

2025

UCare Medicare Group Plans Formulary (List of Covered Drugs)

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 10/01/2024.

PLEASE READ: This document contains information about the drugs we cover in these plans.

For more recent information or other questions, please contact:

UCare Medicare Group Plans Customer Service at 612-676-6840 or 1-877-447-4385 (this call is free)

For TTY users: 612-676-6810 or 1-800-688-2534 (this call is free)

All lines answered 8 am – 8 pm, seven days a week, or visit [ucare.org](https://www.ucare.org)

Notice of Nondiscrimination

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

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

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

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

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

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

Oral grievance

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

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမုဂ်ကတိံ ကညိ ကျိဂ်အယိ, နမနုဂ် ကျိဂ်အတိဂ်မဇာလ၊ တလဂ်ဘုဂ်လဂ်စူ နိတမံဘဂ်သုနုဂ်လိ။
လိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means UCare Minnesota. When it refers to “plan” or “our plan,” it means UCare Medicare Group Plans.

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the UCare Medicare Group Plans Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by UCare Medicare Group Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UCare Medicare Group Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UCare Medicare Group Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but UCare Medicare Group Plans may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: ucare.org/member-documents.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the

next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by UCare Medicare Group Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Group Plans Formulary are available on our website, ucare.org/member-documents. Upon your request, UCare will mail you an updated printed edition.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 14. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 116. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

UCare Medicare Group Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug.

Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state

laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UCare Medicare Group Plans requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from UCare Medicare Group Plans before you fill your prescriptions. If you don’t get approval, UCare Medicare Group Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Medicare Group Plans limits the amount of the drug that UCare Medicare Group Plans will cover. For example, UCare Medicare Group Plans provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCare Medicare Group Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UCare Medicare Group Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Group Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask UCare Medicare Group Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the UCare Medicare Group Plans Formulary?” on page 10 for information about how to request an exception.

What are the over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. UCare Medicare Group Plans pays for certain OTC drugs. UCare Medicare Group Plans will provide these OTC drugs at no cost to you. The cost to UCare Medicare Group Plans of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that UCare Medicare Group Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UCare Medicare Group Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by UCare Medicare Group Plans.
- You can ask UCare Medicare Group Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the UCare Medicare Group Plans Formulary?

You can ask UCare Medicare Group Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, UCare Medicare Group Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier (Tier 5). If approved, this would lower the amount you must pay for your drug.

Generally, UCare Medicare Group Plans will only approve your request for an exception if the alternative drugs is included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tier or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Transition of Care

If you are a current UCare Medicare Group Plans 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 transitioning to a different level of care. If you are a current UCare Medicare Group Plans 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.

For more information

For more detailed information about your UCare Medicare Group Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about UCare Medicare Group Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

UCare Medicare Group Plans Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Group Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 116.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if UCare Medicare Group Plans have any special requirements for coverage of your drug.

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from UCare before we'll cover it
PA²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA³	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 covered per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a \$35 copay per one-month supply
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 a 30-day supply per fill
* (drugs with asterisk)	Additional drugs covered for select plans. Refer to your Evidence of Coverage for more details.

Explanation of Requirements/Limits	
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.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	4	
<i>amphetamine-dextroamphetamine</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	4	
<i>methamphetamine hcl</i>	4	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	2	
STIMULANTS - MISC.		
<i>armodafinil</i>	3	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>methylphenidate hcl 5 mg/5ml, 10 mg/5ml</i>	4	
<i>methylphenidate hcl er (osm) 18 mg tab</i>	4	
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PA, QL (60 EA PER 30 DAYS)
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
ARIKAYCE	5	PA, QL (252 ML PER 30 DAYS), NDS

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

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS
GOLD COMPOUNDS		
RIDAURA	5	NDS
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	5	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	

SELECTIVE COSTIMULATION MODULATORS

ORENCIA 125 MG/ML SOLN PRSYR	5	PA, QL (4 ML PER 28 DAYS), NDS
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA, QL (1.6 ML PER 28 DAYS), NDS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA, QL (2.8 ML PER 28 DAYS), NDS
ORENCIA CLICKJECT	5	PA, QL (4 ML PER 28 DAYS), NDS

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fentanyl citrate fentanyl citrate 600 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 1600 mcg loz handle</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er</i>	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)

OPIOID COMBINATIONS

<i>acetaminophen-codeine -120-12 mg/5ml solution</i>	3	QL (4980 ML PER 30 DAYS)
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 EA PER 30 DAYS)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	3	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	3	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	4	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)

OPIOID PARTIAL AGONISTS

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

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	4	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 12.5 mg/act (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
<i>testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml solution</i>	2	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	PA
<i>testosterone cypionate 200 mg/ml solution</i>	2	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide 2 mg, 2 mg/act</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	2	

RECTAL STEROIDS

<i>hydrocortisone (perianal) 1 % cream</i>	2	QL (240 GM PER 30 DAYS)
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

VASODILATING AGENTS

<i>nitroglycerin 0.4 % ointment</i>	3	
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ANTHELMINTICS

<i>albendazole 200 mg tab</i>	5	NDS
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	
ANTI-INFECTIVE AGENTS - MISC.		
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	
<i>aztreonam</i>	4	
<i>baciim</i>	2	
<i>bacitracin 50000 unit recon soln</i>	2	
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	4	
CEFEPIME-DEXTROSE	4	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	4	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	2	
<i>clarithromycin er</i>	4	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab</i>	4	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	
<i>metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA ³
TEFLARO	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	
TRIMETHOPRIM 100 MG TAB	2	
<i>trimethoprim 100 mg tab</i>	2	
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 750 mg recon soln</i>	4	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	4	
NITAZOXANIDE NITAZOXANIDE 500 MG TAB, NITAZOXANIDE 500 MG TAB	5	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nitrofurantoin monohyd macro</i>	2	
ANTIANGINAL AGENTS		
NITRATES		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
ANTIANSXIETY AGENTS		
ANTIANSXIETY AGENTS - MISC.		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	
BENZODIAZEPINES		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA ²
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA ²
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA ²
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA ²

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA ²
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA ²

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>dofetilide</i>	4	
<i>pacerone 100 mg tab, 400 mg tab</i>	4	
<i>pacerone 200 mg tab</i>	2	

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA ³
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, LA, NDS
FASENRA PEN	5	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (1 ML PER 28 DAYS), NDS

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA	3	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA ³
SPIRIVA HANDIHALER	3	QL (90 EA PER 90 DAYS)
SPIRIVA RESPIMAT	3	QL (4 GM PER 30 DAYS)

LEUKOTRIENE MODULATORS

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

STEROID INHALANTS

ARNUITY ELLIPTA	3	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA ³
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
SYMPATHOMIMETICS		
ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA ³
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	2	PA ³
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	2	QL (120 ML PER 30 DAYS), PA ³
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>brey-na</i>	2	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	2	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	2	QL (60 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	2	PA ³
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA ³
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

<i>dabigatran etexilate mesylate</i>	2	
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO	3	
XARELTO STARTER PACK	3	

COUMARIN ANTICOAGULANTS

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

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam 10 mg tab, 20 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	4	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA ²
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	4	QL (10 EA PER 30 OVER TIME)
LIBERVANT	4	QL (10 EA PER 30 DAYS), PA ²
NAYZILAM	4	QL (10 EA PER 30 OVER TIME)
SYMPAZAN 10 MG FILM, 20 MG FILM	5	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	4	QL (60 EA PER 30 DAYS)
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS

ANTICONVULSANTS - MISC.

APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIAC 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	QL (60 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 200 mg tab</i>	2	
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	LA, PA ² , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	LA, PA ² , NDS
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	LA, QL (360 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA ²
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	3	
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>lamotrigine 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	
<i>lamotrigine 5 mg chew tab, 25 mg chew tab</i>	2	
<i>lamotrigine er</i>	4	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	4	
<i>phenytek</i>	2	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide 200 mg tab</i>	4	PA ²
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	5	PA ² , NDS
SPRITAM	4	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
ZONISADE	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
ZTALMY	5	LA, QL (1100 ML PER 30 DAYS), PA ² , NDS
CARBAMATES		
<i>felbamate</i>	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA ²
GABA MODULATORS		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	LA, PA ² , NDS
<i>vigadrone</i>	5	LA, PA ² , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>vigpoder</i>	5	LA, PA ² , NDS
SUCCINIMIDES		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	2	
<i>methsuximide</i>	4	
VALPROIC ACID		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	2	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	1	
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	4	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	2	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	2	
TRICYCLIC AGENTS		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	3	QL (90 ML PER 30 DAYS), INS
SYNJARDY	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
DIABETIC OTHER		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
GLUCAGON EMERGENCY	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	3	PA, QL (30 EA PER 30 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	3	PA ³ , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA ³ , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA ³ , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA ³ , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFONYLUREAS		
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>glipizide 5 mg tab, 10 mg tab</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron hcl 1 mg tab</i>	5	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4	
<i>loperamide (immodium)</i>	2	
XERMELO	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO	3	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	
NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA ³
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA ³
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA ³
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA ³
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine</i>	2	
<i>scopolamine</i>	4	
ANTIEMETICS - MISCELLANEOUS		
<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA ³
<i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA ³
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>casprofungin acetate casprofungin acetate, casprofungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	
ABELCET	4	PA ³
AMPHOTERICIN B 50 MG RECON SOLN	4	PA ³
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	5	NDS
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole in sodium chloride fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	4	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	4	PA

ANTHYPERLIPIDEMICS

ANTHYPERLIPIDEMICS - MISC.

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

BILE ACID SEQUESTRANTS

<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam hcl</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	2	
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	2	
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	4	
<i>gemfibrozil 600 mg tab</i>	2	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<i>fluvastatin sodium</i>	2	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate</i>	4	
<i>epplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
VASODILATORS		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinine sulfate 324 mg cap</i>	4	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	5	PA, NDS
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	
<i>pyridostigmine bromide er</i>	4	
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone 25 mg tab, 100 mg tab</i>	2	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	
ISONIAZID 100 MG TAB, 100 MG/ML SOLUTION	2	
<i>isoniazid 300mg tab</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, LA, NDS
TRECTOR	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide 25 mg cap</i>	2	PA ³
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	2	PA ³
<i>cyclophosphamide 50 mg cap</i>	2	PA ³
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>temozolomide</i>	Part B Covered	
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 50 mg tab</i>	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
<i>methotrexate sodium 2.5 mg tab, 50 mg/2ml solution</i>	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA ² , NDS
PURIXAN	5	LA, NDS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA ² , NDS
INLYTA 1 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
INLYTA 5 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
LENVIMA (10 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (12 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (14 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (18 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (4 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>erlotinib hcl 25 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTRIF	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
TAGRISSE	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
VIZIMPRO	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
DAURISMO 25 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ERIVEDGE	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
ODOMZO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
AKEEGA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERLEADA 240 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA ²
FIRMAGON (240 MG DOSE)	4	PA ²
<i>letrozole 2.5 mg tab</i>	2	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	PA ²
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA
<i>nilutamide</i>	5	PA ² , NDS
NUBEQA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
ORGOVYX	5	LA, QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XTANDI 80 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC COMBINATIONS		
INQOVI	5	LA, QL (5 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA ² , NDS
LONSURF 15-6.14 MG TAB	5	LA, QL (100 EA PER 28 DAYS), PA ² , NDS
LONSURF 20-8.19 MG TAB	5	LA, QL (80 EA PER 28 DAYS), PA ² , NDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
AUGTYRO	5	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA 3 MG TAB, 4 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
BOSULIF 400 MG TAB, 500 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 50 MG CAP	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRUKINSA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	5	LA, QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	5	LA, QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	5	LA, QL (84 EA PER 28 DAYS), PA ² , NDS
COPIKTRA	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
COTELLIC	5	LA, QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	5	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IBRANCE	5	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
ICLUSIG	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (324 ML PER 30 DAYS), PA ² , NDS
INREBIC	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
JAKAFI	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LORBRENA 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
NINLARO	5	LA, QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
QINLOCK	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
REZLIDHIA	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	5	LA, QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA ² , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	5	LA, QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA ² , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA ² , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAZVERIK	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERZENIO	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	5	LA, QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
VONJO	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA ² , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
XALKORI 250 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
XOSPATA	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ZELBORAF	5	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ZYDELIG	5	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ZYKADIA	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE	5	LA, PA ² , NDS
AYVAKIT	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BESREMI	5	LA, QL (2 ML PER 28 DAYS), PA ² , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	LA, NDS
POMALYST	5	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 10 MG TAB	3	LA, QL (60 EA PER 30 DAYS), PA ²
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA STARTING PACK	5	LA, QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	5	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	LA, QL (24 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	LA, QL (32 EA PER 28 DAYS), PA ² , NDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	5	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	2	
MESNEX 400 MG TAB	5	NDS

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	3	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	QL (2 EA PER 28 DAYS), NDS
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	4	
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 ML PER 30 DAYS), NDS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 ML PER 30 DAYS), NDS
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 ML PER 60 OVER TIME), NDS
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 ML PER 60 OVER TIME), NDS
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 ML PER 60 OVER TIME), NDS
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 ML PER 30 DAYS), NDS
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 ML PER 30 DAYS), NDS
DIBENZAPINES		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
CLOZAPINE 12.5 MG TAB DISP	4	
<i>clozapine 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
<i>clozapine clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp, clozapine 150 mg tab disp</i>	4	
<i>loxapine succinate</i>	2	
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	4	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	5	NDS
<i>zyprexa 20 mg tab</i>	2	
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)

PHENOTHIAZINES

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

QUINOLINONE DERIVATIVES

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

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

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

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS 250 MG CAP	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	5	NDS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ritonavir</i>	2	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine</i>	2	
CMV AGENTS		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	2	
RIBAVIRIN 200 MG TAB	2	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS

HERPES AGENTS

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

INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	

MISC. ANTIVIRALS

PAXLOVID (150/100)	3	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	3	QL (30 EA PER 5 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nebivolol hcl</i>	2	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 20 mg/5ml solution</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>cartia xt</i>	2	

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

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	2	

CARDIOVASCULAR AGENTS, OTHER

<i>amlodipine-atorvastatin</i>	2	
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	4	
DIGOXIN 0.05 MG/ML SOLUTION	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
VERQUVO	3	QL (30 EA PER 30 DAYS)
VYNDAMAX	5	PA, LA, QL (30 EA PER 30 DAYS), NDS

CARDIOVASCULAR AGENTS - MISC.

IMPOTENCE AGENTS

CAVERJECT	4*	
CAVERJECT IMPULSE	4*	
EDEX	4*	
MUSE	4*	
<i>sildenafil citrate 25 mg tab, 50 mg tab, 100 mg tab</i>	2*	
<i>tadalafil 10 mg tab, 20 mg tab</i>	2*	
TRI-MIX	4*	
<i>vardeafil hcl 2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab</i>	2*	

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

CEFADROXIL 500 MG/5ML RECON SUSP, CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP	2	
CEFAZOLIN SODIUM 100 GM RECON SOLN	2	
CEFAZOLIN SODIUM 2 GM RECON SOLN	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFAZOLIN SODIUM 300 GM RECON SOLN	2	
<i>cefazolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln</i>	2	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM-%(50ML) RECON SOLN, -1-4 GM/50ML-% SOLUTION, -2-3 GM-%(50ML) RECON SOLN	2	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250 MG CAP, 500 MG CAP	2	
<i>cefotetan disodium</i>	4	
CEFOTETAN DISODIUM-DEXTROSE	4	
<i>cefoxitin sodium</i>	4	
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime 2 gm soln, 6 gm soln</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium 250 mg soln, 500 mg soln</i>	2	
<i>ceftriaxone sodium ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 100 gm recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 10 gm recon soln</i>	4	
CEFTRIAZONE SODIUM IN DEXTROSE	4	

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

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

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	PA ³
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	2	PA ³
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	PA ³
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	1	
PREDNISON 5 MG/5ML SOLUTION	2	PA ³
PREDNISON INTENSOL	4	PA ³
SOLU-CORTEF	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
MINERALOCORTICIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	2*	
<i>hydrocodone bit-homatrop mbr</i>	2*	
<i>hydromet</i>	2*	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	2*	
<i>g tussin ac</i>	2*	
<i>guaiaatussin ac</i>	2*	
<i>guaifenesin ac</i>	2*	
<i>guaifenesin dac</i>	2*	
<i>guaifenesin-codeine</i>	2*	
<i>hydrocod poli-chlorphe poli er</i>	2*	
<i>maxi-tuss ac</i>	2*	
<i>promethazine-codeine</i>	2*	
<i>promethazine-dm</i>	2*	
<i>promethazine-phenyleph-codeine</i>	2*	
<i>pseudoeph-bromphen-dm</i>	2*	
<i>virtussin a/c</i>	2*	
<i>virtussin ac w/alc</i>	2*	
MUCOLYTICS		
<i>acetylcysteine 10 %, 20 %</i>	2	PA ³
DENTAL AND ORAL AGENTS		
<i>cavarest</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>fraiche 5000 dental</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	2	
LIDOCAINE HCL 4 % SOLUTION	2	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
SOD FLUORIDE-POTASSIUM NITRATE	2	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	
SODIUM FLUORIDE 5000 ENAMEL	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phosphate 1 % gel</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	2	QL (60 ML PER 30 DAYS)
ERY	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate 0.1 % cream</i>	2	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	2	QL (220 GM PER 30 DAYS)
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77 % gel</i>	2	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	2	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	2	QL (85 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	2	QL (120 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene 1 % gel</i>	5	QL (60 GM PER 30 DAYS), PA ² , NDS
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	2	QL (40 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	2	QL (10 ML PER 30 DAYS)
PANRETIN	5	PA ² , NDS
VALCHLOR	5	LA, QL (240 GM PER 30 DAYS), PA ² , NDS

ANTIPSORIATICS

<i>acitretin</i>	4	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	3	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	4	
COSENTYX (300 MG DOSE)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobetasol propionate 0.05 % foam</i>	4	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	4	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	4	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	4	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>desonide 0.05 % cream, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	4	
<i>fluocinolone acetonide 0.01 % solution</i>	4	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream, 0.05 % ointment</i>	2	QL (60 GM PER 30 DAYS)
FLUOCINONIDE 0.05 % GEL	2	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	2	
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone</i>	2	QL (240 GM PER 30 DAYS)
HYDROCORTISONE 2.5 % LOTION	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.1 % cream, 0.1 % ointment</i>	1	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl 4 % solution</i>	2	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)
MISC. TOPICAL		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	2	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	2	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	4	QL (59 ML PER 30 DAYS)
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)
WOUND CARE PRODUCTS		
SANTYL	3	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA	Part B Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON	3	
SUCRAID	5	PA, LA, NDS

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	
<i>acetazolamide er</i>	2	
<i>methazolamide 25 mg tab, 50 mg tab</i>	4	

DIURETIC COMBINATIONS

AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	

LOOP DIURETICS

<i>bumetanide</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide 10 mg/ml solution</i>	4	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	2	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl 5 mg tab</i>	2	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	2	
<i>risedronate sodium 35 mg tab</i>	4	
<i>risedronate sodium 5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab</i>	2	
<i>teriparatide</i>	5	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
GROWTH HORMONES		
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, LA, NDS
METABOLIC MODIFIERS		
<i>betaine</i>	5	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, LA, NDS
<i>cinacalcet hcl</i>	4	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	5	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS

SOMATOSTATIC AGENTS

<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
SIGNIFOR	5	PA, LA, QL (60 ML PER 30 DAYS), NDS

ENDOCRINE MEDICATIONS

OTHER ENDOCRINE DRUGS

<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	
<i>desmopressin acetate spray</i>	4	
INCRELEX	5	PA, LA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, LA, NDS

ESTROGENS

ESTROGEN COMBINATIONS

<i>afirmelle</i>	2	
<i>altavera</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>brielllyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acet</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	4	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30 (21)</i>	2	
<i>loestrin 1/20 (21)</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zumandimine</i>	2	
<i>dotti</i>	3	
<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	3	
<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	
<i>lyllana</i>	3	
MENEST	4	

FLUOROQUINOLONES

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	
<i>levofloxacin in d5w in 250 mg/50ml solution</i>	2	
<i>levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml</i>	4	
MOXIFLOXACIN HCL IN NACL	4	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	4	

GASTROINTESTINAL AGENTS

GASTROINTESTINAL AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	4	
<i>mesalamine 1.2 gm tab dr, 400 mg cap dr, 1000 mg suppos</i>	3	
<i>mesalamine 4 gm enema</i>	4	
MESALAMINE 800 MG TAB DR	3	
<i>mesalamine er 0.375 gm cap 24h</i>	3	
<i>mesalamine er 500 mg cap</i>	4	
<i>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	

GENITOURINARY AGENTS

GENITOURINARY AGENTS, OTHER

<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
<i>sodium chloride 0.9 % solution</i>	4	

GENITOURINARY AGENTS - MISCELLANEOUS

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	2	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	

GOUT AGENTS

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

HEMATOLOGICAL AGENTS - MISC.

PLATELET AGGREGATION INHIBITORS

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

HEMATOPOIETIC AGENTS

AGENTS FOR SICKLE CELL DISEASE

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

COBALAMINS

<i>cyanocobalmin (vitamin b12)</i>	2*	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOLIC ACID/FOLATES		
<i>folic acid</i>	2*	
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA	5	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	5	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
RETACRIT	3	PA
UDENYCA	5	NDS
ZARXIO	5	NDS
HEMATOPOIETIC MIXTURES		
<i>folic acid / vitamin b6 / vitamin b12</i>	2*	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap, 30 mg cap</i>	2	QL (30 EA PER 30 DAYS), PA ²
<i>zaleplon 10 mg cap</i>	4	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	4	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2	QL (60 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zolpidem tartrate er</i>	4	QL (30 EA PER 30 DAYS)
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA	5	PA, LA, NDS
<i>icatibant acetate</i>	5	PA, LA, NDS
<i>sajazir</i>	5	PA, LA, NDS
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	3	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	2	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	2	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	2	
MOVANTIK	3	QL (30 EA PER 30 DAYS)
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	3	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	PA, QL (2 EA PER 20 DAYS)
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 PACK	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
MISC. DEVICES		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE INSULIN PEN NEEDLE, INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes needles and syringes, needles and syringes</i>	3	
MIGRAINE PRODUCTS		
AIMOVIG	3	PA, QL (1 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AJOVY	3	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)

SEROTONIN AGONISTS

<i>eletriptan hydrobromide</i>	4	QL (18 EA PER 30 OVER TIME)
<i>naratriptan hcl</i>	2	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	2	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	4	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	4	QL (18 EA PER 30 OVER TIME)

MINERALS ELECTROLYTES

CALCIUM

<i>calcium gluconate 10 % solution</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	2	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
SODIUM		
<i>sodium chloride</i>	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REVLIMID	5	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID 50 MG CAP, 100 MG CAP	5	LA, QL (30 EA PER 30 DAYS), NDS
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST	5	PA, LA, NDS
<i>azathioprine 50 mg tab</i>	2	PA ³
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, LA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	4	PA ³
<i>cyclosporine modified</i>	4	PA ³
ENVARUSUS XR	4	PA ³
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA ³ , NDS
<i>gengraf</i>	4	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA ³ , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	PA ³
<i>mycophenolate sodium</i>	3	PA ³
<i>mycophenolic acid</i>	3	PA ³
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA ³
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA ³
<i>sirolimus 1 mg/ml solution</i>	5	PA ³ , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PA ³
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	2	
LOKELMA	4	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps (sodium polystyrene sulf) sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	2	
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex</i>	2*	
B-COMPLEX W/ FOLIC ACID		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2*	
<i>vitamin b complex / vitamin c / folic acid</i>	2*	
PRENATAL VITAMINS		
<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	2	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	

NEUROMUSCULAR AGENTS

ALS AGENTS

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

NUTRIENTS

PROTEINS

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

BETA-BLOCKERS - OPTHALMIC

BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	2	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate 0.25 %, 0.5 %</i>	1	

OPHTHALMIC ADRENERGIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA	4	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b</i>	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	2	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	2	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	2	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	2	
<i>sulfacetamide sodium 10 % solution</i>	2	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	2	QL (15 ML PER 7 OVER TIME)
XDEMY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	3	
ROCKLATAN	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
OPHTHALMICS - MISC.		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	2	
<i>azelastine hcl 0.05 % solution</i>	2	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XIIDRA	3	QL (60 EA PER 30 DAYS)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	4	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	1	QL (5 ML PER 30 DAYS)
LUMIGAN	4	QL (5 ML PER 30 DAYS)
<i>travoprost (bak free)</i>	2	QL (5 ML PER 30 DAYS)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	2	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc --3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	5	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	5	PA, NDS
VARIZIG	1	VAC
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	4	
<i>ampicillin sodium 10 gm recon soln</i>	4	
AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
NATURAL PENICILLINS		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE - 400-57 MG CHEW TAB	2	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4	
<i>piperacillin sod-tazobactam so</i>	4	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROGESTINS		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA (52 MG)	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	2	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4	PA
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>progesterone 100 mg cap, 200 mg cap</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium</i>	4	
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	

ANTIDEMENTIA AGENTS

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

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 EA PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	5	NDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	5	PA, QL (120 EA PER 180 DAYS), NDS
<i>fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	5	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VUMERITY	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NASAL SPRAY	3	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate 0.5 mg tab</i>	2	
<i>varenicline tartrate 1 mg tab</i>	2	QL (56 EA PER 28 DAYS)
<i>varenicline tartrate(continue)</i>	2	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
CAYSTON	5	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA ³ , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, LA, QL (84 EA PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMONARY FIBROSIS AGENTS		
OFEV	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES		
<i>cetirizine (zyrtec)</i>	2	
<i>desloratadine 5 mg tab</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	4	
PULMONARY ANTIHYPERTENSIVES		
<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	5	PA, NDS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	5	PA, LA, NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS		
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast</i>	4	
<i>theophylline er theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	2	
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
SODIUM OXYBATE	5	PA, LA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)
SULFONAMIDES		
SULFADIAZINE SULFADIAZINE 500 MG TAB, SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension</i>	2	
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

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

TOXOIDS

TOXOID COMBINATIONS

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

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

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

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

H-2 ANTAGONISTS

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

MISC. ANTI-ULCER

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

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3
<i>lansoprazole (prevacid)</i>	3
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2
<i>rabeprazole sodium 20 mg tab dr</i>	2

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	2
<i>fesoterodine fumarate er</i>	3
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	2

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

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

VACCINES

BACTERIAL VACCINES

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

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

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

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

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

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

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

VAGINAL ESTROGENS

<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	2	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	2	

VITAMINS

OIL SOLUBLE VITAMINS

<i>phytonadione 1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution</i>	2*	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin d</i>	2*	
<i>vitamin k1 1 mg/0.5ml, 10 mg/ml</i>	2*	
WATER SOLUBLE VITAMINS		
<i>thiamine (vitamin b1)</i>	2*	
<i>vitamin c</i>	2*	

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

Index

A			
abacavir sulfate	61	alcohol swabs	92
abacavir sulfate-lamivudine	61	ALCOHOL SWABS 1x1	92
ABELCET	39	ALECENSA	48
ABILIFY ASIMTUFII	60	alendronate sodium	78
ABILIFY MAINTENA	60	alfuzosin hcl er	87
abiraterone acetate	46	aliskiren fumarate	43
ABRYSVO	113	allopurinol	88
acamprosate calcium	105	alosetron hcl	38
acarbose	35	alprazolam	24
accutane	72	altavera	79
acebutolol hcl	65	ALUNBRIG	48
acetaminophen-codeine	19	alyacen 1/35	80
ACETAMINOPHEN-CODEINE	19	alyacen 7/7/7	80
120-12 MG/5ML SOLUTION	19	alyq	108
acetazolamide	77	amantadine hcl	56
acetazolamide er	77	ambrisentan	108
acetic acid	87,101	amethia	80
acetylcysteine	70	amethia lo	80
acitretin	73	amikacin sulfate	14
ACTEMRA	16	amiloride hcl	77
ACTEMRA ACTPEN	16	AMILORIDE-	
ACTHIB	112	HYDROCHLOROTHIAZIDE 5-	
ACTIMMUNE	54	50 MG TAB	77
acyclovir	64,76	amiodarone hcl	25
acyclovir sodium	64	amitriptyline hcl	34
ADACEL	110	amlodipine besy-benazepril	
adefovir dipivoxil	63	amlodipine besyate	65
ADVAIR HFA	27	amlodipine besylate-valsartan	42
afirmelle	79	amlodipine-atorvastatin	66
AIMOVIG	92	amlodipine-olmesartan	42
AJOVY	93	amlodipine-valsartan-hctz	42
ak-poly-bac	99	ammonium lactate	
AKEEGA	46	(AMLACTIN)	76
albendazole	20	amnesteem	72
albuterol sulfate	27	amoxapine	34
albuterol sulfate hfa (Proventil		AMOXICILLIN	102
equivalent)	27	Amoxicillin 125 MG/5ML	
albuterol sulfate hfa 108 (Proair		RECON SUSP	102
equivalent)	27	Amoxicillin 200 MG/5ML	
		RECON SUSP	102
		Amoxicillin 250 MG CAP	102
		Amoxicillin 250 MG/5ML RECON	
		SUSP	102
		Amoxicillin 400 MG/5ML RECON	
		SUSP	102
		Amoxicillin 500 MG CAP	102
		Amoxicillin 500 MG TAB	102
		Amoxicillin 875 MG TAB	102
		AMOXICILLIN-POT	
		CLAVULANATE	103
		Amoxicillin-Pot Clavulanate 200-	
		28.5 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 250-	
		125 MG TAB	103
		Amoxicillin-Pot Clavulanate 250-	
		62.5 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 400-	
		57 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 500-	
		125 MG TAB	103
		Amoxicillin-Pot Clavulanate 600-	
		42.9 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 875-	
		125 MG TAB	103
		AMOXICILLIN-POT	
		CLAVULANATE ER	103
		amphetamine-dextroamphet er	14
		amphetamine-	
		dextroamphetamine	14
		AMPHOTERICIN B	39
		ampicillin	102
		AMPICILLIN SODIUM	102
		ampicillin sodium 1 gm recon	
		soln	102
		ampicillin sodium 10 gm recon	
		soln	102
		ampicillin-sulbactam sodium 1.5	
		(1-0.5) gm recon soln	103
		ampicillin-sulbactam sodium 15	
		(10-5) gm recon soln	103

ampicillin-sulbactam sodium 3 (2-1) gm recon soln.....	103	aubra eq.....	80	benazepril hcl.....	41
anagrelide hcl.....	88	AUGTYRO.....	48	benazepril-hydrochlorothiazide	42
anastrozole.....	46	aurovela 1.5/30.....	80	BENLYSTA.....	96
ANORO ELLIPTA.....	27	aurovela 1/20.....	80	benzonatate.....	70
APRACLONIDINE HCL.....	98	aurovela 24 fe.....	80	benztropine mesylate.....	56
aprepitant.....	39	aurovela fe 1.5/30.....	80	BESREMI.....	54
apri.....	80	aurovela fe 1/20.....	80	betaine.....	78
APTIOM.....	29	AUSTEDO.....	105	betamethasone dipropionate.....	74
APTIVUS.....	61	AUSTEDO XR.....	105	betamethasone dipropionate	
aranelle.....	80	AUSTEDO XR PATIENT		aug.....	74
ARCALYST.....	96	TITRATION.....	105,106	betamethasone valerate.....	74
AREXVY.....	113	AUVELITY.....	32	betaxolol hcl.....	65
arformoterol tartrate.....	27	aviane.....	80	BETAXOLOL HCL.....	98
ARIKAYCE.....	14	avita.....	72	bethanechol chloride.....	112
aripiprazole.....	60,61	AVONEX PEN.....	106	bexarotene.....	54,73
ARISTADA.....	61	AVONEX PREFILLED.....	106	BEXSERO.....	112
ARISTADA INITIO.....	61	ayuna.....	80	BEYFORTUS.....	101
armodafinil.....	14	AYVAKIT.....	54	bicalutamide.....	46
ARNUITY ELLIPTA.....	26	azathioprine.....	96	BICILLIN L-A.....	102
asenapine maleate.....	59	azelaic acid.....	76	BIKTARVY.....	61
ashlyna.....	80	azelastine hcl.....	97,100	bimatoprost.....	101
ASMANEX (120 METERED DOSES).....	26	azithromycin.....	21	bisoprolol fumarate.....	65
ASMANEX (30 METERED DOSES).....	26	aztreonam.....	21	bisoprolol-hydrochlorothiazide	42
ASMANEX (60 METERED DOSES).....	27	azurette.....	80	blisovi 24 fe.....	80
ASMANEX HFA.....	27	B		blisovi fe 1.5/30.....	80
aspirin-dipyridamole er.....	88	baciim.....	21	blisovi fe 1/20.....	80
atazanavir sulfate.....	61	bacitra-neomycin-polymyxin-		blood glucose monitoring	
atenolol.....	65	hc.....	100	supplies.....	91
atenolol-chlorthalidone.....	42	bacitracin.....	21	BOOSTRIX.....	110
atomoxetine hcl.....	14	BACITRACIN.....	99	bosentan.....	108
atorvastatin calcium.....	41	bacitracin-polymyxin b.....	99	BOSULIF.....	48
atovaquone.....	23	baclofen.....	97	BRAFTOVI.....	48
atovaquone-proguanil hcl.....	43	balsalazide disodium.....	87	BREO ELLIPTA.....	27
ATROPINE SULFATE.....	100	BALVERSA.....	48	breyana.....	27
atropine sulfate.....	100	balziva.....	80	BREZTRI AEROSPHERE.....	27
ATROVENT HFA.....	26	BARACLUDE.....	63	briellyn.....	80
aubra.....	80	BCG VACCINE.....	112	BRILINTA.....	88
		bekyree.....	80	brimonidine tartrate.....	98,99
		BELBUCA.....	19	brimonidine tartrate-timolol.....	98
		BELSOMRA.....	89	BRIVIACT.....	29,30
				bromfed dm.....	70

bromocriptine mesylate	56	carbidopa	56	CEFOTETAN DISODIUM-	
BRUKINSA	49	carbidopa-levodopa	56	DEXTROSE	68
budesonide	20,27,69	CARBIDOPA-LEVODOPA	56	cefoxitin sodium	68
budesonide er	69	carbidopa-levodopa er	56	CEFOXITIN SODIUM-	
budesonide-formoterol		carbidopa-levodopa-entacapone		DEXTROSE	68
fumarate	27	12.5-50-200 mg tab	56	cefpodoxime proxetil	68
bumetanide	77	carbidopa-levodopa-entacapone		cefprozil	68
buprenorphine	19	18.75-75-200 mg tab	56	ceftazidime	68
buprenorphine hcl	19	carbidopa-levodopa-entacapone		CEFTAZIDIME AND	
buprenorphine hcl-naloxone		25-100-200 mg tab	56	DEXTROSE	68
hcl	19	carbidopa-levodopa-entacapone		ceftriaxone sodium	68
bupropion hcl	32	31.25-125-200 mg tab	56	CEFTRIAZONE SODIUM IN	
bupropion hcl er (smoking		carbidopa-levodopa-entacapone		DEXTROSE	68
det)	107	37.5-150-200 mg tab	56	CEFTRIAZONE SODIUM-	
bupropion hcl er (sr)	32	carbidopa-levodopa-entacapone		DEXTROSE	69
bupropion hcl er (xl)	32	50-200-200 mg tab	57	cefuroxime axetil	68
buspironone hcl	24	carglumic acid	79	cefuroxime sodium	68
BYDUREON BCISE	36	CARTEOLOL HCL	98	celecoxib	16
		cartia xt	65	cephalexin	68
		carvedilol	65	cetirizine (ZYRTEC)	108
cabergoline	79	caspofungin acetate	39	cevimeline hcl	71
CABOMETYX	49	cavarest	70	charlotte 24 fe	80
calcipotriene	73	CAVERJECT	67	chateal	80
CALCIPOTRIENE	73	CAVERJECT IMPULSE	67	chateal eq	80
calcitonin (salmon)	78	CAYSTON	107	CHEMET	95
CALCITRIOL	73	CEFACLOR	68	CHLORAMPHENICOL SOD	
calcitriol	78,79	CEFADROXIL	67	SUCCINATE	23
calcium gluconate	93	cefazolin sodium	68	chlorhexidine gluconate	71
CALQUENCE	49	CEFAZOLIN SODIUM 100 GM		chloroquine phosphate	43
camila	104	RECON SOLN	67	chlorpromazine hcl	60
camrese	80	CEFAZOLIN SODIUM 2 GM		chlorthalidone	78
camrese lo	80	RECON SOLN	67	chlorzoxazone	97
candesartan cilexetil	42	CEFAZOLIN SODIUM 300 GM		cholestyramine	40
candesartan cilexetil-hctz	43	RECON SOLN	68	cholestyramine light	40
capecitabine	45	CEFAZOLIN SODIUM-		ciclopirox	72
CAPLYTA	57	DEXTROSE	68	ciclopirox olamine	72
CAPRELSA	49	cefdinir	68	cilostazol	88
captopril	41	cefepime hcl	21	CIMDUO	61
CAPVAXIVE	112	CEFEPIME-DEXTROSE	21	cimetidine	111
carbamazepine	30	cefixime	68	cinacalcet hcl	79
carbamazepine er	30	cefotetan disodium	68	ciprofloxacin hcl	86,99

ciprofloxacin in d5w	86	colistimethate sodium (cba)	21
ciprofloxacin-		COMBIVENT RESPIMAT	27
dexamethasone	101	COMETRIQ (100 MG DAILY DOSE)	49
citalopram hydrobromide	33	COMETRIQ (140 MG DAILY DOSE)	49
claravis	72	COMETRIQ (60 MG DAILY DOSE)	49
CLARITHROMYCIN	21	COMPLERA	61
clarithromycin	21	compro	60
clarithromycin er	21	constulose	90
clindamycin hcl	21	COPIKTRA	49
clindamycin palmitate hcl	21	CORLANOR	66
clindamycin phosphate	21,72,114	COSENTYX	73
clindamycin phosphate in d5w	21	COSENTYX (300 MG DOSE)	73
CLINDAMYCIN PHOSPHATE IN NA CL	21	COSENTYX SENSOREADY (300 MG)	73
clinpro 5000	71	COSENTYX SENSOREADY PEN	74
clobazam	29	COSENTYX UNOREADY	74
clobetasol prop emollient base	74	COTELLIC	49
clobetasol propionate	74,75	COVID-19 Vaccines	113
clobetasol propionate e	75	CREON	77
clodan	75	CRESEMBA	40
clomipramine hcl	34	cromolyn sodium	25,86
clonazepam	29	CROMOLYN SODIUM	100
clonidine hcl er	14	cryselle-28	80
clonidine tablet	42	cyanocobalmin (vitamin B12)	88
clonidine weekly patch	42	cyclafem 1/35	80
clopidogrel bisulfate	88	cyclafem 7/7/7	81
clorazepate dipotassium	24	cyclobenzaprine hcl	97
clotrimazole	71	CYCLOPHOSPHAMIDE	44
clotrimazole (LOTRIMIN)	72	cyclophosphamide 25 mg cap	44
clotrimazole-betamethasone	72	cyclophosphamide 50 mg cap	44
clozapine	59	CYCLOSET	35
CLOZAPINE 12.5 MG TAB DISP	59	cyclosporine	96,100
COARTEM	43	cyclosporine modified	96
colchicine	88	cyred	81
colchicine-probenecid	88	cyred eq	81
colesevelam hcl	40	CYSTAGON	87
colestipol hcl	41	CYSTARAN	100

D

dabigatran etexilate mesylate	28
dalfampridine er	106
danazol	19
dantrolene sodium	97
dapsone	44
DAPTACEL	110
DAPTOMYCIN	21
darifenacin hydrobromide er	111
darunavir	61
dasatinib	49
dasetta 1/35	81
dasetta 7/7/7	81
DAURISMO	46
daysee	81
deblitane	104
decadron	69
deferasirox	95
DELSTRIGO	61
delyla	81
demeclocycline hcl	109
denta 5000 plus	71
dentagel	71
DEPO-SUBQ PROVERA	104.104
DESCOVY	61
desipramine hcl	34
desloratadine	108
desmopressin ace spray refrig	79
desmopressin acetate	79
desmopressin acetate spray	79
desogestrel-ethinyl estradiol	81
desonide	75
desoximetasone	75
desvenlafaxine succinate er	34
dexamethasone	69
DEXAMETHASONE INTENSOL	69
dexamethasone sodium phosphate	69

DEXAMETHASONE SODIUM PHOSPHATE.....	100	diphenoxylate-atropine.....	38	ELIGARD.....	46
DEXCOM G5 MOB/G4 PLAT SENSOR.....	91	DIPHThERIA-TETANUS TOXOIDS DT.....	110	elinest.....	81
DEXCOM G5 MOBILE RECEIVER.....	91	dipyridamole.....	88	ELIQUIS.....	28
DEXCOM G5 MOBILE TRANSMITTER.....	91	disopyramide phosphate.....	25	ELIQUIS DVT/PE STARTER PACK.....	28
DEXCOM G5 RECEIVER KIT.....	91	disulfiram.....	105	ELMIRON.....	87
DEXCOM G6 RECEIVER.....	91	divalproex sodium.....	32	eluryng.....	81
DEXCOM G6 SENSOR.....	91	divalproex sodium er.....	32	EMGALITY.....	93
DEXCOM G6 TRANSMITTER.....	91	dofetilide.....	25	EMGALITY (300 MG DOSE).....	93
DEXCOM G7 RECEIVER.....	91	donepezil hcl.....	105	emoquette.....	81
DEXCOM G7 SENSOR.....	91	dorzolamide hcl.....	100	EMSAM.....	33
DIACOMIT.....	30	dorzolamide hcl-timolol mal.....	98	emtricitabine.....	61
diazepam.....	24	dorzolamide hcl-timolol mal pf.....	98	emtricitabine-tenofovir df.....	61,62
DIAZEPAM.....	29	dotti.....	85	EMTRIVA.....	62
diazepam intensol.....	24	DOVATO.....	61	emzahn.....	104
diazoxide.....	35	doxazosin mesylate.....	42	enalapril maleate.....	41
diclofenac potassium.....	16	doxepin hcl.....	34,89	enalapril-hydrochlorothiazide.....	43
diclofenac sodium.....	16,73,100	doxercalciferol.....	79	ENBREL.....	15
diclofenac sodium er.....	16	doxy 100.....	109	ENBREL MINI.....	15
dicloxacillin sodium.....	103	doxycycline hyclate.....	109	ENBREL SURECLICK.....	15
dicyclomine hcl.....	111	doxycycline monohydrate.....	109	endocet.....	19
DIFICID.....	22	DRIZALMA SPRINKLE.....	34	ENGERIX-B.....	113
diflunisal.....	16	dronabinol.....	39	enilloring.....	81
digoxin.....	66,67	drospirenone-ethinyl estradiol.....	81	enoxaparin sodium.....	28
DIGOXIN 0.05 MG/ML SOLUTION.....	66	DROXIA.....	88	enpresse-28.....	81
dihydroergotamine mesylate.....	93	droxidopa.....	66	enskyce.....	81
DILANTIN.....	30	DULERA.....	27	entacapone.....	56
dilt-xr.....	66	duloxetine hcl.....	34	entecavir.....	63
diltiazem hcl.....	66	DUPIXENT.....	25,26	ENTRESTO.....	67
diltiazem hcl er.....	66	dutasteride.....	87	enulose.....	86
diltiazem hcl er beads.....	66	dutasteride-tamsulosin hcl.....	87	ENVARsus XR.....	96
diltiazem hcl er coated beads.....	66	E		EPIDIOLEX.....	30
dimethyl fumarate.....	106	ec-naproxen.....	17	epinastine hcl.....	100
dimethyl fumarate starter pack.....	106	econazole nitrate.....	72	Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only).....	27
		EDEX.....	67	epitol.....	30
		EDURANT.....	61	eplerenone.....	43
		efavirenz.....	61	EPRONTIA.....	30
		efavirenz-emtricitab-tenofo df.....	61	ERGOTAMINE-CAFFEINE.....	93
		efavirenz-lamivudine-tenofovir.....	61	ERIVEDGE.....	46
		eletriptan hydrobromide.....	93		

ERLEADA.....	47	febuxostat.....	88	fluphenazine hcl.....	60
erlotinib hcl.....	46	felbamate.....	31	flurbiprofen.....	17
errin.....	104	felodipine er.....	66	FLURBIPROFEN SODIUM... 100	
ertapenem sodium.....	23	femynor.....	81	fluticasone propionate.....	97
ERVEBO.....	113	fenofibrate.....	41	FLUTICASONE PROPIONATE	
ERY.....	72	fenofibrate micronized.....	41	HFA.....	27
ery-tab.....	22	fenofibric acid.....	41	fluticasone-salmeterol.....	27
erythromycin.....	22,72,99	fentanyl.....	17	fluvastatin sodium.....	41
erythromycin base.....	22	fentanyl citrate.....	17,18	fluvoxamine maleate.....	33
erythromycin ethylsuccinate.....	22	fesoterodine fumarate er.....	111	fluvoxamine maleate er.....	33
escitalopram oxalate.....	33	FETZIMA.....	34	folic acid.....	89
esomeprazole magnesium.....	111	FETZIMA TITRATION.....	34	folic acid / vitamin B6 / vitamin	
estarylla.....	81	finasteride.....	88	B12.....	89
estradiol.....	85,86,114	fingolimod hcl.....	106	fondaparinux sodium.....	28
estradiol valerate.....	86	FINTEPLA.....	30	formoterol fumarate.....	28
estradiol-norethindrone acet.....	81	finzala.....	81	fosamprenavir calcium.....	62
ESTRING.....	114	FIRDAPSE.....	44	fosfomycin tromethamine.....	23
eszopiclone.....	89	FIRMAGON.....	47	fosinopril sodium.....	41
ethacrynic acid.....	77	FIRMAGON (240 MG DOSE).....	47	fosinopril sodium-hctz.....	43
ethambutol hcl.....	44	flac.....	101	FOTIVDA.....	49
ethosuximide.....	32	flavoxate hcl.....	112	fraiche 5000 dental.....	71
ethynodiol diac-eth estradiol.....	81	flecainide acetate.....	25	FREESTYLE LIBRE 14 DAY	
etodolac.....	17	fluconazole.....	40	READER.....	91
etonogestrel-ethinyl estradiol.....	81	fluconazole in sodium chloride.....	40	FREESTYLE LIBRE 14 DAY	
etravirine.....	62	flucytosine.....	39	SENSOR.....	91
euthyrox.....	110	fludrocortisone acetate.....	70	FREESTYLE LIBRE 2	
everolimus.....	49,96	flunisolide.....	97	READER.....	91
EVOTAZ.....	62	fluocinolone acetonide.....	75,101	FREESTYLE LIBRE 2	
exemestane.....	47	fluocinolone acetonide body.....	75	SENSOR.....	91
ezetimibe.....	40	fluocinolone acetonide scalp.....	75	FREESTYLE LIBRE 3 PLUS	
ezetimibe-simvastatin.....	40	fluocinonide.....	75	SENSOR.....	91
		FLUOCINONIDE 0.05 % GEL.....	75	FREESTYLE LIBRE 3	
F		fluoridex.....	71	READER.....	91
falmina.....	81	fluoridex enhanced whitening.....	71	FREESTYLE LIBRE 3	
famciclovir.....	64	fluorimax 5000.....	71	SENSOR.....	91
famotidine (PEPCID).....	111	fluorometholone.....	100	FREESTYLE LIBRE READER.....	91
FANAPT.....	58	fluorouracil.....	73	FREESTYLE LIBRE SENSOR	
FANAPT TITRATION PACK.....	58	FLUOROURACIL.....	73	SYSTEM.....	92
FARXIGA.....	37	fluoxetine hcl.....	33	FRUZAQLA.....	45
FASENRA.....	26	FLUOXETINE HCL.....	33	furosemide.....	77
FASENRA PEN.....	26	fluphenazine decanoate.....	60	FUROSEMIDE.....	77

FUZEON.....	62	GLUCAGON EMERGENCY ..	35	hydrocod poli-chlorphe poli er..	70
fyavolv.....	81	glycopyrrolate.....	111	hydrocodone bit-homatrop mbr.	70
FYCOMPA.....	30	GLYXAMBI.....	34	hydrocodone-acetaminophen ..	19
G		GOLYTELY.....	90	hydrocortisone.....	20,69,75
g tussin ac.....	70	granisetron hcl.....	39	hydrocortisone (perianal).....	20
gabapentin.....	30	griseofulvin microsize.....	39	HYDROCORTISONE 2.5 %	
galantamine hydrobromide ..	105	griseofulvin ultramicrosize ..	39	LOTION.....	75
GALANTAMINE		guaiaatussin ac.....	70	hydrocortisone-acetic acid....	101
HYDROBROMIDE.....	105	guaifenesin ac.....	70	hydromet.....	70
galantamine hydrobromide		guaifenesin dac.....	70	hydromorphone hcl.....	18
er.....	105	guaifenesin-codeine.....	70	hydroxychloroquine sulfate ..	43
gallifrey.....	104	guanfacine hcl.....	42	hydroxyurea.....	55
GAMMAKED.....	101	GVOKE HYPOPEN 1-PACK..	35	hydroxyzine hcl.....	24
GAMUNEX-C.....	101	GVOKE HYPOPEN 2-PACK..	35	hydroxyzine pamoate.....	24
GARDASIL 9.....	113	GVOKE KIT.....	36	I	
gatifloxacin.....	99	GVOKE PFS.....	36	ibandronate sodium.....	78
GAUZE PADS.....	90	H		IBRANCE.....	50
gauze pads and dressings...	91	HADLIMA.....	15	ibuprofen (MOTRIN).....	17
GAVILYTE-C.....	90	HADLIMA PUSHTOUCH..	15,16	icatibant acetate.....	90
gavilyte-g.....	90	HAEGARDA.....	90	iclevia.....	81
gavilyte-n with flavor pack ..	90	hailey 1.5/30.....	81	ICLUSIG.....	50
GAVRETO.....	49	hailey 24 fe.....	81	icosapent ethyl.....	40
gefitinib.....	46	hailey fe 1.5/30.....	81	IDHIFA.....	50
gemfibrozil.....	41	hailey fe 1/20.....	81	imatinib mesylate.....	50
GEMTESA.....	112	halobetasol propionate.....	75	IMBRUVICA.....	50
generlac.....	86	haloette.....	81	imipenem-cilastatin.....	23
gengraf.....	96	haloperidol.....	57	imipramine hcl.....	34
GENTAMICIN IN SALINE.....	15	haloperidol decanoate.....	57	imiquimod.....	76
gentamicin sulfate.....	15,72,99	haloperidol lactate.....	57	IMOVAX RABIES.....	113
GENVOYA.....	62	HAVRIX.....	113	incassia.....	104
gianvi.....	81	heather.....	104	INCRELEX.....	79
GILOTRIF.....	46	heparin sodium (porcine).....	29	INCRUSE ELLIPTA.....	26
glatiramer acetate.....	106	heparin sodium (porcine) pf...	29	indapamide.....	78
glatopa.....	106	HEPLISAV-B.....	113	indomethacin.....	17
GLEOSTINE.....	44	HIBERIX.....	112	INFANRIX.....	110
glimepiride.....	38	HUMULIN R U-500		INGREZZA.....	106
glipizide.....	38	(CONCENTRATED).....	36	INLYTA.....	45
glipizide er.....	38	HUMULIN R U-500 KWIKPEN	36	INQOVI.....	48
glipizide xl.....	38	hydrochlorothiazide.....	78	INREBIC.....	50
glipizide-metformin hcl.....	34				

INSULIN ASP PROT & ASP	IXIARO	113	kionex	96
FLEXPEN		36	KISQALI (200 MG DOSE)	50
INSULIN ASPART		36	KISQALI (400 MG DOSE)	50
INSULIN ASPART FLEXPEN	jaimiess	36	KISQALI (600 MG DOSE)	50
INSULIN ASPART PENFILL	JAKAFI	36	KISQALI FEMARA (200 MG DOSE)	48
INSULIN ASPART PROT & ASPART	jantoven	37	KISQALI FEMARA (400 MG DOSE)	48
INSULIN PEN NEEDLE	JANUMET	92	KISQALI FEMARA (600 MG DOSE)	48
INSULIN SYRINGE (DISP) U-100 0.3 ML	JANUMET XR	92	KISQALI FEMARA (600 MG DOSE)	48
INSULIN SYRINGE (DISP) U-100 1 ML	JANUVIA	92	klayesta	73
INSULIN SYRINGE (DISP) U-100 1/2 ML	JARDIANCE	92	klor-con	94
INTELENCE	jasmiel	62	klor-con 10	94
introvale	JAYPIRCA	82	klor-con m10	94
INVEGA HAFYERA	jencycla	58	klor-con m15	94
INVEGA SUSTENNA	JENTADUETO	58	klor-con m20	94
INVEGA TRINZA	JENTADUETO XR	58	KLOXXADO	38
IPOL	jinteli	113	KOSELUGO	50
ipratropium bromide	jolessa	26,98	kourzeq	71
ipratropium-albuterol	juleber	28	KRAZATI	50
irbesartan	JULUCA	42	kurvelo	82
irbesartan-hydrochlorothiazide	junel 1.5/30	43		
ISENTRESS	junel 1/20	62		
ISENTRESS HD	junel fe 1.5/30	62		
isibloom	junel fe 1/20	82		
ISONIAZID	junel fe 24	44		
isoniazid	just right 5000	44		
isoniazid 300mg tab	JYNNEOS	44		
isosorbide dinitrate		24		
isosorbide mononitrate		24		
isosorbide mononitrate er		24		
isotretinoin		72		
isradipine		66		
itraconazole		40		
ivabradine hcl		67		
ivermectin		21,76		
IWILFIN		55		
IXCHIQ		113		
	J			
	jaimiess	82		
	JAKAFI	50		
	jantoven	28		
	JANUMET	34		
	JANUMET XR	35		
	JANUVIA	36		
	JARDIANCE	37		
	jasmiel	82		
	JAYPIRCA	50		
	jencycla	104		
	JENTADUETO	35		
	JENTADUETO XR	35		
	jinteli	82		
	jolessa	82		
	juleber	82		
	JULUCA	62		
	junel 1.5/30	82		
	junel 1/20	82		
	junel fe 1.5/30	82		
	junel fe 1/20	82		
	junel fe 24	82		
	just right 5000	71		
	JYNNEOS	113		
	K			
	K-PHOS	94		
	kalliga	82		
	KALYDECO	107		
	kariva	82		
	kcl in dextrose-nacl	94		
	kelnor 1/35	82		
	kelnor 1/50	82		
	KERENDIA	79		
	KESIMPTA	106		
	ketoconazole	40,72,73		
	ketorolac tromethamine	17,100		
	KEVZARA	16		
	KINRIX	110		
	L			
	l-glutamine	88		
	labetalol hcl	65		
	lacosamide	30		
	lactated ringers	94		
	lactulose	90		
	lactulose encephalopathy	86		
	lamivudine	62,63		
	lamivudine-zidovudine	62		
	lamotrigine	30		
	lamotrigine er	30		
	lancet device	92		
	lancets	92		
	lansoprazole (PREVACID)	111		
	LANTUS	37		
	LANTUS SOLOSTAR	37		
	lapatinib ditosylate	50		
	larin 1.5/30	82		
	larin 1/20	82		

larin 24 fe.....	82	levofloxacin in d5w.....	86	lojaimiess.....	83
larin fe 1.5/30.....	82	levonest.....	82	LOKELMA.....	96
larin fe 1/20.....	82	levonorg-eth estrad triphasic.....	82	LONSURF.....	48
larissia.....	82	levonorgest-eth estrad 91-day.....	82	loperamide (IMMODIUM).....	38
latanoprost.....	101	levonorgest-eth estradiol-iron.....	82	lopinavir-ritonavir.....	62
LEDIPASVIR-SOFOSBUVIR.....	63	levonorgestrel-ethinyl estrad.....	82	lorazepam.....	24
leena.....	82	levora 0.15/30 (28).....	83	lorazepam intensol.....	25
leflunomide.....	16	levothyroxine sodium.....	110	LORBRENA.....	51
lenalidomide.....	95	levoxyl.....	110	loryna.....	83
LENVIMA (10 MG DAILY DOSE).....	45	LIBERVANT.....	29	losartan potassium.....	42
LENVIMA (12 MG DAILY DOSE).....	45	LIDOCAINE HCL.....	71	losartan potassium-hctz.....	43
LENVIMA (14 MG DAILY DOSE).....	45	lidocaine hcl.....	76	loteprednol etabonate.....	100
LENVIMA (18 MG DAILY DOSE).....	45	lidocaine patches.....	76	lovastatin.....	41
LENVIMA (20 MG DAILY DOSE).....	45	lidocaine viscous hcl.....	71	low-ogestrel.....	83
LENVIMA (24 MG DAILY DOSE).....	45	lidocaine-prilocaine.....	76	loxapine succinate.....	59
LENVIMA (4 MG DAILY DOSE).....	45	LILETTA (52 MG).....	104	lubiprostone.....	90
LENVIMA (8 MG DAILY DOSE).....	45	lillow.....	83	LUMAKRAS.....	51
lessina.....	82	lincomycin hcl.....	22	LUMIGAN.....	101
letrozole.....	47	linezolid.....	22	LUPRON DEPOT (1-MONTH).....	47
leucovorin calcium.....	55	LINEZOLID IN SODIUM CHLORIDE.....	22	LUPRON DEPOT (3-MONTH).....	47
levabuterol hcl.....	28	LINZESS.....	90	lurasidone hcl.....	57
LEVALBUTEROL TARTRATE.....	28	liothyronine sodium.....	110	lutera.....	83
levetiracetam.....	30	lisdexamphetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap).....	14	lyleq.....	104
levetiracetam er.....	30	lisinopril.....	41	lyllana.....	86
LEVOBUNOLOL HCL.....	98	lisinopril-hydrochlorothiazide.....	43	LYNPARZA.....	51
levocarnitine.....	79	lithium.....	57	LYSODREN.....	47
levocarnitine sf.....	79	LITHIUM CARBONATE.....	57	LYTGOBI (12 MG DAILY DOSE).....	51
levocetirizine (XYZAL).....	108	lithium carbonate.....	57	LYTGOBI (16 MG DAILY DOSE).....	51
levofloxacin.....	86	LITHIUM CARBONATE 600 MG CAP.....	57	LYTGOBI (20 MG DAILY DOSE).....	51
LEVOFLOXACIN.....	99	lithium carbonate er.....	57	lyza.....	104
LEVOFLOXACIN 0.5 % SOLUTION.....	99	LIVTENCITY.....	63		
		lo-zumandimine.....	83	M	
		loestrin 1.5/30 (21).....	83	M-M-R II.....	113
		loestrin 1/20 (21).....	83	magnesium sulfate.....	94
		loestrin fe 1.5/30.....	83	malathion.....	76
		loestrin fe 1/20.....	83	maraviroc.....	62
				marlissa.....	83
				MARPLAN.....	33

MATULANE.....	55	methimazole.....	110	mono-linyah.....	83
matzim la.....	66	methocarbamol.....	97	montelukast sodium.....	26
MAVYRET.....	64	methotrexate sodium.....	45	morphine sulfate.....	18
maxi-tuss ac.....	70	methotrexate sodium (pf).....	45	MORPHINE SULFATE.....	18
meclizine.....	39	METHOXSALEN RAPID.....	74	morphine sulfate (concentrate).....	18
medroxyprogesterone		methsuximide.....	32	MORPHINE SULFATE	
acetate.....	104	methylphenidate hcl.....	14	(CONCENTRATE).....	18
mefloquine hcl.....	43	methylphenidate hcl er.....	14	MORPHINE SULFATE 20	
megestrol acetate.....	47	methylphenidate hcl er (osm).....	14	MG/5ML SOLUTION.....	18
MEGESTROL ACETATE... ..	104	methylprednisolone.....	69	morphine sulfate er.....	18
MEKINIST.....	51	metoclopramide hcl.....	86	MOUNJARO.....	36
MEKTOVI.....	51	metolazone.....	78	MOVANTIK.....	90
melodetta 24 fe.....	83	metoprolol succinate er.....	65	MOXIFLOXACIN HCL.....	86
meloxicam.....	17	metoprolol tartrate.....	65	moxifloxacin hcl.....	99
memantine hcl.....	105	metoprolol-		MOXIFLOXACIN HCL (2X	
memantine hcl er.....	105	hydrochlorothiazide.....	43	DAY).....	99
MENACTRA.....	112	metronidazole.....	22,76	MOXIFLOXACIN HCL IN	
MENEST.....	86	metronidazole vaginal 0.75%		NACL.....	86
MENQUADFI.....	112	gel.....	114	MRESVIA.....	113
MENVEO.....	112	metyrosine.....	43	mupirocin 2% ointment.....	72
mercaptopurine.....	45	mexiletine hcl.....	25	MUSE.....	67
meropenem.....	23	mibelas 24 fe.....	83	mycophenolate mofetil.....	96
MEROPENEM-SODIUM		micafungin sodium.....	39	mycophenolate sodium.....	96
CHLORIDE.....	23	microgestin 1.5/30.....	83	mycophenolic acid.....	96
mesalamine.....	87	microgestin 1/20.....	83	MYRBETRIQ.....	112
MESALAMINE 800 MG TAB		microgestin 24 fe.....	83		
DR.....	87	microgestin fe 1.5/30.....	83	N	
mesalamine er.....	87	microgestin fe 1/20.....	83	na sulfate-k sulfate-mg sulf....	90
mesalamine-cleanser.....	87	midodrine hcl.....	66	nabumetone.....	17
MESNEX.....	55	mifepristone.....	36	nadolol.....	65
metformin hcl.....	36	MIGERGOT.....	93	nafcillin sodium.....	103
metformin hcl er.....	36	mili.....	83	NAFCILLIN SODIUM IN	
methadone hcl.....	18	minocycline hcl.....	110	DEXTROSE.....	103
METHADONE HCL 10 MG/5ML		minoxidil.....	43	NALOXONE HCL.....	38
SOLUTION.....	18	mirabegron er.....	112	naltrexone hcl.....	38
METHADONE HCL 5 MG/5ML		mirtazapine.....	32	naproxen.....	17
SOLUTION.....	18	misoprostol.....	111	naratriptan hcl.....	93
methamphetamine hcl.....	14	modafinil.....	14	nateglinide.....	36
methazolamide.....	77	moexipril hcl.....	41	NAYZILAM.....	29
methenamine hippurate.....	23	MOLINDONE HCL.....	57	neбиволol hcl.....	65
methenamine mandelate.....	23	mometasone furoate.....	75,98	necon 0.5/35 (28).....	83

NEEDLES AND SYRINGES	92	norethindrone-eth estradiol	83	NUPLAZID	57
NEFAZODONE HCL	33	norgestim-eth estrad triphasic	83	NURTEC	93
neomycin sulfate	15	norgestimate-eth estradiol	83	nyamyc	73
neomycin-bacitracin zn-		norlyda	104	nylia 1/35	84
polymyx	99	norlyroc	104	nylia 7/7/7	84
neomycin-polymyxin-		nortrel 0.5/35 (28)	84	nymyo	84
dexameth	100	nortrel 1/35 (21)	84	nystatin	39,71,73
NEOMYCIN-POLYMYXIN-		nortrel 1/35 (28)	84	nystatin-triamcinolone	73
GRAMICIDIN	99	nortrel 7/7/7	84	nystop	73
NEOMYCIN-POLYMYXIN-		nortriptyline hcl	34	NYVEPRIA	89
HC	100	NORVIR	62		
neomycin-polymyxin-hc	101	NOVOLIN 70/30	37	O	
neomycin-polymyxin-hc 3.5-		NOVOLIN 70/30 FLEXPEN	37	ocella	84
10000-1 suspension	101	NOVOLIN 70/30 FLEXPEN		octreotide acetate	79
NERLYNX	51	RELION	37	ODEFSEY	62
nevirapine	62	NOVOLIN 70/30 RELION	37	ODOMZO	46
NEVIRAPINE	62	NOVOLIN N	37	OFEV	108
nevirapine er	62	NOVOLIN N FLEXPEN	37	OFLOXACIN	86
NEXPLANON	104	NOVOLIN N FLEXPEN		ofloxacin	99
NEXVIAZYME	79	RELION	37	OGSIVEO	51
niacin er (antihyperlipidemic)	40	NOVOLIN N RELION	37	OJEMDA	51
NICOTROL NASAL SPRAY	107	NOVOLIN R	37	OJJAARA	51
nifedipine er	66	NOVOLIN R FLEXPEN	37	olanzapine	59
nifedipine er osmotic release	66	NOVOLIN R FLEXPEN		olmesartan medoxomil	42
nikki	83	RELION	37	olmesartan medoxomil-hctz	43
nilutamide	47	NOVOLIN R RELION	37	olmesartan-amlodipine-hctz	43
nimodipine	66	NOVOLOG	37	olopatadine hcl	98
NINLARO	51	NOVOLOG 70/30 FLEXPEN		omega-3-acid ethyl esters	40
NITAZOXANIDE	23	RELION	37	omeprazole	111
NITRO-BID	24	NOVOLOG FLEXPEN	37	OMNIPOD 5 G6 INTRO (GEN	
nitrofurantoin macrocrystal	23	NOVOLOG FLEXPEN	5)	92	
nitrofurantoin monohyd		RELION	37	OMNIPOD 5 G6 PODS (GEN	
macro	24	NOVOLOG MIX 70/30	37	5)	92
nitroglycerin	20,24	NOVOLOG MIX 70/30		OMNIPOD 5 G7 INTRO (GEN	
nora-be	104	FLEXPEN	37	5)	92
norelgestromin-eth estradiol	83	NOVOLOG MIX 70/30		OMNIPOD 5 G7 PODS (GEN	
norethin ace-eth estrad-fe	83	RELION	37	5)	92
norethindrone	104	NOVOLOG PENFILL	37	OMNIPOD 5 LIBRE2 PLUS G6	92
norethindrone acet-ethinyl		NOVOLOG RELION	37	OMNIPOD 5 LIBRE2 PLUS G6	
est	83	NUBEQA	47	PODS	92
norethindrone acetate	104	NUDEXTA	107	OMNIPOD 5 PACK	92

OMNIPOD CLASSIC PDM (GEN 3).....	92		perphenazine.....	60
OMNIPOD DASH INTRO (GEN 4).....	92	P	PERSERIS.....	58
OMNIPOD DASH PDM (GEN 4).....	92	pacerone.....	PHENELZINE SULFATE 15 MG TAB.....	33
OMNIPOD DASH PODS (GEN 4).....	92	paliperidone er.....	phenobarbital.....	31
OMNITROPE.....	78	PANRETIN.....	phenytek.....	31
ondansetron.....	39	pantoprazole sodium.....	phenytoin.....	31
ondansetron hcl.....	39	paricalcitol.....	phenytoin infatabs.....	31
ONETOUCH ULTRA.....	76	paroxetine hcl.....	phenytoin sodium extended.....	31
ONETOUCH ULTRA TEST.....	77	paroxetine hcl er.....	philith.....	84
ONETOUCH VERIO.....	77	PAXLOVID (150/100).....	phytonadione.....	114
ONUREG.....	45	PAXLOVID (300/100).....	PIFELTRO.....	62
OPSUMIT.....	108	pazopanib hcl.....	pilocarpine hcl.....	71,100
OPVEE.....	38	PEDIARIX.....	pimecrolimus.....	76
ORENCIA.....	17	PEDVAX HIB.....	PIMOZIDE.....	107
ORENCIA CLICKJECT.....	17	peg 3350-kcl-na bicarb-nacl.....	pimtrea.....	84
ORGOVYX.....	47	peg-3350/electrolytes.....	pindolol.....	65
ORKAMBI.....	107	peg-3350/electrolytes/ascorbat.....	pioglitazone hcl.....	36
ORSERDU.....	47	peg-kcl-nacl-nasulf-na asc-c.....	pioglitazone hcl-glimepiride.....	35
orsythia.....	84	PEGASYS.....	pioglitazone hcl-metformin hcl.....	35
oseltamivir phosphate.....	64	PEMAZYRE.....	piperacillin sod-tazobactam so.....	103
OTEZLA.....	74	PENBRAYA.....	PIQRAY (200 MG DAILY DOSE).....	52
oxacillin sodium.....	103	penicillamine.....	PIQRAY (250 MG DAILY DOSE).....	52
OXACILLIN SODIUM IN DEXTROSE.....	103	penicillin g potassium.....	PIQRAY (300 MG DAILY DOSE).....	52
oxaprozin.....	17	PENICILLIN G PROCAINE.....	pirfenidone.....	108
oxazepam.....	25	PENICILLIN G SODIUM.....	pirmella 1/35.....	84
oxcarbazepine.....	30	penicillin v potassium.....	pirmella 7/7/7.....	84
oxybutynin chloride.....	111	Penicillin V Potassium 125 MG/5ML RECON SOLN.....	piroxicam.....	17
oxybutynin chloride er.....	112	Penicillin V Potassium 250 MG/5ML RECON SOLN.....	PLEGRIDY.....	106
oxycodone hcl.....	18,19	PENTACEL.....	plenamine.....	98
oxycodone-acetaminophen.....	19	Pentamidine Isethionate for Injection Solution.....	PNEUMOVAX 23.....	112
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	36	Pentamidine Isethionate for Nebulization Solution.....	PODOFILOX 0.5 % SOLUTION.....	76
OZEMPIC (1 MG/DOSE).....	36	pentoxifylline er.....	polymyxin b-trimethoprim.....	99
OZEMPIC (2 MG/DOSE).....	36	perindopril erbumine.....	POMALYST.....	55
		perindopril erbumine 4 mg tab.....	portia-28.....	84
		perio gard.....	posaconazole.....	40
		permethrin (NIX).....		

potassium chloride.....	94	PREVIDENT 5000 ENAMEL	PULMOZYME.....	107
POTASSIUM CHLORIDE.....	95	PROTECT.....	PURIXAN.....	45
potassium chloride 2 meq/ml solution.....	94	PREVIDENT 5000 SENSITIVE.....	pyrazinamide.....	44
potassium chloride 20 meq packet.....	94	previfem.....	pyridostigmine bromide.....	44
potassium chloride crys er...	95	PREVNAR 20.....	pyridostigmine bromide er.....	44
potassium chloride er.....	95	PREVYMIS.....	pyrimethamine.....	43
potassium chloride in dextrose.....	94	PREZCOBIX.....	Q	
potassium citrate er.....	87	PREZISTA.....	QINLOCK.....	52
pramipexole dihydrochloride.	57	PRIFTIN.....	QUADRACEL.....	110
prasugrel hcl.....	88	PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB.....	Quadrivalent Influenza Vaccines.....	113
pravastatin sodium.....	41	PRIMIDONE.....	quetiapine fumarate.....	59
praziquantel.....	21	PRIORIX.....	quetiapine fumarate er.....	60
prazosin hcl.....	42	PRIVIGEN.....	quinapril hcl.....	42
prednisolone.....	69	probenecid.....	quinidine gluconate er.....	25
PREDNISOLONE ACETATE.....	100	prochlorperazine.....	QUINIDINE SULFATE.....	25
prednisolone sodium phosphate.....	69	prochlorperazine maleate.....	quinine sulfate.....	44
PREDNISOLONE SODIUM PHOSPHATE.....	100	procto-med hc.....	QVAR REDIHALER.....	27
prednisolone sodium phosphate 25 mg/5ml solution.....	69	proctosol hc.....	R	
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution.....	69	proctozone-hc.....	RABAVERT.....	113
prednisone.....	69	progesterone.....	rabeprazole sodium.....	111
PREDNISONE.....	69	PROGRAF.....	RADICAVA ORS.....	98
PREDNISONE INTENSOL.....	69	PROMACTA.....	RADICAVA ORS STARTER KIT.....	98
pregabalin.....	31	promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab).....	raloxifene hcl.....	78
PREHEVBRIO.....	113	promethazine-codeine.....	ramelteon.....	89
PREMARIN.....	114	promethazine-dm.....	ramipril.....	42
prenatal vitamin.....	97	promethazine-phenyleph- codeine.....	ranolazine er.....	67
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET.....	97	propafenone hcl.....	rasagiline mesylate.....	57
prevalite.....	41	propafenone hcl er.....	reclipsen.....	84
		propranolol hcl.....	RECOMBIVAX HB.....	113,114
		propranolol hcl er.....	RENACIDIN.....	87
		propylthiouracil.....	repaglinide.....	36
		PROQUAD.....	REPATHA.....	40
		protriptyline hcl.....	REPATHA PUSHTRONEX SYSTEM.....	40
		pseudoeph-bromphen-dm.....	REPATHA SURECLICK.....	40
			RETACRIT.....	89
			RETEVMO.....	52

REVLIMID	95	SCEMBLIX	52	SOFOSBUVIR-VELPATASVIR	64
REXULTI	61	scopolamine	39	solifenacin succinate	112
REYATAZ	62	SECUADO	60	SOLQUA	35
REZLIDHIA	52	selegiline hcl	57	SOLTAMOX	47
REZUROCK	95	selenium sulfide	76	SOLU-CORTEF	69
RHOPRESSA	99	SELZENTRY	63	SOLU-MEDROL	70
RIBAVIRIN 200 MG CAP	64	sertraline hcl	33	SOLU-MEDROL (PF)	70
RIBAVIRIN 200 MG TAB	64	setlakin	84	SOMAVERT	79
RIDAURA	16	sf	71	sorafenib tosylate	53
rifabutin	44	sf 5000 plus	71	sorine	65
rifampin	44	sharobel	104	sotalol hcl	65
riluzole	98	SHINGRIX	114	sotalol hcl (af)	65
RIMANTADINE HCL	64	SIGNIFOR	79	SPIRIVA HANDIHALER	26
RINVOQ	16	sildenafil citrate	67,108	SPIRIVA RESPIMAT	26
risedronate sodium	78	silodosin	88	spironolactone	77
risperidone	58,59	silver sulfadiazine	76	spironolactone-hctz	77
risperidone microspheres er	59	SIMBRINZA	99	sprintec 28	84
ritonavir	63	simliya	84	SPRITAM	31
rivastigmine	105	simpesse	84	sps (sodium polystyrene sulf)	96
rivastigmine tartrate	105	simvastatin	41	sronyx	84
rizatriptan benzoate	93	sirolimus	96	ssd	76
ROCKLATAN	99	SIRTURO	44	STAMARIL	114
roflumilast	109	SKYRIZI	74,87	STELARA	74
ropinirole hcl	57	SKYRIZI PEN	74	STIOLTO RESPIMAT	28
ropinirole hcl er	57	SKYTROFA	78	STIVARGA	53
rosuvastatin calcium	41	SOD FLUORIDE-POTASSIUM		STREPTOMYCIN SULFATE	15
ROTARIX	114	NITRATE	71	STRIBILD	63
ROTATEQ	114	sodium chloride	87,95	STRIVERDI RESPIMAT	28
roweepra	31	sodium fluoride	71	SUCRAID	77
ROZLYTREK	52	Sodium Fluoride	94	sucralfate	111
RUBRACA	52	SODIUM FLUORIDE 5000		SUFLAVE	90
rufinamide	31	ENAMEL	71	SULFACETAMIDE SODIUM	99
RUKOBIA	63	sodium fluoride 5000 plus	71	sulfacetamide sodium	99
RYBELSUS	36	sodium fluoride 5000 ppm	71	sulfacetamide sodium (acne)	72
RYDAPT	52	SODIUM FLUORIDE 5000		SULFACETAMIDE-	
RYTARY	57	SENSITIVE	71	PREDNISOLONE	100
		sodium fluoride chewable		SULFADIAZINE	109
		tablet	94	sulfamethoxazole-	
sajazir	90	SODIUM OXYBATE	109	trimethoprim	109
SANTYL	76	sodium phenylbutyrate	79	sulfasalazine	87
sapropterin dihydrochloride	79	sodium polystyrene sulfonate	96	sulindac	17

sumatriptan	93	tenofovir disoproxil fumarate	63	TIVICAY PD	63
sumatriptan succinate	93	TEPMETKO	53	tizanidine hcl	97
sumatriptan succinate refill	93	terazosin hcl	42	tobramycin	15,99
sunitinib malate	53	terbinafine hcl	39	TOBRAMYCIN SULFATE	15
SUNLENCA	63	terbutaline sulfate	28	tobramycin-dexamethasone	100
SUNOSI	109	terconazole	114	tolterodine tartrate	112
syeda	84	teriflunomide	106	tolterodine tartrate er	112
SYMPAZAN	29	teriparatide	78	topiramate	31
SYMTUZA	63	TERIPARATIDE		toremifene citrate	47
SYNJARDY	35	(RECOMBINANT)	78	torpenz	53
SYNJARDY XR	35	testosterone	20	torseamide	77
SYNTHROID	110	TESTOSTERONE	20	TOUJEO MAX SOLOSTAR	37
		testosterone 12.5 mg/act (1%)		TOUJEO SOLOSTAR	37
		gel	20	TRADJENTA	36
TABRECTA	53	testosterone 25 mg/2.5gm (1%)		tramadol hcl	19
tacrolimus	76,96	gel	20	tramadol-acetaminophen	19
tadalafil	67,88	testosterone 50 mg/5gm (1%)		trandolapril	42
tadalafil (pah)	108	gel	20	tranexamic acid	89
TAFINLAR	53	TESTOSTERONE		tranylcypromine sulfate	33
TAGRISSE	46	CYPIONATE	20	travoprost (bak free)	101
TALZENNA	53	testosterone cypionate 100		trazodone hcl	33
tamoxifen citrate	47	mg/ml solution	20	TRECTOR	44
tamsulosin hcl	88	testosterone cypionate 200		TRELEGY ELLIPTA	28
tarina 24 fe	84	mg/ml solution	20	TRELSTAR MIXJECT	47
tarina fe 1/20	84	TESTOSTERONE		tretinoin	55,72
tarina fe 1/20 eq	84	ENANTHATE	20	tri femynor	84
TASIGNA	53	tetrabenazine	106	tri-estarylla	84
tazarotene	74	tetracycline hcl	110	tri-lynyah	84
TAZICEF	69	THALOMID	95,96	tri-lo-estarylla	84
tazicef 1 gm recon soln	69	theophylline er	109	tri-lo-marzia	84
tazicef 2 gm recon soln	69	thiamine (vitamin B1)	115	tri-lo-mili	85
TAZVERIK	53	thioridazine hcl	60	tri-lo-sprintec	85
TDVAX	111	thiothixene	57	tri-mili	85
TEFLARO	22	tiadylt er	66	TRI-MIX	67
telmisartan	42	tiagabine hcl	32	tri-nymyo	85
TELMISARTAN-		TIBSOVO	53	tri-previfem	85
AMLODIPINE	43	TICOVAC	114	tri-sprintec	85
telmisartan-hctz	43	tigecycline 50 mg recon soln	22	tri-vylibra	85
temazepam	89	timolol maleate	65,98	tri-vylibra lo	85
temozolomide	45	tinidazole	22	triamcinolone acetonide	71,75
TENIVAC	111	TIVICAY	63	triamterene-hctz	77

triderm.....	75	valsartan.....	42	viorele.....	85
trientine hcl.....	95	valsartan-hydrochlorothiazide.....	43	VIRACEPT.....	63
trifluoperazine hcl.....	60	VALTOCO 10 MG DOSE.....	29	VIREAD.....	63
TRIFLURIDINE.....	99	VALTOCO 15 MG DOSE.....	29	virtussin a/c.....	70
trihexyphenidyl hcl.....	56	VALTOCO 20 MG DOSE.....	29	virtussin ac w/alc.....	70
TRIHEXYPHENIDYL HCL 0.4		VALTOCO 5 MG DOSE.....	29	vitamin B complex.....	97
MG/ML SOLUTION.....	56	VANCOMYCIN HCL.....	22	vitamin B complex / vitamin C /	
TRIJARDY XR.....	35	vancomycin hcl.....	22,23	biotin / minerals / folic acid.....	97
TRIKAFTA.....	107,108	VANCOMYCIN HCL IN NAACL.....	22	vitamin B complex / vitamin C /	
TRIMETHOPRIM.....	22	VANFLYTA.....	53	folic acid.....	97
trimethoprim.....	22	VAQTA.....	114	vitamin C.....	115
trimipramine maleate.....	34	vardenafil hcl.....	67	vitamin D.....	115
TRINTELLIX.....	33	varenicline tartrate.....	107	vitamin k1.....	115
TRIUMEQ.....	63	varenicline tartrate (starter).....	107	VITRAKVI.....	54
TRIUMEQ PD.....	63	varenicline tartrate(continue).....	107	VIVITROL.....	38
trivora (28).....	85	VARIVAX.....	114	VIZIMPRO.....	46
tropium chloride.....	112	VARIZIG.....	101	volnea.....	85
tropium chloride er.....	112	VAXCHORA.....	113	VONJO.....	54
TRULICITY.....	36	VAXNEUVANCE.....	113	voriconazole.....	40
TRUMENBA.....	112	VELIVET.....	85	voriconazole 200 mg recon	
TRUQAP.....	53	VELTASSA.....	96	soln.....	40
TUKYSA.....	55	VEMLIDY.....	64	voriconazole 40 mg/ml recon	
tulana.....	104	VENCLEXTA.....	55	susp.....	40
TURALIO.....	53	VENCLEXTA STARTING		VOSEVI.....	64
turqoz.....	85	PACK.....	55	VOWST.....	86
TWINRIX.....	114	venlafaxine hcl.....	34	VRAYLAR.....	58
TYENNE.....	16	venlafaxine hcl er.....	34	VUMERITY.....	107
TYPHIM VI.....	112	VENTOLIN HFA.....	28	vyfemla.....	85
		verapamil hcl.....	66	vylibra.....	85
U		VERAPAMIL HCL ER.....	66	VYNDAMAX.....	67
UDENYCA.....	89	verapamil hcl er.....	66		
unithroid.....	110	VERQUVO.....	67	W	
UPTRAVI.....	108	VERSACLOZ.....	60	warfarin sodium.....	28
ursodiol.....	86	VERZENIO.....	54	WELIREG.....	55
UZEDY.....	59	vestura.....	85	wera.....	85
		vienva.....	85	wixela inhub.....	28
V		vigabatrin.....	32		
valacyclovir hcl.....	64	vigadrone.....	32	X	
VALCHLOR.....	73	VIGAFYDE.....	32	XALKORI.....	54
valganciclovir hcl.....	63	vigpoder.....	32	XARELTO.....	28
valproic acid.....	32	vilazodone hcl.....	33	XARELTO STARTER PACK.....	28

XCOPRI.....	31,32	zaleplon.....	89
XCOPRI (250 MG DAILY DOSE).....	31	zarah.....	85
XCOPRI (350 MG DAILY DOSE).....	31	ZARXIO.....	89
XDEMZY.....	99	ZEJULA.....	54
XELJANZ.....	16	ZELBORAF.....	54
XELJANZ XR.....	16	zenatane.....	72
XERMELO.....	38	zidovudine.....	63
XGEVA.....	78	ZIMHI.....	38
XIFAXAN.....	23	ziprasidone hcl.....	58
XIGDUO XR.....	35	ziprasidone mesylate.....	58
XIIDRA.....	101	ZIRGAN.....	99
XOFLUZA (40 MG DOSE).....	64	ZOLINZA.....	54
XOFLUZA (80 MG DOSE).....	64	zolmitriptan.....	93
XOLAIR.....	26	zolpidem tartrate.....	89
XOSPATA.....	54	zolpidem tartrate er.....	90
XPOVIO (100 MG ONCE WEEKLY).....	55	ZONISADE.....	31
XPOVIO (40 MG ONCE WEEKLY).....	55	zonisamide.....	31
XPOVIO (40 MG TWICE WEEKLY).....	55	zovia 1/35 (28).....	85
XPOVIO (60 MG ONCE WEEKLY).....	55	zovia 1/35e (28).....	85
XPOVIO (60 MG TWICE WEEKLY).....	55	ZTALMY.....	31
XPOVIO (80 MG ONCE WEEKLY).....	55	zumandimine.....	85
XPOVIO (80 MG TWICE WEEKLY).....	55	ZURZUVAE.....	32,33
XTANDI.....	47,48	ZYDELIG.....	54
xulane.....	85	ZYKADIA.....	54
		zyprexa.....	60
		ZYPREXA RELPREVV.....	60
		ZYVOX.....	23

Y

YF-VAX.....	114
yuvaferm.....	114

Z

zafemy.....	85
zafirlukast.....	26

This formulary was updated on 10/01/2024.

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