

2025

Aspirus Health Plan

Medicare Advantage Plans (PPO)

Formulary (List of Covered Drugs)

- Essential Rx (PPO)

This formulary was updated on 06/23/2025.

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

For more recent information or other questions, please contact:

Aspirus Health Plan Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free)

TTY users call: 715.631.7413 or 1.855.931.4852 (this call is free)

Hours: 8 am – 8 pm, seven days a week, or visit medicare.aspirushealthplan.com

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 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) ይደውሉ.

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គិតជំនួយសម្រាប់ដឹងពីអ្នកដែលបានផ្តល់ជូនសម្រាប់បានក្នុងបានផ្តល់ជូន
ខ្សែរ 715.631.7411/1.855.931.4850
(TTY: 715.631.7413/1.855.931.4852) ។

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请注意：如果您说普通话，我们可为您免费提供语言协助服务。此外，我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852)。

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 715.631.7411/1.855.931.4850 (ATS : 715.631.7413/1.855.931.4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) an.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नन: शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी नन: शुल्क उपलब्ध हैं। 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) पर कॉल करें।

TSWM SEEB: Yog tias koj hais tau lus Hmoob, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj siv. Kuj tseem muaj cov kev pab txhawb ntxiv thiab cov kev pab cuam uas tsim nyog los mus muab cov ntaub ntawv qhia paub nyob rau cov qauv uas nkag siv tau dawb thiab. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ໝາຍເຫດ: ການບໍລິການທາງດ້ານພາສາມ່ນຝຣິຜົມໃຫ້ບໍລິການຕະໜ່າງທ່ານ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ພວະ ການບໍລິການສືມທີ່ເຫັນຈະສົມເຜີ້ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ຝຣິອິກນຳ. ໂທ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

HUBACHIISA: Afaan Oromo kan dubbattan yoo ta'e, tajaajila gargaarsa afaanii bilisaan ni argattu. Odeeffannoo bifa dhaqqabamaa ta'een dhiheessuf, gargaarsii fi tajaajiloonni dabalataa mijatoo ta'anis bilisaan ni kennamu. Bilbilaa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa laguu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si maclummaadka laguugu siyo qaabab la isticmaali karo ayaa sidoo kale laguu heli karaa weliba si lacag la'aan ah. Wac 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También disponemos de ayudas y servicios auxiliares adecuados de forma gratuita para facilitar información en formatos accesibles. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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 Aspirus Health Plan, Inc. When it refers to “plan” or “our plan,” it means Aspirus Health Plan Medicare Advantage Plans.

This document includes a Drug List (formulary) for our plan which is current as of 06/23/2025. 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, 2026, and from time to time during the year.

What is the Aspirus Health Plan 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 Aspirus Health Plan 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. Aspirus Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Aspirus Health Plan 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 Aspirus Health Plan 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: medicare.aspirushealthplan.com.

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 Aspirus Health Plan 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 Aspirus Health Plan 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 06/23/2025. To get updated information about the drugs covered by Aspirus Health Plan, please contact us. Our contact information appears on the front and back cover pages. Updates to the Aspirus Health Plan Formulary are available on our website, medicare.aspirushealthplan.com. Upon your request, Aspirus Health Plan will mail you an updated printed edition.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 107. 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?

Aspirus Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Aspirus Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Aspirus Health Plan before you fill your prescriptions. If you don’t get approval, Aspirus Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Aspirus Health Plan limits the amount of the drug that Aspirus Health Plan will cover. For example, Aspirus Health Plan 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, Aspirus Health Plan 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, Aspirus Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aspirus Health Plan 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 Aspirus Health Plan 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 Aspirus Health Plan 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. Aspirus Health Plan pays for certain OTC drugs. Aspirus Health Plan will provide these OTC drugs at no cost to you. The cost to Aspirus Health Plan of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

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

If you learn that Aspirus Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Aspirus Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Aspirus Health Plan.
- You can ask Aspirus Health Plan 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 Aspirus Health Plan Formulary?

You can ask Aspirus Health Plan 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, Aspirus Health Plan 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, Aspirus Health Plan will only approve your request for an exception if the alternative drug 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 Aspirus Health Plan 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 Aspirus Health Plan 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 Aspirus Health Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Aspirus Health Plan, 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>.

Aspirus Health Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Aspirus Health Plan Medicare Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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 Aspirus Health Plan have any special requirements for coverage of your drug.

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from Aspirus Health Plan before we'll cover it
PA ²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA ³	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug covered per fill

Explanation of Requirements/Limits	
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a \$35 copay per one-month supply
VAC	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45
MFG	Drug coverage is limited to certain manufacturers
NDS	Drugs limited to a 30-day supply per fill
LA	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

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

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

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 PEN)	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) -RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (1 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) -RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY CD/UC/HS START	5	PA, QL (3 EA PER 365 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN) 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
ANTIRHEUMATIC - ENZYME INHIBITORS		
leflunomide 10 mg tab, 20 mg tab	3	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
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

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
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	3	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	3	
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	3	
<i>flurbiprofen 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	
LURBIPR	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	3	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	

ANALGESICS - NONNARCOTIC

ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS

JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch	4	PA, QL (10 EA PER 30 DAYS)
fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle	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 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 1600 mcg loz handle	5	PA, QL (120 EA PER 30 DAYS), NDS
hydromorphone hcl 1 mg/ml liquid	4	QL (2400 ML PER 30 OVER TIME)
hydromorphone hcl 2 mg tab	3	QL (450 EA PER 30 DAYS)
hydromorphone hcl 4 mg tab	3	QL (240 EA PER 30 DAYS)
hydromorphone hcl 8 mg tab	3	QL (120 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
methadone hcl 5 mg tab, 10 mg tab	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)
morphine sulfate (concentrate)	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	3	QL (180 EA PER 30 DAYS)
morphine sulfate 15 mg tab, 30 mg tab	3	QL (180 EA PER 30 DAYS)
morphine sulfate 20 mg/5ml solution	3	QL (900 ML PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
morphine sulfate er 200 mg tab	4	PA, QL (120 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab	3	QL (180 EA PER 30 DAYS)
oxycodone hcl 100 mg/5ml conc	4	QL (270 ML PER 30 DAYS)
oxycodone hcl 5 mg cap	3	QL (360 EA PER 30 OVER TIME)
oxycodone hcl 5 mg tab	3	QL (360 EA PER 30 DAYS)
oxycodone hcl 5 mg/5ml solution	3	QL (5400 ML PER 30 DAYS)
tramadol hcl 50 mg tab	3	QL (240 EA PER 30 DAYS)

OPIOID COMBINATIONS

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

OPIOID PARTIAL AGONISTS

BELBUCA	4	PA, QL (60 EA PER 30 OVER TIME)
buprenorphine	4	PA, QL (4 EA PER 28 DAYS)
buprenorphine hcl 2 mg tab, 8 mg tab	3	QL (90 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl -12-3 mg film	3	QL (60 EA PER 30 DAYS)
buprenorphine hcl-naloxone hcl -2-0.5 mg tab, -8-2 mg tab	2	QL (90 EA PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
buprenorphine hcl-naloxone hcl -2-0.5 mg, -4-1 mg, -8-2 mg	3	QL (90 EA PER 30 DAYS)
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol 50 mg cap, 100 mg cap, 200 mg cap	4	
testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel	4	PA, QL (150 GM PER 30 DAYS)
testosterone 30 mg/act solution	4	PA, QL (180 ML PER 30 DAYS)
testosterone 50 mg/5gm (1%) gel	4	PA, QL (300 GM PER 30 DAYS)
testosterone cypionate testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution	3	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)
TESTOSTERONE TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL, TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	4	PA, QL (75 GM PER 30 DAYS)
testosterone testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel	4	PA, QL (300 GM PER 30 DAYS)
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide 2 mg, 2 mg/act	4	PA
hydrocortisone 100 mg/60ml enema	4	
RECTAL STEROIDS		
HYDROCORTISONE (PERIANAL) HYDROCORTISONE (PERIANAL) 1 % CREAM, HYDROCORTISONE (PERIANAL) 2.5 % CREAM	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTO MYCIN 350 MG RECON SOLN	5	NDS
DAPTO MYCIN DAPTO MYCIN, DAPTO MYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA ³
TEFLARO	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	4	
TRIMETHOPRIM 100 MG TAB	2	
<i>trimethoprim 100 mg tab</i>	2	

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
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	3	
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 750 mg recon soln</i>	4	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	

ANTIANGINAL AGENTS

NITRATES

<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate er</i>	2	
ISOSORBIDE MONONITRATE ISOSORBIDE MONONITRATE, ISOSORBIDE MONONITRATE	1	
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	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	

BENZODIAZEPINES

<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA ²
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA ²
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA ²

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

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate</i>	3
<i>propafenone hcl</i>	3
<i>propafenone hcl er</i>	4

ANTIARRHYTHMICS TYPE III

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

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA ³
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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
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, NDS
FASENRA PEN	5	PA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, QL (2 EA PER 28 DAYS), 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
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA ³
LEUKOTRIENE MODULATORS		
<i>montelukast sodium 10 mg tab</i>	1	
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab</i>	2	
<i>zafirlukast</i>	4	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
SYMPATHOMIMETICS		
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA ³
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml, 8 mg/20ml</i>	2	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	2	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	2	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	4	QL (120 ML PER 30 DAYS), PA ³
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>breyna</i>	3	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	3	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	3	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	3	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	2	PA ³
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 inh</i>	3	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

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

COUMARIN ANTICOAGULANTS

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

HEPARINS AND HEPARINOID-LIKE AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	3	
heparin sodium (porcine) pf 1000 unit/ml solution	3	

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

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

ANTICONVULSANTS - MISC.

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
carbamazepine 100 mg chew tab, 200 mg tab	3	
carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension	4	

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA ²
XCOPRI COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	5	QL (28 EA PER 28 DAYS), PA ² , NDS
GABA MODULATORS		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	PA ² , NDS
<i>vigadroner</i>	5	PA ² , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>vigpoder</i>	5	PA ² , NDS
SUCCINIMIDES		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	3	
<i>methsuximide</i>	4	
VALPROIC ACID		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	3	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	2	

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
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	3	
<i>tranylcypromine sulfate</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml, 20 mg/10ml</i>	4	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml, 10 mg/10ml</i>	4	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 90 mg cap dr</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	4	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	4	

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
RALDESY	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
<i>trazodone hcl 300 mg tab</i>	4	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	3	QL (30 EA PER 30 DAYS)

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>desvenlafaxine succinate er</i>	4	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	2	

TRICYCLIC AGENTS

<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
ANTIDIabetics		
Antidiabetic Combinations		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
SOLIQUA	3	QL (90 ML PER 30 DAYS), INS
SYNJARDY	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10- 1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5- 1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10- 1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
Diabetic Other		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	

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
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
<i>glucagon emergency glucagon emergency, glucagon emergency 1 mg kit</i>	3	
GVOKE HYPOOPEN 1-PACK	3	
GVOKE HYPOOPEN 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	

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)

INCRETIN MIMETIC AGENTS

BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
<i>liraglutide</i>	3	PA, QL (9 ML PER 30 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	3	PA, QL (30 EA PER 30 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)

INSULIN

HUMULIN R U-500 (CONCENTRATED)	3	PA ³ , INS
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TOUJEO SOLOSTAR	3	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)
SULFONYLUREAS		
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>glipizide 5 mg tab, 10 mg tab</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron hcl 1 mg tab</i>	5	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4	
<i>loperamide (imodium)</i>	2	
XERMELO	5	PA, QL (84 EA PER 28 DAYS), NDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO	3	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	5	NDS
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>fluconazole in sodium chloride fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	4	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	4	PA
ANTIHYPERTENSIVES		
ANTIHYPERLIPIDEMICS - MISC.		
<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	3	
<i>REPATHA</i>	3	QL (2 ML PER 28 DAYS)
<i>REPATHA PUSHTRONEX SYSTEM</i>	3	QL (3.5 ML PER 28 DAYS)
<i>REPATHA SURECLICK</i>	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>colesevelam hcl 625 mg tab</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	

FIBRIC ACID DERIVATIVES

<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	2
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	2
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	4
<i>gemfibrozil 600 mg tab</i>	2

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1
<i>fluvastatin sodium</i>	2
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1
<i>pravastatin sodium</i>	1
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1
<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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	3	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartanamlodipine-hctz</i>	3	
TELMISARTAN-AMLODIPINE	3	
<i>telmisartan-hctz</i>	3	
<i>valsartan-hydrochlorothiazide</i>	2	

ANTIHYPERTENSIVES - MISC.

<i>aliskiren fumarate</i>	4	
<i>eplerenone</i>	3	
<i>metyrosine</i>	5	PA, NDS

VASODILATORS

<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>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>	3	
METHOTREXATE 1000 MG/40ML SOLUTION	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA ² , NDS
PURIXAN	5	NDS
TABLOID	5	NDS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA ² , NDS
INLYTA 1 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
INLYTA 5 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LENVIMA (10 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (12 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (14 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (18 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (4 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erlotinib hcl 25 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTrif	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TAGRISSO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VIZIMPRO	5	QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

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

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate 250 mg tab</i>	3	QL (120 EA PER 30 DAYS), PA ²
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>abirtega</i>	3	QL (120 EA PER 30 DAYS), PA ²
AKEEGA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
EULEXIN	5	QL (180 EA PER 30 DAYS), NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA ²
FIRMAGON (240 MG DOSE)	4	PA ²
<i>letrozole 2.5 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 ²
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA
<i>nilutamide</i>	5	PA ² , NDS
NUBEQA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ORGOVYX	5	QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XTANDI 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC COMBINATIONS

INQOVI	5	QL (5 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA ² , NDS
LONSURF 15-6.14 MG TAB	5	QL (100 EA PER 28 DAYS), PA ² , NDS
LONSURF 20-8.19 MG TAB	5	QL (80 EA PER 28 DAYS), PA ² , NDS

ANTINEOPLASTIC ENZYME INHIBITORS

ALECensa	5	QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA 3 MG TAB, 4 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
BOSULIF 50 MG CAP, 400 MG TAB, 500 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	5	QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
COPIKTRA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COTELLIC	5	QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	5	QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
GOMEKLI 1 MG CAP	5	QL (42 EA PER 28 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GOMEKLI 1 MG TAB SOL	5	QL (126 EA PER 28 DAYS), PA ² , NDS
GOMEKLI 2 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
IBRANCE	5	QL (21 EA PER 28 DAYS), PA ² , NDS
ICLUSIG	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (324 ML PER 30 DAYS), PA ² , NDS
IMKELDI	5	QL (280 ML PER 28 DAYS), PA ² , NDS
INREBIC	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ITOVEBI 3 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
ITOVEBI 9 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
JAKAFI	5	QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 100 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA ² , NDS
LORBRENA 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	5	QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 240 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	5	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>nilotinib hcl 150 mg cap, 200 mg cap</i>	5	QL (112 EA PER 28 DAYS), PA ² , NDS
<i>nilotinib hcl 50 mg cap</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
NINLARO	5	QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
QINLOCK	5	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	5	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
REZLIDHIA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ROMVIMZA	5	QL (8 EA PER 28 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	5	QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA ² , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	5	QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA ² , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS
TAZVERIK	5	QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA ² , NDS
VERZENIO	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	5	QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	5	QL (180 EA PER 30 DAYS), PA ² , NDS
VONJO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VORANIGO 10 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
VORANIGO 40 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA ² , NDS

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
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK, 250 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 200 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XOSPATA	5	QL (90 EA PER 30 DAYS), PA ² , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ZELBORA ^F	5	QL (240 EA PER 30 DAYS), PA ² , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
ZYDELIG	5	QL (60 EA PER 30 DAYS), PA ² , NDS
ZYKADIA	5	QL (90 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE	5	PA ² , NDS
AYVAKIT	5	QL (30 EA PER 30 DAYS), PA ² , NDS
BESREMI	5	QL (2 ML PER 28 DAYS), PA ² , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	NDS
POMALYST	5	QL (21 EA PER 28 DAYS), PA ² , NDS
REVUFORJ 110 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
REVUFORJ 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
REVUFORJ 25 MG TAB	5	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	QL (120 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 10 MG TAB	3	QL (60 EA PER 30 DAYS), PA ²
VENCLEXTA 100 MG TAB	5	QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA STARTING PACK	5	QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	5	QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 EA PER 28 DAYS), PA ² , NDS

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
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	QL (24 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	QL (32 EA PER 28 DAYS), PA ² , NDS

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

IWLFIN	5	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	3	
<i>mesna 400 mg tab</i>	5	NDS

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

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

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2
<i>TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION</i>	4
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	4

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	3
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	4
<i>carbidopa-levodopa -10-100 mg tab, -25-100 mg tab, -25-250 mg tab</i>	2

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
CARBIDOPA-LEVODOPA CARBIDOPA- LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25- 250 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50- 200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75- 75-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 25-100- 200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25- 125-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 37.5- 150-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 50-200- 200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	4
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	3

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium</i>	2
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP	2
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab</i>	2
LITHIUM CARBONATE 600 MG CAP	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lithium carbonate er</i>	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
COBENFY	5	QL (60 EA PER 30 DAYS), PA ² , NDS
COBENFY STARTER PACK	5	QL (56 EA PER 28 DAYS), PA ² , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl</i>	2	
MOLINDONE HCL	4	
NUPLAZID	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>thiothixene</i>	4	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	4	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
BENZISOXAZOLES		
FANAPT	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FANAPT TITRATION PACK	4	QL (8 EA PER 180 OVER TIME), PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)

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
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	4	QL (30 EA PER 30 DAYS)
PERSERIS	5	QL (1 EA PER 30 DAYS), NDS
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab, 3 mg tab, 4 mg tab</i>	2	
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	4	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	QL (2 EA PER 28 DAYS), NDS
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	4	
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 ML PER 30 DAYS), NDS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 ML PER 30 DAYS), NDS
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 ML PER 60 OVER TIME), NDS
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 ML PER 60 OVER TIME), NDS
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 ML PER 60 OVER TIME), NDS
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 ML PER 30 DAYS), NDS
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 ML PER 30 DAYS), NDS
DIBENZAPINES		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
<i>clozapine 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>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, clozapine 150 mg tab disp</i>	4	
<i>loxapine succinate</i>	2	
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	4	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)

PHENOTHIAZINES

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

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

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

QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 OVER TIME), NDS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
<i>ariPIPRAZOLE 1 mg/ml solution</i>	4	
<i>ariPIPRAZOLE 10 mg tab disp, 15 mg tab disp</i>	4	QL (60 EA PER 30 DAYS)
<i>ariPIPRAZOLE 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	5	QL (4.8 ML PER 365 OVER TIME), NDS
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate</i>	4	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS 250 MG CAP	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
FUZEON	5	NDS
GENVOYA	5	NDS
INTELENCE 25 MG TAB	4	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	5	NDS
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS
JULUCA	5	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab, 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>maraviroc</i>	5	NDS
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine er 400 mg tab 24h</i>	4	
NORVIR 100 MG PACKET	4	
ODEFSEY	5	NDS
PIFELTRO	5	NDS
PREZCOBIX	5	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	5	NDS
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	NDS
<i>ritonavir</i>	3	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA 4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10 MG TAB	4	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine 100 mg cap, 300 mg tab</i>	3	
<i>zidovudine 50 mg/5ml syrup</i>	4	

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
CMV AGENTS		
LIVTENCY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 120 MG PACKET	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	3	
RIBAVIRIN 200 MG TAB	3	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS
HERPES AGENTS		
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	
<i>acyclovir 200 mg/5ml suspension, 800 mg/20ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA ³
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	3	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	3	

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
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	4	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	
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)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	3	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>metoprolol tartrate 37.5 mg tab</i>	2	
<i>nebivolol hcl</i>	3	

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
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 80 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 60 mg tab</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ceftriaxone sodium ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 100 gm recon soln, ceftriaxone sodium 500 mg recon soln</i>	4	
CEFTRIAXONE SODIUM IN DEXTROSE	4	
CEFTRIAXONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab</i>	2	
<i>decadron 0.75 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	2	
<i>dexamethasone 0.75 mg tab, 1 mg tab</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	3	
<i>hydrocortisone sod suc (pf)</i>	4	
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	PA ³
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 25 mg/5ml</i>	2	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	PA ³
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	PA ³
PREDNISONE INTENSOL	4	PA ³
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine 10 %, 20 %</i>	3	PA ³
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>fraiche 5000 dental</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	3	
LIDOCAINE HCL 4 % SOLUTION	3	QL (50 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lidocaine viscous hcl</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
SOD FLUORIDE-POTASSIUM NITRATE	2	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	
SODIUM FLUORIDE 5000 ENAMEL	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	3	

DERMATOLOGICALS

ACNE PRODUCTS

<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phos (once-daily)</i>	3	QL (75 GM PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	3	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	3	QL (60 ML PER 30 DAYS)
ERY	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)

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
tretinoin 0.025 %, 0.05 %, 0.1 %	4	PA, QL (45 GM PER 30 DAYS)
zenatane	4	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate 0.1 % cream	3	QL (30 GM PER 30 DAYS)
gentamicin sulfate 0.1 % ointment	3	QL (120 GM PER 30 DAYS)
mupirocin 2% ointment	2	QL (220 GM PER 30 DAYS)
ANTIFUNGALS - TOPICAL		
ciclopirox 0.77 % gel	3	QL (100 GM PER 30 DAYS)
ciclopirox 1 % shampoo	3	QL (120 ML PER 30 DAYS)
ciclopirox 8 % solution	2	QL (13.2 ML PER 30 DAYS)
ciclopirox olamine 0.77 % cream	3	QL (90 GM PER 30 DAYS)
ciclopirox olamine 0.77 % suspension	3	QL (60 ML PER 30 DAYS)
clotrimazole (<i>lotrimin</i>)	2	QL (30 ML PER 28 OVER TIME)
clotrimazole-betamethasone -1-0.05 % cream	3	QL (90 GM PER 30 DAYS)
econazole nitrate 1 % cream	3	QL (170 GM PER 30 DAYS)
ketoconazole 2 % cream	3	QL (120 GM PER 30 DAYS)
ketoconazole 2 % shampoo	2	QL (240 ML PER 30 DAYS)
klayesta	2	QL (60 GM PER 30 DAYS)
nyamyc	2	QL (60 GM PER 30 DAYS)
nystatin 100000 unit/gm cream, 100000 unit/gm powder	2	QL (60 GM PER 30 DAYS)
nystatin 100000 unit/gm ointment	2	QL (30 GM PER 30 DAYS)
nystatin-triamcinolone	3	QL (60 GM PER 30 DAYS)
nystop	2	QL (60 GM PER 30 DAYS)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	5	QL (60 GM PER 30 DAYS), PA ² , NDS
diclofenac sodium 3 % gel	4	PA, QL (100 GM PER 30 DAYS)
fluorouracil 5 % cream	4	QL (80 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	3	QL (10 ML PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PANRETIN	5	PA ² , NDS
VALCHLOR	5	QL (240 GM PER 30 DAYS), PA ² , NDS
ANTIPSORIATICS		
<i>acitretin</i>	4	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	3	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	4	
COSENTYX (300 MG DOSE)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	5	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALEN RAPID	5	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 20 MG TAB, 30 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	5	PA, QL (2 ML PER 28 DAYS), NDS
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	5	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	4	PA, QL (60 GM PER 30 DAYS)
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % ointment</i>	3	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	3	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % cream</i>	2	QL (100 GM PER 30 DAYS)

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

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

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
HYDROCORTISONE 2.5 % LOTION	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)
ECZEMA AGENTS		
ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl 4 % solution</i>	3	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)
MISC. TOPICAL		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	3	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	3	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	4	QL (60 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)
WOUND CARE PRODUCTS		
SANTYL	4	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA		Part B Covered
ONETOUCH ULTRA BLUE TEST		Part B Covered
ONETOUCH ULTRA TEST		Part B Covered
ONETOUCH VERIO STRIP		Part B Covered
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	3	
SUCRAID	5	PA, NDS
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125 mg tab, 250 mg tab</i>	3	
<i>acetazolamide er</i>	3	
<i>methazolamide 25 mg tab, 50 mg tab</i>	4	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WYOST	5	PA, QL (1.7 ML PER 28 DAYS), NDS
GROWTH HORMONES		
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, NDS
METABOLIC MODIFIERS		
<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>	4	
<i>levocarnitine sf</i>	4	
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
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS
SOMATOSTATIC AGENTS		
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
SIGNIFOR	5	PA, QL (60 ML PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	3	
<i>desmopressin acetate spray 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
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	

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

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

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

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

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

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

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

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

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

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

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

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

FLUOROQUINOLONES

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

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

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

GASTROINTESTINAL AGENTS

GASTROINTESTINAL AGENTS, OTHER

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

GASTROINTESTINAL AGENTS - MISC.

INFLAMMATORY BOWEL AGENTS

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aspirin-dipyridamole er</i>	4	
<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

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

HEMATOPOIETIC GROWTH FACTORS

<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
<i>NYVEPRIA</i>	5	NDS
<i>RETACRIT</i>	4	PA
<i>UDENYCA</i>	5	NDS
<i>ZARXIO</i>	5	NDS

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

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

NON-BARBITURATE HYPNOTICS

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

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

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

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

LAXATIVES

LAXATIVE COMBINATIONS

<i>GAVILYTE-C</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
<i>GOLYTELY</i>	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	
<i>SUFLAVE</i>	4	

LAXATIVES - MISCELLANEOUS

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

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

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

MEDICAL DEVICES AND SUPPLIES

BANDAGES-DRESSINGS-TAPE

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

DIABETIC SUPPLIES

<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
DEXCOM G6 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Part B Covered	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
INSULIN SYRINGE (DISP) U-100 1 ML	3	
<i>lancet device</i>	Part B Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	4	QL (15 EA PER 30 DAYS)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
TWIIST STARTER KIT	4	QL (1 EA PER 275 OVER TIME)
MISC. DEVICES		
alcohol swabs	3	
ALCOHOL SWABS 1X1	3	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
needles and syringes	3	
MIGRAINE PRODUCTS		
dihydroergotamine mesylate 4 mg/ml solution	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	3	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)

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
SEROTONIN AGONISTS		
<i>naratriptan hcl</i>	3	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab disp, 10 mg tab disp</i>	4	QL (36 EA PER 28 OVER TIME)
<i>rizatriptan benzoate 5 mg tab, 10 mg tab</i>	3	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	4	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 5 mg tab</i>	4	QL (18 EA PER 30 OVER TIME)
MINERALS ELECTROLYTES		
CALCIUM		
<i>calcium gluconate 10 % solution</i>	2	
ELECTROLYTE MIXTURES		
<i>kcl in dextrose-nacl kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	4	
<i>lactated ringers lactated ringers, lactated ringers</i>	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
FLUORIDE		
<i>sodium fluoride</i>	2	

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
sodium fluoride chewable tablet	2	
MAGNESIUM		
magnesium sulfate 50 % solution	4	
PHOSPHATE		
K-PHOS	3	
POTASSIUM		
klor-con -20 meq packet	4	
klor-con -8 meq tab er	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
potassium chloride 10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%)	2	
potassium chloride 2 meq/ml solution	4	
potassium chloride 20 meq packet	4	
potassium chloride crys er er 10 tab er, er 20 tab er	2	
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	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
SODIUM		
sodium chloride	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
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 ³
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 ³
<i>cyclosporine modified</i>	4	PA ³
ENVARSUS XR	4	PA ³
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA ³ , NDS
<i>gengraf</i>	4	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA ³ , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	PA ³
<i>mycophenolate sodium</i>	4	PA ³
<i>mycophenolic acid</i>	4	PA ³
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA ³
<i>sirolimus 1 mg/ml solution</i>	5	PA ³ , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PA ³

POTASSIUM REMOVING AGENTS

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

MULTIVITAMINS

PREGNATAL 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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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
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	3	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	4	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	4	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	5	PA, 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 ³
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>BETAXOLOL HCL BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION</i>	3	
<i>brimonidine tartrate-timolol</i>	3	
<i>CARTEOLOL HCL</i>	2	
<i>dorzolamide hcl-timolol mal</i>	3	
<i>dorzolamide hcl-timolol mal pf</i>	3	
<i>LEVOBUNOLOL HCL</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>timolol maleate 0.25 %, 0.5 %</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL APRACLONIDINE HCL, APRACLONIDINE HCL	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>bacitracin-polymyxin b</i>	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	3	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	3	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	3	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	3	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	3	
<i>sulfacetamide sodium 10 % solution</i>	2	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	3	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	

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

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
TYRVAYA	4	PA, QL (8.4 ML PER 30 DAYS)
XIIDRA	3	QL (60 EA PER 30 DAYS)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	3	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	2	
LUMIGAN	3	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	3	QL (5 ML PER 30 DAYS)
VYZULTA	4	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
<i>flac</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc</i>	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED	5	PA, NDS
GAMUNEX-C	5	PA, NDS
PRIVIGEN	5	PA, NDS
VARIZIG	1	VAC
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125 MG CHEW TAB		
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	1	
AMOXICILLIN 250 MG CHEW TAB	1	
ampicillin	1	
ampicillin sodium 1 gm recon soln	4	
ampicillin sodium 10 gm recon soln	4	
AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
NATURAL PENICILLINS		
BICILLIN L-A	4	
penicillin g potassium	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	
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate -200-28.5 mg/5ml recon susp, -250-125 mg tab, -500-125 mg tab, -875-125 mg tab	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amoxicillin-pot clavulanate amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	4	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4	
<i>piperacillin sod-tazobactam so</i>	4	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
PROGESTINS		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>jencycla</i>	2	
LILETTA (52 MG)	3	
<i>lyeq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	3	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	2	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4	PA
<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>progesterone 100 mg cap, 200 mg cap</i>	3	
<i>sharobel</i>	2	
<i>tulana</i>	2	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTIDEMENTIA AGENTS

<i>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab disp, 10 mg tab disp</i>	2	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	2	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	3	

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
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	4	
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	5	NDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethylfumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethylfumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethylfumarate starter pack</i>	5	PA, QL (120 EA PER 180 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
<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
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	

SMOKING DETERRENTS

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

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

ALYFTREK 10-50-125 MG TAB	5	ALYFTREK_NVT_2025, QL (56 EA PER 28 DAYS), NDS
ALYFTREK 4-20-50 MG TAB	5	ALYFTREK_NVT_2025, 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

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
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA ³ , 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
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

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
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS

RESPIRATORY TRACT AGENTS

ANTIHISTAMINES

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

PULMONARY ANTIHYPERTENSIVES

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

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

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

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

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

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

TOXOIDS

TOXOID COMBINATIONS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TDVAX	1	PA ³ , VAC
TENIVAC	1	PA ³ , VAC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	4	
H-2 ANTAGONISTS		
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>famotidine (pepcid)</i>	1	
MISC. ANTI-ULCER		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	3	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole (priosec)</i>	2	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacain succinate</i>	2	

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

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

VACCINES

BACTERIAL VACCINES

ACTHIB	1	
BCG VACCINE	1	VAC
BEXSERO	1	VAC
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC
MENQUADFI	1	VAC
MENVEO	1	VAC
PEDVAX HIB	1	
PENBRAYA	1	VAC
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC
VAXCHORA	1	VAC
VAXNEUVANCE	Part B Covered	
VIVOTIF (LIMITED TO CERTAIN MANUFACTURERS)	1	

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

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

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

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

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

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

VAGINAL ESTROGENS

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

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

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A

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marlissa	77	METHOTREXATE SODIUM	43	morphine sulfate (concentrate)	16
MARPLAN	31	methotrexate sodium (pf)	43	MORPHINE SULFATE	
MATULANE	50	METHOXSALEN RAPID	68	(CONCENTRATE)	16
MAVYRET	59	methsuximide	30	morphine sulfate er	16,17
meclizine	37	methylphenidate hcl	12	MOUNJARO	34
medroxyprogesterone acetate	97	methylphenidate hcl er	12	MOVANTIK	85
mefloquine hcl	41	methylphenidate hcl er (osm)	12	MOXIFLOXACIN HCL	81
megestrol acetate	45	methylprednisolone	64	moxifloxacin hcl	92
MEGESTROL ACETATE	97	metoclopramide hcl	81	MOXIFLOXACIN HCL (2X DAY)	92
MEKINIST	48	metolazone	72	MOXIFLOXACIN HCL IN NACL	81
MEKTOVI	48	metoprolol succinate er	60	MRESVIA	105
meleya	97	metoprolol tartrate	60	mupirocin 2% ointment	67

mycophenolate mofetil	89	nikki	78	NOVOLOG 70/30 FLEXPEN RELION 35
mycophenolate sodium	89	nilotinib hcl	48	NOVOLOG FLEXPEN
mycophenolic acid	89	nilutamide	45	NOVOLOG FLEXPEN RELION
MYRBETRIQ	104	nimodipine	61	NOVOLOG MIX 70/30
		NINLARO	48	NOVOLOG MIX 70/30 FLEXPEN ..
		nitazoxanide	21	NOVOLOG MIX 70/30 RELION ..
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na sulfate-k sulfate-mg sulf	84	NITRO-BID	22	NOVOLOG PENFILL
nabumetone	15	nitrofurantoin macrocrystal	22	NOVOLOG RELION
nadolol	61	nitrofurantoin monohyd macro ..	22	NUBEQA
nafcillin sodium	96	nitroglycerin	19,22	NUEDEXTA
NAFCILLIN SODIUM IN		nora-be	97	NUPLAZID
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NALOXONE HCL	36	norethin ace-eth estrad-fe	78	nyamyc
naltrexone hcl	36	norethindrone	97	nylia 1/35
naproxen	15	norethindrone acet-ethinyl est ..	78	nylia 7/7/7
naratriptan hcl	87	norethindrone acetate	97	nymyo
nateglinide	34	norethindrone-eth estradiol ..	78	nystatin
NAYZILAM	27	norgestim-eth estrad triphasic ..	78	nystatin-triamcinolone
nebivolol hcl	60	norgestimate-eth estradiol ..	78	nystop
necon 0.5/35 (28)	78	norlyda	97	NYVEPRIA
needles and syringes	86	norlyroc	97	
NEFAZODONE HCL	31	nortrel 0.5/35 (28)	78	O
NEFFY	26	nortrel 1/35 (21)	78	ocella
NEMLUVIO	89	nortrel 1/35 (28)	78	octreotide acetate
neomycin sulfate	13	nortrel 7/7/7	78	ODEFSEY
neomycin-bacitracin zn-polymyx	92	nortriptyline hcl	32	ODOMZO
neomycin-polymyxin-dexameth	93	NORVIR	58	OFEV
NEOMYCIN-POLYMYXIN-		NOVOLIN 70/30	35	OFLOXACIN
GRAMICIDIN	92	NOVOLIN 70/30 FLEXPEN	35	ofloxacin
NEOMYCIN-POLYMYXIN-HC	93	NOVOLIN 70/30 FLEXPEN RELION 35	35	OGSIVEO
neomycin-polymyxin-hc	94	NOVOLIN 70/30 RELION	35	OJEMDA
NERLYNX	48	NOVOLIN N	35	OJJAARA
nevirapine	58	NOVOLIN N FLEXPEN	35	olanzapine
NEVIRAPINE	58	NOVOLIN N FLEXPEN RELION ..	35	olmesartan medoxomil
nevirapine er	58	NOVOLIN N RELION	35	olmesartan medoxomil-hctz
NEXPLANON	97	NOVOLIN R	35	olmesartan-amlodipine-hctz
NEXVIAZYME	73	NOVOLIN R FLEXPEN	35	olopatadine hcl
niacin er (antihyperlipidemic) ..	38	NOVOLIN R FLEXPEN RELION	35	omega-3-acid ethyl esters
NICOTROL NASAL SPRAY	99	NOVOLIN R RELION	35	omeprazole (PRILOSEC)
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OMNIPOD 5 G6 INTRO (GEN 5)	.86	OZEMPIK (0.25 OR 0.5		periogard.....	66
OMNIPOD 5 G6 PODS (GEN 5)	.86	MG/DOSE).....	34	permethrin (NIX).....	70
OMNIPOD 5 G7 INTRO (GEN 5)	.86	OZEMPIK (1 MG/DOSE).....	34	perphenazine.....	55
OMNIPOD 5 G7 PODS (GEN 5)	.86	OZEMPIK (2 MG/DOSE).....	34	PERSERIS.....	54
OMNIPOD 5 LIBRE2 PLUS G6	.86			PHENELZINE SULFATE 15 MG TAB	.31
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PODS.....	.86	pacerone.....	23	phenytek.....	.29
OMNIPOD CLASSIC PDM (GEN 3)	.86	paliperidone er.....	54	phenytoin.....	.29
OMNIPOD CLASSIC PODS (GEN 3)	.86	PANRETIN.....	68	phenytoin infatabs.....	.29
OMNIPOD DASH INTRO (GEN 4)	.86	paracitamol.....	103	phenytoin sodium extended.....	.29
OMNIPOD DASH PDM (GEN 4)	.86	PAROXETINE HCL.....	31	philocarpine hcl.....	.66,.93
OMNIPOD DASH PODS (GEN 4)	.86	paroxetine hcl er.....	31	pimecrolimus.....	.70
OMNITROPE.....	.73	PAXLOVID.....	60	PIMOZIDE.....	.99
ondansetron.....	.37	PAXLOVID (150/100).....	60	pimtrexa.....	.78
ondansetron hcl.....	.37	PAXLOVID (300/100).....	60	pindolol.....	.61
ONETOUCH ULTRA.....	.71	pazopanib hcl.....	48	pioglitazone hcl.....	.34
ONETOUCH ULTRA BLUE TEST	.71	PEDIARIX.....	102	pioglitazone hcl-glimepiride.....	.33
ONETOUCH ULTRA TEST.....	.71	PEDVAX HIB.....	104	pioglitazone hcl-metformin hcl	.33
ONETOUCH VERIO.....	.71	peg 3350-kcl-na bicarb-nacl.....	.84	piperacillin sod-tazobactam so	.96
ONUREG.....	.43	peg-3350/electrolytes.....	.84	PIQRAY (200 MG DAILY DOSE)....	.48
OPSUMIT.....	.100	peg-3350/electrolytes/ascorbat.....	.84	PIQRAY (250 MG DAILY DOSE)....	.48
OPVEE.....	.36	peg-kcl-nacl-nasulf-na asc-c.....	.84	PIQRAY (300 MG DAILY DOSE)....	.48
ORGOVYX.....	.45	PEGASYS.....	59	pirfenidone.....	.100
ORKAMBI.....	.99	PEMAZYRE.....	48	pirmella 1/35.....	.78
ORSERDU.....	.45	PENBRAYA.....	104	pirmella 7/7/7.....	.78
orsythia.....	.78	penicillamine.....	89	piroxicam.....	.15
oseltamivir phosphate.....	.60	penicillin g potassium.....	.95	PLEGRIDY.....	.99
OTEZLA.....	.68	PENICILLIN G PROCAINE.....	.95	plenamine.....	.91
oxacillin sodium.....	.96	PENICILLIN G SODIUM.....	.95	PNEUMOVAX 23.....	.104
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DEXTROSE.....	.96	PENTACEL.....	102	polymyxin b-trimethoprim.....	.92
oxaprozin.....	.15	Pentamidine Isethionate for		POMALYST.....	.50
oxazepam.....	.23	Injection Solution.....	20	portia-28.....	.78
oxcarbazepine.....	.28	Pentamidine Isethionate for		posaconazole.....	.38
oxybutynin chloride.....	.103	Nebulization Solution.....	20	potassium chloride.....	.88
oxybutynin chloride er.....	.103	pentoxifylline er.....	62	POTASSIUM CHLORIDE.....	.88
oxycodone hcl.....	.17	perampanel.....	28	potassium chloride 2 meq/ml	
oxycodone-acetaminophen.....	.17	perindopril erbumine.....	.40	solution.....	.88
			.40	potassium chloride 20 meq packet	.88

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potassium chloride er.....	88	prochlorperazine suppositories ..	56	rasagiline mesylate.....	52
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pramipexole dihydrochloride...	52	proctozone-hc.....	19	RENACIDIN.....	82
prasugrel hcl.....	83	progesterone.....	97	repaglinide.....	34
pravastatin sodium.....	39	PROGRAF.....	89	REPATHA.....	38
praziquantel.....	19	promethazine hcl.....	100	REPATHA PUSHTRONEX SYSTEM ..	38
prazosin hcl.....	40	propafenone hcl.....	23	REPATHA SURECLICK.....	38
prednisolone.....	64	propafenone hcl er.....	23	RETACRIT.....	83
prednisolone acetate.....	93	propranolol hcl.....	61	RETEVMO.....	48
prednisolone sodium phosphate	64	propranolol hcl er.....	61	REVUFORJ.....	50
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PREDNISONE.....	65	PULMOZYME.....	100	REZLIDHIA.....	48
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pregabalin.....	29	pyrazinamide.....	42	RHOPRESSA.....	93
PREHEVBARIO.....	105	pyridostigmine bromide	42	RIBAVIRIN 200 MG CAP.....	59
PREMARIN.....	106	pyrimethamine.....	42	RIBAVIRIN 200 MG TAB.....	59
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PREVIDENT 5000 SENSITIVE	66	quinapril hcl.....	40	risperidone.....	54
previfem.....	78	QUINIDINE SULFATE.....	23	risperidone microspheres er.....	54
PREVNAR 20.....	104	quinine sulfate.....	42	ritonavir.....	58
PREVYMIS.....	59	QVAR REDIHALER.....	25	rivaroxaban.....	26
PREZCOBIX.....	58	R	rivastigmine.....		98
PREZISTA.....	58	RABAVERT.....	105	rivastigmine tartrate.....	98
PRIFTIN.....	42	rabeprazole sodium.....	103	rizatriptan benzoate.....	87
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PRIORIX.....	105	RALDESY.....	32	ROMVIMZA.....	48
PRIVIGEN.....	94	raloxifene hcl.....	72	ropinirole hcl.....	52
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		ramipril.....	40	rosuvastatin calcium.....	39

ROTATEQ	105	SOD FLUORIDE-POTASSIUM	SUFLAVE	84
roweepra	29	NITRATE	SULFACETAMIDE SODIUM	92
ROZLYTREK	48,49	sodium chloride	sulfacetamide sodium	92
RUBRACA	49	sodium fluoride	sulfacetamide sodium (acne)	66
rufinamide	29	SODIUM FLUORIDE 5000	SULFACETAMIDE-PREDNISOLONE	93
RUKOBIA	58	ENAMEL	sulfadiazine	101
RYBELSUS	34	sodium fluoride 5000 plus	sulfamethoxazole-trimethoprim	101
RYDAPT	49	sodium fluoride 5000 ppm	sulfasalazine	81
		SODIUM FLUORIDE 5000	sulindac	15
S		SENSITIVE	sumatriptan	87
sajazir	84	sodium fluoride chewable tablet	sumatriptan succinate	87
SANTYL	71	SODIUM OXYBATE	sumatriptan succinate refill	87
sapropterin dihydrochloride	73	sodium phenylbutyrate	sunitinib malate	49
SCEMBLIX	49	sodium polystyrene sulfonate	SUNLENCA	58
scopolamine	37	SOFOSBUVIR-VELPATASVIR	SUNOSI	101
SECUADO	55	solifenacin succinate	syeda	79
selegiline hcl	52	SOLIQUA	SYMPAZAN	27
selenium sulfide	70	SOLTAMOX	SYMTUZA	58
SELZENTRY	58	SOLU-CORTEF	SYNJARDY	33
sertraline hcl	31	SOLU-MEDROL	SYNJARDY XR	33
setlakin	79	SOLU-MEDROL (PF)	SYNTROID	102
sf	66	SOMAVERT	T	
sf 5000 plus	66	sorafenib tosylate	TABLOID	43
sharobel	97	sorine	TABRECTA	49
SHINGRIX	106	sotalol hcl	tacrolimus	70,90
SIGNIFOR	73	sotalol hcl (af)	tadalafil	82
sildenafil citrate	100	spironolactone	tadalafil (pah)	100
silodosin	82	spironolactone-hctz	TAFINLAR	49
silver sulfadiazine	71	sprintec 28	tafluprost (pf)	94
SIMLANDI (1 PEN)	14	SPRITAM	TALZENNA	44
SIMLANDI (1 SYRINGE)	14	sps (sodium polystyrene sulf)	TAGRISSO	45
SIMLANDI (2 PEN)	14	sronyx	tamoxifen citrate	49
SIMLANDI (2 SYRINGE)	14	ssd	tafelimumab	82
simliya	79	STELARA	tamsulosin hcl	79
simpesse	79	STIOLTO RESPIMAT	tarina 24 fe	49
simvastatin	39	STIVARGA	tarina fe 1/20	79
sirolimus	90	STREPTOMYCIN SULFATE	tarina fe 1/20 eq	79
SIRTURO	42	STRIBILD	tazarotene	68
SKYRIZI	68,81	STRIVERDI RESPIMAT	TAZICEF	64
SKYRIZI PEN	68	SUCRAID	tazicef 1 gm recon soln	64
SKYTROFA	73	sucralfate	tazicef 2 gm recon soln	64

TAZVERIK	49	tobramycin	13,92	TRIFLURIDINE	92
TDVAX	103	TOBRAMYCIN SULFATE	13	trihexyphenidyl hcl	51
TEFLARO	20	tobramycin-dexamethasone	93	TRIHEXYPHENIDYL HCL 0.4 MG/ML	
telmisartan	40	tolterodine tartrate	104	SOLUTION	51
TELMISARTAN-AMLODIPINE	41	tolterodine tartrate er	104	TRIARDY XR	33
telmisartan-hctz	41	topiramate	29	TRIKAFTA	100
temazepam	84	toremifene citrate	45	TRIMETHOPRIM	20
temozolomide	43	torpenz	49	trimethoprim	20
TENIVAC	103	torsemide	72	trimipramine maleate	33
tenofovir disoproxil fumarate	.58	TOUJEO MAX SOLOSTAR	35	TRINTELLIX	32
TEPMETKO	49	TOUJEO SOLOSTAR	36	TRIUMEQ	58
terazosin hcl	40	TRADJENTA	34	TRIUMEQ PD	58
terbinafine hcl	37	tramadol hcl	17	trivora (28)	79
terbutaline sulfate	26	tramadol-acetaminophen	17	trospium chloride	104
terconazole	106	trandolapril	40	trospium chloride er	104
teriflunomide	.99	tranexamic acid	83	TRULICITY	34
teriparatide	.72	tranylcypromine sulfate	31	TRUMENBA	104
TERIPARATIDE (RECOMBINANT)	.72	travoprost (bak free)	94	TRUQAP	49
testosterone	.18	trazodone hcl	32	TUKYSA	50
TESTOSTERONE	.18	TRECATOR	42	tulana	.97
testosterone 50 mg/5gm (1%) gel	18	TRELEGY ELLIPTA	26	TURALIO	49
	18	TRELSTAR MIXJECT	45	turqoz	79
testosterone cypionate	.18	tretinoin	.50,.67	TIWIST STARTER KIT	86
TESTOSTERONE ENANTHATE	.18	tri femynor	79	TWINRIX	106
tetrabenazine	.98	tri-estarrylla	79	TYENNE	14
tetracycline hcl	102	tri-linyah	79	TYPHIM VI	104
THALOMID	.89	tri-lo-estarrylla	79	TYRVAYA	94
theophylline er	101	tri-lo-marzia	79	U	
thioridazine hcl	.56	tri-lo-mili	79		
thiothixene	.53	tri-lo-sprintec	79	UDENYCA	.83
tiadylt er	.61	tri-mili	79	unithroid	102
tiagabine hcl	.30	tri-nymyo	79	UPTRAVI	100
TIBSOVO	49	tri-previfem	79	ursodiol	.81
ticagrelor	.83	tri-sprintec	79	UZEDY	.54
TICOVAC	106	tri-vylibra	79	V	
tigecycline 50 mg recon soln	.20	tri-vylibra lo	79		
timolol maleate	.61,.92	triamcinolone acetonide	.66,.70	valacyclovir hcl	.59
tinidazole	.20	triamterene-hctz	.71	VALCHLOR	.68
TIVICAY	.58	triderm	.70	valganciclovir hcl	.59
TIVICAY PD	.58	trientine hcl	.89	valproic acid	.30
tizanidine hcl	.90	trifluoperazine tab	.56	valsartan	.40

valsartan-hydrochlorothiazide	41	VIRACEPT	58	XIGDUO XR	33
VALTOCO 10 MG DOSE	27	VIREAD	58	XXIIDRA	94
VALTOCO 15 MG DOSE	27	VITRAKVI	49	XOFLUZA (40 MG DOSE)	60
VALTOCO 20 MG DOSE	27	VIVITROL	36	XOFLUZA (80 MG DOSE)	60
VALTOCO 5 MG DOSE	27	VIVOTIF (limited to certain valtya 1/50 manufacturers)		XOLAIR	24
VANCOMYCIN HCL	21	VIZIMPRO	44	XPOVIO (100 MG ONCE WEEKLY)	50
vancomycin hcl	21	volnea	79	XPOVIO (40 MG ONCE WEEKLY)	50,51
VANCOMYCIN HCL IN NACL	21	VONJO	49	XPOVIO (100 MG ONCE WEEKLY)	51
VANFLYTA	49	VORANIGO	49	XPOVIO (40 MG TWICE WEEKLY)	51
VAQTA	106	voriconazole	38	XPOVIO (60 MG ONCE WEEKLY)	51
varenicline tartrate	99	voriconazole 200 mg recon soln	38	XPOVIO (60 MG TWICE WEEKLY)	51
varenicline tartrate (starter)	99	voriconazole 40 mg/ml recon		XPOVIO (80 MG ONCE WEEKLY)	51
varenicline tartrate(continue)	99	susp		XPOVIO (80 MG TWICE WEEKLY)	51
VARIVAX	106	VOSEVI	59	XTANDI	45
VARIZIG	94	VOWST	81	xulane	80
VAXCHORA	104	VRAYLAR	53		Y
VAXNEUVANCE	104	vyfemla	80		
VELIVET	79	vylibra	80	YF-VAX	106
VELTASSA	90	VYZULTA	94	yuvafem	106
VEMLIDY	59				
VENCLEXTA	50	W		Z	
VENCLEXTA STARTING PACK	50	warfarin sodium	26	zafemy	80
venlafaxine hcl	32	WELIREG	50	zaflurkast	24
venlafaxine hcl er	32	wera	80	zaleplon	84
VENTOLIN HFA	26	WINREVAIR	100	zarah	80
verapamil hcl	61	wixela inhub	26	ZARXIO	83
VERAPAMIL HCL ER	62	WYOST	73	ZEJULA	50
verapamil hcl er	62			ZELBORAF	50
VERQUVO	62	X		zenatane	67
VERSACLOZ	55	XALKORI	49,50	zidovudine	58
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vestura	79	XARELTO STARTER PACK	26	ziprasidone hcl	53
vienna	79	XCOPRI	29,30	ziprasidone mesylate	53
vigabatrin	30	XCOPRI (250 MG DAILY DOSE)	29	ZIRGAN	92
vigadron	30	XCOPRI (350 MG DAILY DOSE)	29	ZOLINZA	50
VIGAFYDE	30	XDEMVVY	92	zolmitriptan	87
vigpoder	30	XELJANZ	14	zolpidem tartrate	84
vilazodone hcl	32	XELJANZ XR	14	zolpidem tartrate er	84
VIMKUNYA	106	XERMELO	36	ZONISADE	29
viorele	79	XIFAXAN	21	zonisamide	29

zovia 1/35 (28).....	80
zovia 1/35e (28).....	80
ZTALMY.....	29
zumandimine.....	80
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ZYDELIG.....	50
ZYKADIA.....	50
ZYPREXA RELPREVV.....	55
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This formulary was updated on 06/23/2025.

For more recent information or other questions, please contact:

Aspirus Health Plan Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free)

TTY users call: 715.631.7413 or 1.855.931.4852 (this call is free)

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