

2026

Aspirus Health Plan Medicare Advantage Plans (PPO) Formulary (List of Covered Drugs)

- Essential Rx (PPO)

This formulary was updated on 05/21/2026.

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 ኢጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርቦዎልዎ። 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 नन: शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के ललए उपयुक्त सहायक साधन और सेवाएं भी नन: शुल्क उपलब्ध हैं। 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) पर कॉल करें।

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

ໝາຍເຫດ: 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 05/21/2026. 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 05/21/2026. 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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)
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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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>fosfomicin 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 0.5 gm tab, methenamine mandelate 1 gm tab)</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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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)
<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
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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

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
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	
<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)

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>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)
<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	

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>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	
<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	

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

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

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
SYMPAZAN 5 MG FILM	4	QL (60 EA PER 30 DAYS)
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
ANTICONVULSANTS - MISC.		
<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	3	QL (60 EA PER 30 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	3	QL (600 ML PER 30 DAYS)
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4	
<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	

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
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	
<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

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
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
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZURZUVAE (20 MG CAP, 25 MG CAP)	5	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	3	
<i>tranylcypromine sulfate</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	4	
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i>	4	
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	
<i>fluoxetine hcl 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

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>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	
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	

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
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)
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)

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
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
<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

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
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
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

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
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	

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	

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
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

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>casprofungin acetate (casprofungin acetate, casprofungin 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	

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>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
<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	

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
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	
<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	

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
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	
<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	

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>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	
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	

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>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	

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

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
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
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)

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
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
<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

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 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
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

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
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
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

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
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
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

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
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
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

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
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
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
<i>yulithira</i>	3	QL (30 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

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>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
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	

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>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	
<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	

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
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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA SUSTENNA 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	
<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	

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>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	
<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

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
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	
<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

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>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
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

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
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	
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	

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
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)
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

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		
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	
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	

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>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	

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	

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>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)

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	

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>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	
CEFTRIAXONE SODIUM IN DEXTROSE	4	
CEFTRIAXONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	
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	

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>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>accutane</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)
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)

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>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)

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

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
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)
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)

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>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)
<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)

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
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)
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 (permethrin, 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)

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
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	
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>toremide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	2	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>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

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>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
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

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
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>abigale</i>	4	
<i>abigale lo</i>	4	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>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	

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>cryselle</i>	2	
<i>cryselle-28</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>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	

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>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>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	

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>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>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	

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>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 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	
VALTYA 1/50	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
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	
<i>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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOXIFLOXACIN HCL (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	

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

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>sulfasalazine</i>	2	
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
BEXSERO	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	
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PHOSPHATE

K-PHOS	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
KETOROLAC TROMETHAMINE (KETOROLAC TROMETHAMINE 0.4 % SOLUTION, KETOROLAC TROMETHAMINE 0.5 % SOLUTION)	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
LYBALVI	5	QL (30 EA PER 30 DAYS), PA ² , NDS
NUEDEXTA	5	PA, NDS
<i>pimozide</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
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	2	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>doxy 100</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>tetracycline hcl</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	

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
H-2 ANTAGONISTS		
<i>cimetidine</i>	2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1	
<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.

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dexamethasone.....	77	disopyramide phosphate.....	57	ELMIRON.....	75
DEXAMETHASONE.....	77	disulfiram.....	92	eltrombopag olamine.....	76
DEXAMETHASONE INTENSOL...	77	divalproex sodium.....	27	eluryng.....	69
dexamethasone sodium		divalproex sodium er.....	49	EMGALITY.....	83
phosphate.....	77	dofetilide.....	57	EMGALITY (300 MG DOSE).....	83
DEXAMETHASONE SODIUM		donepezil hcl.....	92	emoquette.....	69
PHOSPHATE.....	88	dorzolamide hcl.....	89	EMSAM.....	28
DEXCOM G6 RECEIVER.....	81	dorzolamide hcl-timolol mal....	87	emtricitab-rilpivir-tenofov df....	53
DEXCOM G6 SENSOR.....	81	dorzolamide hcl-timolol mal pf..	87	emtricitabine.....	53
DEXCOM G6 TRANSMITTER....	81	dotti.....	73	emtricitabine-tenofovir df.....	53
DEXCOM G7 15 DAY SENSOR...	82	DOVATO.....	52	EMTRIVA.....	53
DEXCOM G7 RECEIVER.....	82	doxazosin mesylate.....	37	emzahh.....	91
DEXCOM G7 SENSOR.....	82	doxepin hcl.....	29,78	enalapril maleate.....	36
DEXTROSE-NACL.....	85	DOXERCALCIFEROL.....	66	enalapril-hydrochlorothiazide...	37
DEXTROSE-SODIUM CHLORIDE..	85	doxy 100.....	96	ENBREL.....	13
DIACOMIT.....	25	doxycycline hyclate.....	96	ENBREL MINI.....	13
diazepam.....	21,24	doxycycline monohydrate.....	96	ENBREL SURECLICK.....	13
diazepam intensol.....	21	DRIZALMA SPRINKLE.....	29	ENGERIX-B.....	79
diazoxide.....	31	dronabinol.....	34	enilloring.....	69

enoxaparin sodium	24	EULEXIN	41	FIRMAGON (240 MG DOSE)	41
ENSACOVE	43	everolimus	43,84	flecainide acetate	57
enskyce	69	EVOTAZ	53	fluconazole	34
entacapone	48	exemestane	41	fluconazole in sodium chloride	34
entecavir	54	EXXUA	28	flucytosine	35
ENTRESTO	58	EXXUA TITRATION PACK	28	fludrocortisone acetate	77
enulose	74	ezetimibe	35	flunisolide	85
ENVARBUS XR	84	ezetimibe-simvastatin	35	fluocinolone acetonide	63,89
EPIDIOLEX	25	F		fluocinolone acetonide body	63
epinastine hcl	89	falmina	69	fluocinolone acetonide scalp	63
Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only)	23	famciclovir	55	fluocinonide	63
eplerenone	38	famotidine	97	fluorometholone	88
ERGOTAMINE-CAFFEINE	83	FANAPT	49	FLUOROURACIL	61
ERIVEDGE	40	FANAPT TITRATION PACK A	49	fluorouracil	61
ERLEADA	41	FANAPT TITRATION PACK B	49	fluoxetine hcl	28
erlotinib hcl	40	FANAPT TITRATION PACK C	49	fluphenazine decanoate	51
errin	91	FARXIGA	33	FLUPHENAZINE HCL	51
ertapenem sodium	18	FASENRA	21	flurbiprofen	14
ERVEBO	79	FASENRA PEN	21	FLURBIPROFEN SODIUM	89
ERY	60	febuxostat	76	fluticasone propionate	63,85
erythromycin	18,60,87	feirza 1.5/30	69	fluticasone-salmeterol	23
erythromycin base	18	feirza 1/20	69	fluvastatin sodium	36
erythromycin ethylsuccinate	18	felbamate	27	fluvoxamine maleate	28
escitalopram oxalate	28	felodipine er	57	fondaparinux sodium	24
eslicarbazepine acetate	25	femynor	69	formoterol fumarate	23
esomeprazole magnesium	97	fenofibrate	36	fosamprenavir calcium	53
estarylla	69	fenofibrate micronized	36	fosfomycin tromethamine	18
estradiol	73,97	fenofibric acid	36	fosinopril sodium	36
estradiol valerate	73	fentanyl	15	fosinopril sodium-hctz	37
estradiol-norethindrone acet	69	FETZIMA	29	FOTIVDA	43
ESTRING	97	FETZIMA TITRATION	29	FREESTYLE LIBRE 14 DAY READER	82
eszopiclone	78	FIASP	31	FREESTYLE LIBRE 14 DAY SENSOR	82
ethambutol hcl	38	FIASP FLEXTOUCH	31	FREESTYLE LIBRE 2 PLUS SENSOR	82
ethosuximide	27	FIASP PENFILL	32	FREESTYLE LIBRE 2 READER	82
ethynodiol diac-eth estradiol	69	FIASP PUMPCART	32	FREESTYLE LIBRE 3 PLUS SENSOR	82
etodolac	14	fidaxomicin	18	FREESTYLE LIBRE 3 READER	82
etonogestrel-ethinyl estradiol	69	finasteride	75	FREESTYLE LIBRE READER	82
etravirine	53	finingolimod hcl	93	FRUZAQLA	39
EUCRISA	64	FINTEPLA	25	furosemide	65
		FIRMAGON	41	FUROSEMIDE	65
				fyavolv	69

G			
gabapentin	25	guanfacine hcl	37
GALANTAMINE		guanfacine hcl er	12
HYDROBROMIDE	92	GVOKE HYPOPEN 1-PACK	31
galantamine hydrobromide	92	GVOKE HYPOPEN 2-PACK	31
galantamine hydrobromide er	92	GVOKE KIT	31
gallifrey	91	H	
GAMMAGARD	78	HADLIMA	13
GAMMAGARD ERC	78	HADLIMA PUSH TOUCH	13
GAMMAGARD S/D LESS IGA	78	HAEGARDA	78
GAMUNEX-C	78	hailey 1.5/30	69
GARDASIL 9	79	hailey fe 1.5/30	69
gatifloxacin	87	hailey fe 1/20	69
GAUZE PADS AND DRESSINGS	82	halobetasol propionate	63
GAVILYTE-C	81	haloette	69
gavilyte-g	81	haloperidol	49
gavilyte-n with flavor pack	81	haloperidol decanoate	49
GAVRETO	43	haloperidol lactate	49
gefitinib	40	HAVRIX	79
gemfibrozil	36	heather	91
GEMTESA	75	heparin sodium (porcine)	24
generlac	74	heparin sodium (porcine) + rfid	24
GENTAMICIN IN SALINE	12	heparin sodium (porcine) pf	24
gentamicin sulfate	13,60,87	HEPLISAV-B	79
GENVOYA	53	HERNEXEOS	47
GILOTRIF	40	HIBERIX	79
glatiramer acetate	93	HUMULIN R U-500	
glatopa	93	(CONCENTRATED)	32
glimepiride	33	HUMULIN R U-500 KWIKPEN	32
glipizide	33	hydralazine hcl	38
glipizide er	33	hydrochlorothiazide	66
glipizide xl	33	hydrocodone-acetaminophen	16
glipizide-metformin hcl	30	hydrocortisone	17,63,77
glucagon emergency	31	hydrocortisone (perianal)	17
glycopyrrolate	96	HYDROCORTISONE 2.5 % LOTION	63
GLYXAMBI	30	hydrocortisone sod suc (pf)	77
GOMEKLI	43	hydrocortisone-acetic acid	89
granisetron hcl	34	hydromorphone hcl	15
griseofulvin microsize	35	hydroxychloroquine sulfate	38
griseofulvin ultramicrosize	35	hydroxyurea	47
		hydroxyzine hcl	20
		hydroxyzine pamoate	20
		HYRNUO	43
		I	
		ibandronate sodium	66
		IBRANCE	43
		IBTROZI	43
		ibu	14
		ibuprofen	14
		icatibant acetate	78
		iclevia	69
		ICLUSIG	43
		icosapent ethyl	35
		IDHIFA	43
		imatinib mesylate	43
		IMBRUVICA	43
		imipenem-cilastatin	18
		imipramine hcl	29
		imiquimod	64
		IMKELDI	43
		IMOVAX RABIES	79
		IMPAVIDO	18
		incassia	91
		INCRELEX	67
		INCRUSE ELLIPTA	22
		indapamide	66
		indomethacin	14
		INFANRIX	79
		INGREZZA	93
		INLURIYO	41
		INLYTA	39,40
		INPEN 100-BLUE-NOVOLOG-FIASP	82
		INPEN 100-GREY-NOVOLOG-FIASP	82
		INPEN 100-PINK-NOVOLOG-FIASP	82
		INQOVI	42
		INREBIC	43
		INSULIN ASPART	32
		INSULIN ASPART FLEXPEN	32
		INSULIN ASPART PENFILL	32

INSULIN GLARGINE MAX	JENTADUETO XR	30	kourzeq	59
SOLOSTAR	jinteli	32	KRAZATI	44
INSULIN GLARGINE SOLOSTAR	jolessa	32	kurvelo	70
INSULIN GLARGINE-YFGN	JOURNAVX	32		
INSULIN PEN NEEDLE	juleber	82	L	
INSULIN SYRINGE (DISP)	JULUCA	83	l-glutamine	66
INTELENCE	junel 1.5/30	53	labetalol hcl	56
introvale	junel 1/20	69	lacosamide	25
INVEGA SUSTENNA	junel fe 1.5/30	50	lactated ringers	86
IPOL	junel fe 1/20	79	lactulose	81
ipratropium bromide	JYNNEOS	22,85	lactulose encephalopathy	74
ipratropium-albuterol		23	lamivudine	53,54
irbesartan	K	37	lamivudine-zidovudine	53
irbesartan-hydrochlorothiazide	K-PHOS	37	lamotrigine	25
ISENTRESS	KALETRA	53	lamotrigine er	25
ISENTRESS HD	kalliga	53	lancet device	82
isibloom	KALYDECO	70	lancets	82
isoniazid	kariva	38	lansoprazole	97
isosorbide dinitrate	kcl in dextrose-nacl	20	LANTUS	32
isosorbide mononitrate	kelnor 1/35	20	LANTUS SOLOSTAR	32
isosorbide mononitrate er	KERENDIA	20	lapatinib ditosylate	44
isotretinoin	KESIMPTA	60	larin 1.5/30	70
ITOVEBI	ketoconazole	43	larin 1/20	70
itraconazole	ketorolac tromethamine	35	larin fe 1.5/30	70
ivabradine hcl	KETOROLAC TROMETHAMINE	58	larin fe 1/20	70
ivermectin	KINRIX	17,64	larissia	70
IWILFIN	KISQALI (200 MG DOSE)	47	latanoprost	89
IXIARO	KISQALI (400 MG DOSE)	79	LAZCLUZE	40
	KISQALI (600 MG DOSE)		LEDIPASVIR-SOFOSBUVIR	54
J	KISQALI FEMARA (200 MG DOSE)	42	leena	70
jaimiess	KISQALI FEMARA (400 MG DOSE)	70	leflunomide	13
JAKAFI	KISQALI FEMARA (600 MG DOSE)	44	lenalidomide	84
jantoven	klayesta	24	LENVIMA (10 MG DAILY DOSE)	40
JANUMET	KLOR-CON	30	LENVIMA (12 MG DAILY DOSE)	40
JANUMET XR	klor-con	30	LENVIMA (14 MG DAILY DOSE)	40
JANUVIA	klor-con 10	31	LENVIMA (18 MG DAILY DOSE)	40
JARDIANCE	klor-con m10	33	LENVIMA (20 MG DAILY DOSE)	40
jasmiel	klor-con m15	70	LENVIMA (24 MG DAILY DOSE)	40
JAYPIRCA	klor-con m20	44	LENVIMA (4 MG DAILY DOSE)	40
jencycla	KLOXXADO	91	LENVIMA (8 MG DAILY DOSE)	40
JENTADUETO	KOSELUGO	30	lessina	70

letrozole	41	lithium carbonate (150mg cap, 300mg cap, 600mg cap)	49	M	
leucovorin calcium	47,48	lithium carbonate er tablet	49	M-M-R II	79
LEUKERAN	39	lithium oral solution	49	MAGNESIUM SULFATE	86
levabuterol hcl	23	LIVTENCITY	55	malathion	64
LEVALBUTEROL TARTRATE	23	lo-zumandimine	70	maraviroc	53
levetiracetam	25	lojaimiess	70	marlissa	71
LEVETIRACETAM	26	LOKELMA	85	MARPLAN	28
levetiracetam er	26	Lomustine 10 MG CAP	39	MATULANE	47
LEVOBUNOLOL HCL	87	Lomustine 100 MG CAP	39	MAVYRET	54
levocarnitine	66	Lomustine 40 MG CAP	39	meclizine hcl	34
levocarnitine sf	66	LONSURF	42	medroxyprogesterone acetate	91
levocetirizine dihydrochloride	94	loperamide hcl	33	mefloquine hcl	38
levofloxacin	73	lopinavir-ritonavir	53	megestrol acetate	41
levofloxacin in d5w	73	lorazepam	21	MEGESTROL ACETATE	91
levonest	70	lorazepam intensol	21	MEKINIST	44
levonorg-eth estrad triphasic	70	LORBRENA	44	MEKTOVI	44
levonorgest-eth estrad 91-day	70	loryna	71	meleya	91
levonorgest-eth estradiol-iron	70	losartan potassium	37	meloxicam	14
levonorgestrel-ethinyl estrad	70	losartan potassium-hctz	37	memantine hcl	92
levora 0.15/30 (28)	70	loteprednol etabonate	88	memantine hcl er	92
levothyroxine sodium	96	lovastatin	36	MENACTRA	79
levoxyl	96	low-ogestrel	71	MENEST	73
lidocaine	64	loxapine succinate	50	MENQUADFI	79
lidocaine 5% patch	64	lubiprostone	81	MENVEO	79
lidocaine hcl	64	luizza 1.5/30	71	mercaptopurine	39
lidocaine viscous hcl	59	luizza 1/20	71	meropenem	19
lidocaine-prilocaine	64	LUMAKRAS	44	MEROPENEM-SODIUM CHLORIDE	19
LILETTA (52 MG)	91	LUMIGAN	89	MESALAMINE	74
lillow	70	LUPRON DEPOT (1-MONTH)	41	mesalamine er	74
lincomycin hcl	18	LUPRON DEPOT (3-MONTH)	41	mesalamine-cleanser	74
linezolid	18,19	lurasidone hcl	49	mesna	48
LINEZOLID IN SODIUM CHLORIDE	19	lutera	71	metformin hcl	31
LINZESS	81	LYBALVI	93	metformin hcl er	31
liomny	96	lyleq	91	methadone hcl	15
liothyronine sodium	96	LYNPARZA	44	methadone hcl 10mg/5ml solution	15
lisdexamfetamine dimesylate	12	LYSODREN	41	methadone hcl 5mg/5ml solution	15
lisinopril	36	LYTGOBI (12 MG DAILY DOSE)	44	methazolamide	65
lisinopril-hydrochlorothiazide	37	LYTGOBI (16 MG DAILY DOSE)	44	methenamine hippurate	19
lithium carbonate	49	LYTGOBI (20 MG DAILY DOSE)	44	methenamine mandelate	19
		lyza	91		

methimazole	96	mono-linyah	71	NEOMYCIN-POLYMYXIN-	
methocarbamol	52	montelukast sodium	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	62	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	74	NEXVIAZYME	66
methylprednisolone	77	moxifloxacin hcl	87	niacin er (antihyperlipidemic)	35
metoclopramide hcl	74	MOXIFLOXACIN HCL IN NACL	74	NICOTROL NS	94
metolazone	66	MRESVIA	79	nifedipine er	57
metoprolol succinate er	56	mupirocin	60	nifedipine er osmotic release	57
metoprolol tartrate	56	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	57
%	97			NINLARO	44
metyrosine	38	N		nintedanib esylate	95
mexiletine hcl	57	na sulfate-k sulfate-mg sulf	81	nitazoxanide	19
micafungin sodium	35	nabumetone	14	nitro-bid	20
microgestin 1.5/30	71	nadolol	56	nitrofurantoin macrocrystal	19
microgestin 1/20	71	nafcillin sodium	91	nitrofurantoin monohyd macro	19
microgestin fe 1.5/30	71	naloxone hcl	33	nitroglycerin	17,20
microgestin fe 1/20	71	naltrexone hcl	33	nora-be	91
midodrine hcl	57	naproxen	14,15	norelgestromin-eth estradiol	71
MIEBO	89	naratriptan hcl	83	norethin ace-eth estrad-fe	71
mifepristone	31	NARCAN	33	norethindrone	92
mili	71	nateglinide	31	norethindrone acet-ethinyl est	71
mimvey	71	NAYZILAM	24	norethindrone acetate	92
minocycline hcl	96	nebivolol hcl	56	norethindrone-eth estradiol	71
minoxidil	38	necon 0.5/35 (28)	71	norgestim-eth estrad triphasic	71
mirtazapine	27	NEFAZODONE HCL	28	norgestimate-eth estradiol	71
misoprostol	97	NEFFY	23	norlyda	92
modafinil	12	NEMLUVIO	64	norlyroc	92
MODEYSO	47	neomycin sulfate	13	nortrel 0.5/35 (28)	71
moexipril hcl	36	NEOMYCIN-BACITRACIN ZN-		nortrel 1/35 (21)	71
MOLINDONE HCL	49	POLYMYX	87	nortrel 1/35 (28)	71
mometasone furoate	63,85	neomycin-polymyxin-dexameth	88	nortrel 7/7/7	71

nortriptyline hcl	29	octreotide acetate	67	OTEZLA	62
NORVIR	53	ODEFSEY	53	OTEZLA XR	62
NOVOLIN 70/30	32	ODOMZO	40	OTEZLA/OTEZLA XR INITIATION PK62	
NOVOLIN 70/30 FLEXPEN	32	ofloxacin	74,87	oxacillin sodium	91
NOVOLIN 70/30 FLEXPEN RELION	32	OGSIVEO	44,45	OXACILLIN SODIUM IN DEXTROSE	91
NOVOLIN N	32	OJEMDA	45	oxazepam	21
NOVOLIN N FLEXPEN	32	OJJAARA	45	oxcarbazepine	26
NOVOLIN N FLEXPEN RELION	32	olanzapine	50	oxybutynin chloride	75
NOVOLIN N RELION	32	olmesartan medoxomil	37	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	50
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	33	OMNIPOD CLASSIC PDM (GEN 3)	82	paricalcitol	67
NOVOLOG PENFILL	33	OMNIPOD CLASSIC PODS (GEN 3)	82	paroxetine hcl	28
NOVOLOG RELION	33	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	34	PAXLOVID (300/100)	55
NURTEC	83	ondansetron hcl	34	pazopanib hcl	45
nyamyc	61	ONUREG	39	PEDIARIX	79
nylia 1/35	71	OPIPZA	51,52	PEDVAX HIB	79
nylia 7/7/7	71	OPSUMIT	94	peg 3350-kcl-na bicarb-nacl	81
nymyo	71	OPVEE	34	peg-3350/electrolytes	81
nystatin	35,59,61	ORGOVYX	41	peg-3350/electrolytes/ascorbat	81
nystatin-triamcinolone	61	ORKAMBI	95	peg-kcl-nacl-nasulf-na asc-c	81
nystop	61	ORQUIDEA	92	PEGASYS	54
NYVEPRIA	76	ORSERDU	41	PEMAZYRE	45
		orsythia	71	PENBRAYA	79
O		oseltamivir phosphate	55	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.....	58	polymyxin b-trimethoprim.....	88	primidone.....	26
perampanel.....	26	pomalidomide.....	47	PRIORIX.....	80
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab).....	36	portia-28.....	72	PRIVIGEN.....	78
perigard.....	59	posaconazole.....	35	probenecid.....	76
permethrin.....	64	potassium chloride.....	86	prochlorperazine maleate.....	51
perphenazine.....	51	POTASSIUM CHLORIDE.....	86	prochlorperazine suppositories.....	51
PHENELZINE SULFATE 15 MG TAB.....	28	potassium chloride 2 meq/ml solution.....	86	procto-med hc.....	17
phenobarbital.....	26	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.....	72	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.....	58
pimecrolimus.....	64	pravastatin sodium.....	36	propranolol hcl.....	56
pimozide.....	93	praziquantel.....	17	propranolol hcl er.....	56
pimtreea.....	72	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.....	52
PIQRAY (200 MG DAILY DOSE).....	45	pregabalin.....	26	pyrimethamine.....	38
PIQRAY (250 MG DAILY DOSE).....	45	PREHEVBRIO.....	80	Q	
PIQRAY (300 MG DAILY DOSE).....	45	PREMARIN.....	97	QINLOCK.....	45
pirfenidone.....	95	PRENATAL VITAMIN.....	86	QUADRACEL.....	80
pirmella 1/35.....	72	prevalite.....	35	Quadrivalent Influenza Vaccines.....	80
pirmella 7/7/7.....	72	previfem.....	72	quetiapine fumarate.....	50
piroxicam.....	15	PREVNAR 20.....	80	quetiapine fumarate er.....	51
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		PREZISTA.....	53,54	quinine sulfate.....	38
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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	45
ramipril	36	ropinirole hcl	48
ranolazine er	58	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	54
RETEVMO	45	RYBELSUS	31
REVCOVI	67	RYDAPT	45
REVUFORJ	47	RYTARY	48
REXTOVY	34	S	
REXULTI	52	sacubitril-valsartan	58
REYATAZ	54	SANTYL	65
REZDIFFRA	74	sapropterin dihydrochloride	67
REZLIDHIA	45	SCEMBLIX	45
REZUROCK	84	scopolamine	34
RHOPRESSA	88	SECUADO	51
RIBAVIRIN	54	selegiline hcl	48
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rifampin	38,39	SELZENTRY	54
rilpivirine hcl	54	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	50	silodosin	75
risperidone microspheres er	50	silver sulfadiazine	65
ritonavir	54	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	39
		SKYRIZI	62,74
		SKYRIZI PEN	62
		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	60
		sodium fluoride 1.1% paste	60
		sodium fluoride chewable tablet	86
		SODIUM OXYBATE	95
		sodium phenylbutyrate	67
		sodium polystyrene sulfonate	85
		SOFOSBUVIR-VELPATASVIR	55
		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	22
		spironolactone	65
		spironolactone-hctz	65
		sprintec 28	72
		SPRITAM	26
		sronyx	72
		ssd	65
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STEQEYMA	62	tamsulosin hcl	75	tizanidine hcl	52
STIVARGA	45	tarina fe 1/20	72	tobramycin	13,88
STREPTOMYCIN SULFATE	13	tarina fe 1/20 eq	72	TOBRAMYCIN SULFATE	13
STRIBILD	54	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	46	tolvaptan (hyponatremia)	67
SULFACETAMIDE SODIUM	88	TDVAX	80	topiramate	26
sulfacetamide sodium (acne)	60	telmisartan	37	toremifene citrate	41
SULFACETAMIDE-		telmisartan-hctz	37	torsemide	65
PREDNISOLONE	88	temazepam	78	TRADJENTA	31
sulfadiazine	95	temozolomide	39	tramadol hcl	16
sulfamethoxazole-trimethoprim	95	TENIVAC	80	tramadol-acetaminophen	16
sulfasalazine	75	tenofovir disoproxil fumarate	54	trandolapril	36
sulindac	15	TEPMETKO	46	tranexamic acid	77
sumatriptan	83	terazosin hcl	37	tranylcypromine sulfate	28
sumatriptan succinate	83	terbinafine hcl	35	travoprost (bak free)	89
SUMATRIPTAN SUCCINATE		terconazole	97	trazodone hcl	29
REFILL	83	teriflunomide	93	TRELEGY ELLIPTA	23
sunitinib malate	45	TERIPARATIDE	66	TRELSTAR MIXJECT	41
SUNLENCA	54	testosterone	17	tretinoin	47
SUNOSI	95	TESTOSTERONE	17	tretinoin cream (0.025 %, 0.05 %, 0.1 %)	60
syeda	72	TESTOSTERONE CYPIONATE	17	tri femynor	72
SYMPAZAN	24,25	TESTOSTERONE ENANTHATE	17	tri-estarylla	72
SYMTUZA	54	tetrabenazine	93	tri-lynyah	72
SYNJARDY	30	tetracycline hcl	96	tri-lo-estarylla	72
SYNJARDY XR	30	THALOMID	84	tri-lo-marzia	72
SYNTHROID	96	theophylline er	95	tri-lo-mili	72
		thioridazine hcl	51	tri-lo-sprintec	72
		thiothixene	49	tri-mili	72
		tiadylt er	57	tri-nymyo	72
TABLOID	39	tiagabine hcl	27	tri-sprintec	72
TABRECTA	45	TIBSOVO	46	tri-vylibra	72
tacrolimus	64,84	ticagrelor	76	tri-vylibra lo	72
tadalafil	75	TICOVAC	80	triamcinolone acetonide	60,63,64
tadalafil (pah)	94	tigecycline	19	TRIAMCINOLONE ACETONIDE	64
TAFINLAR	45	timolol maleate	56,87	triamterene-hctz	65
tafluprost (pf)	89	tinidazole	19	trientine hcl	84
TAGRISSO	40	TIVICAY	54	trifluoperazine hcl	51
TALZENNA	45,46	TIVICAY PD	54		
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trihexyphenidyl hcl.....	48	VANCOMYCIN HCL.....	20	VOQUEZNA.....	97
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TRIMETHOPRIM.....	19	varenicline tartrate.....	94	voriconazole 200 mg recon soln...	35
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TRINTELLIX.....	29	VARIVAX.....	80	VOWST.....	74
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TRUQAP.....	46	VENCLEXTA.....	47	warfarin sodium.....	24
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tulana.....	92	venlafaxine hcl er.....	29	wera.....	73
TURALIO.....	46	venlafaxine hcl ir tab (25 mg tab,		WINREVAIR.....	94
turqoz.....	72	37.5 mg tab, 50 mg tab, 75 mg tab,		wixela inhub.....	23
TWINRIX.....	80	100mg tab).....	29	WYOST.....	66
TYENNE.....	85	VENTOLIN HFA.....	23		
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		VERSACLOZ.....	51	XARELTO STARTER PACK.....	24
U		VERZENIO.....	46	XCOPRI.....	27
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		vigabatrin.....	27	XDEMZY.....	88
V		VIGAFYDE.....	27	XELJANZ.....	14
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VALCHLOR.....	61	vilazodone hcl.....	29	XERMELO.....	33
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valproic acid.....	27	viorele.....	73	XIGDUO XR.....	30
valsartan.....	37	VIRACEPT.....	54	XIIDRA.....	89
valsartan-hydrochlorothiazide..	38	VIREAD.....	54	XOFLUZA (40 MG DOSE).....	55
VALTOCO 10 MG DOSE.....	25	VITRAKVI.....	46	XOFLUZA (80 MG DOSE).....	55
VALTOCO 15 MG DOSE.....	25	VIVITROL.....	34	XOLAIR.....	21
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XPOVIO (60 MG TWICE WEEKLY)	47
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XPOVIO (80 MG TWICE WEEKLY)	47
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ziprasidone hcl tab	49
ziprasidone mesylate recon soln	49
ZIRGAN	88
ZOLINZA	46
zolmitriptan	83
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ZONISADE	26
zonisamide	26
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ZURNAI	34
ZURZUVAE	28
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This formulary was updated on 05/21/2026.

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)

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