

2025

# UCare Medicare Plans (HMO-POS) and EssentiaCare (PPO) Formulary (List of Covered Drugs)

- UCare Medicare Plans (HMO-POS)
  - UCare Aware
  - UCare Classic
  - UCare Complete
  - UCare Essentials Rx
  - UCare Standard
- UCare Advocate Plans (HMO-I-SNP)
- EssentiaCare Plans (PPO)

This formulary was updated on 02/18/2025.

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

*For more recent information or other questions, please contact:*

**UCare Medicare Plans** Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free)

**UCare Advocate Plans** Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free)

**EssentiaCare** Customer Service at 218-722-4915 or 1-855-432-7025 (this call is free)

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

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

## **Notice of Nondiscrimination**

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

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

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

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

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

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

### Oral grievance

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

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: [cag@ucare.org](mailto:cag@ucare.org)

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

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

ဟံသုဂ်ဟံသး-နမုဂ်ကတိံ ကညိ ကျိဂ်အယိ, နမနုဂ် ကျိဂ်အတိံမဇာလၢ တလၢဂ်ဘုဂ်လၢဂ်စူ နိတမံဘၣ်သုနုဂ်လိံ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

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

This document includes a Drug List (formulary) for our plan which is current as of 02/18/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## **What is the UCare Medicare Plans and EssentiaCare Formulary?**

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

## **Can the Formulary change?**

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 02/18/2025. To get updated information about the drugs covered by UCare Medicare Plans and EssentiaCare, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Plans and EssentiaCare Formulary are available on our website, [ucare.org/member-documents](https://ucare.org/member-documents). Upon your request, UCare will mail you an updated printed edition.

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

---

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

---

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

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

---

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



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

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

## **Are there any restrictions on my coverage?**

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

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

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

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. UCare Medicare Plans and EssentiaCare pays for certain OTC drugs. UCare Medicare Plans and EssentiaCare will provide these OTC drugs at no cost to you. The

cost to UCare Medicare Plans and EssentiaCare of these OTC drugs will not count toward your total Part D drug costs.

## What if my drug is not on the Formulary?

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

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

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

## How do I request an exception to the UCare Medicare Plans and EssentiaCare Formulary?

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

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

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

You or your prescriber should contact us to ask for a tier or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for

an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

## **Transition of Care**

If you are a current UCare Medicare Plans or EssentiaCare member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care. If you are a current UCare Medicare Plans or EssentiaCare member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

## **For more information**

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

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

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

## **UCare Medicare Plans and EssentiaCare Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Plans and EssentiaCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

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

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

<b>Explanation of Requirements/Limits</b>	
<b>LA</b>	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

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

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

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

## **ANALGESICS - ANTI-INFLAMMATORY**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (1 SYRINGE)	5	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	5	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	5	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	5	PA, QL (6 EA PER 28 DAYS), NDS
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>GOLD COMPOUNDS</b>		
RIDAURA	5	NDS
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	5	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sulindac 150 mg tab, 200 mg tab</i>	2	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	5	PA, QL (4 ML PER 28 DAYS), NDS
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA, QL (1.6 ML PER 28 DAYS), NDS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA, QL (2.8 ML PER 28 DAYS), NDS
ORENCIA CLICKJECT	5	PA, QL (4 ML PER 28 DAYS), NDS
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 600 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 1600 mcg loz handle</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er</i>	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 EA PER 30 DAYS)
<i>acetaminophen-codeine acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution</i>	3	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	3	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	4	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	3	PA, QL (60 EA PER 30 OVER TIME)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	3	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	3	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	2	QL (60 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg film, -2-0.5 mg sl tab, -4-1 mg film, -8-2 mg film, -8-2 mg sl tab</i>	2	QL (90 EA PER 30 DAYS)
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	4	
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	4	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 12.5 mg/act (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
<i>testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml solution</i>	2	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	PA
<i>testosterone cypionate 200 mg/ml solution</i>	2	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide 2 mg, 2 mg/act</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	2	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal)</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	3	
<b>ANTHELMINTICS</b>		
<i>albendazole 200 mg tab</i>	5	NDS
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	
<i>aztreonam</i>	4	
<i>bacitracin 50000 unit recon soln</i>	2	
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	4	
<b>CEFEPIME-DEXTROSE</b>	4	
<b>CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP</b>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>clarithromycin 250 mg tab, 500 mg tab</i>	2	
<i>clarithromycin er</i>	4	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
TEFLARO	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	
TRIMETHOPRIM 100 MG TAB	2	
<i>trimethoprim 100 mg tab</i>	2	
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	3	
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 750 mg recon soln</i>	4	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone 750 mg/5ml suspension</i>	4	
NITAZOXANIDE NITAZOXANIDE 500 MG TAB, NITAZOXANIDE 500 MG TAB	5	QL (6 EA PER 3 OVER TIME), NDS
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
<b>ANTIANXIETY AGENTS</b>		
<b>ANTIANXIETY AGENTS - MISC.</b>		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	

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



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

## **ANTIARRHYTHMICS**

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

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

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

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	
--	---	--

### **ANTIARRHYTHMICS TYPE I-C**

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

### **ANTIARRHYTHMICS TYPE III**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>pacerone 100 mg tab, 400 mg tab</i>	4	
<i>pacerone 200 mg tab</i>	2	

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

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

### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, LA, NDS
FASENRA PEN	5	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (1 ML PER 28 DAYS), NDS

### **BRONCHODILATORS - ANTICHOLINERGICS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SPIRIVA RESPIMAT	3	QL (4 GM PER 30 DAYS)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium 10 mg tab</i>	1	
<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab</i>	2	
<i>zafirlukast</i>	4	
<b>STEROID INHALANTS</b>		
ARNUIITY ELLIPTA	3	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR 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)
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	2	QL (17 GM PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	2	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>brey-na</i>	2	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	2	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	2	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
<i>ipratropium-albuterol</i>	2	PA <sup>3</sup>
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
NEFFY	4	QL (2 EA PER 30 OVER TIME)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 EA PER 30 DAYS)

## **ANTICOAGULANTS**

### **ANTICOAGULANTS - MISC.**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	
<b>ANTICONSULSANTS</b>		
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<i>clobazam 10 mg tab, 20 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	4	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<b>DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL</b>	4	QL (10 EA PER 30 OVER TIME)
<b>LIBERVANT</b>	4	QL (10 EA PER 30 DAYS), PA <sup>2</sup>
<b>NAYZILAM</b>	4	QL (10 EA PER 30 OVER TIME)
<b>SYMPAZAN 10 MG FILM, 20 MG FILM</b>	5	QL (60 EA PER 30 DAYS), NDS
<b>SYMPAZAN 5 MG FILM</b>	4	QL (60 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS

### **ANTICONSULSANTS - MISC.**

APTiom 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTiom 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 200 mg tab</i>	2	
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	LA, PA <sup>2</sup> , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	LA, PA <sup>2</sup> , NDS
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	LA, QL (360 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>lamotrigine 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	
<i>lamotrigine 5 mg chew tab, 25 mg chew tab</i>	2	
<i>lamotrigine er</i>	4	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	4	
<i>phenytek</i>	2	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
<b>PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB</b>	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide 200 mg tab</i>	4	PA <sup>2</sup>
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	5	PA <sup>2</sup> , NDS
<b>SPRITAM</b>	4	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
<b>ZONISADE</b>	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
<b>ZTALMY</b>	5	LA, QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CARBAMATES</b>		
<i>felbamate</i>	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA <sup>2</sup>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	LA, PA <sup>2</sup> , NDS
<i>vigadrone</i>	5	LA, PA <sup>2</sup> , NDS
VIGAFYDE	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<i>vigpoder</i>	5	LA, PA <sup>2</sup> , NDS
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	2	
<i>methsuximide</i>	4	
<b>VALPROIC ACID</b>		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	2	

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
-----------	-----------	-----------------------

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS - MISC.

AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	2	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	1	
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS

### MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate</i>	4	

### SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	4	
<i>fluvoxamine maleate</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	4	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	
TRINTELLIX	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 EA PER 30 DAYS)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	2	
DRIZALMA SPRINKLE	4	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
FETZIMA	4	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	2	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	

## **ANTIDIABETICS**

### **ANTIDIABETIC COMBINATIONS**

<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	3	QL (90 ML PER 30 DAYS), INS
SYNJARDY	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<b>DIABETIC OTHER</b>		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
GLUCAGON EMERGENCY	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, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	
<i>repaglinide</i>	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
OZEMPIC (2 MG/DOSE)	3	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	3	PA, QL (30 EA PER 30 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	PA <sup>3</sup> , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA <sup>3</sup> , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA <sup>3</sup> , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA <sup>3</sup> , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)

### **SULFONYLUREAS**

<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>glipizide 5 mg tab, 10 mg tab</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	

### **ANTIDIARRHEALS**

#### **ANTIDIARRHEAL AGENTS - MISC.**

<i>alosetron hcl</i>	5	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4	
<i>loperamide (immodium)</i>	2	
XERMELO	5	PA, LA, QL (84 EA PER 28 DAYS), NDS

### **ANTIDOTES AND SPECIFIC ANTAGONISTS**

#### **OPIOID ANTAGONISTS**

KLOXXADO	3	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

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

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine</i>	2	
<i>scopolamine</i>	4	

### **ANTIEMETICS - MISCELLANEOUS**

<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA <sup>3</sup>
<i>aprepitant 80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA <sup>3</sup>
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)

## **ANTIFUNGALS**

### **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

<i>casprofungin acetate casprofungin acetate, casprofungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ABELCET	4	PA <sup>3</sup>
AMPHOTERICIN B 50 MG RECON SOLN	4	PA <sup>3</sup>
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	

## **IMIDAZOLE-RELATED ANTIFUNGALS**

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

## **ANTHYPERLIPIDEMICS**

### **ANTHYPERLIPIDEMICS - MISC.**

<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>omega-3-acid ethyl esters</i>	2	
REPATHA	3	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	3	QL (2 ML PER 28 DAYS)

## **BILE ACID SEQUESTRANTS**

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

## **FIBRIC ACID DERIVATIVES**

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

## **HMG COA REDUCTASE INHIBITORS**

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

## **ANTIHYPERTENSIVES**

### **ACE INHIBITORS**

<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
---	---	--

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>perindopril erbumine perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>telmisartan</i>	1	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	2	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	
<i>guanfacine hcl</i>	2	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	
<i>terazosin hcl</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	
<b>TELMISARTAN-AMLODIPINE</b>	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>aliskiren fumarate</i>	4	
<i>eplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
<b>VASODILATORS</b>		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	4	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	5	PA, NDS
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	
<i>pyridostigmine bromide er</i>	4	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>dapsone 25 mg tab, 100 mg tab</i>	2	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	
<i>isoniazid 300mg tab</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
<i>isoniazid isoniazid 100 mg tab, isoniazid 100 mg/ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	2	
<i>rifampin 600 mg recon soln</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SIRTURO	5	PA, LA, NDS
TRECTOR	4	

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### ALKYLATING AGENTS

<i>cyclophosphamide 25 mg cap</i>	2	PA <sup>3</sup>
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	2	PA <sup>3</sup>
<i>cyclophosphamide 50 mg cap</i>	2	PA <sup>3</sup>
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS
<i>temozolomide</i>	Part B Covered	

### ANTIMETABOLITES

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

### ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
INLYTA 1 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
INLYTA 5 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (10 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (12 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (14 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (18 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (20 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (24 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (4 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (8 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTINEOPLASTIC - EGFR INHIBITORS**

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

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

DAURISMO 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
---------------------	---	---

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
DAURISMO 25 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERIVEDGE	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ODOMZO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

## **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate 250 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AKEEGA	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERLEADA 60 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>exemestane</i>	4	
FIRMAGON	4	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	4	PA <sup>2</sup>
<i>letrozole 2.5 mg tab</i>	2	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	PA <sup>2</sup>
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>nilutamide</i>	5	PA <sup>2</sup> , NDS
NUBEQA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORGOVYX	5	LA, QL (30 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ORSERDU 345 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORSERDU 86 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XTANDI 80 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	5	LA, QL (5 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 15-6.14 MG TAB	5	LA, QL (100 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 20-8.19 MG TAB	5	LA, QL (80 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 30 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO 160 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO 40 MG CAP	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 3 MG TAB, 4 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 5 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 400 MG TAB, 500 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 50 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRAFTOVI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRUKINSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CABOMETYX	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 300 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COMETRIQ (100 MG DAILY DOSE)	5	LA, QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (140 MG DAILY DOSE)	5	LA, QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (60 MG DAILY DOSE)	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COPIKTRA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COTELLIC	5	LA, QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>dasatinib 20 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FOTIVDA	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GAVRETO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IBRANCE	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ICLUSIG	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IDHIFA	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
QINLOCK	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REZLIDHIA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 100 MG CAP	5	LA, QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 200 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA <sup>2</sup> , NDS
RUBRACA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
STIVARGA	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.25 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAZVERIK	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TEPMETKO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TIBSOVO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TURALIO 125 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VERZENIO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 100 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	LA, NDS
POMALYST	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 110 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REVUFORJ 160 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 10 MG TAB	3	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup>
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA STARTING PACK	5	LA, QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
WELIREG	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	LA, QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	LA, QL (32 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	2	
<i>mesna 400 mg tab</i>	5	NDS
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa 25 mg tab</i>	4	
<i>entacapone</i>	4	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	2	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	2	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	4	
<i>carbidopa-levodopa -10-100 mg tab, -25-100 mg tab, -25-250 mg tab</i>	2	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA- LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA- LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
RYTARY	4	

## **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	4	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	2	

## **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

### **ANTIMANIC AGENTS**

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

### **ANTIPSYCHOTICS - MISC.**

CAPLYTA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COBENFY	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COBENFY STARTER PACK	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl</i>	2	
MOLINDONE HCL	4	
NUPLAZID	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>thiothixene</i>	4	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
<b>BENZISOXAZOLES</b>		
FANAPT	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FANAPT TITRATION PACK	4	QL (8 EA PER 180 OVER TIME), PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>clozapine clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp, clozapine 150 mg tab disp</i>	4	
<i>loxapine succinate</i>	2	
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	4	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc</i>	4	
<i>compro suppositories</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc</i>	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	4	
<i>prochlorperazine suppositories</i>	4	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	4	

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

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

## **ANTIVIRALS**

### **ANTIRETROVIRALS**

<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS 250 MG CAP	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	5	NDS
<i>emtricitabine-tenofovir df -200-300 mg</i>	4	
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	5	NDS
FUZEON	5	NDS
GENVOYA	5	NDS
INTELENCE 25 MG TAB	3	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	5	NDS
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS
JULUCA	5	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir -100-25 mg tab, -200-50 mg tab</i>	2	
<i>lopinavir-ritonavir -400-100 mg/5ml solution</i>	4	
<i>maraviroc</i>	5	NDS
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>nevirapine er 400 mg tab 24h</i>	4	
NORVIR 100 MG PACKET	3	
ODEFSEY	5	NDS
PIFELTRO	5	NDS
PREZCOBIX	5	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	5	NDS
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	NDS
<i>ritonavir</i>	2	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine</i>	2	
<b>CMV AGENTS</b>		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	2	
RIBAVIRIN 200 MG TAB	2	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS
<b>HERPES AGENTS</b>		
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	
<i>acyclovir 200 mg/5ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA <sup>3</sup>
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	2	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	
<b>MISC. ANTIVIRALS</b>		
PAXLOVID (150/100)	3	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	3	QL (30 EA PER 5 OVER TIME)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nebivolol hcl</i>	2	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 20 mg/5ml solution</i>	2	
<i>sorine</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	4	

## **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	4	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	2	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>amlodipine-atorvastatin</i>	2	
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
DIGOXIN DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 0.05 MG/ML SOLUTION	4	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
VERQUVO	3	QL (30 EA PER 30 DAYS)
VYNDAMAX	5	PA, LA, QL (30 EA PER 30 DAYS), NDS

## CEPHALOSPORINS

### CEPHALOSPORINS - 1ST GENERATION

CEFADROXIL CEFADROXIL 500 MG/5ML RECON SUSP, CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP	2	
<i>cefazolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln</i>	2	

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

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
<b>COUGH/COLD/ALLERGY</b>		
<b>MUCOLYTICS</b>		
<i>acetylcysteine 10 %, 20 %</i>	2	PA <sup>3</sup>
<b>DENTAL AND ORAL AGENTS</b>		
<i>cavarest</i>	2	
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>fraiche 5000 dental</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	2	
LIDOCAINE HCL 4 % SOLUTION	2	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SOD FLUORIDE-POTASSIUM NITRATE	2	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	
SODIUM FLUORIDE 5000 ENAMEL	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

## **DERMATOLOGICALS**

### **ACNE PRODUCTS**

<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phosphate 1 % gel</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	2	QL (60 ML PER 30 DAYS)
ERY	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	

### **ANTIBIOTICS - TOPICAL**

<i>gentamicin sulfate 0.1 % cream</i>	2	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	2	QL (220 GM PER 30 DAYS)

### **ANTIFUNGALS - TOPICAL**

<i>ciclopirox 0.77 % gel</i>	2	QL (100 GM PER 30 DAYS)
------------------------------	---	-------------------------

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ciclopirox 1 % shampoo</i>	2	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	2	QL (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	2	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

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

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

### **ANTIPSORIATICS**

<i>acitretin</i>	4	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	3	QL (120 ML PER 30 DAYS)

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

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.1 % cream, 0.1 % ointment</i>	1	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)

### **IMMUNOSUPPRESSIVE AGENTS - TOPICAL**

<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)

### **LOCAL ANESTHETICS - TOPICAL**

<i>lidocaine hcl 4 % solution</i>	2	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)

### **MISC. TOPICAL**

<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	2	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	2	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	

### **ROSACEA AGENTS**

<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	4	QL (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 12.

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS
<b>GROWTH HORMONES</b>		
OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, LA, NDS
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	5	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, LA, NDS
<i>cinacalcet hcl</i>	4	PA
DOXERCALCIFEROL DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	5	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
SIGNIFOR	5	PA, LA, QL (60 ML PER 30 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ENDOCRINE MEDICATIONS</b>		
<b>OTHER ENDOCRINE DRUGS</b>		
<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	
<i>desmopressin acetate spray</i>	4	
INCRELEX	5	PA, LA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, LA, NDS

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	

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



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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	4	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	

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

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

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

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

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

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

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

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

## **FLUOROQUINOLONES**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MOXIFLOXACIN HCL IN NAACL	4	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	4	

## **GASTROINTESTINAL AGENTS**

### **GASTROINTESTINAL AGENTS, OTHER**

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

### **GASTROINTESTINAL AGENTS - MISC.**

### **INFLAMMATORY BOWEL AGENTS**

<i>balsalazide disodium</i>	4	
<i>mesalamine 1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos</i>	3	
<i>mesalamine 4 gm enema</i>	4	
<i>mesalamine er 0.375 gm cap 24h</i>	3	
<i>mesalamine er 500 mg cap</i>	4	
<i>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ML PER 56 OVER TIME), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	
<b>GENITOURINARY AGENTS</b>		
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
<i>sodium chloride 0.9 % solution</i>	4	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	2	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	
<b>GOUT AGENTS</b>		
<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	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	2	
<i>aspirin-dipyridamole er</i>	4	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	4	
<i>prasugrel hcl</i>	3	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	3	
<i>l-glutamine -glutamine 5 gm packet</i>	5	PA, LA, QL (180 EA PER 30 DAYS), NDS
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NYVEPRIA	5	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	5	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
RETACRIT	3	PA
UDENYCA	5	NDS
ZARXIO	5	NDS
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
-----------	-----------	-----------------------

## HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

### NON-BARBITURATE HYPNOTICS

BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap, 30 mg cap</i>	2	QL (30 EA PER 30 DAYS), PA <sup>2</sup>
<i>zaleplon 10 mg cap</i>	4	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	4	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2	QL (60 EA PER 30 DAYS)
<i>zolpidem tartrate er</i>	4	QL (30 EA PER 30 DAYS)

## IMMUNOLOGICAL AGENTS

### ANGIOEDEMA (HAE) AGENTS

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

## LAXATIVES

### LAXATIVE COMBINATIONS

GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	3	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	2	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	2	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	2	
MOVANTIK	3	QL (30 EA PER 30 DAYS)

## **MEDICAL DEVICES AND SUPPLIES**

### **BANDAGES-DRESSINGS-TAPE**

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

### **DIABETIC SUPPLIES**

<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
DEXCOM G6 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Part B Covered	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	4	QL (15 EA PER 30 DAYS)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</i>	3	
<b>MIGRAINE PRODUCTS</b>		
AIMOVIG	3	PA, QL (1 ML PER 30 DAYS)
AJOVY	3	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	4	QL (18 EA PER 30 OVER TIME)
<i>naratriptan hcl</i>	2	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	2	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	4	QL (8 ML PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	4	QL (18 EA PER 30 OVER TIME)
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium gluconate 10 % solution</i>	2	
<b>ELECTROLYTE MIXTURES</b>		
<i>kcl in dextrose-nacl kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	4	
<i>lactated ringers lactated ringers, lactated ringers</i>	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	2	
<i>sodium fluoride chewable tablet</i>	2	
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	4	
<b>PHOSPHATE</b>		
<i>K-PHOS</i>	3	
<b>POTASSIUM</b>		
<i>klor-con -20 meq packet</i>	4	
<i>klor-con -8 meq tab er</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>klor-con m20</i>	2	
<i>potassium chloride 10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%)</i>	2	
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	2	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
<b>SODIUM</b>		
<i>sodium chloride</i>	4	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS

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

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

## **IMMUNOSUPPRESSIVE AGENTS**

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

## **POTASSIUM REMOVING AGENTS**

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

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



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

## **MULTIVITAMINS**

### **PRENATAL VITAMINS**

<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	

### **DIRECT MUSCLE RELAXANTS**

<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
---	---	--

## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **NASAL ANTIALLERGY**

<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	2	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
RADICAVA ORS STARTER KIT	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	4	PA
<b>NUTRIENTS</b>		
<b>PROTEINS</b>		
<i>plenamine</i>	4	PA <sup>3</sup>
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	2	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate 0.25 %, 0.5 %</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
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	

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	4	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
<b>OPHTHALMICS - MISC.</b>		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	2	
<i>azelastine hcl 0.05 % solution</i>	2	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	2	
XIIDRA	3	QL (60 EA PER 30 DAYS)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost 0.03 % solution</i>	4	QL (5 ML PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN	4	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	2	QL (5 ML PER 30 DAYS)
VYZULTA	4	

## **OTIC AGENTS**

### **OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid 2 % solution</i>	2	
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	2	

### **OTIC COMBINATIONS**

<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc --3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	

## **PASSIVE IMMUNIZING AND TREATMENT AGENTS**

### **IMMUNE SERUMS**

GAMMAKED 1 GM/10ML SOLUTION	5	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	5	PA, NDS
VARIZIG	1	VAC

### **MONOCLONAL ANTIBODIES**

BEYFORTUS	1	
-----------	---	--

## **PENICILLINS**

### **AMINOPENICILLINS**

AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	1	
---	---	--

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE - 400-57 MG CHEW TAB	2	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
<b>AMOXICILLIN-POT CLAVULANATE ER</b>	4	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4	
<i>piperacillin sod-tazobactam so</i>	4	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
<b>NAFCILLIN SODIUM IN DEXTROSE</b>	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
<b>OXACILLIN SODIUM IN DEXTROSE</b>	4	
<b>PROGESTINS</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
<b>DEPO-SUBQ PROVERA 104</b>	3	
<i>emzahh</i>	2	
<i>errin</i>	2	

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

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

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

### **AGENTS FOR CHEMICAL DEPENDENCY**

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

### **ANTIDEMENTIA AGENTS**

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	3	
<b>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</b>	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	4	
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	3	

## **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	5	NDS

## **MULTIPLE SCLEROSIS AGENTS**

AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
------------	---	-----------------------------------

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	5	PA, QL (120 EA PER 180 OVER TIME), NDS
<i>fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	5	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
VUMERITY	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
NUEDEXTA	5	PA, NDS
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NS	3	
<i>varenicline tartrate</i>	2	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate(continue)</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	5	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA <sup>3</sup> , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
-----------	-----------	-----------------------

## RESPIRATORY TRACT AGENTS

### ANTI-HISTAMINES

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

### PULMONARY ANTIHYPERTENSIVES

<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	5	PA, NDS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	5	PA, LA, NDS
WINREVAIR	5	PA, QL (1 EA PER 21 OVER TIME), NDS

## RESPIRATORY TRACT/PULMONARY AGENTS

### PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast</i>	4	
<i>theophylline er theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP DISORDERS, OTHER</b>		
SODIUM OXYBATE	5	PA, LA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)
<b>SULFONAMIDES</b>		
<i>sulfadiazine 500 mg tab</i>	4	
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension</i>	2	
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA <sup>3</sup> , VAC
TENIVAC	1	PA <sup>3</sup> , VAC
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<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 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>famotidine (pepcid)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	2	
<i>fesoterodine fumarate er</i>	3	
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>flavoxate hcl</i>	4	
GEMTESA	3	
<i>mirabegron er</i>	3	
MYRBETRIQ 8 MG/ML SRER	3	

## **VACCINES**

### **BACTERIAL VACCINES**

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

### **VIRAL VACCINES**

ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ENGERIX-B	1	PA <sup>3</sup> , VAC
ERVEBO	1	VAC
GARDASIL 9	1	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA <sup>3</sup> , VAC
IMOVAX RABIES	1	PA <sup>3</sup> , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
MRESVIA	1	VAC
PREHEVBRIO	1	PA <sup>3</sup> , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> , VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 365 OVER TIME), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TWINRIX	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
YF-VAX	1	VAC

## **VAGINAL AND RELATED PRODUCTS**

### **VAGINAL ANTI-INFECTIVES**

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

### **VAGINAL ESTROGENS**

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

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

# Index

<b>A</b>			
abacavir sulfate	62	albuterol sulfate hfa (Proventil equivalent)	27
abacavir sulfate-lamivudine	62	albuterol sulfate hfa 108 (Proair equivalent)	27
ABELCET	40	alcohol swabs	93
ABILIFY ASIMTUFII	62	ALCOHOL SWABS 1x1	93
ABILIFY MAINTENA	62	ALECENSA	49
abiraterone acetate	47	alendronate sodium	78
ABRYSVO	112	alfuzosin hcl er	88
acamprosate calcium	104	aliskiren fumarate	43
acarbose	36	allopurinol	88
accutane	72	alosetron hcl	38
acebutolol hcl	66	aprazolam	25
acetaminophen-codeine	19	altavera	80
acetazolamide	77	ALUNBRIG	49
acetazolamide er	77	alyacen 1/35	80
acetic acid	88,101	alyacen 7/7/7	80
acetylcysteine	71	alyq	108
acitretin	73	amantadine hcl	57
ACTEMRA	17	ambrisentan	108
ACTEMRA ACTPEN	17	amethia	80
ACTHIB	112	amethia lo	80
ACTIMMUNE	55	amikacin sulfate	14
acyclovir	65,76	amiloride hcl	78
acyclovir sodium	65	AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	77
ADACEL	110	amiodarone hcl	25
ADALIMUMAB-AATY (1 PEN)	15	amitriptyline hcl	34
ADALIMUMAB-AATY (2 PEN)	15	amlodipine besy-benazepril hcl	43
ADALIMUMAB-AATY (2 SYRINGE)	15	amlodipine besylate	67
adefovir dipivoxil	65	amlodipine besylate-valsartan	43
ADVAIR HFA	27	amlodipine-atorvastatin	68
afirmelle	80	amlodipine-olmesartan	43
AIMOVIG	93	amlodipine-valsartan-hctz	43
AJOVY	93	ammonium lactate (AMLACTIN)	76
ak-poly-bac	99	amnesteem	72
AKEEGA	47	amoxapine	34
albendazole	21	AMOXICILLIN	101
albuterol sulfate	27	Amoxicillin 125 MG/5ML RECON SUSP	102
		Amoxicillin 200 MG/5ML RECON SUSP	102
		Amoxicillin 250 MG CAP	102
		Amoxicillin 250 MG/5ML RECON SUSP	102
		Amoxicillin 400 MG/5ML RECON SUSP	102
		Amoxicillin 500 MG CAP	102
		Amoxicillin 500 MG TAB	102
		Amoxicillin 875 MG TAB	102
		AMOXICILLIN-POT CLAVULANATE	102
		Amoxicillin-Pot Clavulanate 200-28.5 MG/5ML RECON SUSP	102
		Amoxicillin-Pot Clavulanate 250-125 MG TAB	102
		Amoxicillin-Pot Clavulanate 250-62.5 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 400-57 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 500-125 MG TAB	103
		Amoxicillin-Pot Clavulanate 600-42.9 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 875-125 MG TAB	103
		AMOXICILLIN-POT CLAVULANATE ER	103
		amphetamine-dextroamphet er	14
		amphetamine-dextroamphetamine	14
		AMPHOTERICIN B	40
		ampicillin	102
		AMPICILLIN SODIUM	102
		ampicillin sodium 1 gm recon soln	102
		ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln	103

ampicillin-sulbactam sodium 15 (10-5) gm recon soln.....	103	ATROVENT HFA.....	26	benazepril hcl.....	41
ampicillin-sulbactam sodium 3 (2-1) gm recon soln.....	103	aubra.....	80	benazepril-hydrochlorothiazide	43
anagrelide hcl.....	89	aubra eq.....	80	BENLYSTA.....	96
anastrozole.....	47	AUGTYRO.....	49	benztropine mesylate.....	57
ANORO ELLIPTA.....	28	aurovela 1.5/30.....	80	BESREMI.....	55
APRACLONIDINE HCL.....	98	aurovela 1/20.....	80	betaine.....	79
aprepitant.....	39	aurovela 24 fe.....	80	betamethasone dipropionate...	74
apri.....	80	aurovela fe 1.5/30.....	80	betamethasone dipropionate	
APTIOM.....	30	aurovela fe 1/20.....	80	aug.....	74,75
APTIVUS.....	62	AUSTEDO.....	105	betamethasone valerate.....	75
aranelle.....	80	AUSTEDO XR.....	105	betaxolol hcl.....	66
ARCALYST.....	96	AUSTEDO XR PATIENT		BETAXOLOL HCL.....	98
AREXVY.....	112	TITRATION.....	105	bethanechol chloride.....	111
arformoterol tartrate.....	28	AUVELITY.....	33	bexarotene.....	55,73
ARIKAYCE.....	14	aviane.....	80	BEXSERO.....	112
aripiprazole.....	62	avita.....	72	BEYFORTUS.....	101
ARISTADA.....	62	AVONEX PEN.....	105	bicalutamide.....	47
ARISTADA INITIO.....	62	AVONEX PREFILLED.....	106	BICILLIN L-A.....	102
armodafinil.....	14	ayuna.....	81	BIKTARVY.....	62
ARNUITY ELLIPTA.....	27	AYVAKIT.....	55	bimatoprost.....	100
asenapine maleate.....	60	azathioprine.....	96	bisoprolol fumarate.....	66
ashlyna.....	80	azelaic acid.....	76	bisoprolol-hydrochlorothiazide	43
ASMANEX (120 METERED DOSES)	27	azelastine hcl.....	97,100	blisovi 24 fe.....	81
ASMANEX (30 METERED DOSES)	27	azithromycin.....	21	blisovi fe 1.5/30.....	81
ASMANEX (60 METERED DOSES)	27	aztreonam.....	21	blisovi fe 1/20.....	81
ASMANEX HFA.....	27	azurette.....	81	blood glucose monitoring	
aspirin-dipyridamole er.....	89			supplies.....	91
atazanavir sulfate.....	62	<b>B</b>		BOOSTRIX.....	110
atenolol.....	66	bacitra-neomycin-polymyxin-		bosentan.....	108
atenolol-chlorthalidone.....	43	hc.....	99	BOSULIF.....	49
atomoxetine hcl.....	14	bacitracin.....	21	BRAFTOVI.....	49
atorvastatin calcium.....	41	BACITRACIN.....	99	BREO ELLIPTA.....	28
atovaquone.....	23	bacitracin-polymyxin b.....	99	breyna.....	28
atovaquone-proguanil hcl.....	44	baclofen.....	97	BREZTRI AEROSPHERE.....	28
ATROPINE SULFATE.....	100	balsalazide disodium.....	87	briellyn.....	81
atropine sulfate.....	100	BALVERSA.....	49	BRILINTA.....	89
		balziva.....	81	brimonidine tartrate.....	98
		BARACLUDGE.....	65	brimonidine tartrate-timolol.....	98
		BCG VACCINE.....	112	BRIVIACT.....	30
		BELBUCA.....	20	bromocriptine mesylate.....	57
		BELSOMRA.....	90	BRUKINSA.....	49

budesonide.....	21,27,70	CARBIDOPA-LEVODOPA.....	57	ceftriaxone sodium.....	69
budesonide er.....	70	carbidopa-levodopa er.....	57	CEFTRIAZONE SODIUM IN	
budesonide-formoterol		carbidopa-levodopa-entacapone		DEXTROSE.....	69
fumarate.....	28	12.5-50-200 mg tab.....	57	CEFTRIAZONE SODIUM-	
bumetanide.....	78	carbidopa-levodopa-entacapone		DEXTROSE.....	69
buprenorphine.....	20	18.75-75-200 mg tab.....	57	cefuroxime axetil.....	69
buprenorphine hcl.....	20	carbidopa-levodopa-entacapone		cefuroxime sodium.....	69
buprenorphine hcl-naloxone		25-100-200 mg tab.....	58	celecoxib.....	17
hcl.....	20	carbidopa-levodopa-entacapone		cephalexin.....	69
bupropion hcl.....	33	31.25-125-200 mg tab.....	58	cetirizine (ZYRTEC).....	108
bupropion hcl er (smoking		carbidopa-levodopa-entacapone		cevimeline hcl.....	71
det).....	106	37.5-150-200 mg tab.....	58	charlotte 24 fe.....	81
bupropion hcl er (sr).....	33	carbidopa-levodopa-entacapone		chateal.....	81
bupropion hcl er (xl).....	33	50-200-200 mg tab.....	58	chateal eq.....	81
buspiron hcl.....	24	carglumic acid.....	79	CHEMET.....	95
BYDUREON BCISE.....	36	CARTEOLOL HCL.....	98	CHLORAMPHENICOL SOD	
		cartia xt.....	67	SUCCINATE.....	24
		carvedilol.....	66	chlorhexidine gluconate.....	71
		caspofungin acetate.....	39	chloroquine phosphate.....	44
		cavarest.....	71	chlorpromazine hcl.....	61
		CAYSTON.....	107	chlorthalidone.....	78
		CEFACLOR.....	69	chlorzoxazone.....	97
		CEFADROXIL.....	68	cholestyramine.....	41
		cefazolin sodium.....	68	cholestyramine light.....	41
		CEFAZOLIN SODIUM-		ciclopirox.....	72,73
		DEXTROSE.....	69	ciclopirox olamine.....	73
		cefdinir.....	69	cilostazol.....	89
		cefepime hcl.....	21	CIMDUO.....	62
		CEFEPIME-DEXTROSE.....	21	cimetidine.....	111
		cefixime.....	69	cinacalcet hcl.....	79
		cefotetan disodium.....	69	ciprofloxacin hcl.....	86,99
		CEFOTETAN DISODIUM-		CIPROFLOXACIN IN D5W.....	86
		DEXTROSE.....	69	ciprofloxacin-dexamethasone	101
		cefoxitin sodium.....	69	citalopram hydrobromide.....	33
		CEFOXITIN SODIUM-		claravis.....	72
		DEXTROSE.....	69	CLARITHROMYCIN.....	21
		cefpodoxime proxetil.....	69	clarithromycin.....	22
		cefprozil.....	69	clarithromycin er.....	22
		ceftazidime.....	69	clindamycin hcl.....	22
		CEFTAZIDIME AND		clindamycin palmitate hcl.....	22
		DEXTROSE.....	69	clindamycin phosphate.22,72,114	

clindamycin phosphate in d5w	22	constulose	91	dasatinib	50
CLINDAMYCIN PHOSPHATE IN NA CL	22	COPIKTRA	50	dasetta 1/35	81
clinpro 5000	71	CORLANOR	68	dasetta 7/7/7	81
clobazam	29	COSENTYX	74	DAURISMO	46,47
clobetasol prop emollient base	75	COSENTYX (300 MG DOSE)	74	daysee	81
clobetasol propionate	75	COSENTYX SENSOREADY (300 MG)	74	deblitane	103
clobetasol propionate e	75	COSENTYX SENSOREADY PEN	74	decadron	70
clodan	75	COSENTYX UNOREADY	74	deferasirox	95
clomipramine hcl	34	COTELLIC	50	DELSTRIGO	62
clonazepam	29	COVID-19 Vaccines	112	delyla	81
clonidine hcl er	14	CREON	77	demeclocycline hcl	109
clonidine tablet	42	CRESEMBA	40	denta 5000 plus	71
clonidine weekly patch	42	cromolyn sodium	26,87	dentagel	71
clopidogrel bisulfate	89	CROMOLYN SODIUM	100	DEPO-SUBQ PROVERA	104,103
clorazepate dipotassium	25	cryselle-28	81	DESCOVY	63
clotrimazole	71	cyclafem 1/35	81	desipramine hcl	34
clotrimazole (LOTRIMIN)	73	cyclafem 7/7/7	81	desloratadine	108
clotrimazole-betamethasone	73	cyclobenzaprine hcl	97	desmopressin ace spray refrig	80
clozapine	60,61	CYCLOPHOSPHAMIDE	45	desmopressin acetate	80
CLOZAPINE 12.5 MG TAB DISP	60	cyclophosphamide 25 mg cap	45	desmopressin acetate spray	80
COARTEM	44	cyclophosphamide 50 mg cap	45	desonide	75
COBENFY	58	CYCLOSET	36	desoximetasone	75
COBENFY STARTER PACK	58	cyclosporine	96,100	desvenlafaxine succinate er	34
colchicine	88	cyclosporine modified	96	dexamethasone	70
colchicine-probenecid	88	cyred	81	DEXAMETHASONE INTENSOL	70
colesevelam hcl	41	cyred eq	81	dexamethasone sodium phosphate	70
colestipol hcl	41	CYSTAGON	88	DEXAMETHASONE SODIUM PHOSPHATE	100
colistimethate sodium (cba)	22	CYSTARAN	100	DEXCOM G5 MOB/G4 PLAT SENSOR	91
COMBIVENT RESPIMAT	28	<b>D</b>		DEXCOM G5 MOBILE RECEIVER	91
COMETRIQ (100 MG DAILY DOSE)	50	dabigatran etexilate mesylate	28	DEXCOM G5 MOBILE TRANSMITTER	91
COMETRIQ (140 MG DAILY DOSE)	50	dalfampridine er	106	DEXCOM G5 RECEIVER KIT	91
COMETRIQ (60 MG DAILY DOSE)	50	danazol	20	DEXCOM G6 RECEIVER	91
COMPLERA	62	dantrolene sodium	97	DEXCOM G6 SENSOR	91
compro suppositories	61	dapsone	44	DEXCOM G6 TRANSMITTER	91
		DAPTACEL	110		
		DAPTOMYCIN	22		
		darifenacin hydrobromide er	111		
		darunavir	62		

DEXCOM G7 RECEIVER	91	DOVATO	63	enalapril maleate	42
DEXCOM G7 SENSOR	91	doxazosin mesylate	42	enalapril-hydrochlorothiazide	43
DIACOMIT	30	doxepin hcl	34,90	ENBREL	15
diazepam	25	DOXERCALCIFEROL	79	ENBREL MINI	16
DIAZEPAM	29	doxy 100	109	ENBREL SURECLICK	16
diazepam intensol	25	doxycycline hyclate	109	endocet	19
diazoxide	36	doxycycline monohydrate	109	ENGERIX-B	113
diclofenac potassium	17	DRIZALMA SPRINKLE	34	enilloring	81
diclofenac sodium	17,73,100	dronabinol	39	enoxaparin sodium	29
diclofenac sodium er	17	drosiprenone-ethinyl estradiol	81	enpresse-28	81
dicloxacillin sodium	103	DROXIA	89	enskyce	81
dicyclomine hcl	110	droxidopa	68	entacapone	57
DIFICID	22	DULERA	28	entecavir	65
diflunisal	17	duloxetine hcl	34	ENTRESTO	68
digoxin	68	DUPIXENT	26	enulose	87
DIGOXIN	68	dutasteride	88	ENVARUSUS XR	96
dihydroergotamine mesylate	93	dutasteride-tamsulosin hcl	88	EPIDIOLEX	30
DILANTIN	30	<b>E</b>		epinastine hcl	100
dilt-xr	67	ec-naproxen	17	Epinephrine 0.15/3ml, 0.30/3ml	
diltiazem hcl	67	econazole nitrate	73	auto-injector (Teva and Mylan	
diltiazem hcl er	67	EDURANT	63	only)	28
diltiazem hcl er beads	67	efavirenz	63	epitol	30
diltiazem hcl er coated beads	67	efavirenz-emtricitab-tenofo df	63	eplerenone	43
dimethyl fumarate	106	efavirenz-lamivudine-tenofovir	63	EPRONTIA	30
dimethyl fumarate starter		eletriptan hydrobromide	93	ERGOTAMINE-CAFFEINE	93
pack	106	ELIGARD	47	ERIVEDGE	47
diphenoxylate-atropine	38	elinest	81	ERLEADA	47
DIPHTHERIA-TETANUS		ELIQUIS	28	erlotinib hcl	46
TOXOIDS DT	110	ELIQUIS DVT/PE STARTER		errin	103
dipyridamole	89	PACK	28	ertapenem sodium	23
disopyramide phosphate	25	ELMIRON	88	ERVEBO	113
disulfiram	104	eluryng	81	ERY	72
divalproex sodium	32	EMGALITY	93	ery-tab	22
divalproex sodium er	32	EMGALITY (300 MG DOSE)	93	erythromycin	22,72,99
dofetilide	25	emoquette	81	erythromycin base	22
donepezil hcl	104	EMSAM	33	erythromycin ethylsuccinate	22
dorzolamide hcl	100	emtricitabine	63	escitalopram oxalate	33
dorzolamide hcl-timolol mal	98	emtricitabine-tenofovir df	63	esomeprazole magnesium	111
dorzolamide hcl-timolol mal		EMTRIVA	63	estarylla	81
pf	98	emzahh	103	estradiol	86,114
dotti	86			estradiol valerate	86

estradiol-norethindrone acet.	82	FINTEPLA	30	fosinopril sodium	42
ESTRING	114	finzala	82	fosinopril sodium-hctz	43
eszopiclone	90	FIRDAPSE	44	FOTIVDA	50
ethacrynic acid	78	FIRMAGON	47	fraiche 5000 dental	71
ethambutol hcl	44	FIRMAGON (240 MG DOSE)	47	FREESTYLE LIBRE 14 DAY	
ethosuximide	32	flac	101	READER	92
ethynodiol diac-eth estradiol	82	flavoxate hcl	112	FREESTYLE LIBRE 14 DAY	
etodolac	17	flecainide acetate	25	SENSOR	92
etonogestrel-ethinyl estradiol	82	fluconazole	40	FREESTYLE LIBRE 2 PLUS	
etravirine	63	fluconazole in sodium chloride	40	SENSOR	92
euthyrox	110	flucytosine	40	FREESTYLE LIBRE 2	
everolimus	50,96	fludrocortisone acetate	71	READER	92
EVOTAZ	63	flunisolide	97	FREESTYLE LIBRE 2	
exemestane	47	fluocinolone acetonide	75,101	SENSOR	92
ezetimibe	40	fluocinolone acetonide body	75	FREESTYLE LIBRE 3 PLUS	
ezetimibe-simvastatin	40	fluocinolone acetonide scalp	75	SENSOR	92
		fluocinonide	75	FREESTYLE LIBRE 3	
		FLUOCINONIDE 0.05 % GEL	75	READER	92
		fluoridex	71	FREESTYLE LIBRE 3	
falmina	82	fluoridex enhanced whitening	71	SENSOR	92
famciclovir	65	fluorimax 5000	71	FREESTYLE LIBRE READER	92
famotidine (PEPCID)	111	fluorometholone	100	FRUZAQLA	45
FANAPT	59	fluorouracil	73	furosemide	78
FANAPT TITRATION PACK	59	FLUOROURACIL	73	FUROSEMIDE	78
FARXIGA	38	fluoxetine hcl	33	FUZEON	63
FASENRA	26	FLUOXETINE HCL	33	fyavolv	82
FASENRA PEN	26	fluphenazine decanoate	61	FYCOMPA	30
febuxostat	88	fluphenazine hcl	61		
feirza 1.5/30	82	flurbiprofen	17		
felbamate	32	FLURBIPROFEN SODIUM	100		
felodipine er	67	fluticasone propionate	97		
femynor	82	FLUTICASONE PROPIONATE			
fenofibrate	41	HFA	27		
fenofibrate micronized	41	fluticasone-salmeterol	28		
fenofibric acid	41	fluvastatin sodium	41		
fantanyl	18	fluvoxamine maleate	33		
fantanyl citrate	18	fluvoxamine maleate er	34		
fesoterodine fumarate er	111	fondaparinux sodium	29		
FETZIMA	34	formoterol fumarate	28		
FETZIMA TITRATION	34	fosamprenavir calcium	63		
finasteride	88	fosfomycin tromethamine	24		
ingolimod hcl	106				

## G

gabapentin	30
galantamine hydrobromide	105
GALANTAMINE	
HYDROBROMIDE	105
galantamine hydrobromide er	105
gallifrey	104
GAMMAKED	101
GAMUNEX-C	101
GARDASIL 9	113
gatifloxacin	99
GAUZE PADS	91
gauze pads and dressings	91



GAVILYTE-C	90	hailey 24 fe	82	imatinib mesylate	50
gavilyte-g	90	hailey fe 1.5/30	82	IMBRUVICA	50,51
gavilyte-n with flavor pack	90	hailey fe 1/20	82	imipenem-cilastatin	23
GAVRETO	50	halobetasol propionate	75	imipramine hcl	35
gefitinib	46	haloette	82	imiquimod	76
gemfibrozil	41	haloperidol	58	IMKELDI	51
GEMTESA	112	haloperidol decanoate	59	IMOVAX RABIES	113
generlac	87	haloperidol lactate	59	incassia	104
gengraf	96	HAVRIX	113	INCRELEX	80
GENTAMICIN IN SALINE	15	heather	104	INCRUSE ELLIPTA	26
gentamicin sulfate	15,72,99	heparin sodium (porcine)	29	indapamide	78
GENVOYA	63	heparin sodium (porcine) pf	29	indomethacin	17
gianvi	82	HEPLISAV-B	113	INFANRIX	110
GILOTRIF	46	HIBERIX	112	INGREZZA	105
glatiramer acetate	106	HUMULIN R U-500		INLYTA	45,46
glatopa	106	(CONCENTRATED)	37	INQOVI	48
GLEOSTINE	45	HUMULIN R U-500 KWIKPEN37		INREBIC	51
glimepiride	38	hydralazine hcl	43	INSULIN ASP PROT & ASP	
glipizide	38	hydrochlorothiazide	78	FLEXPEN	37
glipizide er	38	hydrocodone-acetaminophen	19	INSULIN ASPART	37
glipizide xl	38	hydrocortisone	21,70,75	INSULIN ASPART FLEXPEN	37
glipizide-metformin hcl	35	hydrocortisone (perianal)	21	INSULIN ASPART PENFILL	37
GLUCAGON EMERGENCY	36	HYDROCORTISONE 2.5 %		INSULIN ASPART PROT &	
glycopyrrolate	110	LOTION	75	ASPART	37
GLYXAMBI	35	hydrocortisone sod suc (pf)	70	INSULIN PEN NEEDLE	93
GOLYTELY	90	hydrocortisone-acetic acid	101	INSULIN SYRINGE (DISP) U-100	
granisetron hcl	39	hydromorphone hcl	18	0.3 ML	93
griseofulvin microsize	40	hydroxychloroquine sulfate	44	INSULIN SYRINGE (DISP) U-100	
griseofulvin ultramicrosize	40	hydroxyurea	56	1 ML	93
guanfacine hcl	42	hydroxyzine hcl	24	INSULIN SYRINGE (DISP) U-100	
guanfacine hcl er	14	hydroxyzine pamoate	24	1/2 ML	93
GVOKE HYPOPEN 1-PACK	36			INTELENCE	63
GVOKE HYPOPEN 2-PACK	36			introvale	82
GVOKE KIT	36	ibandronate sodium	78	INVEGA HAFYERA	59
GVOKE PFS	36	IBRANCE	50	INVEGA SUSTENNA	59
		ibuprofen (MOTRIN)	17	INVEGA TRINZA	59,60
		icatibant acetate	90	IPOL	113
		iclevia	82	ipratropium bromide	26,97
HADLIMA	16	ICLUSIG	50	ipratropium-albuterol	28
HADLIMA PUSH TOUCH	16	icosapent ethyl	40	irbesartan	42
HAEGARDA	90	IDHIFA	50	irbesartan-hydrochlorothiazide	43
hailey 1.5/30	82				

ISENTRESS.....	63	JYNNEOS.....	113	lacosamide.....	30,31
ISENTRESS HD.....	63			lactated ringers.....	94
isibloom.....	82	<b>K</b>		lactulose.....	91
isoniazid.....	44	K-PHOS.....	94	lactulose encephalopathy.....	87
isoniazid 300mg tab.....	44	kalliga.....	82	lamivudine.....	63,65
isosorbide dinitrate.....	24	KALYDECO.....	107	lamivudine-zidovudine.....	63
isosorbide mononitrate.....	24	kariva.....	82	lamotrigine.....	31
isosorbide mononitrate er.....	24	kcl in dextrose-nacl.....	94	lamotrigine er.....	31
isotretinoin.....	72	kelnor 1/35.....	82	lancet device.....	92
isradipine.....	67	kelnor 1/50.....	83	lancets.....	92
ITOVEBI.....	51	KERENDIA.....	80	lansoprazole (PREVACID).....	111
itraconazole.....	40	KESIMPTA.....	106	LANTUS.....	37
ivabradine hcl.....	68	ketoconazole.....	40,73	LANTUS SOLOSTAR.....	37
ivermectin.....	21,76	ketorolac tromethamine.....	17,100	lapatinib ditosylate.....	51
IWILFIN.....	57	KEVZARA.....	17	larin 1.5/30.....	83
IXCHIQ.....	113	KINRIX.....	110	larin 1/20.....	83
IXIARO.....	113	kionex.....	96	larin 24 fe.....	83
		KISQALI (200 MG DOSE).....	51	larin fe 1.5/30.....	83
<b>J</b>		KISQALI (400 MG DOSE).....	51	larin fe 1/20.....	83
jaimiess.....	82	KISQALI (600 MG DOSE).....	51	larissia.....	83
JAKAFI.....	51	KISQALI FEMARA (200 MG DOSE).....	48	latanoprost.....	101
jantoven.....	29	KISQALI FEMARA (400 MG DOSE).....	48	LAZCLUZE.....	46
JANUMET.....	35	KISQALI FEMARA (600 MG DOSE).....	48	LEDIPASVIR-SOFOSBUVIR.....	65
JANUMET XR.....	35	klayesta.....	73	leena.....	83
JANUVIA.....	36	klor-con.....	94	leflunomide.....	16
JARDIANCE.....	38	klor-con 10.....	94	lenalidomide.....	95
jasmiel.....	82	klor-con m10.....	94	LENVIMA (10 MG DAILY DOSE).....	46
JAYPIRCA.....	51	klor-con m15.....	94	LENVIMA (12 MG DAILY DOSE).....	46
jencycla.....	104	klor-con m20.....	95	LENVIMA (14 MG DAILY DOSE).....	46
JENTADUETO.....	35	KLOXXADO.....	38	LENVIMA (18 MG DAILY DOSE).....	46
JENTADUETO XR.....	35	KOSELUGO.....	51	LENVIMA (20 MG DAILY DOSE).....	46
jinteli.....	82	kourzeq.....	71	LENVIMA (24 MG DAILY DOSE).....	46
jolessa.....	82	KRAZATI.....	51	LENVIMA (4 MG DAILY DOSE).....	46
juleber.....	82	kurvelo.....	83		
JULUCA.....	63				
junel 1.5/30.....	82	<b>L</b>			
junel 1/20.....	82	l-glutamine.....	89		
junel fe 1.5/30.....	82	labetalol hcl.....	66		
junel fe 1/20.....	82				
junel fe 24.....	82				
just right 5000.....	71				

LENVIMA (8 MG DAILY DOSE)	46	liothyronine sodium	110	lyleq	104
lessina	83	lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	14	lyllana	86
letrozole	47	lisinopril	42	LYNPARZA	52
leucovorin calcium	57	lisinopril-hydrochlorothiazide	43	LYSODREN	47
levalbuterol hcl	28	lithium	58	LYTGOBI (12 MG DAILY DOSE)	52
LEVALBUTEROL TARTRATE	28	LITHIUM CARBONATE	58	LYTGOBI (16 MG DAILY DOSE)	52
levetiracetam	31	lithium carbonate	58	LYTGOBI (20 MG DAILY DOSE)	52
levetiracetam er	31	LITHIUM CARBONATE 600 MG CAP	58	lyza	104
LEVOBUNOLOL HCL	98	lithium carbonate er	58	<b>M</b>	
levocarnitine	79	LIVTENCITY	64	M-M-R II	113
levocarnitine sf	79	lo-zumandimine	83	magnesium sulfate	94
levocetirizine (XYZAL)	108	loestrin 1.5/30 (21)	83	malathion	76
levofloxacin	86	loestrin 1/20 (21)	83	maraviroc	63
LEVOFLOXACIN	99	loestrin fe 1.5/30	83	marlissa	83
LEVOFLOXACIN 0.5 % SOLUTION	99	loestrin fe 1/20	83	MARPLAN	33
levofloxacin in d5w	86	lojaimiess	83	MATULANE	56
levonest	83	LOKELMA	96	matzim la	67
levonorg-eth estrad triphasic	83	LONSURF	48	MAVYRET	65
levonorgest-eth estrad 91-day	83	loperamide (IMMODIUM)	38	meclizine	39
levonorgest-eth estradiol-iron	83	lopinavir-ritonavir	63	medroxyprogesterone acetate	104
levonorgestrel-ethinyl estrad	83	lorazepam	25	mefloquine hcl	44
levora 0.15/30 (28)	83	lorazepam intensol	25	megestrol acetate	47
levothyroxine sodium	110	LORBRENA	51	MEGESTROL ACETATE	104
levoxyl	110	loryna	83	MEKINIST	52
LIBERVANT	29	losartan potassium	42	MEKTOVI	52
LIDOCAINE HCL	71	losartan potassium-hctz	43	melodetta 24 fe	83
lidocaine hcl	76	loteprednol etabonate	100	meloxicam	17
lidocaine patches	76	lovastatin	41	memantine hcl	105
lidocaine viscous hcl	71	low-ogestrel	83	memantine hcl er	105
lidocaine-prilocaine	76	loxapine succinate	61	MENACTRA	112
LILETTA (52 MG)	104	lubiprostone	91	MENEST	86
lillow	83	LUMAKRAS	51,52	MENQUADFI	112
lincomycin hcl	22	LUMIGAN	101	MENVEO	112
linezolid	22	LUPRON DEPOT (1-MONTH)	47	mercaptapurine	45
LINEZOLID IN SODIUM CHLORIDE	22	LUPRON DEPOT (3-MONTH)	47	meropenem	23,24
LINZESS	91	lurasidone hcl	59	MEROPENEM-SODIUM CHLORIDE	24
		lutera	83		

mesalamine	87	microgestin 24 fe	84
mesalamine er	87	microgestin fe 1.5/30	84
mesalamine-cleanser	87	microgestin fe 1/20	84
mesna	57	midodrine hcl	68
metformin hcl	36	mifepristone	36
metformin hcl er	36	MIGERGOT	93
methadone hcl	18	mili	84
METHADONE HCL 10 MG/5ML SOLUTION	18	minocycline hcl	109
METHADONE HCL 5 MG/5ML SOLUTION	18	minoxidil	43
METHAMPHETAMINE HCL	14	mirabegron er	112
methazolamide	77	mirtazapine	33
methenamine hippurate	24	misoprostol	111
methenamine mandelate	24	modafinil	14
methimazole	109	moexipril hcl	42
methocarbamol	97	MOLINDONE HCL	59
METHOTREXATE	45	mometasone furoate	75,76,97
METHOTREXATE SODIUM	45	mono-lynyah	84
methotrexate sodium (pf)	45	montelukast sodium	27
Methoxsalen Rapid	74	morphine sulfate	19
methsuximide	32	MORPHINE SULFATE (concentrate)	19
methylphenidate hcl	14	MORPHINE SULFATE (CONCENTRATE)	19
methylphenidate hcl er	14	MORPHINE SULFATE 20 MG/5ML SOLUTION	19
methylphenidate hcl er (osm)	14	morphine sulfate er	19
methylprednisolone	70	MOUNJARO	36
metoclopramide hcl	87	MOVANTIK	91
metolazone	78	MOXIFLOXACIN HCL	87
metoprolol succinate er	66	moxifloxacin hcl	99
metoprolol-tartrate	66	MOXIFLOXACIN HCL (2X DAY)	99
metoprolol-hydrochlorothiazide	43	MOXIFLOXACIN HCL IN NAACL	87
metronidazole	22,76	MRESVIA	113
metronidazole vaginal 0.75% gel	114	mupirocin 2% ointment	72
metyrosine	43	mycophenolate mofetil	96
mexiletine hcl	25	mycophenolate sodium	96
mibelas 24 fe	83	mycophenolic acid	96
micafungin sodium	39	MYRBETRIQ	112
microgestin 1.5/30	83		
microgestin 1/20	84		

## N

na sulfate-k sulfate-mg sulf	90
nabumetone	17
nadolol	66
nafcillin sodium	103
NAFCILLIN SODIUM IN DEXTROSE	103
NALOXONE HCL	38,39
naltrexone hcl	39
naproxen	17
naratriptan hcl	93
nateglinide	36
NAYZILAM	29
nebivolol hcl	66
necon 0.5/35 (28)	84
needles and syringes	93
NEFAZODONE HCL	34
NEFFY	28
neomycin sulfate	15
neomycin-bacitracin zn-polymyx	99
neomycin-polymyxin-dexameth	100
NEOMYCIN-POLYMYXIN-GRAMICIDIN	99
NEOMYCIN-POLYMYXIN-HC100	101
neomycin-polymyxin-hc 3.5-10000-1 suspension	101
NERLYNX	52
nevirapine	63
NEVIRAPINE	63
nevirapine er	64
NEXPLANON	104
NEXVIAZYME	79
niacin er (antihyperlipidemic)	40
NICOTROL NS	106
nifedipine er	67
nifedipine er osmotic release	67
nikki	84

nilutamide.....	48	NOVOLIN R FLEXPEN	olmesartan medoxomil.....	42
nimodipine.....	67	RELION.....	olmesartan medoxomil-hctz....	43
NINLARO.....	52	NOVOLIN R RELION.....	olmesartan-amlodipine-hctz....	43
NITAZOXANIDE.....	23	NOVOLOG.....	olopatadine hcl.....	97
NITRO-BID.....	24	NOVOLOG 70/30 FLEXPEN	omega-3-acid ethyl esters.....	41
nitrofurantoin macrocrystal...	24	RELION.....	omeprazole.....	111
nitrofurantoin monohyd		NOVOLOG FLEXPEN.....	OMNIPOD 5 DEXG7G6 PODS	
macro.....	24	NOVOLOG FLEXPEN	GEN 5.....	92
nitroglycerin.....	21,24	RELION.....	OMNIPOD 5 G6 INTRO (GEN	
nora-be.....	104	NOVOLOG MIX 70/30.....	5).....	92
norelgestromin-eth estradiol...	84	NOVOLOG MIX 70/30	OMNIPOD 5 G6 PODS (GEN	
norethin ace-eth estrad-fe....	84	FLEXPEN.....	5).....	92
norethindrone.....	104	NOVOLOG MIX 70/30	OMNIPOD 5 G7 INTRO (GEN	
norethindrone acet-ethinyl		RELION.....	5).....	92
est.....	84	NOVOLOG PENFILL.....	OMNIPOD 5 G7 PODS (GEN	
norethindrone acetate.....	104	NOVOLOG RELION.....	5).....	92
norethindrone-eth estradiol...	84	NUBEQA.....	OMNIPOD 5 LIBRE2 PLUS G6	
norgestim-eth estrad		NUDEXTA.....	PODS.....	92
triphasic.....	84	NUPLAZID.....	OMNIPOD CLASSIC PDM (GEN	
norgestimate-eth estradiol...	84	NURTEC.....	3).....	92
norlyda.....	104	nyamyc.....	OMNIPOD CLASSIC PODS	
norlyroc.....	104	nylia 1/35.....	(GEN 3).....	92
nortrel 0.5/35 (28).....	84	nylia 7/7/7.....	OMNIPOD DASH INTRO (GEN	
nortrel 1/35 (21).....	84	nymyo.....	4).....	92
nortrel 1/35 (28).....	84	nystatin.....	40,71,73	
nortrel 7/7/7.....	84	nystatin-triamcinolone.....	73	
nortriptyline hcl.....	35	nystop.....	73	
NORVIR.....	64	NYVEPRIA.....	89	
NOVOLIN 70/30.....	37	<b>O</b>		
NOVOLIN 70/30 FLEXPEN.....	37	ocella.....	84	
NOVOLIN 70/30 FLEXPEN		octreotide acetate.....	79	
RELION.....	37	ODEFSEY.....	64	
NOVOLIN 70/30 RELION.....	37	ODOMZO.....	47	
NOVOLIN N.....	37	OFEV.....	107	
NOVOLIN N FLEXPEN.....	37	OFLOXACIN.....	87	
NOVOLIN N FLEXPEN		ofloxacin.....	99	
RELION.....	37	OGSIVEO.....	52	
NOVOLIN N RELION.....	37	OJEMDA.....	52	
NOVOLIN R.....	37	OJJAARA.....	52	
NOVOLIN R FLEXPEN.....	37	olanzapine.....	61	
				ORENCIA.....
				18

ORENCIA CLICKJECT.....	18	PEMAZYRE.....	52	piperacillin sod-tazobactam	
ORGOVYX.....	48	PENBRAYA.....	112	so.....	103
ORKAMBI.....	107	penicillamine.....	95	PIQRAY (200 MG DAILY	
ORSERDU.....	48	penicillin g potassium.....	102	DOSE).....	53
orsythia.....	84	PENICILLIN G PROCAINE..	102	PIQRAY (250 MG DAILY	
oseltamivir phosphate.....	65	PENICILLIN G SODIUM.....	102	DOSE).....	53
OTEZLA.....	74	penicillin v potassium.....	102	PIQRAY (300 MG DAILY	
oxacillin sodium.....	103	Penicillin V Potassium 125		DOSE).....	53
OXACILLIN SODIUM IN		MG/5ML RECON SOLN.....	102	pirfenidone.....	107
DEXTROSE.....	103	Penicillin V Potassium 250		pirmella 1/35.....	84
oxaprozin.....	17	MG/5ML RECON SOLN.....	102	pirmella 7/7/7.....	84
oxazepam.....	25	PENTACEL.....	110	piroxicam.....	17
oxcarbazepine.....	31	Pentamidine Isethionate for		PLEGRIDY.....	106
oxybutynin chloride.....	111	Injection Solution.....	22	plenamine.....	98
oxybutynin chloride er.....	111	Pentamidine Isethionate for		PNEUMOVAX 23.....	112
oxycodone hcl.....	19	Nebulization Solution.....	23	PODOFILOX 0.5 %	
oxycodone-acetaminophen..	20	pentoxifylline er.....	68	SOLUTION.....	76
OZEMPIC (0.25 OR 0.5		perindopril erbumine.....	42	polymyxin b-trimethoprim.....	99
MG/DOSE).....	36	perindopril erbumine 4 mg tab	42	POMALYST.....	56
OZEMPIC (1 MG/DOSE).....	36	periogard.....	71	portia-28.....	84
OZEMPIC (2 MG/DOSE).....	37	permethrin (NIX).....	76	posaconazole.....	40
		perphenazine.....	61	potassium chloride.....	95
		PERSERIS.....	60	POTASSIUM CHLORIDE.....	95
		PHENELZINE SULFATE 15 MG		potassium chloride 2 meq/ml	
pacerone.....	26	TAB.....	33	solution.....	95
paliperidone er.....	60	phenobarbital.....	31	potassium chloride 20 meq	
PANRETIN.....	73	phenytek.....	31	packet.....	95
pantoprazole sodium.....	111	phenytoin.....	31	potassium chloride crys er.....	95
paricalcitol.....	79	phenytoin infatabs.....	31	potassium chloride er.....	95
paroxetine hcl.....	34	phenytoin sodium extended..	31	potassium chloride in dextrose	94
paroxetine hcl er.....	34	philith.....	84	potassium citrate er.....	88
PAXLOVID (150/100).....	66	PIFELTRO.....	64	pramipexole dihydrochloride...	58
PAXLOVID (300/100).....	66	pilocarpine hcl.....	71,100	prasugrel hcl.....	89
pazopanib hcl.....	52	pimecrolimus.....	76	pravastatin sodium.....	41
PEDIARIX.....	110	PIMOZIDE.....	106	praziquantel.....	21
PEDVAX HIB.....	112	pimtrea.....	84	prazosin hcl.....	42
peg 3350-kcl-na bicarb-nacl.	90	pindolol.....	66	prednisolone.....	70
peg-3350/electrolytes.....	90	pioglitazone hcl.....	36	prednisolone acetate.....	100
peg-		pioglitazone hcl-glimepiride..	35	prednisolone sodium	
3350/electrolytes/ascorbat...	90	pioglitazone hcl-metformin hcl	35	phosphate.....	70
peg-kcl-nacl-nasulf-na asc-c.	91				
PEGASYS.....	65				

PREDNISOLONE SODIUM	proctozone-hc	21	RADICAVA ORS STARTER	
PHOSPHATE	progesterone	104	KIT	98
prednisolone sodium	PROGRAF	96	raloxifene hcl	78
phosphate 25 mg/5ml	PROMACTA	89	ramelteon	90
solution	promethazine hcl (6.25 mg/5ml		ramipril	42
prednisolone sodium	sol, 6.25 mg/5ml syrup, 12.5 mg		ranolazine er	68
phosphate 6.7 (5 base) mg/5ml	suppos, 12.5 mg tab, 25 mg		rasagiline mesylate	58
solution	suppos, 25 mg tab, 50 mg		reclipsen	85
prednisone	tab)	108	RECOMBIVAX HB	113
PREDNISON	propafenone hcl	25	RENACIDIN	88
PREDNISON INTENSOL	propafenone hcl er	25	repaglinide	36
pregabalin	propranolol hcl	66	REPATHA	41
PREHEVBRIO	propranolol hcl er	66	REPATHA PUSHTRONEX	
PREMARIN	propylthiouracil	109	SYSTEM	41
prenatal vitamin	PROQUAD	113	REPATHA SURECLICK	41
PRENATAL VITAMIN WITH	protriptyline hcl	35	RETACRIT	89
MINERALS AND FOLIC ACID	PULMOZYME	107	RETEVMO	53
GREATER THAN 0.8 MG	PURIXAN	45	REVLIMID	96
ORAL TABLET	pyrazinamide	44	REVUFORJ	56
prevalite	pyridostigmine bromide	44	REXULTI	62
PREVIDENT 5000 ENAMEL	pyridostigmine bromide er	44	REYATAZ	64
PROTECT	pyrimethamine	44	REZDIFFRA	87
PREVIDENT 5000			REZLIDHIA	53
SENSITIVE	<b>Q</b>		REZUROCK	96
previfem	QINLOCK	53	RHOPRESSA	99
PREVNAR 20	QUADRACEL	110	RIBAVIRIN 200 MG CAP	65
PREVYMIS	Quadrivalent Influenza		RIBAVIRIN 200 MG TAB	65
PREZCOBIX	Vaccines	113	RIDAURA	17
PREZISTA	quetiapine fumarate	61	rifabutin	44
PRIFTIN	quetiapine fumarate er	61	rifampin	44
PRIMAQUINE PHOSPHATE	quinapril hcl	42	riluzole	98
26.3 (15 BASE) MG TAB	quinidine gluconate er	25	RIMANTADINE HCL	66
PRIMIDONE	QUINIDINE SULFATE	25	RINVOQ	16
PRIORIX	quinine sulfate	44	RINVOQ LQ	16
PRIVIGEN	QVAR REDIHALER	27	risedronate sodium	78
probenecid	<b>R</b>		risperidone	60
prochlorperazine maleate	RABAVERT	113	risperidone microspheres er	60
prochlorperazine	rabeprazole sodium	111	ritonavir	64
suppositories	RADICAVA ORS	98	rivastigmine	105
procto-med hc			rivastigmine tartrate	105
proctosol hc			rizatriptan benzoate	93

ROCKLATAN.....	99	simliya.....	85	sprintec 28.....	85
roflumilast.....	108	simpesse.....	85	SPRITAM.....	31
ropinirole hcl.....	58	simvastatin.....	41	sps (sodium polystyrene sulf).....	97
ropinirole hcl er.....	58	sirolimus.....	96	sronyx.....	85
rosuvastatin calcium.....	41	SIRTURO.....	45	ssd.....	77
ROTARIX.....	113	SKYRIZI.....	74,87	STELARA.....	74
ROTATEQ.....	113	SKYRIZI PEN.....	74	STIOLTO RESPIMAT.....	28
roweepra.....	31	SKYTROFA.....	79	STIVARGA.....	53
ROZLYTREK.....	53	SOD FLUORIDE-POTASSIUM		STREPTOMYCIN SULFATE.....	15
RUBRACA.....	53	NITRATE.....	72	STRIBILD.....	64
rufinamide.....	31	sodium chloride.....	88,95	STRIVERDI RESPIMAT.....	28
RUKOBIA.....	64	sodium fluoride.....	72	SUCRAID.....	77
RYBELSUS.....	37	Sodium Fluoride.....	94	sucrafate.....	111
RYDAPT.....	53	SODIUM FLUORIDE 5000		SUFLAVE.....	91
RYTARY.....	58	ENAMEL.....	72	SULFACETAMIDE SODIUM.....	99
		sodium fluoride 5000 plus.....	72	sulfacetamide sodium.....	99
		sodium fluoride 5000 ppm.....	72	sulfacetamide sodium (acne).....	72
<b>S</b>		SODIUM FLUORIDE 5000		SULFACETAMIDE-	
sajazir.....	90	SENSITIVE.....	72	PREDNISOLONE.....	100
SANTYL.....	77	sodium fluoride chewable		sulfadiazine.....	109
sapropterin dihydrochloride.....	79	tablet.....	94	sulfamethoxazole-	
SCEMBLIX.....	53	SODIUM OXYBATE.....	109	trimethoprim.....	109
scopolamine.....	39	sodium phenylbutyrate.....	79	sulfasalazine.....	88
SECUADO.....	61	sodium polystyrene sulfonate.....	96	sulindac.....	18
selegiline hcl.....	58	SOFOSBUVIR-		sumatriptan.....	93
selenium sulfide.....	76	VELPATASVIR.....	65	sumatriptan succinate.....	93
SELZENTRY.....	64	solifenacin succinate.....	111	sumatriptan succinate refill.....	93
sertraline hcl.....	34	SOLQUA.....	35	sunitinib malate.....	54
setlakin.....	85	SOLTAMOX.....	48	SUNLENCA.....	64
sf.....	71	SOLU-CORTEF.....	70	SUNOSI.....	109
sf 5000 plus.....	71	SOLU-MEDROL.....	70	syeda.....	85
sharobel.....	104	SOLU-MEDROL (PF).....	70	SYMPAZAN.....	29
SHINGRIX.....	113	SOMAVERT.....	80	SYMTUZA.....	64
SIGNIFOR.....	79	sorafenib tosylate.....	53	SYNJARDY.....	35
sildenafil citrate.....	108	sorine.....	66	SYNJARDY XR.....	35
silodosin.....	88	sotalol hcl.....	67	SYNTHROID.....	110
silver sulfadiazine.....	77	sotalol hcl (af).....	67		
SIMBRINZA.....	98	SPIRIVA HANDIHALER.....	26	<b>T</b>	
SIMLANDI (1 PEN).....	16	SPIRIVA RESPIMAT.....	27	TABRECTA.....	54
SIMLANDI (1 SYRINGE).....	16	spironolactone.....	78	tacrolimus.....	76,96
SIMLANDI (2 PEN).....	16	spironolactone-hctz.....	77	tadalafil.....	88
SIMLANDI (2 SYRINGE).....	16				



tadalafil (pah).....	108	testosterone 50 mg/5gm (1%) gel.....	20	tranexamic acid.....	89
TAFINLAR.....	54	TESTOSTERONE CYPIONATE.....	20	tranylcypropramine sulfate.....	33
tafluprost (pf).....	101	testosterone cypionate 100 mg/ml solution.....	20	travoprost (bak free).....	101
TAGRISSO.....	46	testosterone cypionate 200 mg/ml solution.....	20	trazodone hcl.....	34
TALZENNA.....	54	TESTOSTERONE ENANTHATE.....	20	TRECATOR.....	45
tamoxifen citrate.....	48	tetrabenazine.....	105	TRELEGY ELLIPTA.....	28
tamsulosin hcl.....	88	tetracycline hcl.....	109	TRELSTAR MIXJECT.....	48
tarina 24 fe.....	85	THALOMID.....	96	tretinoin.....	56,72
tarina fe 1/20.....	85	theophylline er.....	108	tri femynor.....	85
tarina fe 1/20 eq.....	85	thioridazine hcl.....	61	tri-estarylla.....	85
TASIGNA.....	54	thiothixene.....	59	tri-linyah.....	85
tazarotene.....	74	tiadylt er.....	67	tri-lo-estarylla.....	85
TAZICEF.....	69	tiagabine hcl.....	32	tri-lo-marzia.....	85
tazicef 1 gm recon soln.....	69	TIBSOVO.....	54	tri-lo-mili.....	85
tazicef 2 gm recon soln.....	69	TICOVAC.....	113	tri-lo-sprintec.....	85
TAZVERIK.....	54	tigecycline 50 mg recon soln.....	23	tri-mili.....	85
TDVAX.....	110	timolol maleate.....	67,98	tri-nymyo.....	85
TEFLARO.....	23	tinidazole.....	23	tri-nyfem.....	85
telmisartan.....	42	TIVICAY.....	64	tri-sprintec.....	85
TELMISARTAN-AMLODIPINE.....	43	TIVICAY PD.....	64	tri-vylibra.....	85
telmisartan-hctz.....	43	tizanidine hcl.....	97	tri-vylibra lo.....	85
temazepam.....	90	tobramycin.....	15,99	triamcinolone acetonide.....	72,76
temozolomide.....	45	TOBRAMYCIN SULFATE.....	15	triamterene-hctz.....	77
TENIVAC.....	110	tobramycin-dexamethasone.....	100	triderm.....	76
tenofovir disoproxil fumarate.....	64	tolterodine tartrate.....	111	trientine hcl.....	95
TEPMETKO.....	54	tolterodine tartrate er.....	111	trifluoperazine tab.....	62
terazosin hcl.....	42	topiramate.....	31	TRIFLURIDINE.....	99
terbinafine hcl.....	40	TOUJEO MAX SOLOSTAR.....	38	trihexyphenidyl hcl.....	57
terbutaline sulfate.....	28	TOUJEO SOLOSTAR.....	38	TRIHENXYPHENIDYL HCL 0.4 MG/ML SOLUTION.....	57
terconazole.....	114	TRADJENTA.....	36	TRIJARDY XR.....	35
teriflunomide.....	106	tramadol hcl.....	19	TRIKAFTA.....	107
teriparatide.....	78	trandolapril.....	42	TRIMETHOPRIM.....	23
TERIPARATIDE (RECOMBINANT).....	79	trastuzumab.....	111	trimethoprim.....	23
testosterone.....	20	trastuzumab er.....	111	trimipramine maleate.....	35
TESTOSTERONE.....	20	trastuzumab hcl.....	111	TRINTELLIX.....	34
testosterone 12.5 mg/act (1%) gel.....	20	trastuzumab hcl er.....	111	TRIUMEQ.....	64
testosterone 25 mg/2.5gm (1%) gel.....	20	trastuzumab hcl er.....	111	TRIUMEQ PD.....	64
		trastuzumab hcl er.....	111	trivora (28).....	85
		trastuzumab hcl er.....	111	tropium chloride.....	111
		trastuzumab hcl er.....	111	tropium chloride er.....	111

TRULICITY.....	37	VARIVAX.....	114	VOWST.....	87
TRUMENBA.....	112	VARIZIG.....	101	VRAYLAR.....	59
TRUQAP.....	54	VAXCHORA.....	112	VUMERITY.....	106
TUKYSA.....	56	VAXNEUVANCE.....	112	vyfemla.....	86
tulana.....	104	VELIVET.....	85	vylibra.....	86
TURALIO.....	54	VELTASSA.....	97	VYNDAMAX.....	68
turqoz.....	85	VEMLIDY.....	65	VYZULTA.....	101
TWINRIX.....	114	VENCLEXTA.....	56		
TYENNE.....	17	VENCLEXTA STARTING		<b>W</b>	
TYPHIM VI.....	112	PACK.....	56	warfarin sodium.....	29
		venlafaxine hcl.....	34	WELIREG.....	56
<b>U</b>		venlafaxine hcl er.....	34	wera.....	86
UDENYCA.....	89	VENTOLIN HFA.....	28	WINREVAIR.....	108
unithroid.....	110	verapamil hcl.....	67	wixela inhub.....	28
UPTRAVI.....	108	VERAPAMIL HCL ER.....	67		
ursodiol.....	87	verapamil hcl er.....	67	<b>X</b>	
UZEDY.....	60	VERQUVO.....	68	XALKORI.....	55
		VERSACLOZ.....	61	XARELTO.....	28
<b>V</b>		VERZENIO.....	54	XARELTO STARTER PACK.....	28
valacyclovir hcl.....	65	vestura.....	85	XCOPRI.....	32
VALCHLOR.....	73	vienna.....	85	XCOPRI (250 MG DAILY	
valganciclovir hcl.....	65	vigabatrin.....	32	DOSE).....	32
valproic acid.....	32	vigadrone.....	32	XCOPRI (350 MG DAILY	
valsartan.....	42	VIGAFYDE.....	32	DOSE).....	32
valsartan-		vigpoder.....	32	XDEMVY.....	99
hydrochlorothiazide.....	43	vilazodone hcl.....	34	XELJANZ.....	16
VALTOCO 10 MG DOSE.....	30	viorele.....	85	XELJANZ XR.....	16
VALTOCO 15 MG DOSE.....	30	VIRACEPT.....	64	XERMELO.....	38
VALTOCO 20 MG DOSE.....	30	VIREAD.....	64	XGEVA.....	79
VALTOCO 5 MG DOSE.....	30	VITRAKVI.....	54,55	XIFAXAN.....	23
valtya 1/50.....	85	VIVITROL.....	39	XIGDUO XR.....	36
VANCOMYCIN HCL.....	23	VIZIMPRO.....	46	XIIDRA.....	100
vancomycin hcl.....	23	volnea.....	86	XOFLUZA (40 MG DOSE).....	66
VANCOMYCIN HCL IN		VONJO.....	55	XOFLUZA (80 MG DOSE).....	66
NACL.....	23	VORANIGO.....	55	XOLAIR.....	26
VANFLYTA.....	54	voriconazole.....	40	XOSPATA.....	55
VAQTA.....	114	voriconazole 200 mg recon		XPOVIO (100 MG ONCE	
varenicline tartrate.....	106	soln.....	40	WEEKLY).....	56
varenicline tartrate (starter).....	106	voriconazole 40 mg/ml recon		XPOVIO (40 MG ONCE	
varenicline		susp.....	40	WEEKLY).....	56
tartrate(continue).....	106	VOSEVI.....	65		

XPOVIO (40 MG TWICE WEEKLY)	56	ZURZUVAE	33
XPOVIO (60 MG ONCE WEEKLY)	56	ZYDELIG	55
XPOVIO (60 MG TWICE WEEKLY)	56	ZYKADIA	55
XPOVIO (80 MG ONCE WEEKLY)	56	ZYPREXA RELPREVV	61
XPOVIO (80 MG TWICE WEEKLY)	56	ZYVOX	23
XTANDI	48		
xulane	86		

## Y

YF-VAX	114
yuvaferm	114

## Z

zafemy	86
zafirlukast	27
zaleplon	90
zarah	86
ZARXIO	89
ZEJULA	55
ZELBORAF	55
zenatane	72
zidovudine	64
ZIMHI	39
ziprasidone hcl	59
ziprasidone mesylate	59
ZIRGAN	99
ZOLINZA	55
zolmitriptan	94
zolpidem tartrate	90
zolpidem tartrate er	90
ZONISADE	31
zonisamide	31
zovia 1/35 (28)	86
zovia 1/35e (28)	86
ZTALMY	31
zumandimine	86

This formulary was updated on 02/18/2025.

*For more recent information or other questions, please contact:*

**UCare Medicare Plans** Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free)

**UCare Advocate Plans** Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free)

**EssentiaCare** Customer Service at 218-722-4915 or 1-855-432-7025 (this call is free)

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

All lines answered 8 am – 8 pm, seven days a week, or visit **ucare.org**.



PO Box 52  
Minneapolis, MN 55440-0052

**ucare.org**

U9816 (02/2025)