

2025

# UCare Medicare Group Plans Formulary (List of Covered Drugs)

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 10/17/2025.

**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 Availability

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

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

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

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

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

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

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

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

**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 10/17/2025. 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, 2027, 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](https://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 10/17/2025. 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](https://ucare.org/member-documents). Upon your request, UCare will mail you an updated printed edition.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 12. 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 12. 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 118. 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?**

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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?**

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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 12. 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 8 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?

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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?

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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 118.

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	
<b>PA</b>	Prior authorization: Drugs that require approval from UCare before we'll cover it
<b>PA<sup>2</sup></b>	Prior Authorization: Drugs that require approval if you haven't taken the drug before
<b>PA<sup>3</sup></b>	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
<b>ST</b>	Step Therapy: Drugs that require you to try another drug before we'll cover it
<b>QL</b>	Quantity limit: There are limits to the amount of drug covered per fill
<b>Part B Covered</b>	Diabetic supplies covered under Part B (medical) benefit
<b>INS</b>	Insulins with a \$35 copay per one-month supply
<b>VAC</b>	Part D Adult Vaccine covered at \$0 (no cost)
<b>VAC AGE</b>	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45
<b>MFG</b>	Drug coverage is limited to certain manufacturers
<b>NDS</b>	Drugs limited to a 30-day supply per fill
<b>* (drugs with asterisk)</b>	Additional drugs covered for select plans. Refer to your Evidence of Coverage for more details.

<b>Explanation of Requirements/Limits</b>	
<b>LA</b>	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<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	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	2	
<i>guanfacine hcl er</i>	2	QL (30 EA PER 30 DAYS)
<b>STIMULANTS - MISC.</b>		
<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 (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>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)</i>	4	
<i>modafinil (100 mg tab, 200 mg tab)</i>	2	PA, QL (60 EA PER 30 DAYS)
<b>AMINOGLYCOSIDES</b>		
<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
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	4	

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

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

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 PEN)	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (1 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY CD/UC/HS START	5	PA, QL (3 EA PER 180 OVER TIME), NDS
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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 A-INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (1 SYRINGE)	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (6 EA PER 28 DAYS), NDS
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
<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
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS
<b>GOLD COMPOUNDS</b>		
RIDAURA	5	NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<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 (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen 375 mg tab dr</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen (flurbiprofen 100 mg tab, 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS</b>		
JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<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)
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 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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)
<i>methadone hcl (5 mg tab, 10 mg tab)</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 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)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>morphine sulfate 10 mg/5ml solution</i>	3	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate 20 mg/5ml solution</i>	3	QL (900 ML 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)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>oxycodone hcl (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<b>OPIOID COMBINATIONS</b>		
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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, 7.5-325 mg tab, 10-325 mg tab)</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 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</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 (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)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL (60 EA PER 30 DAYS)

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	4	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	4	PA, QL (150 GM PER 30 DAYS)
TESTOSTERONE (TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL)	4	PA, QL (120 GM PER 30 DAYS)
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 12.5 mg/act (1%) gel)</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)</i>	4	PA, QL (75 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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	2	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA

## **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**

HYDROCORTISONE (PERIANAL) (HYDROCORTISONE (PERIANAL) 1 % CREAM, HYDROCORTISONE (PERIANAL) 2.5 % CREAM)	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

### **VASODILATING AGENTS**

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

<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	

### **ANTI-INFECTIVE AGENTS - MISC.**

<i>azithromycin (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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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, 600 mg/4ml, 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 (DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN)	5	NDS
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4	
<i>erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>linezolid (600 mg tab, 600 mg/300ml solution)</i>	4	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<b>LINEZOLID IN SODIUM CHLORIDE</b>	4	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
<b>TEFLARO</b>	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole (250 mg tab, 500 mg tab)</i>	2	
<b>TRIMETHOPRIM 100 MG TAB</b>	2	
<i>trimethoprim 100 mg tab</i>	2	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	4	QL (120 EA PER 30 DAYS)
<i>vancomycin hcl (vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg 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 10 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln)</i>	4	
<b>VANCOMYCIN HCL 100 GM RECON SOLN</b>	4	QL (2 EA PER 10 OVER TIME)
<b>VANCOMYCIN HCL IN NAACL (IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION)</b>	3	
<b>XIFAXAN 200 MG TAB</b>	4	QL (9 EA PER 30 OVER TIME)
<b>XIFAXAN 550 MG TAB</b>	5	PA, QL (90 EA PER 30 DAYS), NDS
<b>ZYVOX 200 MG/100ML SOLUTION</b>	3	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	4	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CARBAPENEMS</b>		
<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	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	
<b>URINARY ANTI-INFECTIVES</b>		
<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	
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate (isosorbide mononitrate, 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	

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

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

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine sulfate (quinidine sulfate, quinidine sulfate)</i>	2	

### **ANTIARRHYTHMICS TYPE I-B**

<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<b>ANTIARRHYTHMICS TYPE III</b>		
<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	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA <sup>3</sup>
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 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, NDS
FASENRA PEN	5	PA, NDS
XOLAIR (150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR)	5	PA, 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 A-INJ, 75 MG/0.5ML SOLN PRSYR)	5	PA, QL (1 ML PER 28 DAYS), NDS
XOLAIR 150 MG RECON SOLN	5	PA, QL (2 EA PER 28 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
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 <sup>3</sup>
SPIRIVA HANDIHALER	3	QL (90 EA PER 90 DAYS)
SPIRIVA RESPIMAT	3	QL (4 GM PER 30 DAYS)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	2	
<i>montelukast sodium 10 mg tab</i>	1	
<i>zafirlukast</i>	4	
<b>STEROID INHALANTS</b>		
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)
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 <sup>3</sup>
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)
<b>SYMPATHOMIMETICS</b>		
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 <sup>3</sup>
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>albuterol sulfate (2 mg/5ml, 8 mg/20ml)</i>	2	
<i>albuterol sulfate (2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)</i>	2	PA <sup>3</sup>
<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 (17 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 <sup>3</sup>
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>breyana</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)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
<i>ipratropium-albuterol</i>	2	PA <sup>3</sup>
<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 <sup>3</sup>
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY 2 MG/0.1ML SOLUTION	4	QL (2 EA PER 30 OVER TIME)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTICOAGULANTS</b>		
<b>ANTICOAGULANTS - MISC.</b>		
<i>dabigatran etexilate mesylate</i>	2	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	3	
ELIQUIS DVT/PE STARTER PACK	3	
<i>rivaroxaban</i>	3	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO 1 MG/ML RECON SUSP	3	
XARELTO 2.5 MG TAB	3	
XARELTO STARTER PACK	3	
<b>COUMARIN ANTICOAGULANTS</b>		
<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	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<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 (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i>	5	NDS
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<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	
<b>ANTICONSULSANTS</b>		
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (10 mg tab, 20 mg tab)</i>	4	QL (60 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 <sup>2</sup>
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
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 <sup>2</sup>
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
<b>ANTICONVULSANTS - MISC.</b>		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine (100 mg chew tab, 200 mg tab)</i>	2	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	PA <sup>2</sup> , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	PA <sup>2</sup> , NDS
<i>epitol</i>	2	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>eslicarbazepine acetate 200 mg oral tablet</i>	5	QL (30 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate 400 mg oral tablet</i>	5	QL (30 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate 600 mg oral tablet</i>	5	QL (60 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate 800 mg oral tablet</i>	5	QL (60 EA PER 30 DAYS), NDS
FINTEPLA	5	QL (360 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , 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	
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>perampanel 2 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 (40 mg/ml suspension, 400 mg tab)</i>	5	PA <sup>2</sup> , NDS
<i>rufinamide 200 mg tab</i>	4	PA <sup>2</sup>
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	
<i>topiramate 25 mg/ml solution</i>	4	
ZONISADE	4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
ZTALMY	5	QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<b>CARBAMATES</b>		
<i>felbamate</i>	4	
XCOPRI (150 MG TAB, 200 MG TAB)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI (250 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
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 <sup>2</sup>

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	PA <sup>2</sup> , NDS
<i>vigadrone</i>	5	PA <sup>2</sup> , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>vigpoder</i>	5	PA <sup>2</sup> , NDS
<b>SUCCINIMIDES</b>		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	4	
<b>VALPROIC ACID</b>		
<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	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS - MISC.</b>		
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 <sup>2</sup> , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate</i>	4	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	2	
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</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	
PAROXETINE HCL 10 MG/5ML SUSPENSION	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	4	
RALDESY	5	QL (1200 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 EA PER 30 DAYS)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<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	
<b>TRICYCLIC AGENTS</b>		
<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	
<b>ANTIDIABETICS</b>		
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 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)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 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 (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)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 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)
<b>DIABETIC OTHER</b>		
<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 (GLUCAGON EMERGENCY, GLUCAGON EMERGENCY 1 MG RECON SOLN)	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
<b>INCRETIN MIMETIC AGENTS</b>		
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)
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	PA <sup>3</sup> , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA <sup>3</sup> , INS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
JARDIANCE	3	QL (30 EA PER 30 DAYS)
<b>SULFONYLUREAS</b>		
<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	
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
<i>alosetron hcl</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, QL (84 EA PER 28 DAYS), NDS
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	3	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, 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)</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
<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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA <sup>3</sup>
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	PA <sup>3</sup>
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA <sup>3</sup>
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine</i>	2	
<i>scopolamine</i>	4	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>aprepitant (40 mg cap, 125 mg cap)</i>	4	QL (3 EA PER 2 OVER TIME), PA <sup>3</sup>
<i>aprepitant (80 &amp; 125 mg cap, 80 mg cap)</i>	4	QL (6 EA PER 4 OVER TIME), PA <sup>3</sup>
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>casprofungin acetate (casprofungin acetate, casprofungin acetate)</i>	4	
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	4	
ABELCET	4	PA <sup>3</sup>
AMPHOTERICIN B 50 MG RECON SOLN	4	PA <sup>3</sup>
<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 (125 mg tab, 250 mg tab)</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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
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 (50 mg tab, 200 mg tab)</i>	4	PA
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS

## **ANTIHYPERTENSIVES**

### **ANTIHYPERTENSIVES - 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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	
<b>FIBRIC ACID DERIVATIVES</b>		
<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	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<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	
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB)	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<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	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</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	
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>aliskiren fumarate</i>	4	
<i>epplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
<b>VASODILATORS</b>		
<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	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 500 MG TAB)	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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, NDS
<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 180 mg tab</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	
<i>isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab, isoniazid 100 mg/ml solution)</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	NDS
TRECTOR	4	

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	2	PA <sup>3</sup>
<i>cyclophosphamide 25 mg cap</i>	2	PA <sup>3</sup>

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cyclophosphamide 50 mg cap</i>	2	PA <sup>3</sup>
GLEOSTINE (40 MG CAP, 100 MG CAP)	5	NDS
GLEOSTINE 10 MG CAP	4	
LEUKERAN	5	NDS
<i>temozolomide</i>	Part B Covered	

## **ANTIMETABOLITES**

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

## **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LENVIMA (14 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (18 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (20 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (24 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (4 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (8 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTINEOPLASTIC - EGFR INHIBITORS**

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

### **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	3	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>abirtega</i>	3	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
AKEEGA	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERLEADA 60 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
EULEXIN	5	QL (180 EA PER 30 DAYS), NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	4	PA <sup>2</sup>
<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	NDS
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	2	PA <sup>2</sup>
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	4	PA
<i>nilutamide</i>	5	PA <sup>2</sup> , NDS
NUBEQA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ORGOVYX	5	QL (30 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ORSERDU 345 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORSERDU 86 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , 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	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XTANDI 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
AVMAPKI FAKZYNJA CO-PACK	5	QL (66 EA PER 28 DAYS), PA <sup>2</sup> , NDS
INQOVI	5	QL (5 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 15-6.14 MG TAB	5	QL (100 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 20-8.19 MG TAB	5	QL (80 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 30 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA (3 MG TAB, 4 MG TAB)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 5 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF (50 MG CAP, 400 MG TAB, 500 MG TAB)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRAFTOVI	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRUKINSA 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRUKINSA 80 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CABOMETYX	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (100 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (140 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (60 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COPIKTRA	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COTELLIC	5	QL (63 EA PER 28 DAYS), PA <sup>2</sup> , 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 <sup>2</sup> , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , 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 <sup>2</sup> , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FOTIVDA	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GAVRETO	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
GOMEKLI 1 MG CAP	5	QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GOMEKLI 1 MG TAB SOL	5	QL (126 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GOMEKLI 2 MG CAP	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
IBRANCE	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
IBTROZI	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ICLUSIG	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IDHIFA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
IMBRUVICA (70 MG CAP, 420 MG TAB)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 140 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (324 ML PER 30 DAYS), PA <sup>2</sup> , NDS
IMKELDI	5	QL (280 ML PER 28 DAYS), PA <sup>2</sup> , NDS
INREBIC	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ITOVEBI 3 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ITOVEBI 9 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
JAKAFI	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 10 MG CAP	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 25 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KRAZATI	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 25 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LUMAKRAS 120 MG TAB	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 240 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 320 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYNPARZA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKTOVI	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NERLYNX	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>nilotinib hcl (150 mg cap, 200 mg cap)</i>	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>nilotinib hcl 50 mg cap</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NINLARO	5	QL (3 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO (100 MG TAB, 150 MG TAB)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
OJJAARA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PEMAZYRE	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
QINLOCK	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG CAP	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REZLIDHIA	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROMVIMZA	5	QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 100 MG CAP	5	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 200 MG CAP	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA <sup>2</sup> , NDS
RUBRACA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA <sup>2</sup> , NDS
SCSEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
STIVARGA	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR (50 MG CAP, 75 MG CAP)	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.25 MG CAP	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAZVERIK	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TEPMETKO	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TIBSOVO	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TURALIO 125 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VERZENIO	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VITRAKVI 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 20 MG/ML SOLUTION	5	QL (300 ML PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 25 MG CAP	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VONJO	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VORANIGO 10 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VORANIGO 40 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 250 MG CAP)	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 200 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XOSPATA	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZELBORAF	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYDELIG	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYKADIA	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	5	PA <sup>2</sup> , NDS
AYVAKIT	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BESREMI	5	QL (2 ML PER 28 DAYS), PA <sup>2</sup> , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
HERNEXEOS	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	NDS
MODEYSO	5	QL (20 EA PER 28 DAYS), PA <sup>2</sup> , NDS
POMALYST	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 110 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 25 MG TAB	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 10 MG TAB	3	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
VENCLEXTA 100 MG TAB	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA STARTING PACK	5	QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
WELIREG	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	QL (32 EA PER 28 DAYS), PA <sup>2</sup> , NDS

## **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

IWILFIN	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
<i>mesna 400 mg tab</i>	5	NDS

## **ANTIPARKINSON AND RELATED THERAPY AGENTS**

### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa 25 mg tab</i>	4	
<i>entacapone</i>	4	

### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	2	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	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 disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
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 <sup>2</sup> , NDS
COBENFY	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COBENFY STARTER PACK	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>thiothixene</i>	4	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
<b>BENZISOXAZOLES</b>		
FANAPT	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FANAPT TITRATION PACK A	4	QL (8 EA PER 180 OVER TIME), PA <sup>2</sup>
FANAPT TITRATION PACK B	4	QL (12 EA PER 180 OVER TIME), PA <sup>2</sup>
FANAPT TITRATION PACK C	4	QL (8 EA PER 180 OVER TIME), PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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 (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	4	QL (30 EA PER 30 DAYS)
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 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	
<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	
<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
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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
CLOZAPINE (CLOZAPINE 12.5 MG TAB DISP, CLOZAPINE 25 MG TAB DISP, CLOZAPINE 100 MG TAB DISP, CLOZAPINE 150 MG TAB DISP, CLOZAPINE 200 MG TAB DISP)	4	
<i>loxapine succinate</i>	2	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	4	
<i>compro suppositories</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>fluphenazine hcl (fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab)</i>	4	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	4	
<i>prochlorperazine suppositories</i>	4	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	4	
<i>trifluoperazine tab</i>	3	
<b>QUINOLINONE DERIVATIVES</b>		
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 (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	
<i>aripiprazole 1 mg/ml solution</i>	4	
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
OPIPZA (2 MG FILM, 5 MG FILM)	4	QL (30 EA PER 30 DAYS), PA <sup>2</sup>
OPIPZA 10 MG FILM	4	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS
EDURANT PED	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB, EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TAB)	5	NDS
<i>emtricitab- rilpivir-tenofov df</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	5	NDS
<i>emtricitabine-tenofovir df 200-300 mg</i>	4	
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	5	NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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
KALETRA 400-100 MG/5ML SOLUTION	5	NDS
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</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
<i>ritonavir</i>	2	
RUKOBIA	5	NDS
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	5	NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB)	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY (25 MG TAB, 50 MG TAB)	5	NDS
TIVICAY 10 MG TAB	3	
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	
<b>CMV AGENTS</b>		
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
PREVYMIS 120 MG PACKET	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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, 800 mg/20ml suspension)</i>	4	
<i>acyclovir sodium</i>	4	PA <sup>3</sup>
<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 (45 mg cap, 75 mg cap)</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 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	2	QL (11 EA PER 5 OVER TIME)
PAXLOVID (150/100)	2	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	2	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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<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	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<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	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	2	
<i>propranolol hcl er</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	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>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	
ATTRUBY	5	PA, QL (112 EA PER 28 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 0.05 MG/ML SOLUTION)	4	
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
<i>sacubitril-valsartan</i>	3	QL (60 EA PER 30 DAYS)
VERQUVO	3	QL (30 EA PER 30 DAYS)
VYNDAMAX	5	PA, 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**

<i>cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	2	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 3-2 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	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
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	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 200 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp)</i>	4	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium (250 mg soln, 500 mg soln)</i>	2	

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

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

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide 3 mg cp dr part</i>	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>hydrocortisone sod suc (pf)</i>	4	
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	PA <sup>3</sup>
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml, 25 mg/5ml)</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA <sup>3</sup>

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	PA <sup>3</sup>
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	PA <sup>3</sup>
PREDNISONE INTENSOL	4	PA <sup>3</sup>
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	

## **MINERALOCORTICIDS**

<i>fludrocortisone acetate 0.1 mg tab</i>	2	
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## **COUGH/COLD/ALLERGY**

### **ANTITUSSIVES**

<i>benzonatate (100 mg cap, 200 mg cap)</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>guaiaitussin ac</i>	2*	
<i>guaifenesin ac</i>	2*	
<i>guaifenesin-codeine</i>	2*	
<i>hydrocod poli-chlorophe 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*	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 %, 20 %)</i>	2	PA <sup>3</sup>
<b>DENTAL AND ORAL AGENTS</b>		
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

## **DERMATOLOGICALS**

### **ACNE PRODUCTS**

<i>acutane</i>	4	
<i>amnesteam</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phos (once-daily)</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phos (twice-daily)</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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	2	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm powder)</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	5	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALLEN RAPID	5	NDS
OTEZLA (20 MG TAB, 30 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, QL (55 EA PER 180 OVER TIME), 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
STEQEYMA 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)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<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 (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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2	QL (120 ML PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	2	QL (180 GM PER 30 DAYS)
BETAMETHASONE VALERATE (BETAMETHASONE VALERATE 0.1 % LOTION, BETAMETHASONE VALERATE 0.1 % LOTION)	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)
<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 % gel, 0.05 % ointment)</i>	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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)
<b>ECZEMA AGENTS</b>		
ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus (0.03 %, 0.1 %)</i>	4	QL (100 GM PER 30 DAYS)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<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)
<b>MISC. TOPICAL</b>		
<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	
<b>ROSACEA AGENTS</b>		
<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 (118 ML PER 30 DAYS)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)
<b>WOUND CARE PRODUCTS</b>		
SANTYL	3	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK GUIDE TEST	Part B Covered	
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	3	
SUCRAID	5	PA, NDS
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<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	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE (FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION)	2	
<i>toremide</i>	2	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
BOMYNTRA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
CONEXXENCE	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	2	
<i>risedronate sodium 35 mg tab</i>	4	
<i>teriparatide (teriparatide, teriparatide)</i>	5	PA, QL (2.48 ML PER 28 DAYS), NDS
WYOST	5	PA, QL (1.7 ML PER 28 DAYS), NDS
<b>GROWTH HORMONES</b>		
OMNITROPE	5	PA, NDS
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	5	PA, NDS
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	5	NDS
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, NDS
<i>cinacalcet hcl</i>	4	PA
CYSTADANE	5	NDS
DOXERCALCIFEROL (DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP)	4	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA, 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, NDS

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	4	PA
SIGNIFOR	5	PA, QL (60 ML PER 30 DAYS), NDS
<b>ENDOCRINE MEDICATIONS</b>		
<b>OTHER ENDOCRINE DRUGS</b>		
<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 (desmopressin acetate spray, desmopressin acetate spray)</i>	4	
INCRELEX	5	PA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, NDS
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>abigale</i>	4	
<i>abigale lo</i>	4	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amabelz 0.5-0.1 mg tab</i>	4	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	4	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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 tab, 0.15-30 tab)</i>	2	
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30 (21)</i>	2	
<i>loestrin 1/20 (21)</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>marlissa</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 (1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</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	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W)	2	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	4	
<i>levofloxacin in d5w in 250 mg/50ml solution</i>	2	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	4	
MOXIFLOXACIN HCL IN NAACL	4	
OFLOXACIN (OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB, OFLOXACIN 400 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	
REZDIFFRA	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	4	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	3	
<i>mesalamine 4 gm enema</i>	4	
<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	
<b>GENITOURINARY AGENTS</b>		
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
SODIUM CHLORIDE (SODIUM CHLORIDE 0.9 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION)	4	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	
<i>ticagrelor</i>	3	

## **HEMATOPOIETIC AGENTS**

### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA	3	
<i>L-glutamine 5 gm packet</i>	5	PA, 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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid</i>	2*	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<i>eltrombopag olamine (12.5 mg packet, 25 mg packet)</i>	5	PA, NDS
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab)</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
NYVEPRIA	5	NDS
RETACRIT	3	PA
UDENYCA	5	NDS
ZARXIO	5	NDS
<b>HEMATOPOIETIC MIXTURES</b>		
<i>folic acid / vitamin b6 / vitamin b12</i>	2*	
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
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 <sup>2</sup>
<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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>zolpidem tartrate er</i>	4	QL (30 EA PER 30 DAYS)
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA (HAE) AGENTS</b>		
HAEGARDA	5	PA, NDS
<i>icatibant acetate</i>	5	PA, NDS
<i>sajazir</i>	5	PA, NDS
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
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	
<b>LAXATIVES - MISCELLANEOUS</b>		
<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)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
GAUZE PADS	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>gauze pads and dressings</i>	3	
<b>DIABETIC SUPPLIES</b>		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	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 15 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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)
INSULIN SYRINGE (DISP) U-100 1 ML	3	
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 G6 INTRO G5	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	4	QL (15 EA PER 30 DAYS)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</i>	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MIGRAINE PRODUCTS</b>		
AIMOVIG	3	PA, QL (1 ML PER 30 DAYS)
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)
<b>SEROTONIN AGONISTS</b>		
<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 6 mg/0.5ml soln cart)</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)
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium gluconate 10 % solution</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ELECTROLYTE MIXTURES</b>		
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, 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 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 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 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	4	
LACTATED RINGERS (LACTATED RINGERS, LACTATED RINGERS)	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
POTASSIUM CL IN DEXTROSE 5%	4	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	2	
<i>sodium fluoride chewable tablet</i>	2	
<b>MAGNESIUM</b>		
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	4	
<b>PHOSPHATE</b>		
K-PHOS	3	
<b>POTASSIUM</b>		
<i>klor-con 10 (klor-con 10, klor-con 10)</i>	2	
<i>klor-con 20 meq packet</i>	4	
KLOR-CON 8 MEQ TAB ER	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>potassium chloride (10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%))</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	
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	
<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	
<b>SODIUM</b>		
<i>sodium chloride</i>	4	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
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
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NEMLUVIO	5	PA, QL (2 EA PER 28 DAYS), NDS
REZUROCK	5	PA, QL (30 EA PER 30 DAYS), NDS
THALOMID (150 MG CAP, 200 MG CAP)	5	QL (60 EA PER 30 DAYS), NDS
THALOMID (50 MG CAP, 100 MG CAP)	5	QL (30 EA PER 30 DAYS), NDS

## **IMMUNOSUPPRESSIVE AGENTS**

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

## **POTASSIUM REMOVING AGENTS**

<i>kionex</i>	2	
LOKELMA	3	
<i>sodium polystyrene sulfonate</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension)</i>	2	
VELTASSA	3	

## **MULTIVITAMINS**

### **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	
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## **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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

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

## **NUTRIENTS**

### **PROTEINS**

<i>plenamine</i>	4	PA <sup>3</sup>
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## **OPHTHALMIC AGENTS**

### **BETA-BLOCKERS - OPHTHALMIC**

BETAXOLOL HCL (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**

<i>apraclonidine hcl (apraclonidine hcl, apraclonidine hcl)</i>	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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA	4	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<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)
<i>sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	2	QL (15 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	2	
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	2	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ROCKLATAN	3	
<b>OPHTHALMIC STEROIDS</b>		
<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 3.5-10000-1SUSPENSION	4	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
<b>OPHTHALMICS - MISC.</b>		
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, 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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TYRVAYA	4	PA, QL (8.4 ML PER 30 DAYS)
XIIDRA	3	QL (60 EA PER 30 DAYS)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost 0.03 % solution</i>	3	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN	3	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	2	QL (5 ML PER 30 DAYS)
VYZULTA	4	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<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	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc (1 %, 3.5-10000-1)</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
GAMMAKED	5	PA, NDS
GAMUNEX-C	5	PA, NDS
PRIVIGEN	5	PA, NDS
VARIZIG	1	VAC
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</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	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<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>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
<b>PROGESTINS</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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
<i>meleya</i>	2	
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>orquidea</i>	2	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

### **AGENTS FOR CHEMICAL DEPENDENCY**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIDEMENTIA AGENTS</b>		
<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>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	3	
<b>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</b>	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	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<b>AUSTEDO (9 MG TAB, 12 MG TAB)</b>	5	PA, QL (120 EA PER 30 DAYS), NDS
<b>AUSTEDO 6 MG TAB</b>	5	PA, QL (60 EA PER 30 DAYS), NDS
<b>AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)</b>	5	PA, QL (60 EA PER 30 DAYS), NDS
<b>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)</b>	5	PA, QL (30 EA PER 30 DAYS), NDS
<b>AUSTEDO XR 6 MG TAB ER 24H</b>	5	PA, QL (90 EA PER 30 DAYS), NDS
<b>AUSTEDO XR PATIENT TITRATION 12 &amp; 18 &amp; 24 &amp; 30 MG TBER THPK</b>	5	PA, QL (28 EA PER 28 DAYS), NDS
<b>AUSTEDO XR PATIENT TITRATION 6 &amp; 12 &amp; 24 MG TBER THPK</b>	5	PA, QL (42 EA PER 28 DAYS), NDS
<b>INGREZZA (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)</b>	5	PA, QL (30 EA PER 30 DAYS), NDS
<b>INGREZZA 40 &amp; 80 MG CAP THPK</b>	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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tetrabenazine</i>	5	NDS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	5	PA, QL (120 EA PER 180 OVER TIME), NDS
<i>fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
<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, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
VUMERITY	5	PA, QL (120 EA PER 30 DAYS), NDS
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NS	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>varenicline tartrate</i>	2	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate(continue)</i>	2	

## **RESPIRATORY AGENTS - MISC.**

### **CYSTIC FIBROSIS AGENTS**

ALYFTREK 10-50-125 MG TAB	5	PA, QL (56 EA PER 28 DAYS), NDS
ALYFTREK 4-20-50 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
CAYSTON	5	PA, QL (84 ML PER 28 DAYS), NDS
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET)	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA <sup>3</sup> , NDS
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	5	PA, QL (56 EA PER 28 DAYS), NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, QL (84 EA PER 28 DAYS), NDS

### **PULMONARY FIBROSIS AGENTS**

OFEV	5	PA, 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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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, QL (30 EA PER 30 DAYS), NDS
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, 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, NDS
WINREVAIR	5	PA, QL (1 EA PER 21 OVER TIME), NDS

## **RESPIRATORY TRACT/PULMONARY AGENTS**

### **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE**

<i>roflumilast</i>	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)

## **SULFONAMIDES**

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

## **TETRACYCLINES**

<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
<b>THYROID HORMONES</b>		
<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>liomny</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	1	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHtheria-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
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 10.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TDVAX	1	PA <sup>3</sup> , VAC
TENIVAC	1	PA <sup>3</sup>

## **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	
VOQUEZNA	4	PA, QL (30 EA PER 30 DAYS)

## **UNCATEGORIZED**

### **UNCLASSIFIED**

KOSELUGO 5 MG CAP SPRINK	5	QL (600 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 7.5 MG CAP SPRINK	5	QL (360 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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## 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	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	2	
<i>tropium 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	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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PEDVAX HIB	1	
PENBRAYA	1	VAC
PENMENVY	1	VAC
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC
VAXCHORA	1	VAC
VAXNEUVANCE	Part B Covered	
VIVOTIF (LIMITED TO CERTAIN MANUFACTURERS)	1	
<b>VIRAL VACCINES</b>		
ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> , VAC
ERVEBO	1	VAC
GARDASIL 9	1	VAC-AGE
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	1	
HAVRIX 1440 EL U/ML SUSP PRSYR	1	
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HEPLISAV-B	1	PA <sup>3</sup> , VAC
IMOVAX RABIES	1	PA <sup>3</sup> , VAC
IPOL	1	
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MRESVIA	1	VAC
PREHEVBRIO	1	PA <sup>3</sup> , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 365 OVER TIME), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TWINRIX	1	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	1	
VAQTA 50 UNIT/ML SUSP PRSYR	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
VIMKUNYA	1	VAC
YF-VAX	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 2 % cream</i>	2	
<i>metronidazole vaginal 0.75% gel</i>	2	
<i>terconazole</i>	2	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	2	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	2	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>phytonadione (1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution)</i>	2*	
<i>vitamin d</i>	2*	
<i>vitamin k1 (1 mg/0.5ml, 10 mg/ml)</i>	2*	
<b>WATER SOLUBLE VITAMINS</b>		
<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 10.

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LENVIMA (12 MG DAILY DOSE).....	44	lidocaine hcl.....	77	low-ogestrel.....	85
LENVIMA (14 MG DAILY DOSE).....	45	lidocaine patches.....	77	loxapine succinate.....	60
LENVIMA (18 MG DAILY DOSE).....	45	lidocaine viscous hcl.....	72	lubiprostone.....	92
LENVIMA (20 MG DAILY DOSE).....	45	lidocaine-prilocaine.....	77	luizza 1.5/30.....	85
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POTASSIUM CL IN DEXTROSE 5% . . . . .	96	prochlorperazine suppositories . . . . .	61	prochlorperazine maleate . . . . .	61
pramipexole dihydrochloride . . . . .	57	procto-med hc . . . . .	19	prochlorperazine suppositories . . . . .	61
prasugrel hcl . . . . .	90	proctosol hc . . . . .	19	procto-med hc . . . . .	19
pravastatin sodium . . . . .	40	proctozone-hc . . . . .	19	proctosol hc . . . . .	19
praziquantel . . . . .	19			proctozone-hc . . . . .	19

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QINLOCK . . . . .	52
QUADRACEL . . . . .	112
Quadrivalent Influenza Vaccines . . . . .	116
quetiapine fumarate . . . . .	60
quetiapine fumarate er . . . . .	60
quinapril hcl . . . . .	41
quinidine gluconate er . . . . .	23
quinidine sulfate . . . . .	23
quinine sulfate . . . . .	43
QVAR REDHALER . . . . .	25

<b>R</b>		risperidone microspheres er . . . . .	59	sildenafil citrate . . . . .	68,110
RABAVERT . . . . .	116	ritonavir . . . . .	63	silodosin . . . . .	90
rabeprazole sodium . . . . .	113	rivaroxaban . . . . .	27	silver sulfadiazine . . . . .	78
RADICAVA ORS . . . . .	100	rivastigmine . . . . .	107	SIMBRINZA . . . . .	101
RADICAVA ORS STARTER		rivastigmine tartrate . . . . .	107	SIMLANDI (1 PEN) . . . . .	14
KIT . . . . .	100	rizatriptan benzoate . . . . .	95	SIMLANDI (1 SYRINGE) . . . . .	14
RALDESY . . . . .	32	ROCKLATAN . . . . .	102	SIMLANDI (2 PEN) . . . . .	14
raloxifene hcl . . . . .	79	roflumilast . . . . .	110	SIMLANDI (2 SYRINGE) . . . . .	14
ramelteon . . . . .	91	ROMVIMZA . . . . .	52	simliya . . . . .	86
ramipril . . . . .	41	ropinirole hcl . . . . .	57	simpesse . . . . .	86
ranolazine er . . . . .	68	ropinirole hcl er . . . . .	57	simvastatin . . . . .	40
rasagiline mesylate . . . . .	57	rosuvastatin calcium . . . . .	40	sirolimus . . . . .	98
reclipsen . . . . .	86	ROTARIX . . . . .	116	SIRTURO . . . . .	43
RECOMBIVAX HB . . . . .	116	ROTATEQ . . . . .	116	SKYRIZI . . . . .	75,89
RENACIDIN . . . . .	89	roweepra . . . . .	30	SKYRIZI PEN . . . . .	75
repaglinide . . . . .	35	ROZLYTREK . . . . .	52	SKYTROFA . . . . .	80
REPATHA . . . . .	39	RUBRACA . . . . .	52	SOD FLUORIDE-POTASSIUM	
REPATHA PUSHTRONEX		rufinamide . . . . .	30	NITRATE . . . . .	72
SYSTEM . . . . .	39	RUKOBIA . . . . .	63	SODIUM CHLORIDE . . . . .	89
REPATHA SURECLICK . . . . .	39	RYBELSUS . . . . .	35	sodium chloride . . . . .	97
RETACRIT . . . . .	91	RYDAPT . . . . .	52	sodium fluoride . . . . .	72
RETEVMO . . . . .	52	RYTARY . . . . .	57	Sodium Fluoride . . . . .	96
REVUFORJ . . . . .	55	<b>S</b>		SODIUM FLUORIDE 5000	
REXULTI . . . . .	61	sacubitril-valsartan . . . . .	68	ENAMEL . . . . .	72
REYATAZ . . . . .	63	sajazir . . . . .	92	sodium fluoride 5000 plus . . . . .	72
REZDIFFRA . . . . .	88	SANTYL . . . . .	78	sodium fluoride 5000 ppm . . . . .	73
REZLIDHIA . . . . .	52	sapropterin dihydrochloride . . . . .	80	SODIUM FLUORIDE 5000	
REZUROCK . . . . .	98	SCEMBLIX . . . . .	52,53	SENSITIVE . . . . .	73
RHOPRESSA . . . . .	101	scopolamine . . . . .	38	sodium fluoride chewable	
RIBAVIRIN 200 MG CAP . . . . .	65	SECUADO . . . . .	60	tablet . . . . .	96
RIBAVIRIN 200 MG TAB . . . . .	65	selegiline hcl . . . . .	57	SODIUM OXYBATE . . . . .	111
RIDAURA . . . . .	14	selenium sulfide . . . . .	77	sodium phenylbutyrate . . . . .	81
rifabutin . . . . .	43	SELZENTRY . . . . .	63,64	sodium polystyrene sulfonate . . . . .	98
rifampin . . . . .	43	sertraline hcl . . . . .	32	SOFOSBUVIR-VELPATASVIR 65	
riluzole . . . . .	100	setlakin . . . . .	86	solifenacin succinate . . . . .	114
RIMANTADINE HCL . . . . .	65	sf . . . . .	72	SOLQUA . . . . .	34
RINVOQ . . . . .	14	sf 5000 plus . . . . .	72	SOLTAMOX . . . . .	47
RINVOQ LQ . . . . .	14	sharobel . . . . .	106	SOLU-CORTEF . . . . .	71
risedronate sodium . . . . .	80	SHINGRIX . . . . .	116	SOLU-MEDROL . . . . .	71
risperidone . . . . .	59	SIGNIFOR . . . . .	81	SOLU-MEDROL (PF) . . . . .	71
				SOMAVERT . . . . .	81

sorafenib tosylate	53	SYMPAZAN	28	teriflunomide	108
sorine	66	SYMTUZA	64	teriparatide	80
sotalol hcl	66	SYNJARDY	34	testosterone	18
sotalol hcl (af)	66	SYNJARDY XR	34	TESTOSTERONE	18
SPIRIVA HANDIHALER	25	SYNTHROID	112	testosterone 50 mg/5gm (1%) gel	18
SPIRIVA RESPIMAT	25	<b>T</b>		testosterone cypionate	19
spironolactone	79	TABLOID	44	TESTOSTERONE ENANTHATE	19
spironolactone-hctz	79	TABRECTA	53	tetrabenazine	108
sprintec 28	86	tacrolimus	77,98	tetracycline hcl	111
SPRITAM	30	tadalafil	68,90	THALOMID	98
sps (sodium polystyrene sulf)	99	tadalafil (pah)	110	theophylline er	111
sronyx	86	TAFINLAR	53	thiamine (vitamin B1)	117
ssd	78	tafluprost (pf)	103	thioridazine hcl	61
STELARA	75	TAGRISSE	45	thiothixene	58
STEQEYMA	75	TALZENNA	53	tiadylt er	67
STIOLTO RESPIMAT	26	tamoxifen citrate	47	tiagabine hcl	31
STIVARGA	53	tamsulosin hcl	90	TIBSOVO	53
STREPTOMYCIN SULFATE	13	tarina 24 fe	86	ticagrelor	90
STRIBILD	64	tarina fe 1/20	86	TICOVAC	116
STRIVERDI RESPIMAT	26	tarina fe 1/20 eq	86	tigecycline 50 mg recon soln	21
SUCRAID	78	tazarotene	75	timolol maleate	66,100
sucralfate	113	TAZICEF	70	tinidazole	21
SUFLAVE	92	tazicef 1 gm recon soln	70	TIVICAY	64
sulfacetamide sodium	101	tazicef 2 gm recon soln	70	TIVICAY PD	64
SULFACETAMIDE		TAZVERIK	53	tizanidine hcl	99
SODIUM	101	TDVAX	113	tobramycin	13,101
sulfacetamide sodium (acne)	73	TEFLARO	21	TOBRAMYCIN SULFATE	13
SULFACETAMIDE-		telmisartan	41	tobramycin-dexamethasone	102
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sulfadiazine	111	AMLODIPINE	42	tolterodine tartrate er	114
sulfamethoxazole-		telmisartan-hctz	42	topiramate	30
trimethoprim	111	temazepam	91	toremifene citrate	47
sulfasalazine	89	temozolomide	44	torpenz	53
sulindac	15	TENIVAC	113	torse mide	79
sumatriptan	95	tenofovir disoproxil fumarate	64	TOUJEO MAX SOLOSTAR	36
sumatriptan succinate	95	TEPMETKO	53	TOUJEO SOLOSTAR	36
sumatriptan succinate refill	95	terazosin hcl	41	TRADJENTA	35
sunitinib malate	53	terbinafine hcl	38	tramadol hcl	17
SUNLENCA	64	terbutaline sulfate	26	tramadol-acetaminophen	18
SUNOSI	111	terconazole	117		
syeda	86				

trandolapril	41	tropium chloride	114	varenicline tartrate (starter)	109
tranexamic acid	91	tropium chloride er	114	varenicline tartrate(continue)	109
tranylcypromine sulfate	32	TRULICITY	35	VARIVAX	116
travoprost (bak free)	103	TRUMENBA	115	VARIZIG	103
trazodone hcl	32	TRUQAP	53	VAXCHORA	115
TRECTOR	43	TUKYSA	55	VAXNEUVANCE	115
TRELEGY ELLIPTA	26	tulana	106	VELIVET	87
TRELSTAR MIXJECT	47	TURALIO	53	VELTASSA	99
tretinoin	55,73	turqoz	87	VEMLIDY	65
tri femynor	86	TWINRIX	116	VENCLEXTA	55
tri-estarylla	86	TYENNE	15	VENCLEXTA STARTING	
tri-linyah	86	TYPHIM VI	115	PACK	55
tri-lo-estarylla	86	TYRVAYA	103	venlafaxine hcl	33
tri-lo-marzia	86			venlafaxine hcl er	33
tri-lo-mili	86	<b>U</b>		VENTOLIN HFA	26
tri-lo-sprintec	86	UDENYCA	91	verapamil hcl	67
tri-mili	86	unithroid	112	VERAPAMIL HCL ER	67
TRI-MIX	68	UPTRAVI	110	verapamil hcl er	67
tri-nymyo	86	ursodiol	88	VERQUVO	68
tri-previfem	86	UZEDY	59	VERSACLOZ	60
tri-sprintec	86	<b>V</b>		VERZENIO	53
tri-vylibra	87	valacyclovir hcl	65	vestura	87
tri-vylibra lo	87	VALCHLOR	74	vienna	87
triamcinolone acetonide	73,77	valganciclovir hcl	64	vigabatrin	31
triamterene-hctz	79	valproic acid	31	vigadrone	31
triderm	77	valsartan	41	VIGAFYDE	31
trientine hcl	97	valsartan-hydrochlorothiazide	42	vigpoder	31
trifluoperazine tab	61	VALTOCO 10 MG DOSE	28	vilazodone hcl	33
TRIFLURIDINE	101	VALTOCO 15 MG DOSE	28	VIMKUNYA	116
trihexyphenidyl hcl	56	VALTOCO 20 MG DOSE	28	violele	87
TRIHXYPHENIDYL HCL 0.4		VALTOCO 5 MG DOSE	28	VIRACEPT	64
MG/ML SOLUTION	56	valtya 1/35	87	VIREAD	64
TRIJARDY XR	34	valtya 1/50	87	virtussin a/c	71
TRIKAFTA	109	vancomycin hcl	21	virtussin ac w/alc	71
TRIMETHOPRIM	21	VANCOMYCIN HCL	21	vitamin B complex / vitamin C /	
trimethoprim	21	VANCOMYCIN HCL IN NAACL	21	biotin / minerals / folic acid	99
trimipramine maleate	33	VANFLYTA	53	vitamin B complex / vitamin C /	
TRINTELLIX	33	VAQTA	116	folic acid	99
TRIUMEQ	64	vardenafil hcl	68	vitamin C	117
TRIUMEQ PD	64	varenicline tartrate	109	vitamin D	117
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VIZIMPRO.....	45	XIFAXAN.....	21	ZIRGAN.....	101
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VONJO.....	54	XIIDRA.....	103	zolmitriptan.....	95
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voriconazole 200 mg recon soln.....	39	XOSPATA.....	54	zonisamide.....	30
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VOSEVI.....	65	XPOVIO (40 MG ONCE WEEKLY).....	55	zovia 1/35e (28).....	87
VOWST.....	88	XPOVIO (60 MG ONCE WEEKLY).....	55	ZTALMY.....	30
VRAYLAR.....	58	XPOVIO (60 MG TWICE WEEKLY).....	55	zumandimine.....	87
VUMERITY.....	108	XPOVIO (80 MG ONCE WEEKLY).....	56	ZURZUVAE.....	31
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XARELTO STARTER PACK.....	27	zaleplon.....	91		
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XCOPRI (350 MG DAILY DOSE).....	30	ZEJULA.....	54		
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This formulary was updated on 10/17/2025.

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