcohol drops (hypotears)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate-timolol</i>	1	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	1	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution, brimonidine tartrate 0.2 % solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	QL 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	QL 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	1	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
LEVOFLOXACIN 0.5 % SOLUTION	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
NATACYN	1	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>polymyxin b-trimethoprim</i>	1	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
XDEMVIY	1	QL 10 ML / 42 DAYS PA NDS Non-Extended Day Supply
ZIRGAN	1	

## OPHTHALMIC DECONGESTANTS

<i>naphazoline /pheniramine drops (naphcon-a)</i>	OTC	
<i>tetrahydrazoline drops (visine)</i>	OTC	

## OPHTHALMIC IMMUNOMODULATORS

<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	1	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	1	QL 5.5 ML / 30 DAYS
VERKAZIA	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	1	
ROCKLATAN	1	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	1*	
<i>tetracaine hcl 0.5 % solution</i>	1*	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	1	<span style="background-color: #663399; color: white; padding: 2px;">QL</span> 112 ML / 365 OVER TIME <span style="background-color: #996633; color: white; padding: 2px;">PA</span> <span style="background-color: #cc6633; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply <span style="background-color: #006699; color: white; padding: 2px;">LA</span>
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	1	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1*	
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	
<i>ketotifen drops (zaditor)</i>	OTC	
<i>olopatadine</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>olopatadine rx only</i>	1	
<i>sodium chloride eye products (muro 128)</i>	OTC	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	1	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	1	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	OTC	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone-acetic acid</i>	1	
HYDROCORTISONE-ACETIC ACID	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
GAMMAKED 1 GM/10ML SOLUTION	1	<div data-bbox="1133 617 1192 653">PA</div> <div data-bbox="1133 667 1192 730">NDS</div> Non-Extended Day Supply
GAMUNEX-C 1 GM/10ML SOLUTION	1	<div data-bbox="1133 758 1192 793">PA</div> <div data-bbox="1133 808 1192 871">NDS</div> Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	1	<div data-bbox="1133 898 1192 934">PA</div> <div data-bbox="1133 949 1192 1012">NDS</div> Non-Extended Day Supply
VARIZIG	1	<div data-bbox="1133 1037 1192 1100">VAC</div> \$0 Part D Adult Vaccine
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	1	<div data-bbox="1133 1325 1192 1360">PA</div> <div data-bbox="1133 1375 1192 1438">NDS</div> <div data-bbox="1133 1453 1192 1488">LA</div> Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	1	
<i>ampicillin sodium 1 gm recon soln</i>	1	
<i>ampicillin sodium 10 gm recon soln</i>	1	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 500 MG TAB)	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PFIZERPEN	1	
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### PENICILLIN COMBINATIONS

AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 875-125 MG TAB)	1	
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AMOXICILLIN-POT CLAVULANATE ER	1	
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<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	1	
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<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	1	
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<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	1	
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<i>piperacillin sod-tazobactam so</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	1	
<i>nafcillin sodium 10 gm recon soln</i>	1	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	1	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
BACTERIOSTATIC WATER(BENZ ALC)	1*	
<i>flavor syrup</i>	OTC	
<i>saline bacteriostatic</i>	1*	
<i>sodium chloride bacteriostatic</i>	1*	
<i>sterile water for injection</i>	1*	
<b>SEMI SOLID VEHICLES</b>		
<i>petrolatum (vaseline)</i>	OTC	

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


NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> ( <i>medroxyprogesterone acetate 2.5 mg tab,</i> <i>medroxyprogesterone acetate 5 mg tab,</i> <i>medroxyprogesterone acetate 10 mg tab</i> )	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	PA
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap,</i> <i>progesterone 200 mg cap)</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 mg tab</i>	1	
DISULFIRAM 500 MG TAB	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
SODIUM OXYBATE	1	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
XYWAV	1	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA

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












NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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**ANTIDEMENTIA AGENTS**

<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp, donepezil hcl 23 mg tab)</i>	1	 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 5 mg tab, memantine hcl 10 mg tab, memantine hcl 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	

**MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	 120 EA / 30 DAYS   Non-Extended Day Supply
AUSTEDO 6 MG TAB	1	 60 EA / 30 DAYS   Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	1	 60 EA / 30 DAYS   Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AUSTEDO XR (AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
AUSTEDO XR 6 MG TAB ER 24H	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 42 EA / 28 DAYS</li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP, INGREZZA 80 MG CAP SPRINK)	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
INGREZZA 40 & 80 MG CAP THPK	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 28 EA / 28 DAYS</li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>tetrabenazine</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	1	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b5722; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AVONEX PREFILLED	1	QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>dalfampridine er</i>	1	QL 60 EA / 30 DAYS PA
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL 14 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate starter pack</i>	1	QL 120 EA / 180 DAYS PA NDS Non-Extended Day Supply
<i>fingolimod hcl</i>	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glatopa 20 mg/ml soln prsy</i>	1	<ul style="list-style-type: none"> <li>QL 30 ML / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>glatopa 40 mg/ml soln prsy</i>	1	<ul style="list-style-type: none"> <li>QL 12 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
KESIMPTA	1	<ul style="list-style-type: none"> <li>QL 1.6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
PLEGRIDY	1	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
REBIF	1	<ul style="list-style-type: none"> <li>QL 6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE	1	<ul style="list-style-type: none"> <li>QL 6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE TITRATION PACK	1	<ul style="list-style-type: none"> <li>QL 4.2 ML / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF TITRATION PACK	1	<ul style="list-style-type: none"> <li>QL 4.2 ML / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>teriflunomide</i>	1	<div data-bbox="1133 317 1190 359">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 369 1190 411">PA</div> <div data-bbox="1133 422 1190 464">NDS</div> Non-Extended Day Supply
VUMERITY	1	<div data-bbox="1133 506 1190 548">QL</div> 120 EA / 30 DAYS <div data-bbox="1133 558 1190 600">PA</div> <div data-bbox="1133 611 1190 653">NDS</div> Non-Extended Day Supply <div data-bbox="1133 663 1190 705">LA</div>
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA	1	<div data-bbox="1133 810 1190 852">PA</div> <div data-bbox="1133 863 1190 905">NDS</div> Non-Extended Day Supply
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
<b>SMOKING DETERRENTS</b>		
<i>nicotine gum / lozenge</i>	OTC	
<i>nicotine patch (nicoderm)</i>	OTC	
NICOTROL	1	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL	1	QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHITOL TOLERANCE TEST	1	QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 13.4 MG PACKET	1	QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 5.8 MG PACKET	1	QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ORKAMBI 75-94 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
PULMOZYME	1	<ul style="list-style-type: none"> <li>QL 150 ML / 30 DAYS</li> <li>PA<sup>3</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	1	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TRIKAFTA 100-50-75 & 150 MG TAB THPK	1	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	1	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 270 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>pirfenidone 801 mg tab</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	1	
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
TIGECYCLINE	1	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>tigecycline 50 mg recon soln</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole (methimazole 5 mg tab, methimazole 10 mg tab)</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	




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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	1	
<i>unithroid</i>	1	

### TOXOIDS

#### TOXOID COMBINATIONS

ADACEL	1	 \$0 Part D Adult Vaccine
BOOSTRIX	1	 \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHtheria-TETANUS TOXOIDS DT	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c07040; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TENIVAC	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c07040; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TETANUS-DIPHThERIA TOXOIDS TD	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c07040; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 10 mg/5ml solution, dicyclomine hcl 20 mg tab)</i>	1	
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	1	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	
<i>famotidine (pepcid)</i>	OTC	
<i>famotidine (pepcid) rx only</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	1	
<i>lansoprazole (prevacid)</i>	OTC	
<i>lansoprazole (prevacid) rx only</i>	1	
<i>omeprazole (prilosec)</i>	OTC	
<i>omeprazole (prilosec) rx only</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
















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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	1	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	
MYRBETRIQ 8 MG/ML SRER	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXCHORA	1	INS \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
<b>VIRAL VACCINES</b>		
ABRYSSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
ERVEBO	1	
GARDASIL 9	1	VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HAVRIX 1440 EL U/ML SUSPENSION	1	 \$0 Part D Adult Vaccine
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	  \$0 Part D Adult Vaccine
IMOVAX RABIES	1	  \$0 Part D Adult Vaccine
IPOL	1	 \$0 Part D Adult Vaccine
IXCHIQ	1	 \$0 Part D Adult Vaccine
IXIARO	1	 \$0 Part D Adult Vaccine
JYNNEOS	1	 \$0 Part D Adult Vaccine
M-M-R II	1	 \$0 Part D Adult Vaccine
MRESVIA	1	
PREHEVBRIO	1	  \$0 Part D Adult Vaccine
PRIORIX	1	 \$0 Part D Adult Vaccine
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	  \$0 Part D Adult Vaccine


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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA<sup>3</sup></div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 EA / 365 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
STAMARIL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TWINRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VARIVAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

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



NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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YF-VAX	1	 \$0 Part D Adult Vaccine
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### VAGINAL AND RELATED PRODUCTS

#### SPERMICIDES

<i>contraceptive sponge / gel</i>	OTC	
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#### VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	1	
<i>clotrimazole (gyne-lotrimin)</i>	OTC	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole (monistat)</i>	OTC	
<i>povidone-iodine (summers eve)</i>	OTC	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
<i>tioconazole (vagistat)</i>	OTC	

VANDAZOLE	1	
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#### VAGINAL ESTROGENS

<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	1	
PREMARIN 0.625 MG/GM CREAM	1	
<i>yuvafem</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	<div data-bbox="1130 457 1192 527">QL</div> 2 EA / 30 OVER TIME <div data-bbox="1130 533 1192 627">MFG</div> Drug coverage is limited to certain manufacturers
SYMJEPI	1	<div data-bbox="1130 653 1192 722">QL</div> 2 EA / 30 OVER TIME
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa</i>	1	<div data-bbox="1130 814 1192 856">PA</div> <div data-bbox="1130 863 1192 932">NDS</div> Non-Extended Day Supply
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>beta-carotene</i>	OTC	
<i>phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)</i>	1*	
<i>vitamin d</i>	OTC	
<i>vitamin e</i>	OTC	
<i>vitamin k1</i>	1*	
<b>WATER SOLUBLE VITAMINS</b>		
<i>biotin</i>	OTC	
<i>calcium ascorbate</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium panthothenate</i>	OTC	
<i>niacinamide</i>	OTC	
<i>riboflavin (vitamin b2)</i>	OTC	
<i>thiamine (vitamin b1)</i>	OTC	
<i>vitamin c</i>	OTC	

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

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This formulary was updated on 08/20/2024.

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PO Box 52  
Minneapolis, MN 55440-0052

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