

2026

Aspirus Health Plan

Medicare Advantage Plans (PPO)

Formulary (List of Covered Drugs)

- Essential Rx (PPO)

This formulary was updated on 04/21/2026.

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, Monday – Friday, or visit [medicare.aspirushealthplan.com](https://www.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).

ልብ ይበሉ:- የአማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎት ለእርስዎ ቀርቦልዎታል። ተደራሽ በሆኑ ቅርፀቶች መረጃዎችን ለማቅረብ ተገቢ የሆኑ አጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርቦዎልዎታል። በ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) ይደውሉ.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات المساعدة الإضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. يمكنك الاتصال على الرقم 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

សូមជ្រាបជាដំណើរ៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាភក្តីភក្តីថ្លៃអាចត្រូវបានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏ត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅលេខ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) ។

請注意：如果您講粵語，可得免費語言協助服務。還可免費提供適當的輔助工具和服務，能以無障礙格式提供資訊。請致電 715.631.7411/1.855.931.4850 (聽障專線：715.631.7413/1.855.931.4852)。

請注意：如果您說普通話，我們可為您免費提供語言協助服務。此外，我們還免費提供適當的輔助設備和服務，以無障礙格式提供信息。請致電 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 Sprachassistentendienste 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 ललए ननः शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के ललए उपयुक्त सहायक साधन और सेवाएं भी ननः 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: ການບໍລິການທາງດ້ານພາສາແມ່ນຜູ້ຮັບຜິດຊອບໃຫ້ບໍລິການແກ້ໄຂບັນຫາ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ຜູ້ອື່ນກໍາ. 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 lagu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si macluumaadka laguugu siiyo qaabab la isticmaali karo ayaa sidoo kale lagu heli karaa weliba si lacag la'aan ah. Wac 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 04/21/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the 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](https://www.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, 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 04/21/2026. 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](https://www.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 98. 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.

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 a coverage restriction 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 drugs is included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering 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 98.

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
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)

Explanation of Requirements/Limits	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine</i>	4	
<i>amphetamine-dextroamphetamine</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	4	
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>	2	
<i>methylphenidate hcl (5 mg/5ml, 10 mg/5ml)</i>	4	
<i>methylphenidate hcl er</i>	4	
<i>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)</i>	4	
<i>methylphenidate hcl er(diffus) (methylphenidate hcl er(diffus), methylphenidate hcl er(diffus))</i>	4	
<i>modafinil</i>	3	PA, QL (60 EA PER 30 DAYS)
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	4	
ARIKAYCE	5	PA, QL (235.2 ML PER 28 DAYS), NDS
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gentamicin sulfate (10 mg/ml, 40 mg/ml)</i>	4	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE	4	
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, QL (280 ML PER 28 DAYS), NDS
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION)	4	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (1 SYRINGE)	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (6 EA PER 28 DAYS), NDS

ANTIRHEUMATIC - ENZYME INHIBITORS

<i>leflunomide</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
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	2	
<i>celecoxib 400 mg cap</i>	3	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium er</i>	4	
<i>diflunisal</i>	3	
<i>ec-naproxen 375 mg tab dr</i>	2	
<i>etodolac</i>	3	
<i>flurbiprofen (flurbiprofen, flurbiprofen 100 mg tab)</i>	2	
<i>ibu (600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	2	
<i>naproxen (250 mg tab, 375 mg tab, 500 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>naproxen 375 mg tab dr</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	

ANALGESICS - NONNARCOTIC

ANALGESICS OTHER

JOURNAVX	4	PA, QL (29 EA PER 30 OVER TIME)
----------	---	---------------------------------

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
<i>methadone hcl (5 mg tab, 10 mg tab)</i>	4	PA, QL (360 EA PER 30 DAYS)
<i>methadone hcl 10mg/5ml solution</i>	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5mg/5ml solution</i>	4	PA, QL (3600 ML PER 30 DAYS)
MORPHINE SULFATE (15 MG TAB, 30 MG TAB)	3	QL (180 EA PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3	QL (180 EA PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE)	3	QL (180 ML PER 30 DAYS)
<i>morphine sulfate 10 mg/5ml solution</i>	3	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate 20 mg/5ml solution</i>	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er)</i>	3	PA, QL (120 EA PER 30 DAYS)

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>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>oxycodone hcl (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	4	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)

OPIOID COMBINATIONS

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

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>	3	QL (120 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg tab, 8-2 mg tab)</i>	2	QL (120 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 8-2 mg)</i>	3	QL (120 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	3	
<i>buprenorphine weekly patch</i>	4	PA, QL (4 EA PER 28 DAYS)

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol</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>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel)</i>	4	PA, QL (150 GM PER 30 DAYS)
TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 25 MG/2.5GM (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL)	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE)	3	PA
TESTOSTERONE ENANTHATE	4	PA

ANORECTAL AND RELATED PRODUCTS

RECTAL PRODUCTS - MISC.

<i>hydrocortisone (perianal)</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	4	
<i>nitroglycerin 0.4 % ointment</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

ANTHELMINTICS

<i>albendazole</i>	4	
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel</i>	4	

ANTI-INFECTIVE AGENTS - MISC.

<i>atovaquone</i>	4	
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	2	
<i>azithromycin 500 mg recon soln</i>	4	
<i>aztreonam</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>bacitracin 50000 unit recon soln</i>	4	
CEFEPIME HCL (CEFEPIME HCL, CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM/100ML SOLUTION)	4	
<i>ceftaroline fosamil</i>	5	NDS
CHLORAMPHENICOL SOD SUCCINATE	4	
CLARITHROMYCIN	4	
<i>clarithromycin</i>	3	
<i>clarithromycin er</i>	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN (DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN)	5	NDS
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DIFICID 40 MG/ML RECON SUSP	5	QL (136 ML PER 10 OVER TIME), NDS
<i>ertapenem sodium</i>	4	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)</i>	4	
<i>fidaxomicin</i>	5	QL (20 EA PER 10 OVER TIME), NDS
<i>fosfomycin tromethamine</i>	4	
<i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)</i>	4	
IMPAVIDO	5	PA, QL (84 EA PER 28 DAYS), NDS
<i>lincomycin hcl</i>	4	
<i>linezolid (600 mg tab, 600 mg/300ml 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>linezolid 100 mg/5ml recon susp</i>	5	NDS
LINEZOLID IN SODIUM CHLORIDE	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate (methenamine mandelate, methenamine mandelate)</i>	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>nitazoxanide</i>	5	QL (6 EA PER 3 OVER TIME), NDS
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin monohyd macro</i>	3	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA ³
<i>tigecycline</i>	4	
<i>tinidazole</i>	4	
TRIMETHOPRIM	2	
<i>trimethoprim</i>	2	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	4	QL (120 EA PER 30 DAYS)
<i>vancomycin hcl (vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 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)</i>	4	
VANCOMYCIN HCL 750 MG 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
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

ANTIANGINAL AGENTS

NITRATES

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitro-bid</i>	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, 2 % ointment)</i>	4	

ANTIANSIETY AGENTS

ANTIANSIETY AGENTS - MISC.

<i>bupirone hcl</i>	2	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	4	
<i>hydroxyzine pamoate</i>	4	

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	2	QL (120 EA PER 30 DAYS)
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS)
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (120 EA PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS)
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS)
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	QL (150 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>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS)
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS)
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS)

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	PA ³
--	---	-----------------

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS), NDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
FASENRA PEN	5	PA, QL (1 ML 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
XOLAIR 150 MG RECON SOLN	5	PA, QL (8 EA 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
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	QL (4 GM PER 30 DAYS)

LEUKOTRIENE MODULATORS

<i>montelukast sodium (4 mg chew tab, 5 mg chew 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>montelukast sodium 10 mg tab</i>	1	
<i>zafirlukast</i>	4	
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM PER 30 DAYS)
ARNUITY ELLIPTA	3	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4	QL (120 ML PER 30 DAYS), PA ³
QVAR REDHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
SYMPATHOMIMETICS		
ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln)</i>	2	PA ³
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	4	
<i>albuterol sulfate (2 mg/5ml, 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>breynd</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)

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>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</i>	3	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate</i>	4	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	2	PA ³
<i>levalbuterol hcl</i>	4	PA ³
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY 2 MG/0.1ML SOLUTION	4	QL (2 EA PER 30 OVER TIME)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	3	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

<i>dabigatran etexilate mesylate</i>	3	
ELIQUIS	3	
ELIQUIS (1.5 MG PACK)	3	
ELIQUIS (2 MG PACK)	3	
ELIQUIS DVT/PE STARTER PACK	3	
<i>enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)</i>	4	
<i>fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i>	5	NDS
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>heparin sodium (porcine)</i>	3	
<i>heparin sodium (porcine) +rfid</i>	3	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3	
<i>jantoven</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>rivaroxaban</i>	3	
<i>warfarin sodium</i>	1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO 1 MG/ML RECON SUSP	3	
XARELTO 2.5 MG TAB	3	
XARELTO STARTER PACK	3	

ANTICONSULSANTS

ANTICONSULSANTS - BENZODIAZEPINES

<i>clobazam (10 mg tab, 20 mg tab)</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	4	QL (90 EA PER 30 DAYS)
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2	QL (90 EA PER 30 DAYS)
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS)
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4	QL (10 EA PER 30 OVER TIME)
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

ANTICONSULSANTS - MISC.

<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	5	QL (60 EA PER 30 DAYS), NDS
<i>brivaracetam 10 mg/ml solution</i>	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</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>carbamazepine 100 mg chew tab</i>	3	
<i>carbamazepine 200 mg tab</i>	2	
<i>carbamazepine er</i>	4	
DIACOMIT	5	PA ² , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	PA ² , NDS
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	5	QL (30 EA PER 30 DAYS), NDS
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	5	QL (60 EA PER 30 DAYS), NDS
FINTEPLA	5	QL (360 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</i>	2	
LEVETIRACETAM 500 MG TAB	4	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>perampanel 0.5 mg/ml suspension</i>	5	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>perampanel 2 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA ²
<i>phenobarbital (phenobarbital, phenobarbital)</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>phenytek</i>	2	
<i>phenytoin</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<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	
<i>pregabalin 20 mg/ml solution</i>	4	
PRIMIDONE	4	
<i>primidone</i>	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tab)</i>	5	PA ² , NDS
<i>rufinamide 200 mg tab</i>	4	PA ²
SPRITAM (250 MG TAB, 500 MG TAB)	4	
SUBVENITE	4	QL (2160 ML PER 30 DAYS), PA ²
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>topiramate 25 mg/ml solution</i>	4	
ZONISADE	4	
<i>zonisamide</i>	2	
ZTALMY	5	QL (1100 ML PER 30 DAYS), PA ² , NDS
CARBAMATES		
<i>felbamate</i>	4	
XCOPRI (150 MG TAB, 200 MG TAB)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
XCOPRI (250 MG DAILY DOSE)	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 (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	5	QL (28 EA PER 28 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 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
GABA MODULATORS		
<i>tiagabine hcl (tiagabine hcl, tiagabine hcl)</i>	4	
<i>vigabatrin</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</i>	3	
<i>methsuximide</i>	4	
VALPROIC ACID		
<i>divalproex sodium</i>	2	
<i>valproic acid</i>	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl)</i>	2	
<i>mirtazapine</i>	2	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	3	
<i>tranylcypromine sulfate</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
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 20 mg/5ml solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>paroxetine hcl</i>	2	
PAROXETINE HCL	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	4	
SEROTONIN MODULATORS		
EXXUA	5	QL (30 EA PER 30 DAYS), PA ² , NDS
EXXUA TITRATION PACK	5	QL (32 EA PER 14 DAYS), PA ² , NDS
NEFAZODONE HCL	4	
RALDESY	5	QL (1200 ML PER 30 DAYS), PA ² , NDS
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>trazodone hcl 300 mg tab</i>	4	
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>	2	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)</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
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)</i>	2	
<i>venlafaxine hcl ir tab (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100mg tab)</i>	2	

TRICYCLIC AGENTS

<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	4	
<i>doxepin hcl (doxepin hcl, doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	4	
<i>imipramine hcl</i>	4	
<i>nortriptyline hcl</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	

ANTIDIABETICS

ANTIDIABETIC COMBINATIONS

<i>dapaglifloz base-metformin er (er 5-500 mg tab er, er 10-1000 mg tab er, er 10-500 mg tab er)</i>	3	QL (30 EA PER 30 DAYS)
<i>dapaglifloz base-metformin er 5-1000 mg tab 24h</i>	3	QL (60 EA PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)

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
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>	3	
<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 (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 EA PER 30 DAYS)
DIABETIC OTHER		
<i>acarbose</i>	2	
<i>diazoxide</i>	4	
<i>glucagon emergency (glucagon emergency, glucagon emergency 1 mg recon soln)</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, QL (120 EA PER 30 DAYS), NDS

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>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		
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)	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		
FIASP	3	INS
FIASP FLEXTOUCH	3	INS
FIASP PENFILL	3	INS
FIASP PUMPCART	3	INS
HUMULIN R U-500 (CONCENTRATED)	3	PA ³ , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASPART	3	PA ³ , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS
INSULIN GLARGINE MAX SOLOSTAR	3	INS
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	3	INS
INSULIN GLARGINE-YFGN	3	INS
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	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
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

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

<i>dapagliflozin</i>	3	QL (30 EA PER 30 DAYS)
FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)

SULFONYLUREAS

<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron hcl 0.5 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	5	QL (60 EA PER 30 DAYS), NDS
<i>diphenoxylate-atropine</i>	4	
<i>loperamide hcl 2 mg cap</i>	2	
XERMELO	5	PA, QL (84 EA PER 28 DAYS), NDS

ANTIDOTES AND SPECIFIC ANTAGONISTS

OPIOID ANTAGONISTS

KLOXXADO	3	
<i>naloxone hcl (naloxone hcl, naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/0.1ml liquid)</i>	2	
<i>naloxone hcl 4 mg/10ml solution</i>	1	
<i>naltrexone hcl</i>	2	
NARCAN	2	
OPVEE	3	
REXTOVY	3	
VIVITROL	5	NDS
ZURNAI	3	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA ³
<i>ondansetron</i>	2	PA ³
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	2	PA ³
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</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 thpk, 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		
AMPHOTERICIN B	4	PA ³
<i>amphotericin b liposome</i>	5	PA ³ , NDS
<i>caspofungin acetate (caspofungin acetate, caspofungin acetate)</i>	4	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5	PA, NDS
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</i>	4	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>terbinafine hcl 250 mg tab</i>	2	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	4	PA
<i>voriconazole 200 mg recon soln</i>	5	PA, 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>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
ANTHYPERLIPIDEMICS		
ANTHYPERLIPIDEMICS - MISC.		
<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
NEXLETOL	3	PA, QL (30 EA PER 30 DAYS)
NEXLIZET	3	PA, QL (30 EA PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	2	
REPATHA	3	QL (2 ML PER 28 DAYS)
REPATHA SURECLICK	3	QL (2 ML PER 28 DAYS)
BILE ACID SEQUESTRANTS		
<i>cholestyramine</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam hcl 625 mg tab</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite 4 gm/dose powder</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</i>	4	
<i>gemfibrozil</i>	2	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	4	
<i>lovastatin</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>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl</i>	1	
<i>captopril</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</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 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</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl</i>	1	
<i>clonidine weekly patch</i>	4	
<i>doxazosin mesylate</i>	2	
<i>guanfacine 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>prazosin hcl</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>	2	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	2	
<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>telmisartan-hctz</i>	3	
<i>valsartan-hydrochlorothiazide</i>	2	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate</i>	4	
<i>eplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	2	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate (chloroquine phosphate, chloroquine phosphate)</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
COARTEM	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
<i>pyrimethamine</i>	5	PA, NDS
<i>quinine sulfate</i>	4	PA

ANTIMYCOBACTERIAL AGENTS

<i>dapsone (25 mg tab, 100 mg tab)</i>	3	
<i>ethambutol hcl</i>	2	
<i>isoniazid (isoniazid, isoniazid 100 mg tab, isoniazid 300 mg tab)</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide</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	NDS

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	3	PA ³
<i>cyclophosphamide 25 mg cap</i>	3	PA ³
<i>cyclophosphamide 50 mg cap</i>	3	PA ³
LEUKERAN	5	NDS
<i>lomustine 10 mg cap</i>	4	
<i>lomustine 100 mg cap</i>	5	NDS
<i>lomustine 40 mg cap</i>	5	NDS
<i>temozolomide</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
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	
METHOTREXATE SODIUM (METHOTREXATE SODIUM, METHOTREXATE SODIUM 2.5 MG TAB)	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA ² , 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>	3	QL (30 EA PER 30 DAYS), PA ²
<i>erlotinib hcl 25 mg tab</i>	3	QL (90 EA PER 30 DAYS), PA ²
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTRIF	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
LAZCLUZE 240 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 80 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
TAGRISSE	5	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)
<i>abirtega</i>	3	QL (120 EA PER 30 DAYS)
AKEEGA	5	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>anastrozole</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
INLURIYO	5	QL (84 EA PER 28 DAYS), PA ² , NDS
<i>letrozole</i>	2	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	NDS

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>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 (nilutamide, 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</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

AVMAPKI FAKZYNJA CO-PACK	5	QL (66 EA PER 28 DAYS), PA ² , NDS
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 (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5	QL (30 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA ² , NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA (3 MG TAB, 4 MG TAB)	5	QL (56 EA PER 28 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	5	QL (28 EA PER 28 DAYS), PA ² , NDS
BOSULIF (50 MG CAP, 400 MG TAB, 500 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 (90 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	5	QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
BRUKINSA 80 MG CAP	5	QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	5	QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG TAB	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 (56 EA PER 28 DAYS), PA ² , NDS
COTELLIC	5	QL (63 EA PER 28 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>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA ² , NDS
ENSACOVE	5	QL (60 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 2 mg tab sol</i>	5	QL (150 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
GOMEKLI 1 MG TAB SOL	5	QL (168 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 2 MG CAP	5	QL (84 EA PER 28 DAYS), PA ² , NDS
HYRNUO	5	QL (120 EA PER 30 DAYS), PA ² , NDS
IBRANCE	5	QL (21 EA PER 28 DAYS), PA ² , NDS
IBTROZI	5	QL (90 EA PER 30 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>	4	QL (90 EA PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), NDS
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB)	5	QL (28 EA PER 28 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	5	QL (90 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 420 MG TAB	5	QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (216 ML PER 27 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
KOSELUGO 5 MG CAP SPRINK	5	QL (600 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 7.5 MG CAP SPRINK	5	QL (360 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

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
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
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 (28 EA PER 28 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 (80 MG TAB, 120 MG TAB, 160 MG TAB)	5	QL (60 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	5	QL (90 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

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 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
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
SCSEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA ² , NDS
SCSEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA ² , NDS
SCSEMBLIX 40 MG TAB	5	QL (240 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 (112 EA PER 28 DAYS), PA ² , NDS
TAFINLAR (50 MG CAP, 75 MG CAP)	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
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
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

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 150 MG CAP SPRINK	5	QL (180 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
ZELBORAF	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
DROXIA	3	
HERNEXEOS	5	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>hydroxyurea</i>	2	
MATULANE	5	NDS
MODEYSO	5	QL (20 EA PER 28 DAYS), PA ² , NDS
<i>pomalidomide</i>	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

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
WELIREG	5	QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY)	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
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY)	5	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY)	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 ONCE WEEKLY) TAB THPK	5	QL (4 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

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

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa</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 (trihexyphenidyl hcl, trihexyphenidyl hcl)</i>	4	

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg/10ml solution)</i>	2	
<i>bromocriptine mesylate</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>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
RYTARY	4	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	4	
<i>selegiline hcl</i>	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>divalproex sodium er</i>	2	
<i>lithium carbonate (150mg cap, 300mg cap, 600mg cap)</i>	2	
<i>lithium carbonate 300 mg tab</i>	2	
<i>lithium carbonate er tablet</i>	2	
<i>lithium oral solution</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</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate 2 mg/ml conc</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>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 (0.5 MG CAP, 0.75 MG CAP, 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 tab</i>	4	
<i>ziprasidone mesylate recon soln</i>	4	QL (60 EA PER 30 DAYS)
BENZISOXAZOLES		
FANAPT	5	QL (60 EA PER 30 DAYS), PA ² , NDS
FANAPT TITRATION PACK A	4	QL (8 EA PER 180 OVER TIME), PA ²
FANAPT TITRATION PACK B	4	QL (12 EA PER 180 OVER TIME), PA ²
FANAPT TITRATION PACK C	4	QL (8 EA PER 180 OVER TIME), PA ²
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	4	QL (30 EA PER 30 DAYS)
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
<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 (risperidone, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</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>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
DIBENZAPINES		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	3	
<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</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	5	NDS
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl, chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	4	
<i>compro suppositories</i>	4	
<i>fluphenazine decanoate</i>	4	
FLUPHENAZINE HCL (FLUPHENAZINE HCL, FLUPHENAZINE HCL)	4	
<i>perphenazine</i>	4	
<i>prochlorperazine maleate</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</i>	4	
<i>trifluoperazine hcl</i>	3	

QUINOLINONE DERIVATIVES

ABILIFY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4	QL (60 EA PER 30 DAYS)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>aripiprazole 1 mg/ml solution</i>	4	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	5	QL (4.8 ML PER 365 OVER TIME), NDS
OPIPZA (2 MG FILM, 5 MG FILM)	4	QL (30 EA PER 30 DAYS), PA ²
OPIPZA 10 MG FILM	4	QL (90 EA PER 30 DAYS), PA ²
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

ANTISPASTICITY AGENTS

<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>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	4	
<i>pyridostigmine bromide 60 mg tab</i>	3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate</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>abacavir sulfate-lamivudine</i>	4	
APTIVUS	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
<i>darunavir 600 mg tab</i>	4	
<i>darunavir 800 mg tab</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT PED	5	NDS
<i>efavirenz</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	4	
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)</i>	5	NDS
<i>emtricitab- rilpivir-tenofov df</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	4	
<i>emtricitabine-tenofovir df 133-200 mg</i>	5	NDS
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	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

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
KALETRA 400-100 MG/5ML SOLUTION	5	NDS
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)</i>	2	
<i>maraviroc</i>	5	NDS
NEVIRAPINE	4	
<i>nevirapine</i>	2	
<i>nevirapine er</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>rilpivirine hcl</i>	5	NDS
<i>ritonavir</i>	3	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION	5	NDS
STRIBILD	5	NDS
SUNLENCA (4 300 MG TAB THPK, 5 300 MG TAB THPK)	5	NDS
SUNLENCA 300 MG TAB	5	QL (5 EA PER 28 OVER TIME), NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	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
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	
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 (140 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN	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</i>	2	
<i>valacyclovir hcl</i>	2	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)

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
RIMANTADINE HCL	4	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	

MISC. ANTIVIRALS

LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PAXLOVID (150/100)	2	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100 & 150/100)	2	QL (11 EA PER 5 OVER TIME)
PAXLOVID (300/100)	2	QL (30 EA PER 5 OVER TIME)
PREVYMIS 120 MG PACKET	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB	5	PA, QL (28 EA PER 28 DAYS), NDS
PREVYMIS 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

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</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	2	

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</i>	2	
<i>pindolol</i>	3	
<i>propranolol hcl (propranolol hcl, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate (timolol maleate, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</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 (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h)</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER, VERAPAMIL HCL ER 360 MG CAP ER 24H)	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
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5	PA, NDS
<i>droxidopa 100 mg cap</i>	4	PA
<i>midodrine hcl</i>	3	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
<i>propafenone hcl (150 mg tab, 225 mg tab)</i>	2	
<i>propafenone hcl 300 mg tab</i>	3	
<i>propafenone hcl er</i>	4	
QUINIDINE SULFATE	2	
CARDIOVASCULAR AGENTS, OTHER		
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN (DIGOXIN, DIGOXIN 0.05 MG/ML SOLUTION)	4	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL (240 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
<i>sacubitril-valsartan</i>	3	QL (60 EA PER 30 DAYS)
VERQUVO	4	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
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
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	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil</i>	3	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM, CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM 2 GM RECON SOLN)	4	
<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	
<i>cefoxitin sodium</i>	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	
CEFIXIME (CEFIXIME, CEFIXIME 100 MG/5ML RECON SUSP)	4	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL, CEFPODOXIME PROXETIL)	4	
<i>ceftazidime (ceftazidime, ceftazidime)</i>	4	
CEFTRIAXONE SODIUM (CEFTRIAXONE SODIUM, CEFTRIAXONE SODIUM)	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
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>kourzeq</i>	3	
<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	
SODIUM FLUORIDE - POTASSIUM NITRATE 1.1-5% GEL	2	
<i>sodium fluoride 1.1% cream</i>	2	
<i>sodium fluoride 1.1% gel</i>	2	
<i>sodium fluoride 1.1% paste</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	3	

DERMATOLOGICALS

ACNE PRODUCTS

<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>claravis</i>	4	
<i>clindamycin phos (once-daily)</i>	3	QL (75 ML PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	2	QL (60 ML PER 30 DAYS)

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
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, 30 mg cap, 40 mg cap)</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin cream (0.025 %, 0.05 %, 0.1 %)</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate 0.1 % cream</i>	3	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	3	QL (120 GM PER 30 DAYS)
<i>mupirocin</i>	2	QL (220 GM PER 30 DAYS)
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77 % gel</i>	3	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3	QL (60 ML PER 30 DAYS)
<i>clotrimazole 1 % cream</i>	2	QL (45 GM PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>econazole nitrate</i>	4	QL (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	2	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm powder)</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

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
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	5	QL (60 GM PER 30 DAYS), PA ² , NDS
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	3	QL (10 ML PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4	QL (80 GM PER 30 DAYS)
PANRETIN	5	PA ² , NDS
VALCHLOR	5	QL (60 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)
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 (20 MG TAB, 30 MG TAB)	5	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA, QL (55 EA PER 28 DAYS), NDS
OTEZLA XR	5	PA, QL (30 EA PER 30 DAYS), NDS
OTEZLA/OTEZLA XR INITIATION PK	5	PA, QL (41 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
STARJEMZA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	4	PA, QL (0.5 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
STARJEMZA 90 MG/ML SOLN PRSYR	4	PA, QL (1 ML PER 28 DAYS)
STEQEYMA 45 MG/0.5ML SOLN PRSYR	4	PA, QL (0.5 ML PER 28 DAYS)
STEQEYMA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	4	PA, QL (60 GM PER 30 DAYS)
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate 0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	2	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % ointment</i>	4	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % cream</i>	2	QL (100 GM PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % ointment</i>	4	QL (100 GM PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	2	QL (135 GM PER 30 DAYS)
BETAMETHASONE VALERATE (BETAMETHASONE VALERATE, 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>desonide 0.05 % cream</i>	4	QL (60 GM PER 30 DAYS)
<i>desonide 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream</i>	4	QL (100 GM PER 30 DAYS)
<i>desoximetasone 0.25 % ointment</i>	4	QL (120 GM PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	4	QL (240 GM PER 30 DAYS)
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % ointment)</i>	2	QL (240 GM PER 30 DAYS)
<i>hydrocortisone 2.5 % cream</i>	2	
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)
TRIAMCINOLONE ACETONIDE (TRIAMCINOLONE ACETONIDE 0.025 % LOTION, TRIAMCINOLONE ACETONIDE 0.1 % LOTION, TRIAMCINOLONE ACETONIDE 0.025 % LOTION)	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 5 % ointment</i>	4	QL (107 GM PER 30 DAYS)
<i>lidocaine 5% patch</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine hcl 4 % solution</i>	3	QL (50 ML PER 30 DAYS)
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL (30 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
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
ADBRY	5	PA, QL (6 ML PER 28 DAYS), NDS
<i>ammonium lactate</i>	2	
EUCRISA	4	PA, QL (100 GM PER 30 DAYS)
<i>imiquimod 5 % cream</i>	2	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
NEMLUVIO	5	PA, QL (2 EA PER 28 DAYS), NDS
<i>permethrin</i>	3	
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
PODOFILOX 0.5 % SOLUTION	3	QL (7 ML PER 30 DAYS)
<i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)</i>	2	
<i>tacrolimus (0.03 %, 0.1 %)</i>	4	QL (100 GM PER 30 DAYS)
ROSACEA AGENTS		
<i>azelaic acid</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	4	QL (60 GM PER 30 DAYS)
<i>metronidazole (0.75 % cream, 0.75 % gel)</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	4	QL (118 ML 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</i>	2	
<i>ssd</i>	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE TEST	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
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	4	
<i>acetazolamide er</i>	4	
<i>methazolamide</i>	4	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>bumetanide 0.25 mg/ml solution</i>	4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE (FUROSEMIDE, FUROSEMIDE 10 MG/ML SOLUTION)	2	
<i>torseamide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</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</i>	1	
<i>indapamide</i>	1	
<i>metolazone</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
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 28 DAYS)
<i>raloxifene hcl</i>	2	
<i>risedronate sodium</i>	4	
TERIPARATIDE (TERIPARATIDE, TERIPARATIDE)	5	PA, QL (2.48 ML PER 28 DAYS), NDS
WYOST	5	PA, QL (1.7 ML PER 28 DAYS), NDS
METABOLIC MODIFIERS		
<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, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP)	4	
<i>l-glutamine 5 gm packet</i>	5	PA, QL (180 EA PER 30 DAYS), NDS
<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	
REVCOVI	5	PA, NDS
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	5	PA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, 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
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
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	5	PA, QL (56 EA PER 28 DAYS), NDS
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>tolvaptan (hyponatremia)</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
<i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>	4	
INCRELEX	5	PA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, NDS
SOMAVERT	5	PA, NDS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>abigale</i>	4	
<i>abigale lo</i>	4	
<i>afirmelle</i>	2	
<i>altavera</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
ARANELLE	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 fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 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>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle</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	

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>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acet</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>femynor</i>	2	
<i>fyavolv</i>	4	
<i>hailey 1.5/30</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	

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>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	2	
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutera</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>marlissa</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	4	
<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 (1-20 tab, 1.5-30 tab)</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	

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>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>	2	
<i>estradiol valerate</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 (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin in d5w</i>	4	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	4	
MOXIFLOXACIN HCL IN NAACL	4	
<i>ofloxacin (ofloxacin, ofloxacin 400 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
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
CREON	3	
<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</i>	3	
VOWST	5	PA, QL (12 EA PER 90 OVER TIME), NDS

GASTROINTESTINAL AGENTS - MISC.

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium</i>	4	
MESALAMINE (MESALAMINE, MESALAMINE 1.2 GM TAB DR, MESALAMINE 4 GM ENEMA, MESALAMINE 400 MG CAP DR, MESALAMINE 1000 MG SUPPOS)	4	
<i>mesalamine er 0.375 gm cap 24h</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</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
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride</i>	2	
GEMTESA	3	
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	
<i>oxybutynin chloride</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	4	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	4	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	4	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA
ELMIRON	4	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
<i>sodium chloride (sodium chloride 0.9 % solution, sodium chloride 0.9 % 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
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	2	
<i>colchicine-probenecid</i>	3	
<i>febuxostat</i>	2	
<i>probenecid</i>	3	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	3	
<i>aspirin-dipyridamole er</i>	4	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole</i>	4	
<i>prasugrel hcl</i>	3	
<i>ticagrelor</i>	3	
HEMATOPOIETIC AGENTS		
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
NYVEPRIA	5	NDS
RETACRIT	4	PA
UDENYCA	5	NDS
ZARXIO	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
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er 9 mg</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
DEXAMETHASONE (DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 0.5 MG/5ML ELIXIR)	4	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone sod suc (pf)</i>	4	
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	PA ³
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate (5 mg/5ml, 6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml)</i>	2	PA ³
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	PA ³
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2	
PREDNISONE 5 MG/5ML SOLUTION	2	PA ³
PREDNISONE INTENSOL	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
SOLU-CORTEF	4	
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

NON-BARBITURATE HYPNOTICS

BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	4	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 EA PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	2	QL (30 EA PER 30 DAYS)
<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)

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

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

IMMUNIZING AGENTS, PASSIVE

GAMMAGARD	5	PA, NDS
GAMMAGARD ERC	5	PA, NDS
GAMMAGARD S/D LESS IGA	5	PA, NDS
GAMUNEX-C	5	PA, NDS
PRIVIGEN	5	PA, NDS
VARIZIG	1	VAC

VACCINES

ABRYSVO	1	QL (1 EA PER 999 OVER TIME), VAC
ACTHIB	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
ADACEL	1	VAC
AREXVY	1	QL (1 ML PER 999 OVER TIME), VAC
BCG VACCINE	1	VAC
BXSERO	1	VAC
BOOSTRIX	1	VAC
CAPVAXIVE	Part B Covered	
COVID-19 VACCINES	Part B Covered	
DAPTACEL	1	
DIPHtheria-TETANUS TOXoids DT	1	PA ³
ENGERIX-B	1	PA ³ , VAC
ERVEBO	1	VAC
GARDASIL 9	1	VAC-AGE
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	1	
HAVRIX 1440 EL U/ML SUSP PRSYR	1	VAC
HEPLISAV-B	1	PA ³ , VAC
HIBERIX	1	
IMOVAX RABIES	1	PA ³ , VAC
INFANRIX	1	
IPOL	1	VAC
IXIARO	1	VAC
JYNNEOS	1	PA ³ , VAC
KINRIX	1	
M-M-R II	1	VAC
MENACTRA	1	VAC
MENQUADFI	1	VAC
MENVEO	1	VAC
MRESVIA	1	QL (0.5 ML PER 999 OVER TIME), VAC
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	VAC

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
PENMENVY	1	VAC
PENTACEL	1	
PNEUMOVAX 23	Part B Covered	
PREHEVBRIO	1	PA ³ , VAC
PREVNAR 20	Part B Covered	
PRIORIX	1	VAC
PROQUAD	1	
QUADRACEL	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA ³ , VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA ³ , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL (2 EA PER 999 OVER TIME), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	1	QL (1 ML PER 999 OVER TIME), VAC
TDVAX	1	PA ³ , VAC
TENIVAC	1	PA ³ , VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TRUMENBA	1	VAC
TWINRIX	1	VAC
TYPHIM VI	1	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	1	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	1	VAC
VARIVAX	1	VAC
VAXCHORA	1	VAC

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
VAXNEUVANCE	Part B Covered	
VIMKUNYA	1	VAC
VIVOTIF	1	VAC
YF-VAX	1	VAC

LAXATIVES

LAXATIVE COMBINATIONS

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

LAXATIVES - MISCELLANEOUS

<i>constulose</i>	2	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	2	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	3	QL (60 EA PER 30 DAYS)
MOVANTIK	3	QL (30 EA PER 30 DAYS)
<i>prucalopride succinate</i>	3	QL (30 EA PER 30 DAYS)

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

ACCU-CHEK GUIDE	Part B Covered	
ACCU-CHEK GUIDE ME	Part B Covered	
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)

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
DEXCOM G7 15 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 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 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	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)
PARENTERAL THERAPY SUPPLIES		
<i>alcohol swabs</i>	3	
GAUZE PADS AND DRESSINGS	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSULIN PEN NEEDLE	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
INSULIN SYRINGE (DISP)	3	
NOVOPEN ECHO	3	

MIGRAINE PRODUCTS

AIMOVIG	3	PA, QL (1 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	3	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)

SEROTONIN AGONISTS

<i>naratriptan hcl</i>	2	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>	2	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan</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)
SUMATRIPTAN SUCCINATE REFILL	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</i>	2	
--------------------------	---	--

PHOSPHATE

K-PHOS	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
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<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</i>	5	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	5	PA, QL (30 EA PER 30 DAYS), NDS
THALOMID 100 MG CAP	5	QL (120 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP	5	QL (240 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
ENVARUSUS XR	4	PA ³
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5	PA ³ , NDS
<i>everolimus 0.25 mg tab</i>	4	PA ³
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	2	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA ³ , NDS
<i>mycophenolate sodium</i>	4	PA ³
<i>mycophenolic acid</i>	4	PA ³
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	PA ³
<i>sirolimus</i>	4	PA ³
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	3	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
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 ML PER 28 DAYS), NDS
POTASSIUM REMOVING AGENTS		
LOKELMA	3	
<i>sodium polystyrene sulfonate powder</i>	3	
VELTASSA	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	2	
<i>flunisolide</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	
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
DEXTROSE-NACL	4	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)	4	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl)</i>	4	
KLOR-CON (KLOR-CON, KLOR-CON 8 MEQ TAB ER)	2	
<i>klor-con 10 (klor-con 10, klor-con 10)</i>	2	
<i>klor-con 20 meq packet</i>	4	
<i>klor-con m10</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>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers (lactated ringers, lactated ringers)</i>	2	
MAGNESIUM SULFATE (MAGNESIUM SULFATE 50 % SOLUTION, MAGNESIUM SULFATE 50 % SOLUTION)	4	
<i>plenamine</i>	4	PA ³
<i>potassium chloride (10 %, 20 meq/15ml (10%), 40 meq/15ml (20%))</i>	2	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION)	4	
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	
<i>potassium chloride crys er</i>	2	
POTASSIUM CHLORIDE ER (POTASSIUM CHLORIDE ER, POTASSIUM CHLORIDE ER 8 MEQ TAB ER)	2	
<i>potassium chloride in dextrose</i>	4	
POTASSIUM CL IN DEXTROSE 5%	4	
PRENATAL VITAMIN	4	
<i>sodium chloride (0.45 %, 3 %, 5 %)</i>	4	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	2	
<i>sodium fluoride chewable tablet</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
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL (BETAXOLOL HCL, BETAXOLOL HCL 0.5 % SOLUTION)	3	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	4	
LEVOBUNOLOL HCL	2	
<i>timolol maleate (0.25 %, 0.5 %)</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL (APRACLONIDINE HCL, APRACLONIDINE HCL)	3	
<i>brimonidine tartrate (0.1 %, 0.15 %)</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA	4	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	3	
BACITRACIN-POLYMYXIN B	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (30 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (6 ML PER 7 OVER TIME)
NEOMYCIN-BACITRACIN ZN-POLYMYX (NEOMYCIN-BACITRACIN ZN-POLYMYX, NEOMYCIN-BACITRACIN ZN-POLYMYX)	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)

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>polycin</i>	2	QL (7 GM PER 7 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
<i>sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	2	QL (15 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	3	
<i>tobramycin 0.3 % solution</i>	2	QL (30 ML PER 30 OVER TIME)
TRIFLURIDINE	3	QL (15 ML PER 7 OVER TIME)
XDEMVA	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	3	
ROCKLATAN	3	QL (2.5 ML PER 25 DAYS)
OPHTHALMIC STEROIDS		
BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)	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	
<i>prednisolone acetate</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	

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
CROMOLYN SODIUM (CROMOLYN SODIUM, CROMOLYN SODIUM 4 % SOLUTION)	2	
<i>cyclosporine (pf)</i>	3	QL (60 EA PER 30 DAYS)
CYSTADROPS	5	PA, QL (20 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl</i>	2	
<i>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	2	
MIEBO	3	QL (3 ML PER 30 DAYS)
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	3	
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 (2.5 ML PER 25 DAYS)
<i>latanoprost</i>	1	
LUMIGAN	3	QL (2.5 ML PER 25 DAYS)
<i>tafluprost (pf)</i>	4	QL (30 EA PER 30 DAYS)
<i>travoprost (bak free)</i>	4	QL (2.5 ML PER 25 DAYS)
VYZULTA	4	QL (2.5 ML PER 25 DAYS)

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid 2 % solution</i>	2	
<i>ciprofloxacin-dexamethasone</i>	3	QL (15 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<i>neomycin-polymyxin-hc</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
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin</i>	1	
AMOXICILLIN 125 MG CHEW TAB	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium reconstituted solution</i>	4	
NATURAL PENICILLINS		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G SODIUM	4	
<i>penicillin v potassium (penicillin v potassium, penicillin v potassium)</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 500-125 mg tab, 875-125 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate (250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml)</i>	4	
<i>amoxicillin-pot clavulanate er</i>	4	
<i>ampicillin-sulbactam sodium reconstituted solution</i>	4	
<i>piperacillin sod-tazobactam so</i>	4	
PIPERACILLIN-TAZOBACTAM-NACL 4-0.5 GM/100ML 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
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium (nafcillin sodium, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	4	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE IN 2 GM/50ML SOLUTION	4	
PROGESTINS		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA (52 MG)	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
MEGESTROL ACETATE (MEGESTROL ACETATE, MEGESTROL ACETATE 625 MG/5ML SUSPENSION)	4	PA
<i>meleya</i>	2	
NEXPLANON	3	
<i>nora-be</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>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>orquidea</i>	2	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2	QL (30 EA PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	2	
<i>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
GALANTAMINE HYDROBROMIDE	4	
<i>galantamine hydrobromide</i>	3	
<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 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB	5	PA, QL (90 EA 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
AUSTEDO XR (12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 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
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
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
<i>tetrabenazine 12.5 mg tab</i>	4	
<i>tetrabenazine 25 mg tab</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	QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	4	PA, QL (14 EA PER 30 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	4	PA, QL (120 EA PER 180 OVER TIME)
<i>fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsy</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsy</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsy</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsy</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	

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
NICOTROL NS	4	
<i>varenicline tartrate</i>	3	
<i>varenicline tartrate (starter)</i>	3	
<i>varenicline tartrate(continue)</i>	3	

RESPIRATORY TRACT AGENTS

ANTIHISTAMINES

<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	
<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

ADEMPAS	5	PA, QL (90 EA PER 30 DAYS), NDS
<i>alyq</i>	4	PA
<i>ambrisentan</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	4	PA
WINREVAIR	5	PA, QL (1 EA PER 21 OVER TIME), NDS

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 %, 20 %)</i>	3	PA ³
ALYFTREK 10-50-125 MG TAB	5	PA, QL (56 EA PER 28 DAYS), NDS
ALYFTREK 4-20-50 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
CAYSTON	5	PA, QL (84 ML PER 56 DAYS), NDS
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	5	PA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>nintedanib esylate</i>	5	PA, QL (60 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (112 EA PER 28 DAYS), NDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (56 EA PER 28 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
PROLASTIN-C	5	PA, NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA ³ , NDS
<i>roflumilast</i>	4	
<i>theophylline er (theophylline er, theophylline er)</i>	2	
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 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

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

SODIUM OXYBATE (SODIUM OXYBATE, SODIUM OXYBATE)	5	PA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)

SULFONAMIDES

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

TETRACYCLINES

<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	

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

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole</i>	1	
<i>propylthiouracil</i>	2	

THYROID HORMONES

<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	2	
<i>liothyronine sodium</i>	2	
SYNTHROID	4	

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</i>	2	
<i>famotidine (20 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>famotidine 40 mg/5ml recon susp</i>	4	
MISC. ANTI-ULCER		
<i>misoprostol</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 (15 mg cap dr, 30 mg cap dr)</i>	3	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	
<i>rabeprazole sodium</i>	2	
VOQUEZNA	4	PA, QL (30 EA PER 30 DAYS)

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 (0.01 % cream, 10 mcg tab)</i>	4	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	4	

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

Index

A		
abacavir sulfate	51	albuterol sulfate hfa (Proair equivalent) 22
abacavir sulfate-lamivudine	52	albuterol sulfate hfa (Proventil equivalent) 22
abigale	67	alcohol swabs 82
abigale lo	67	ALECENSA 41
ABILIFY MAINTENA	51	alendronate sodium 66
abiraterone acetate	40	alfuzosin hcl er 75
abirtega	40	aliskiren fumarate 37
ABRYSVO	78	allopurinol 76
acamprosate calcium	92	alosetron hcl 33
acarbose	30	alprazolam 20
ACCU-CHEK GUIDE	81	altavera 67
ACCU-CHEK GUIDE ME	81	ALUNBRIG 41
ACCU-CHEK GUIDE TEST	64	ALVESCO 22
accutane	59	alyacen 1/35 68
acebutolol hcl	55	alyacen 7/7/7 68
acetaminophen-codeine	16	ALYFTREK 94
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	16	alyq 94
acetazolamide	65	amantadine hcl 47
acetazolamide er	65	ambrisentan 94
acetic acid	75,89	amethia 68
acetylcysteine	94	amikacin sulfate 12
acitretin	61	amiloride hcl 65
ACTHIB	78	amiloride-hydrochlorothiazide 5-50 mg tab 65
ACTIMMUNE	46	amiodarone hcl 57
acyclovir	54,64	amitriptyline hcl 29
acyclovir sodium	54	amlodipine besy-benazepril hcl 37
ADACEL	79	amlodipine besylate 56
ADBRY	64	amlodipine besylate-valsartan 37
adefovir dipivoxil	54	amlodipine-olmesartan 37
ADEMPAS	94	ammonium lactate 64
ADVAIR HFA	22	amnestem 59
afirmelle	67	amoxapine 29
AIMOVIG	83	amoxicillin 90
ak-poly-bac	87	AMOXICILLIN 125 MG CHEW TAB 90
AKEEGA	40	AMOXICILLIN 250 MG CHEW TAB 90
albendazole	17	amoxicillin-pot clavulanate 90
albuterol sulfate	22	amoxicillin-pot clavulanate er 90
		amphetamine-dextroamphet er 12
		amphetamine-dextroamphetamine 12
		AMPHOTERICIN B 34
		amphotericin b liposome 34
		ampicillin 90
		ampicillin sodium reconstituted solution 90
		ampicillin-sulbactam sodium reconstituted solution 90
		anagrelide hcl 76
		anastrozole 40
		ANORO ELLIPTA 22
		APRACLONIDINE HCL 87
		aprepitant 34
		apri 68
		APTIVUS 52
		ARANELLE 68
		ARCALYST 84
		AREXVY 79
		arformoterol tartrate 22
		ARIKAYCE 12
		aripiprazole 51
		ARISTADA 51
		ARISTADA INITIO 51
		armodafinil 12
		ARNUITY ELLIPTA 22
		asenapine maleate 50
		ashlyna 68
		ASMANEX (120 METERED DOSES) 22
		ASMANEX (30 METERED DOSES) 22
		ASMANEX (60 METERED DOSES) 22
		ASMANEX HFA 22
		aspirin-dipyridamole er 76
		atazanavir sulfate 52
		atenolol 55
		atenolol-chlorthalidone 37
		atomoxetine hcl 12
		atorvastatin calcium 35
		atovaquone 17
		atovaquone-proguanil hcl 37
		atropine sulfate 88

ATROPINE SULFATE	88	benazepril-hydrochlorothiazide	37	buprenorphine hcl-naloxone hcl	16
ATROVENT HFA	21	BENLYSTA	84	buprenorphine weekly patch	16
aubra	68	benztropine mesylate	47	bupropion hcl	27
aubra eq	68	BESREMI	46	bupropion hcl er (smoking det)	93
AUGTYRO	41,42	betamethasone dipropionate	62	bupropion hcl er (sr)	27
aurovela 1.5/30	68	betamethasone dipropionate		bupropion hcl er (xl)	27
aurovela 1/20	68	aug	62	bupropion hcl er (xl)	27
aurovela fe 1.5/30	68	betamethasone valerate	62	buspirone hcl	20
aurovela fe 1/20	68	BETAMETHASONE VALERATE	62		
AUSTEDO	92	betaxolol hcl	55	C	
AUSTEDO XR	93	BETAXOLOL HCL	87	cabergoline	67
AUSTEDO XR PATIENT		bethanechol chloride	75	CABOMETYX	42
TITRATION	93	bexarotene	46,61	calcipotriene	61
AUVELITY	27	BEXSERO	79	CALCIPOTRIENE	61
aviane	68	BEYFORTUS	90	calcitonin (salmon)	66
AVMAPKI FAKZYNJA CO-PACK	41	bicalutamide	40	calcitriol	66
AVONEX PEN	93	BICILLIN L-A	90	calcium gluconate	83
AVONEX PREFILLED	93	BIKTARVY	52	CALQUENCE	42
ayuna	68	bimatoprost	89	camila	91
AYVAKIT	46	bisoprolol fumarate	55	camrese	68
azathioprine	84	bisoprolol-hydrochlorothiazide	37	camrese lo	68
azelaic acid	64	blisovi fe 1.5/30	68	candesartan cilexetil	36
azelastine hcl	85,88	blisovi fe 1/20	68	capecitabine	39
azithromycin	17	BOOSTRIX	79	CAPLYTA	48
aztreonam	17	bosentan	94	CAPRELSA	42
azurette	68	BOSULIF	42	captopril	36
		BRAFTOVI	42	CAPVAXIVE	79
B		BREO ELLIPTA	22	carbamazepine	24,25
BACITRA-NEOMYCIN-POLYMYXIN-		breyana	22	carbamazepine er	25
HC	88	BREZTRI AEROSPHERE	22	carbidopa	47
bacitracin	18	briellyn	68	carbidopa-levodopa	48
BACITRACIN	87	brimonidine tartrate	87	carbidopa-levodopa er	48
BACITRACIN-POLYMYXIN B	87	brimonidine tartrate-timolol	87	carbidopa-levodopa-entacapone	
baclofen	51	brivaracetam	24	(12.5-50-200 mg tab, 18.75-75-200	
balsalazide disodium	74	bromocriptine mesylate	47	mg tab, 25-100-200 mg tab, 31.25-	
BALVERSA	42	BRUKINSA	42	125- 200 mg tab, 37.5-150-200 mg	
balziva	68	budesonide	22,77	tab, 50-200-200 mg tab)	48
BARACLUDE	54	budesonide er 9 mg	77	carglumic acid	66
BCG VACCINE	79	budesonide-formoterol fumarate	22	CARTEOLOL HCL	87
BELSOMRA	78	bumetanide	65	cartia xt	56
benazepril hcl	36	buprenorphine hcl	16	carvedilol	55
				casprofungin acetate	34

CAYSTON	94	ciprofloxacin hcl	73,87	COMETRIQ (140 MG DAILY DOSE)	42
CEFACTOR	58	CIPROFLOXACIN IN D5W	73	COMETRIQ (60 MG DAILY DOSE)	42
cefadroxil	58	ciprofloxacin-dexamethasone	89	compro suppositories	50
CEFAZOLIN SODIUM	58	citalopram hydrobromide	28	constulose	81
cefdinir	58	claravis	59	COPIKTRA	42
CEFEPIME HCL	18	CLARITHROMYCIN	18	COSENTYX	61
CEFIXIME	58	clarithromycin	18	COSENTYX (300 MG DOSE)	61
cefotetan disodium	58	clarithromycin er	18	COSENTYX SENSOREADY (300	
cefoxitin sodium	58	clindamycin hcl	18	MG)	61
CEFPODOXIME PROXETIL	58	clindamycin palmitate hcl	18	COSENTYX SENSOREADY PEN	61
cefprozil	58	clindamycin phos (once-daily)	59	COSENTYX UNOREADY	61
ceftaroline fosamil	18	clindamycin phos (twice-daily)	59	COTELIC	42
ceftazidime	58	clindamycin phosphate	18,59,97	COVID-19 Vaccines	79
CEFTRIAZONE SODIUM	58	clindamycin phosphate in d5w	18	CREON	74
CEFTRIAZONE SODIUM IN		CLINDAMYCIN PHOSPHATE IN		CRESEMBA	34
DEXTROSE	59	NACL	18	cromolyn sodium	21,74
CEFTRIAZONE SODIUM-		clobazam	24	CROMOLYN SODIUM	89
DEXTROSE	59	clobetasol prop emollient base	62	cryselle	68
cefuroxime axetil	58	clobetasol propionate	62	cryselle-28	68
cefuroxime sodium	58	clobetasol propionate e	62	cyclafem 1/35	68
celecoxib	14	clomipramine hcl	29	cyclafem 7/7/7	68
cephalexin	58	clonazepam	24	cyclobenzaprine hcl	51
cetirizine hcl	94	clonidine hcl	36	CYCLOPHOSPHAMIDE	38
cevimeline hcl	59	clonidine hcl er	12	cyclophosphamide 25 mg cap	38
chateal	68	clonidine weekly patch	36	cyclophosphamide 50 mg cap	38
chateal eq	68	clopidogrel bisulfate	76	cyclosporine	84
CHLORAMPHENICOL SOD		clorazepate dipotassium	20	cyclosporine (pf)	89
SUCCINATE	18	clotrimazole	59,60	cyclosporine modified	84
chlorhexidine gluconate	59	clotrimazole-betamethasone	60	cyred	68
chloroquine phosphate	37	clozapine	50	cyred eq	68
chlorpromazine hcl	50	COARTEM	38	CYSTADANE	66
chlorthalidone	65	COBENFY	48	CYSTADROPS	89
chlorzoxazone	51	COBENFY STARTER PACK	48	CYSTAGON	75
cholestyramine	35	colchicine	76		
cholestyramine light	35	colchicine-probenecid	76	D	
ciclopirox	60	colesevelam hcl	35	dabigatran etexilate mesylate	23
ciclopirox olamine	60	colestipol hcl	35	dalfampridine er	93
cilostazol	76	colistimethate sodium (cba)	18	danazol	16
CIMDUO	52	COMBIVENT RESPIMAT	22	dantrolene sodium	51
cimetidine	96	COMETRIQ (100 MG DAILY		dapaglifloz base-metformin er	29
cinacalcet hcl	66	DOSE)	42	dapagliflozin	32

dapsone	38	diazepam intensol	20	DRIZALMA SPRINKLE	28
DAPTACEL	79	diazoxide	30	dronabinol	34
DAPTOMYCIN	18	diclofenac potassium	14	drosiprenone-ethinyl estradiol	69
darunavir	52	diclofenac sodium	14,61,89	DROXIA	46
dasatinib	42	diclofenac sodium er	14	droxidopa	57
dasetta 1/35	68	dicloxacillin sodium	91	DULERA	22
dasetta 7/7/7	69	dicyclomine hcl	96	duloxetine hcl	28
DAURISMO	40	DIFICID	18	DUPIXENT	21
daysee	69	diflunisal	14	dutasteride	75
deblitane	91	digoxin	57	dutasteride-tamsulosin hcl	75
deferasirox	84	DIGOXIN	57		
DELSTRIGO	52	dihydroergotamine mesylate	83	E	
delyla	69	DILANTIN	25	ec-naproxen	14
demeclocycline hcl	95	dilt-xr	56	econazole nitrate	60
DEPO-SUBQ PROVERA 104	91	diltiazem hcl	56	EDURANT PED	52
DESCOVY	52	diltiazem hcl er	56	efavirenz	52
desipramine hcl	29	diltiazem hcl er beads	56	efavirenz-emtricitab-tenofo df	52
desmopressin ace spray refrig	67	diltiazem hcl er coated beads	56	efavirenz-lamivudine-tenofovir	52
desmopressin acetate	67	dimethyl fumarate	93	ELIGARD	40
desmopressin acetate spray	67	dimethyl fumarate starter pack	93	elinest	69
desogestrel-ethinyl estradiol	69	diphenoxylate-atropine	33	ELIQUIS	23
desonide	62	DIPHThERIA-TETANUS TOXOIDS		ELIQUIS (1.5 MG PACK)	23
desoximetasone	62	DT	79	ELIQUIS (2 MG PACK)	23
desvenlafaxine succinate er	28	dipyridamole	76	ELIQUIS DVT/PE STARTER PACK	23
dexamethasone	77	disopyramide phosphate	57	ELMIRON	75
DEXAMETHASONE	77	disulfiram	92	eltrombopag olamine	76
DEXAMETHASONE INTENSOL	77	divalproex sodium	27	eluryng	69
dexamethasone sodium phosphate	77	divalproex sodium er	48	EMGALITY	83
DEXAMETHASONE SODIUM PHOSPHATE	88	dofetilide	57	EMGALITY (300 MG DOSE)	83
DEXCOM G6 RECEIVER	81	donepezil hcl	92	emoquette	69
DEXCOM G6 SENSOR	81	dorzolamide hcl	89	EMSAM	27
DEXCOM G6 TRANSMITTER	81	dorzolamide hcl-timolol mal	87	emtricitab-riipivir-tenofov df	52
DEXCOM G7 15 DAY SENSOR	82	dorzolamide hcl-timolol mal pf	87	emtricitabine	52
DEXCOM G7 RECEIVER	82	dotti	73	emtricitabine-tenofovir df	52
DEXCOM G7 SENSOR	82	DOVATO	52	EMTRIVA	52
DEXTROSE-NACL	85	doxazosin mesylate	36	emzahh	91
DEXTROSE-SODIUM CHLORIDE	85	doxepin hcl	29,78	enalapril maleate	36
DIACOMIT	25	DOXERCALCIFEROL	66	enalapril-hydrochlorothiazide	37
diazepam	20,24	doxy 100	95	ENBREL	13
		doxycycline hyclate	95,96	ENBREL MINI	13
		doxycycline monohydrate	96	ENBREL SURECLICK	13

ENGERIX-B	79	etravirine	52	FINTEPLA	25
enillorig	69	EUCRISA	64	FIRMAGON	40
enoxaparin sodium	23	EULEXIN	40	FIRMAGON (240 MG DOSE)	40
ENSACOVE	42	everolimus	42,84	flecainide acetate	57
enskyce	69	EVOTAZ	52	fluconazole	34
entacapone	47	exemestane	40	fluconazole in sodium chloride	34
entecavir	54	EXXUA	28	flucytosine	34
ENTRESTO	57	EXXUA TITRATION PACK	28	fludrocortisone acetate	77
enulose	74	ezetimibe	35	flunisolide	85
ENVARUS XR	84	ezetimibe-simvastatin	35	fluocinolone acetonide	63,89
EPIDIOLEX	25			fluocinolone acetonide body	63
epinastine hcl	89	F		fluocinolone acetonide scalp	63
Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only)	23	falmina	69	fluocinonide	63
eplerenone	37	famciclovir	54	fluorometholone	88
ERGOTAMINE-CAFFEINE	83	famotidine	96,97	FLUOROURACIL	61
ERIVEDGE	40	FANAPT	49	fluorouracil	61
ERLEADA	40	FANAPT TITRATION PACK A	49	fluoxetine hcl	28
erlotinib hcl	39	FANAPT TITRATION PACK B	49	fluphenazine decanoate	50
errin	91	FANAPT TITRATION PACK C	49	FLUPHENAZINE HCL	50
ertapenem sodium	18	FARXIGA	32	flurbiprofen	14
ERVEBO	79	FASENRA	21	FLURBIPROFEN SODIUM	89
ERY	60	FASENRA PEN	21	fluticasone propionate	63,85
erythromycin	18,60,87	febuxostat	76	fluticasone-salmeterol	23
erythromycin base	18	feirza 1.5/30	69	fluvastatin sodium	35
erythromycin ethylsuccinate	18	feirza 1/20	69	fluvoxamine maleate	28
escitalopram oxalate	28	felbamate	26	fondaparinux sodium	23
eslicarbazepine acetate	25	felodipine er	56	formoterol fumarate	23
esomeprazole magnesium	97	femynor	69	fosamprenavir calcium	52
estarylla	69	fenofibrate	35	fosfomycin tromethamine	18
estradiol	73,97	fenofibrate micronized	35	fosinopril sodium	36
estradiol valerate	73	fenofibric acid	35	fosinopril sodium-hctz	37
estradiol-norethindrone acet	69	fentanyl	15	FOTIVDA	42
ESTRING	97	FETZIMA	29	FREESTYLE LIBRE 14 DAY READER	82
eszopiclone	78	FETZIMA TITRATION	29	FREESTYLE LIBRE 14 DAY SENSOR	82
ethambutol hcl	38	FIASP	31	FREESTYLE LIBRE 2 PLUS SENSOR	82
ethosuximide	27	FIASP FLEXTOUCH	31	FREESTYLE LIBRE 2 READER	82
ethynodiol diac-eth estradiol	69	FIASP PENFILL	31	FREESTYLE LIBRE 3 PLUS SENSOR	82
etodolac	14	FIASP PUMPCART	31	FREESTYLE LIBRE 3 READER	82
etonogestrel-ethinyl estradiol	69	fidaxomicin	18	FREESTYLE LIBRE READER	82
		finasteride	75	FRUZAQLA	39
		fingolimod hcl	93	furosemide	65

FUROSEMIDE	65	griseofulvin microsize	34	hydroxychloroquine sulfate	38
fyavolv	69	griseofulvin ultramicrosize	34	hydroxyurea	46
G		guanfacine hcl	36	hydroxyzine hcl	20
gabapentin	25	guanfacine hcl er	12	hydroxyzine pamoate	20
GALANTAMINE		GVOKE HYPOPEN 1-PACK	30	HYRNUO	43
HYDROBROMIDE	92	GVOKE HYPOPEN 2-PACK	30	I	
galantamine hydrobromide	92	GVOKE KIT	30	ibandronate sodium	66
galantamine hydrobromide er	92	GVOKE PFS	30	IBRANCE	43
gallifrey	91	H		IBTROZI	43
GAMMAGARD	78	HADLIMA	13	ibu	14
GAMMAGARD ERC	78	HADLIMA PUSH TOUCH	13	ibuprofen	14
GAMMAGARD S/D LESS IGA	78	HAEGARDA	78	icatibant acetate	78
GAMUNEX-C	78	hailey 1.5/30	69	iclevia	69
GARDASIL 9	79	hailey fe 1.5/30	69	ICLUSIG	43
gatifloxacin	87	hailey fe 1/20	69	icosapent ethyl	35
GAUZE PADS AND DRESSINGS	82	halobetasol propionate	63	IDHIFA	43
GAVILYTE-C	81	haloette	69	imatinib mesylate	43
gavilyte-g	81	haloperidol	48	IMBRUVICA	43
gavilyte-n with flavor pack	81	haloperidol decanoate	48	imipenem-cilastatin	18
GAVRETO	42	haloperidol lactate	48,49	imipramine hcl	29
gefitinib	39	HAVRIX	79	imiquimod	64
gemfibrozil	35	heather	91	IMKELDI	43
GEMTESA	75	heparin sodium (porcine)	23	IMOVAX RABIES	79
generlac	74	heparin sodium (porcine) +rfid	23	IMPAVIDO	18
GENTAMICIN IN SALINE	12	heparin sodium (porcine) pf	23	incassia	91
gentamicin sulfate	13,60,87	HEPLISAV-B	79	INCRELEX	67
GENVOYA	52	HERNEXEOS	46	INCRUSE ELLIPTA	21
GILOTRIF	39	HIBERIX	79	indapamide	65
glatiramer acetate	93	HUMULIN R U-500		indomethacin	14
glatopa	93	(CONCENTRATED)	31	INFANRIX	79
glimepiride	32	HUMULIN R U-500 KWIKPEN	31	INGREZZA	93
glipizide	32	hydralazine hcl	37	INLURIYO	40
glipizide er	32	hydrochlorothiazide	65	INLYTA	39
glipizide xl	32	hydrocodone-acetaminophen	16	INPEN 100-BLUE-NOVOLOG-FIASP	82
glipizide-metformin hcl	29	hydrocortisone	17,63,77	INPEN 100-GREY-NOVOLOG-FIASP	82
glucagon emergency	30	hydrocortisone (perianal)	17	INPEN 100-PINK-NOVOLOG-FIASP	82
glycopyrrolate	96	HYDROCORTISONE 2.5 % LOTION	63	INQOVI	41
GLYXAMBI	29	hydrocortisone sod suc (pf)	77	INREBIC	43
GOMEKLI	42,43	hydrocortisone-acetic acid	89	INSULIN ASPART	31
granisetron hcl	33	hydromorphone hcl	15	INSULIN ASPART FLEXPEN	31

INSULIN ASPART PENFILL	31	JENTADUETO	30	kourzeq	59
INSULIN GLARGINE MAX		JENTADUETO XR	30	KRAZATI	43
SOLOSTAR	31	jinteli	69	kurvelo	70
INSULIN GLARGINE SOLOSTAR	31	jolessa	69		
INSULIN GLARGINE-YFGN	31	JOURNAVX	15	L	
INSULIN PEN NEEDLE	82	juleber	70	l-glutamine	66
INSULIN SYRINGE (DISP)	83	JULUCA	52	labetalol hcl	55
INTELENCE	52	junel 1.5/30	70	lacosamide	25
introvale	69	junel 1/20	70	lactated ringers	86
INVEGA SUSTENNA	49	junel fe 1.5/30	70	lactulose	81
IPOL	79	junel fe 1/20	70	lactulose encephalopathy	74
ipratropium bromide	21,85	JYNNEOS	79	lamivudine	53,54
ipratropium-albuterol	23			lamivudine-zidovudine	53
irbesartan	36	K		lamotrigine	25
irbesartan-hydrochlorothiazide	37	K-PHOS	83	lamotrigine er	25
ISENTRESS	52	KALETRA	53	lancet device	82
ISENTRESS HD	52	kalliga	70	lancets	82
isibloom	69	KALYDECO	94	lansoprazole	97
isoniazid	38	kariva	70	LANTUS	31
isosorbide dinitrate	20	kcl in dextrose-nacl	85	LANTUS SOLOSTAR	31
isosorbide mononitrate	20	kelnor 1/35	70	lapatinib ditosylate	43
isosorbide mononitrate er	20	KERENDIA	67	larin 1.5/30	70
isotretinoin	60	KESIMPTA	93	larin 1/20	70
ITOVEBI	43	ketoconazole	34,60	larin fe 1.5/30	70
itraconazole	34	ketorolac tromethamine	14,89	larin fe 1/20	70
ivabradine hcl	57	KINRIX	79	larissia	70
ivermectin	17,64	KISQALI (200 MG DOSE)	43	latanoprost	89
IWILFIN	47	KISQALI (400 MG DOSE)	43	LAZCLUZE	40
IXIARO	79	KISQALI (600 MG DOSE)	43	LEDIPASVIR-SOFOSBUVIR	54
		KISQALI FEMARA (200 MG DOSE)	41	leena	70
J		KISQALI FEMARA (400 MG DOSE)	41	leflunomide	13
jaimiess	69	KISQALI FEMARA (600 MG DOSE)	41	lenalidomide	84
JAKAFI	43	klayesta	60	LENVIMA (10 MG DAILY DOSE)	39
jantoven	23	KLOR-CON	85	LENVIMA (12 MG DAILY DOSE)	39
JANUMET	29	klor-con	85	LENVIMA (14 MG DAILY DOSE)	39
JANUMET XR	29	klor-con 10	85	LENVIMA (18 MG DAILY DOSE)	39
JANUVIA	31	klor-con m10	85	LENVIMA (20 MG DAILY DOSE)	39
JARDIANCE	32	klor-con m15	86	LENVIMA (24 MG DAILY DOSE)	39
jasmiel	69	klor-con m20	86	LENVIMA (4 MG DAILY DOSE)	39
JAYPIRCA	43	KLOXXADO	33	LENVIMA (8 MG DAILY DOSE)	39
jencycla	91	KOSELUGO	43	lessina	70

letrozole	40	lithium carbonate (150mg cap,	
leucovorin calcium	47	300mg cap, 600mg cap)	48
LEUKERAN	38	lithium carbonate er tablet	48
levabuterol hcl	23	lithium oral solution	48
LEVALBUTEROL TARTRATE	23	LIVTENCITY	55
levetiracetam	25	lo-zumandimine	70
LEVETIRACETAM	25	lojaimiess	70
levetiracetam er	25	LOKELMA	85
LEVOBUNOLOL HCL	87	Lomustine 10 MG CAP	38
levocarnitine	66	Lomustine 100 MG CAP	38
levocarnitine sf	66	Lomustine 40 MG CAP	38
levocetirizine dihydrochloride	94	LONSURF	41
levofloxacin	73	loperamide hcl	33
levofloxacin in d5w	73	lopinavir-ritonavir	53
levonest	70	lorazepam	20,21
levonorg-eth estrad triphasic	70	lorazepam intensol	21
levonorgest-eth estrad 91-day	70	LORBRENA	43
levonorgest-eth estradiol-iron	70	loryna	70
levonorgestrel-ethinyl estrad	70	losartan potassium	36
levora 0.15/30 (28)	70	losartan potassium-hctz	37
levothyroxine sodium	96	loteprednol etabonate	88
levoxyl	96	lovastatin	35
lidocaine	63	low-ogestrel	70
lidocaine 5% patch	63	loxapine succinate	50
lidocaine hcl	63	lubiprostone	81
lidocaine viscous hcl	59	luizza 1.5/30	70
lidocaine-prilocaine	63	luizza 1/20	70
LILETTA (52 MG)	91	LUMAKRAS	44
lillow	70	LUMIGAN	89
lincomycin hcl	18	LUPRON DEPOT (1-MONTH)	40
linezolid	18,19	LUPRON DEPOT (3-MONTH)	40
LINEZOLID IN SODIUM		lurasidone hcl	49
CHLORIDE	19	lutera	70
LINZESS	81	lyleq	91
liomny	96	LYNPARZA	44
liothyronine sodium	96	LYSODREN	40
lisdexamphetamine dimesylate	12	LYTGOBI (12 MG DAILY DOSE)	44
lisinopril	36	LYTGOBI (16 MG DAILY DOSE)	44
lisinopril-hydrochlorothiazide	37	LYTGOBI (20 MG DAILY DOSE)	44
lithium carbonate	48	lyza	91

M

M-M-R II	79
MAGNESIUM SULFATE	86
malathion	64
maraviroc	53
marlissa	71
MARPLAN	27
MATULANE	46
MAVYRET	54
meclizine hcl	34
medroxyprogesterone acetate	91
mefloquine hcl	38
megestrol acetate	41
MEGESTROL ACETATE	91
MEKINIST	44
MEKTOVI	44
meleya	91
meloxicam	14
memantine hcl	92
memantine hcl er	92
MENACTRA	79
MENEST	73
MENQUADFI	79
MENVEO	79
mercaptopurine	39
meropenem	19
MEROPENEM-SODIUM CHLORIDE	19
MESALAMINE	74
mesalamine er	74
mesalamine-cleanser	74
mesna	47
metformin hcl	30
metformin hcl er	30
methadone hcl	15
methadone hcl 10mg/5ml	
solution	15
methadone hcl 5mg/5ml solution	15
methazolamide	65
methenamine hippurate	19
methenamine mandelate	19

methimazole	96	mono-linyah	71	NEOMYCIN-POLYMYXIN-	
methocarbamol	51	montelukast sodium	21,22	GRAMICIDIN	87
METHOTREXATE	39	MORPHINE SULFATE	15	neomycin-polymyxin-hc	89
METHOTREXATE SODIUM	39	morphine sulfate	15	NERLYNX	44
methotrexate sodium (pf)	39	morphine sulfate (concentrate)	15	NEVIRAPINE	53
METHOXSALLEN RAPID	61	MORPHINE SULFATE		nevirapine	53
methsuximide	27	(CONCENTRATE)	15	nevirapine er	53
methylphenidate hcl	12	morphine sulfate er	15,16	NEXLETOL	35
methylphenidate hcl er	12	MOUNJARO	31	NEXLIZET	35
methylphenidate hcl er (osm)	12	MOVANTIK	81	NEXPLANON	91
methylphenidate hcl er(diffus)	12	MOXIFLOXACIN HCL	73	NEXVIAZYME	66
methylprednisolone	77	moxifloxacin hcl	87	niacin er (antihyperlipidemic)	35
metoclopramide hcl	74	MOXIFLOXACIN HCL IN NACL	73	NICOTROL NS	94
metolazone	65	MRESVIA	79	nifedipine er	56
metoprolol succinate er	55	mupirocin	60	nifedipine er osmotic release	56
metoprolol tartrate	55	mycophenolate mofetil	84	nikki	71
metoprolol-hydrochlorothiazide	37	mycophenolate sodium	84	nilotinib hcl	44
metronidazole	19,64	mycophenolic acid	84	nilutamide	41
metronidazole vaginal gel 0.75		MYRBETRIQ	75	nimodipine	56
%	97	N		NINLARO	44
metyrosine	37	na sulfate-k sulfate-mg sulf	81	nintedanib esylate	94
mexiletine hcl	57	nabumetone	14	nitazoxanide	19
micafungin sodium	34	nadolol	56	nitro-bid	20
microgestin 1.5/30	71	nafcillin sodium	91	nitrofurantoin macrocrystal	19
microgestin 1/20	71	naloxone hcl	33	nitrofurantoin monohyd macro	19
microgestin fe 1.5/30	71	naltrexone hcl	33	nitroglycerin	17,20
microgestin fe 1/20	71	naproxen	14,15	nora-be	91
midodrine hcl	57	naratriptan hcl	83	norelgestromin-eth estradiol	71
MIEBO	89	NARCAN	33	norethin ace-eth estrad-fe	71
mifepristone	30	nateglinide	31	norethindrone	92
mili	71	NAYZILAM	24	norethindrone acet-ethinyl est	71
mimvey	71	nebivolol hcl	55	norethindrone acetate	92
minocycline hcl	96	necon 0.5/35 (28)	71	norethindrone-eth estradiol	71
minoxidil	37	NEFAZODONE HCL	28	norgestim-eth estrad triphasic	71
mirtazapine	27	NEFFY	23	norgestimate-eth estradiol	71
misoprostol	97	NEMLUVIO	64	norlyda	92
modafinil	12	neomycin sulfate	13	norlyroc	92
MODEYSO	46	NEOMYCIN-BACITRACIN ZN-		nortrel 0.5/35 (28)	71
moexipril hcl	36	POLYMYX	87	nortrel 1/35 (21)	71
MOLINDONE HCL	49	neomycin-polymyxin-dexameth	88	nortrel 1/35 (28)	71
mometasone furoate	63,85			nortrel 7/7/7	71

nortriptyline hcl	29	octreotide acetate	67	OTEZLA	61
NORVIR	53	ODEFSEY	53	OTEZLA XR	61
NOVOLIN 70/30	31	ODOMZO	40	OTEZLA/OTEZLA XR INITIATION PK61	
NOVOLIN 70/30 FLEXPEN	32	ofloxacin	73,87	oxacillin sodium	91
NOVOLIN 70/30 FLEXPEN RELION	32	OGSIVEO	44	OXACILLIN SODIUM IN DEXTROSE	91
NOVOLIN N	32	OJEMDA	44	oxazepam	21
NOVOLIN N FLEXPEN	32	OJJAARA	44	oxcarbazepine	25
NOVOLIN N FLEXPEN RELION	32	olanzapine	50	oxybutynin chloride	75
NOVOLIN N RELION	32	olmesartan medoxomil	36	oxybutynin chloride er	75
NOVOLIN R	32	olmesartan medoxomil-hctz	37	oxycodone hcl	16
NOVOLIN R FLEXPEN	32	olopatadine hcl	85	oxycodone-acetaminophen	16
NOVOLIN R FLEXPEN RELION	32	omega-3-acid ethyl esters	35	OZEMPIC (0.25 OR 0.5 MG/DOSE)	31
NOVOLIN R RELION	32	omeprazole	97	OZEMPIC (1 MG/DOSE)	31
NOVOLOG	32	OMNIPOD 5 DEXG7G6 INTRO GEN 5	82	OZEMPIC (2 MG/DOSE)	31
NOVOLOG 70/30 FLEXPEN	32	OMNIPOD 5 DEXG7G6 PODS GEN 5	82		
NOVOLOG FLEXPEN	32	OMNIPOD 5 G7 INTRO (GEN 5)	82	P	
NOVOLOG FLEXPEN RELION	32	OMNIPOD 5 G7 PODS (GEN 5)	82	paliperidone er	49
NOVOLOG MIX 70/30	32	OMNIPOD 5 LIBRE2 G6 INTRO GEN5	82	PANRETIN	61
NOVOLOG MIX 70/30 FLEXPEN	32	OMNIPOD 5 LIBRE2 PLUS G6 PODS	82	pantoprazole sodium	97
NOVOLOG MIX 70/30 RELION	32	OMNIPOD CLASSIC PDM (GEN 3)	82	paricalcitol	66
NOVOLOG PENFILL	32	OMNIPOD CLASSIC PODS (GEN 3)	82	paroxetine hcl	28
NOVOLOG RELION	32	OMNIPOD DASH INTRO (GEN 4)	82	PAROXETINE HCL	28
NOVOPEN ECHO	83	OMNIPOD DASH PDM (GEN 4)	82	paroxetine hcl er	28
NUBEQA	41	OMNIPOD DASH PODS (GEN 4)	82	PAXLOVID (150/100)	55
NUDEXTA	93	OMNITROPE	67	PAXLOVID (300/100 & 150/100)	55
NUPLAZID	49	ondansetron	33	PAXLOVID (300/100)	55
NURTEC	83	ondansetron hcl	33	pazopanib hcl	44
nyamyc	60	ONUREG	39	PEDIARIX	79
nylia 1/35	71	OPIPZA	51	PEDVAX HIB	79
nylia 7/7/7	71	OPSUMIT	94	peg 3350-kcl-na bicarb-nacl	81
nymyo	71	OPVEE	33	peg-3350/electrolytes	81
nystatin	34,59,60	ORGOVYX	41	peg-3350/electrolytes/ascorbic acid	81
nystatin-triamcinolone	60	ORKAMBI	95	peg-kcl-nacl-nasulf-na asc-c	81
nystop	60	orquidea	92	PEGASYS	54
NYVEPRIA	76	ORSERDU	41	PEMAZYRE	44
		orsythia	71	PENBRAYA	79
O		oseltamivir phosphate	54	penicillamine	84
ocella	71			penicillin g potassium	90
				PENICILLIN G SODIUM	90
				penicillin v potassium	90
				PENMENVY	80

PENTACEL.....	80	PNEUMOVAX 23.....	80	PRIFTIN.....	38
Pentamidine Isethionate for Injection Solution.....	19	PODOFILOX 0.5 % SOLUTION.....	64	primaquine phosphate 26.3 (15 base) mg tab.....	38
Pentamidine Isethionate for Nebulization Solution.....	19	polycin.....	88	PRIMIDONE.....	26
pentoxifylline er.....	57	polymyxin b-trimethoprim.....	88	primidone.....	26
perampanel.....	25	pomalidomide.....	46	PRIORIX.....	80
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab).....	36	portia-28.....	71	PRIVIGEN.....	78
perigard.....	59	posaconazole.....	34	probenecid.....	76
permethrin.....	64	potassium chloride.....	86	prochlorperazine maleate.....	50
perphenazine.....	50	POTASSIUM CHLORIDE.....	86	prochlorperazine suppositories.....	51
PHENELZINE SULFATE 15 MG TAB.....	27	potassium chloride 2 meq/ml solution.....	86	procto-med hc.....	17
phenobarbital.....	25	potassium chloride 20 meq packet.....	86	proctosol hc.....	17
phenytek.....	26	potassium chloride crys er.....	86	proctozone-hc.....	17
phenytoin.....	26	POTASSIUM CHLORIDE ER.....	86	progesterone.....	92
phenytoin infatabs.....	26	potassium chloride in dextrose.....	86	PROGRAF.....	84
phenytoin sodium extended.....	26	potassium citrate er.....	75	PROLASTIN-C.....	95
philith.....	71	POTASSIUM CL IN DEXTROSE 5%.....	86	promethazine hcl.....	94
PIFELTRO.....	53	pravastatin dihydrochloride.....	48	propafenone hcl.....	57
pilocarpine hcl.....	59,89	prasugrel hcl.....	76	propafenone hcl er.....	57
pimecrolimus.....	64	pravastatin sodium.....	36	propranolol hcl.....	56
PIMOZIDE.....	93	praziquantel.....	17	propranolol hcl er.....	56
pimtreea.....	71	prazosin hcl.....	37	propylthiouracil.....	96
pindolol.....	56	prednisolone.....	77	PROQUAD.....	80
pioglitazone hcl.....	31	prednisolone acetate.....	88	protriptyline hcl.....	29
pioglitazone hcl-glimepiride.....	30	prednisolone sodium phosphate.....	77	prucalopride succinate.....	81
pioglitazone hcl-metformin hcl.....	30	PREDNISOLONE SODIUM PHOSPHATE.....	77	PULMOZYME.....	95
piperacillin sod-tazobactam so.....	90	PREDNISONE.....	77	pyrazinamide.....	38
PIPERACILLIN-TAZOBACTAM-NACL.....	90	PREDNISONE INTENSOL.....	77	pyridostigmine bromide.....	51
PIQRAY (200 MG DAILY DOSE).....	44	pregabalin.....	26	pyrimethamine.....	38
PIQRAY (250 MG DAILY DOSE).....	44	PREHEVBRIO.....	80		
PIQRAY (300 MG DAILY DOSE).....	44	PREMARIN.....	97	Q	
pirfenidone.....	95	PRENATAL VITAMIN.....	86	QINLOCK.....	44
pirmella 1/35.....	71	prevalite.....	35	QUADRACEL.....	80
pirmella 7/7/7.....	71	previfem.....	72	Quadrivalent Influenza Vaccines.....	80
piroxicam.....	15	PREVNAR 20.....	80	quetiapine fumarate.....	50
PLEGRIDY.....	93	PREVYMIS.....	55	quetiapine fumarate er.....	50
plenamine.....	86	PREZCOBIX.....	53	quinapril hcl.....	36
		PREZISTA.....	53	QUINIDINE SULFATE.....	57
				quinine sulfate.....	38
				QVAR REDIHALER.....	22

R			
RABAVERT	80	rivaroxaban	24
rabeprazole sodium	97	rivastigmine	92
RADICAVA ORS	58	rivastigmine tartrate	92
RADICAVA ORS STARTER KIT	58	rizatriptan benzoate	83
RALDESY	28	ROCKLATAN	88
raloxifene hcl	66	roflumilast	95
ramelteon	78	ROMVIMZA	44
ramipril	36	ropinirole hcl	48
ranolazine er	57	ropinirole hcl er	48
rasagiline mesylate	48	rosuvastatin calcium	36
reclipsen	72	ROTARIX	80
RECOMBIVAX HB	80	ROTATEQ	80
RENACIDIN	75	roweepra	26
repaglinide	31	ROZLYTREK	45
REPATHA	35	RUBRACA	45
REPATHA SURECLICK	35	rufinamide	26
RETACRIT	76	RUKOBIA	53
RETEVMO	44	RYBELSUS	31
REVCOVI	66	RYDAPT	45
REVUFORJ	46	RYTARY	48
REXTOVY	33	S	
REXULTI	51	sacubitril-valsartan	57
REYATAZ	53	SANTYL	64
REZDIFFRA	74	sapropterin dihydrochloride	66
REZLIDHIA	44	SCEMBLIX	45
REZUROCK	84	scopolamine	34
RHOPRESSA	88	SECUADO	50
RIBAVIRIN	54	selegiline hcl	48
rifabutin	38	selenium sulfide	64
rifampin	38	SELZENTRY	53
rilpivirine hcl	53	sertraline hcl	28
riluzole	58	setlakin	72
RIMANTADINE HCL	55	sharobel	92
RINVOQ	14	SHINGRIX	80
RINVOQ LQ	14	SIGNIFOR	67
risedronate sodium	66	sildenafil citrate	94
risperidone	49	silodosin	75
risperidone microspheres er	50	silver sulfadiazine	64
ritonavir	53	SIMBRINZA	87
		SIMLANDI (1 PEN)	13
		SIMLANDI (1 SYRINGE)	13
		SIMLANDI (2 PEN)	13
		SIMLANDI (2 SYRINGE)	13
		simliya	72
		simpesse	72
		simvastatin	36
		sirolimus	84
		SIRTURO	38
		SKYRIZI	61,74
		SKYRIZI PEN	61
		SKYTROFA	67
		sodium chloride	75,86
		SODIUM FLUORIDE	86
		SODIUM FLUORIDE - POTASSIUM	
		NITRATE 1.1-5% GEL	59
		sodium fluoride 1.1% cream	59
		sodium fluoride 1.1% gel	59
		sodium fluoride 1.1% paste	59
		sodium fluoride chewable tablet	86
		SODIUM OXYBATE	95
		sodium phenylbutyrate	66
		sodium polystyrene sulfonate	85
		SOFOSBUVIR-VELPATASVIR	54
		solifenacin succinate	75
		SOLQUA	30
		SOLTAMOX	41
		SOLU-CORTEF	78
		SOLU-MEDROL	78
		SOLU-MEDROL (PF)	78
		SOMAVERT	67
		sorafenib tosylate	45
		sotalol hcl	56
		sotalol hcl (af)	56
		SPIRIVA RESPIMAT	21
		spironolactone	65
		spironolactone-hctz	65
		sprintec 28	72
		SPRITAM	26
		sronyx	72
		ssd	64
		STARJEMZA	61,62

STEQEYMA	62	tamsulosin hcl	75	tizanidine hcl	51
STIVARGA	45	tarina fe 1/20	72	tobramycin	13,88
STREPTOMYCIN SULFATE	13	tarina fe 1/20 eq	72	TOBRAMYCIN SULFATE	13
STRIBILD	53	tazarotene	62	tobramycin-dexamethasone	88
STRIVERDI RESPIMAT	23	TAZICEF	59	tolterodine tartrate	75
SUBVENITE	26	tazicef 1 gm recon soln	59	tolterodine tartrate er	75
sucralfate	97	tazicef 2 gm recon soln	59	tolvaptan	67
sulfacetamide sodium	88	TAZVERIK	45	tolvaptan (hyponatremia)	67
SULFACETAMIDE SODIUM	88	TDVAX	80	topiramate	26
sulfacetamide sodium (acne)	60	telmisartan	36	toremifene citrate	41
SULFACETAMIDE-		telmisartan-hctz	37	torsemide	65
PREDNISOLONE	88	temazepam	78	TRADJENTA	31
sulfadiazine	95	temozolomide	38	tramadol hcl	16
sulfamethoxazole-trimethoprim	95	TENIVAC	80	tramadol-acetaminophen	16
sulfasalazine	74	tenofovir disoproxil fumarate	53	trandolapril	36
sulindac	15	TEPMETKO	45	tranexamic acid	77
sumatriptan	83	terazosin hcl	37	tranylcypromine sulfate	27
sumatriptan succinate	83	terbinafine hcl	34	travoprost (bak free)	89
SUMATRIPTAN SUCCINATE		terconazole	97	trazodone hcl	28
REFILL	83	teriflunomide	93	TRELEGY ELLIPTA	23
sunitinib malate	45	TERIPARATIDE	66	TRELSTAR MIXJECT	41
SUNLENCA	53	testosterone	17	tretinoin	46
SUNOSI	95	TESTOSTERONE	17	tretinoin cream (0.025 %, 0.05 %, 0.1 %)	60
syeda	72	TESTOSTERONE CYPIONATE	17	tri femynor	72
SYMPAZAN	24	TESTOSTERONE ENANTHATE	17	tri-estarylla	72
SYMTUZA	53	tetrabenazine	93	tri-estarylla	72
SYNJARDY	30	tetracycline hcl	96	tri-lynyah	72
SYNJARDY XR	30	THALOMID	84	tri-lo-estarylla	72
SYNTHROID	96	theophylline er	95	tri-lo-marzia	72
		thioridazine hcl	51	tri-lo-mili	72
		thiothixene	49	tri-lo-sprintec	72
		tiadylt er	56	tri-mili	72
TABLOID	39	tiagabine hcl	27	tri-nymyo	72
TABRECTA	45	TIBSOVO	45	tri-sprintec	72
tacrolimus	64,84	ticagrelor	76	tri-vylibra	72
tadalafil	75	TICOVAC	80	tri-vylibra lo	72
tadalafil (pah)	94	tigecycline	19	triamcinolone acetonide	59,63
TAFINLAR	45	timolol maleate	56,87	TRIAMCINOLONE ACETONIDE	63
tafluprost (pf)	89	tinidazole	19	triamterene-hctz	65
TAGRISSO	40	TIVICAY	53	trientine hcl	84
TALZENNA	45	TIVICAY PD	53	trifluoperazine hcl	51
tamoxifen citrate	41				

T

TRIFLURIDINE	88	vancomycin hcl	19	VONJO	45
trihexyphenidyl hcl	47	VANCOMYCIN HCL	19	VOQUEZNA	97
TRIJARDY XR	30	VANFLYTA	45	VORANIGO	45
TRIKAFTA	95	VAQTA	80	voriconazole	34
TRIMETHOPRIM	19	varenicline tartrate	94	voriconazole 200 mg recon soln	34
trimethoprim	19	varenicline tartrate (starter)	94	voriconazole 40 mg/ml recon susp	35
trimipramine maleate	29	varenicline tartrate(continue)	94	VOSEVI	54
TRINTELLIX	28	VARIVAX	80	VOWST	74
TRIUMEQ	53	VARIZIG	78	VRAYLAR	49
TRIUMEQ PD	53	VAXCHORA	80	vyfemla	73
tropium chloride	75	VAXNEUVANCE	81	vylibra	73
tropium chloride er	75	VELIVET	72	VYZULTA	89
TRULICITY	31	VELTASSA	85		
TRUMENBA	80	VEMLIDY	54	W	
TRUQAP	45	VENCLEXTA	46	warfarin sodium	24
TUKYSA	46	VENCLEXTA STARTING PACK	46	WELIREG	47
tulana	92	venlafaxine hcl er	29	wera	73
TURALIO	45	venlafaxine hcl ir tab (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100mg tab)	29	WINREVAIR	94
turqoz	72	VENTOLIN HFA	23	wixela inhub	23
TWINRIX	80	verapamil hcl	56	WYOST	66
TYENNE	85	VERAPAMIL HCL ER	56		
TYPHIM VI	80	VERQUVO	57	X	
TYRVAYA	89	VERSACLOZ	50	XALKORI	46
		VERZENIO	45	XARELTO	24
U		vestura	72	XARELTO STARTER PACK	24
UDENYCA	76	vienna	72	XCOPRI	26,27
ursodiol	74	vigabatrin	27	XCOPRI (250 MG DAILY DOSE)	26
		VIGAFYDE	27	XCOPRI (350 MG DAILY DOSE)	26
V		VIGPoder	27	XDEMVI	88
valacyclovir hcl	54	vilazodone hcl	28	XELJANZ	14
VALCHLOR	61	VIMKUNYA	81	XELJANZ XR	14
valganciclovir hcl	55	viorele	72	XERMELO	33
valproic acid	27	VIRACEPT	54	XIFAXAN	20
valsartan	36	VIREAD	54	XIGDUO XR	30
valsartan-hydrochlorothiazide	37	VITRAKVI	45	XIIDRA	89
VALTOCO 10 MG DOSE	24	VIVITROL	33	XOFLUZA (40 MG DOSE)	55
VALTOCO 15 MG DOSE	24	VIVOTIF	81	XOFLUZA (80 MG DOSE)	55
VALTOCO 20 MG DOSE	24	VIZIMPRO	40	XOLAIR	21
VALTOCO 5 MG DOSE	24	volnea	72	XOSPATA	46
valtya 1/35	72			XPOVIO (100 MG ONCE WEEKLY)	47
valtya 1/50	72			XPOVIO (40 MG ONCE WEEKLY)	47

XPOVIO (40 MG TWICE WEEKLY)	47
XPOVIO (60 MG ONCE WEEKLY)	.47
XPOVIO (60 MG TWICE WEEKLY)	47
XPOVIO (80 MG ONCE WEEKLY)	.47
XPOVIO (80 MG TWICE WEEKLY)	47
XTANDI	41
xulane	73

Y

YF-VAX	81
yuvafem	97

Z

zafemy	73
zafirlukast	22
zaleplon	78
zarah	73
ZARXIO	76
ZEJULA	46
ZELBORAF	46
zenatane	60
zidovudine	54
ziprasidone hcl tab	49
ziprasidone mesylate recon soln	49
ZIRGAN	88
ZOLINZA	46
zolmitriptan	83
zolpidem tartrate	78
ZONISADE	26
zonisamide	26
zovia 1/35 (28)	73
ZTALMY	26
zumandimine	73
ZURNAI	33
ZURZUVAE	27
ZYDELIG	46
ZYKADIA	46

This formulary was updated on 04/21/2026.

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, Monday – Friday, or visit [medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com).



PO Box 51
Minneapolis, MN 55440

Aspirus Health Plan Medicare Advantage Plans

[medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com)

U50013 (04/2026)