

2024

Formulario (Lista de medicamentos cubiertos) de Planes Grupales Medicare de UCare

- Planes Grupales Medicare de UCare (HMO-POS)

Este formulario se actualizó el 03/19/2024.

POR FAVOR, LEA: Este documento contiene información sobre los medicamentos que cubrimos en estos planes.

Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con:

Servicio de Atención al Cliente de los **Planes Grupales Medicare de UCare** al 612-676-6840 o 1-877-447-4385 (la llamada es gratuita)

Para usuarios de TTY: 612-676-6810 o 1-800-688-2534 (la llamada es gratuita)

Todas las líneas se responden de 8 am a 8 pm, los siete días de la semana, o visite ucare.org.

Aviso de no discriminación

UCare cumple con las leyes federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. UCare no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Brindamos ayudas y servicios sin cargo a las personas con discapacidades para que se comuniquen de manera efectiva con nosotros, como línea de TTY o información escrita en otros formatos, como letra grande.

Si necesita estos servicios, llámenos al **612-676-3200 (voz)** o a la línea gratuita al **1-800-203-7225 (voz)**, **612-676-6810 (TTY)**, o al **1-800-688-2534 (TTY)**.

Brindamos servicios lingüísticos sin cargo a personas cuyo idioma principal no sea el inglés, como intérpretes calificados o información escrita en otros idiomas.

Si necesita estos servicios, llámenos al **número que aparece en el reverso de su tarjeta de membresía** o al **612-676-3200** o la línea gratuita al **1-800-203-7225 (voz)**; **612-676-6810** o a la línea gratuita al **1-800-688-2534 (TTY)**.

Si cree que UCare no le proporcionó estos servicios o lo discriminó en otro aspecto por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja oral o escrita.

Reclamo oral

Si es miembro actual de UCare, llame al número que figura en el reverso de su tarjeta de membresía. En caso contrario, llame al **612-676-3200** o a la línea gratuita, al **1-800-203-7225 (voz)**; **612-676-6810** o a la línea gratuita al **1-800-688-2534 (TTY)**. También puede usar estos números si necesita ayuda para presentar un reclamo.

Reclamo escrito

Dirección postal

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Correo electrónico: cag@ucare.org

Fax: 612-884-2021

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE.UU., electrónicamente a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo postal o teléfono a:

Oficina de Derechos Civiles 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)

Los formularios de quejas están disponibles en <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 አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

විද්‍යාලය: -සූර්යාගේ කවුළු, සූර්යාගේ කවුළු, සූර්යාගේ කවුළු, සූර්යාගේ කවුළු, සූර්යාගේ කවුළු. ශ්‍රී ලංකාවේ සූර්යාගේ කවුළු. ශ්‍රී ලංකාවේ සූර්යාගේ කවුළු. 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, រសវាជំនួយវេជ្ជកម្មសា 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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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。

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía incluye los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa UCare Minnesota. Cuando se refiere al “plan” o “nuestro plan” significa los Planes Grupales Medicare de UCare.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que está vigente al 03/19/2024. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Generalmente, debe usar farmacias de la red para su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2025 y cada tanto durante el año.

¿Qué es el Formulario de los Planes Grupales Medicare de UCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por los Planes Grupales Medicare de UCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Los Planes Grupales Medicare de UCare generalmente cubrirán los medicamentos que figuran en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de los Planes Grupales Medicare de UCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su *Evidencia de cobertura*.

¿Puede cambiar el Formulario (Lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1 de enero, pero los Planes Grupales Medicare de UCare pueden agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarle este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
- Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación

titulada “¿Cómo solicito una excepción al Formulario de los Planes Grupales Medicare de UCare?”

- **Medicamentos que se retiran del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costo compartido o ambos. O podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costos compartidos, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro de 30 días del medicamento.
 - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los Planes Grupales Medicare de UCare?”

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro Formulario 2024 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios podrían afectarlo, y es importante verificar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto se actualizó al 03/19/2024. Para obtener información actualizada sobre los medicamentos cubiertos por los Planes Grupales Medicare de UCare, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada. Las actualizaciones al Formulario de los Planes Grupales Medicare de UCare están disponibles en nuestro sitio web, ucare.org/member-documents. Si lo solicita, UCare le enviará por correo una edición impresa actualizada.

¿Cómo uso el Formulario?

Hay dos formas de encontrar un medicamento en el Formulario:

Afección médica

El Formulario comienza en la página 13. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos

utilizados para tratar una afección cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 13. Luego busque debajo del nombre de la categoría para su medicamento.

Lista alfabética

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 172. el Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Los Planes Grupales Medicare de UCare cubren tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA y tiene los mismos ingredientes activos que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay restricciones para mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Los Planes Grupales Medicare de UCare exigen que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de los Planes Grupales Medicare de UCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que los Planes Grupales Medicare de UCare no cubran el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, los Planes Grupales Medicare de UCare limitan la cantidad del medicamento que cubrirán. Por ejemplo, los Planes Grupales Medicare de UCare proporcionan 30 comprimidos por receta para *escitalopram* 20 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, los Planes Grupales Medicare de UCare exigen que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, es posible que los Planes Grupales Medicare de UCare no cubran el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, los Planes Grupales Medicare de UCare cubrirán el Medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional consultando el formulario que comienza en la página 13. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Puede pedir a los Planes Grupales Medicare de UCare que hagan una excepción a estas restricciones o límites o una lista de otros medicamentos similares que pueden tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de los Planes Grupales Medicare de UCare?” en la página 9 para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe comunicarse con Servicio de Atención al Cliente y preguntar si su medicamento está cubierto. Si se entera de que los Planes Grupales Medicare de UCare no cubren sus medicamentos, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que están cubiertos por los Planes Grupales Medicare de UCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por los Planes Grupales Medicare de UCare.
- Puede pedirle a los Planes Grupales Medicare de UCare que hagan una excepción y cubran su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de los Planes Grupales Medicare de UCare?

Puede pedir a los Planes Grupales Medicare de UCare que hagan una excepción a las reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del Formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad (Nivel 4). Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, los Planes Grupales Medicare de UCare limitan la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos una cantidad mayor.

Por lo general, los Planes Grupales Medicare de UCare solo aprobarán su solicitud de una excepción si el medicamento alternativo está incluido en el formulario del plan, el medicamento de costo compartido más bajo o con restricciones de uso adicionales no sería tan eficaz para tratar su afección o causaría que tenga efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de uso, de nivel o al Formulario. **Cuando solicite una excepción de restricción de uso, de nivel o al Formulario, debe presentar una declaración de su médico o médico que respalde su solicitud.** En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida), si usted o su médico creen que su salud podría verse

seriamente perjudicada si espera hasta 72 horas para tomar una decisión. Si se concede su solicitud para acelerar, debemos darle una decisión a más tardar 24 horas después de recibir una declaración de respaldo de su médico u otro profesional que receta.

¿Qué debo hacer antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días. Si su receta se escribe por menos días, permitiremos resurtidos para proporcionar hasta un máximo de 30 días de suministro del medicamento. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras busca una excepción al formulario.

Transición de la atención

Si usted es un miembro actual de los Planes Grupales Medicare de UCare que está haciendo la transición a un nivel diferente de atención, es posible que le receten medicamentos que no están en nuestro formulario. Mientras habla con su médico para determinar su curso de acción, es elegible para recibir un suministro de transición de 31 días del medicamento, ya que está haciendo la transición a un nivel de atención diferente. Si usted es un miembro actual de los Planes Grupales Medicare de UCare, fue admitido o dado de alta de un centro de atención a largo plazo, se le permitirá hacer resurtidos antes para garantizar que tenga acceso a un suministro adecuado de sus medicamentos.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de los Planes Grupales Medicare de UCare, revise su *Evidencia de cobertura* y otros materiales del plan.

Si tiene preguntas sobre los Planes Grupales Medicare de UCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY pueden llamar al 1-877-486-2048. O bien, visite <http://www.medicare.gov>.

Formulario de Planes Grupales Medicare de UCare

El formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por los Planes Grupales Medicare de UCare. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 172.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, JANUVIA) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, *lisinopril*).

La información en la columna Requisitos/Límites le indica si los Planes Grupales Medicare de UCare tienen algún requisito especial para la cobertura de su medicamento.

Explicación de los requisitos/límites	
PA	Autorización previa: Medicamentos que requieren la aprobación de UCare antes de que los cubramos
PA²	Autorización previa: Medicamentos que requieren aprobación si no ha tomado el medicamento antes
PA³	Autorización previa: Medicamentos que requieren revisión para determinar la cobertura bajo la Parte B o la Parte D
ST	Terapia escalonada: Medicamentos que requieren que pruebe otro medicamento antes de cubrirlo
QL	Límite de cantidad: Hay límites a la cantidad de medicamento por surtido
Part B Covered	Suministros para diabéticos cubiertos por el beneficio de la Parte B (médico)
INS	Insulinas con un copago de \$35 por suministro de un mes
VAC	Vacuna para adultos de la Parte D cubierta a \$0 (sin costo)
VAC AGE	Vacuna para adultos de la Parte D cubierta a \$0 (sin costo) para personas de 19 a 45 años
MFG	La cobertura de medicamentos está limitada a ciertos fabricantes
NDS	Medicamentos limitados a un suministro de 30 días por surtido

Explicación de los requisitos/límites	
* (drugs with asterisk)	Medicamentos adicionales cubiertos para planes selectos. Consulte su Evidencia de cobertura para obtener más detalles.
LA	Medicamentos que solo están disponibles en determinadas farmacias. Si tiene preguntas, llame al Servicio de Atención al Cliente al número en la parte posterior de su tarjeta de identificación (ID) de miembro.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	3	
<i>amphetamine-dextroamphetamine</i>	1	
<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>	3	
<i>methamphetamine hcl</i>	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	3	
STIMULANTS - MISC.		
<i>armodafinil</i>	1	QL 30 EA / 30 DAYS PA
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	3	
<i>methylphenidate hcl er (la)</i>	3	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	3	
<i>modafinil</i>	1	QL 60 EA / 30 DAYS PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amikacin sulfate 500 mg/2ml solution</i>	3	
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)	3	
GENTAMICIN SULFATE 10 MG/ML SOLUTION	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
STREPTOMYCIN SULFATE	3	
<i>tobramycin 300 mg/4ml nebu soln</i>	4	<div data-bbox="1133 963 1192 1026">QL</div> 224 ML / 28 OVER TIME <div data-bbox="1133 1037 1192 1079">PA</div> <div data-bbox="1133 1089 1192 1152">NDS</div> Non-Extended Day Supply
<i>tobramycin 300 mg/5ml nebu soln</i>	4	<div data-bbox="1133 1173 1192 1236">QL</div> 300 ML / 30 DAYS <div data-bbox="1133 1226 1192 1268">PA</div> <div data-bbox="1133 1278 1192 1341">NDS</div> Non-Extended Day Supply
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HADLIMA 40 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 SYRINGE) 40 MG/0.8ML PEF SY KT	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	4	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	4	<ul style="list-style-type: none"> QL 6 EA / 180 OVER TIME PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-PSOR/UEVIT STARTER	4	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PS/UV/ADOL HS STARTER	4	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ 1 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ XR	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
GOLD COMPOUNDS		
RIDAURA	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ACTEMRA ACTPEN	4	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
KEVZARA	4	<ul style="list-style-type: none"> QL 2.28 ML / 28 DAYS PA NDS Non-Extended Day Supply
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	3	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin 600 mg tab</i>	3	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA 10 & 20 & 30 MG TAB THPK	4	<ul style="list-style-type: none"> QL 55 EA / 180 OVER TIME PA NDS Non-Extended Day Supply LA
OTEZLA 30 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 2.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA CLICKJECT	4	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL MINI	4	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL SURECLICK	4	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>diflunisal</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	3	QL 10 EA / 30 DAYS PA
<i>fentanyl citrate (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 1600 mcg loz handle)</i>	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	3	QL 120 EA / 30 DAYS PA
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	QL 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	2	QL 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	2	QL 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	2	QL 120 EA / 30 DAYS
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	3	PA³
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	3	QL 360 EA / 30 DAYS PA
<i>methadone hcl 10 mg/5ml solution</i>	3	QL 1800 ML / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methadone hcl 5 mg/5ml solution</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 3600 ML / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 180 ML / 30 DAYS </div>
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 180 EA / 30 DAYS </div>
MORPHINE SULFATE 10 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1800 ML / 30 DAYS </div>
<i>morphine sulfate 20 mg/5ml solution</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 900 ML / 30 DAYS </div>
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>morphine sulfate er 200 mg tab er</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 180 EA / 30 DAYS </div>
<i>oxycodone hcl 100 mg/5ml conc</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 270 EA / 30 DAYS </div>
<i>oxycodone hcl 5 mg cap</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 360 EA / 30 OVER TIME </div>
<i>oxycodone hcl 5 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 360 EA / 30 DAYS </div>
<i>oxycodone hcl 5 mg/5ml solution</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 5400 ML / 30 DAYS </div>
<i>tramadol hcl 50 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 240 EA / 30 DAYS </div>
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 390 EA / 30 DAYS </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	2	QL 4980 ML / 30 DAYS
<i>endocet</i>	2	QL 360 EA / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	3	QL 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	2	QL 360 EA / 30 DAYS
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	2	QL 4 EA / 28 DAYS PA
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	2	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	QL 90 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	3	QL 10 ML / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	3	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	3	QL 150 GM / 30 DAYS PA
TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 25 MG/2.5GM (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL)	3	QL 300 GM / 30 DAYS PA
<i>testosterone 10 mg/act (2%) gel</i>	3	QL 120 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	QL 75 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	3	QL 180 GM / 30 DAYS PA
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION)	1	PA
TESTOSTERONE ENANTHATE	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide 2 mg foam</i>	3	PA
<i>hydrocortisone 100 mg/60ml enema</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECTAL STEROIDS		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	2	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	4	NDS Non-Extended Day Supply
BENZNIDAZOLE	3	LA
<i>ivermectin 3 mg tab</i>	2	PA
<i>praziquantel</i>	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	1	
<i>metronidazole 500 mg/100ml solution</i>	3	
<i>pentamidine isethionate for injection solution</i>	3	
<i>pentamidine isethionate for nebulization solution</i>	3	QL 1 EA / 28 DAYS PA ³
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XIFAXAN 200 MG TAB	3	QL 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply

ANTI-INFECTIVE MISC. - COMBINATIONS

sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)

1

sulfatrim pediatric

1

ANTIPROTOZOAL AGENTS

atovaquone

4

NDS Non-Extended Day Supply

nitazoxanide

4

QL 6 EA / 3 OVER TIME
NDS Non-Extended Day Supply

CARBAPENEMS

ertapenem sodium

3

imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)

3

meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)

3

MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN





3

QL 30 EA / 10 OVER TIME

MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN

3

QL 10 EA / 10 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i>	4	 Non-Extended Day Supply
GLYCOPEPTIDES		
DALVANCE	4	 Non-Extended Day Supply
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	3	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	3	 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	2	
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	3	
<i>clindamycin phosphate in d5w</i>	3	
CLINDAMYCIN PHOSPHATE IN NACL	3	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	3	
CAYSTON	4	<ul style="list-style-type: none"> QL 84 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
OXAZOLIDINONES		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	4	NDS Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	3	
SIVEXTRO 200 MG TAB	4	<ul style="list-style-type: none"> QL 6 EA / 6 OVER TIME PA NDS Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	3	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomicin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	3	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	3	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	QL 120 EA / 30 DAYS PA²
<i>alprazolam 2 mg tab</i>	1	QL 150 EA / 30 DAYS PA²
<i>clorazepate dipotassium</i>	3	QL 180 EA / 30 DAYS PA²
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	QL 120 EA / 30 DAYS PA²
<i>diazepam 5 mg/5ml solution</i>	1	QL 1200 ML / 30 DAYS PA²
<i>diazepam 5 mg/ml conc</i>	1	QL 240 ML / 30 DAYS PA²
<i>diazepam intensol</i>	1	QL 240 ML / 30 DAYS PA²
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	QL 150 EA / 30 DAYS PA²
<i>lorazepam 2 mg/ml conc</i>	1	QL 150 ML / 30 DAYS PA²
<i>lorazepam intensol</i>	1	QL 150 ML / 30 DAYS PA²





DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxazepam</i>	3	<div data-bbox="1133 170 1192 205" style="background-color: #666699; color: white; padding: 2px;">QL</div> <div data-bbox="1203 170 1468 205">120 EA / 30 DAYS</div> <div data-bbox="1133 218 1192 254" style="background-color: #996633; color: white; padding: 2px;">PA²</div>
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	3	
<i>quinidine gluconate er</i>	3	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	3	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>dofetilide</i>	3	
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	3	
<i>pacerone 200 mg tab</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	<div data-bbox="1133 1577 1192 1612" style="background-color: #996633; color: white; padding: 2px;">PA³</div> <div data-bbox="1133 1625 1192 1661" style="background-color: #996633; color: white; padding: 2px;">NDS</div> <div data-bbox="1203 1625 1474 1690">Non-Extended Day Supply</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	4	PA NDS Non-Extended Day Supply LA
FASENRA PEN	4	PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG RECON SOLN	4	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN PRSYR	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	2	QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	PA ³
SPIRIVA HANDIHALER	2	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	2	QL 4 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	3	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	2	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX HFA	2	QL 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	3	QL 120 ML / 30 DAYS PA ³
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	3	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 DAYS
SYMPATHOMIMETICS		
ADVAIR HFA	2	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA ³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA ³
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	3	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA ³
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	1	QL 17 GM / 30 DAYS
ANORO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA ³
BREO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>breyna</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	2	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	2	QL 8 GM / 30 DAYS
DULERA	2	QL 26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	3	QL 120 ML / 30 DAYS PA ³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ipratropium-albuterol</i>	1	PA ³
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	3	PA ³
LEVALBUTEROL TARTRATE	2	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	2	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	2	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	3	
TRELEGY ELLIPTA	2	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	2	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
XANTHINES		
<i>theophylline</i>	1	
<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)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	
XARELTO STARTER PACK	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	3	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	4	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
THROMBIN INHIBITORS		
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 150 MG CAP)	3	
PRADAXA 110 MG CAP	3	
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	4	 60 EA / 30 DAYS   Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> QL 720 ML / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA 2 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA²
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	3	<ul style="list-style-type: none"> QL 480 ML / 30 DAYS
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)</i>	3	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA²
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA²
<i>clonazepam 2 mg tab</i>	1	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA²
<i>clonazepam 2 mg tab disp</i>	3	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA²
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	3	<ul style="list-style-type: none"> QL 10 EA / 30 OVER TIME
NAYZILAM	3	<ul style="list-style-type: none"> QL 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
SYMPAZAN 5 MG FILM	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 10 MG DOSE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 10 EA / 30 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
VALTOCO 15 MG DOSE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 10 EA / 30 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
VALTOCO 20 MG DOSE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 10 EA / 30 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
VALTOCO 5 MG DOSE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 10 EA / 30 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
ANTICONVULSANTS - MISC.		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 EA / 30 DAYS</div> </div>
APTIOM 200 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 180 EA / 30 DAYS</div> </div>
APTIOM 400 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 90 EA / 30 DAYS</div> </div>
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
BRIVIACT 10 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 600 ML / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1	
<i>carbamazepine 100 mg/5ml suspension</i>	3	
<i>carbamazepine er</i>	3	
DIACOMIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA²</div> <div>NDS Non-Extended Day Supply</div> <div>LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPIDIOLEX	3	PA ² LA
<i>epitol</i>	1	
EPRONTIA	3	
FINTEPLA	4	QL 360 ML / 30 DAYS PA ² NDS Non-Extended Day Supply LA
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	3	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lacosamide 10 mg/ml solution</i>	2	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	3	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine er</i>	3	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	4	PA ² NDS Non-Extended Day Supply
<i>rufinamide 200 mg tab</i>	3	PA ²
SPRITAM	3	
<i>topiramate</i>	1	
ZONISADE	3	
<i>zonisamide</i>	1	
ZTALMY	4	QL 1100 ML / 30 DAYS PA ² NDS Non-Extended Day Supply LA
CARBAMATES		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	3	
<i>felbamate 600 mg/5ml suspension</i>	4	NDS Non-Extended Day Supply
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	QL 56 EA / 28 DAYS PA ² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	3	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA²
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GABA MODULATORS		
<i>tiagabine hcl</i>	3	
<i>vigabatrin</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
<i>vigadrone</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
<i>vigpoder</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
HYDANTOINS		
DILANTIN 30 MG CAP	2	
<i>phenytek</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	3	
VALPROIC ACID		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	3	QL 60 EA / 30 DAYS
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		

ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP) 4

QL 28 EA / 14 OVER TIME
PA²
NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ZURZUVAE 30 MG CAP 4

QL 14 EA / 14 OVER TIME
PA²
NDS Non-Extended Day Supply

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM 4

NDS Non-Extended Day Supply

MARPLAN 3

phenelzine sulfate 1

tranylcypromine sulfate 3

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab) 1

escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab) 1

fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap) 1

FLUOXETINE HCL 90 MG CAP DR 3

fluvoxamine maleate 1

fluvoxamine maleate er 3

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
<i>paroxetine hcl er</i>	3	
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	3	
<i>trazodone hcl</i>	1	
TRINTELLIX	3	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	3	QL 30 EA / 30 DAYS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
FETZIMA	3	QL 30 EA / 30 DAYS
FETZIMA TITRATION	3	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desipramine hcl</i>	3	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	3	
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i>	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	3	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	2	QL 30 EA / 30 DAYS
INVOKAMET	2	QL 60 EA / 30 DAYS
INVOKAMET XR	2	QL 60 EA / 30 DAYS
JANUMET	2	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	2	QL 60 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	2	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	2	QL 60 EA / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
DIABETIC OTHER		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY 1 MG KIT	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
KORLYM	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>mifepristone 300 mg tab</i>	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	QL 30 EA / 30 DAYS
TRADJENTA	2	QL 30 EA / 30 DAYS
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	3	QL 180 EA / 30 DAYS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	2	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA
MOUNJARO	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA
OZEMPIC (2 MG/DOSE)	2	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RYBELSUS	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
TRULICITY	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
VICTOZA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>9 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
HUMULIN R U-500 KWIKPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASP PROT & ASP FLEXPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART FLEXPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART PENFILL	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART PROT & ASPART	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
LANTUS	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
LANTUS SOLOSTAR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN 70/30	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN 70/30 FLEXPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN 70/30 FLEXPEN RELION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN 70/30 RELION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN N	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN N FLEXPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
NOVOLIN N FLEXPEN RELION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN N RELION	2	INS \$35 Insulin
NOVOLIN R	2	INS \$35 Insulin
NOVOLIN R FLEXPEN	2	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN R RELION	2	INS \$35 Insulin
NOVOLOG	2	PA ³ INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG FLEXPEN	2	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG MIX 70/30	2	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	2	INS \$35 Insulin
NOVOLOG MIX 70/30 RELION	2	INS \$35 Insulin
NOVOLOG PENFILL	2	INS \$35 Insulin
NOVOLOG RELION	2	PA ³ INS \$35 Insulin
TOUJEO MAX SOLOSTAR	2	INS \$35 Insulin
TOUJEO SOLOSTAR	2	INS \$35 Insulin
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
INVOKANA	2	QL 30 EA / 30 DAYS
JARDIANCE	2	QL 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFONYLUREAS		
<i>glimepiride</i>	1	
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	3	
<i>loperamide (immodium)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	2	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c85135; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c85135; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> <div>Non-Extended Day Supply</div> </div>
<i>deferasirox 90 mg tab</i>	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c85135; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>deferiprone</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c85135; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c85135; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> <div>Non-Extended Day Supply</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
OPIOID ANTAGONISTS		
KLOXXADO	2	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION)	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naltrexone hcl</i>	1	
OPVEE	2	
VIVITROL	4	NDS Non-Extended Day Supply
ZIMHI	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	3	QL 60 EA / 30 DAYS PA ³
<i>ondansetron 4 mg tab disp</i>	1	PA ³
<i>ondansetron 8 mg tab disp</i>	1	PA ³
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	PA ³
<i>ondansetron hcl 4 mg/5ml solution</i>	3	PA ³
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine</i>	1	
<i>scopolamine</i>	3	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine</i>	3	
<i>dronabinol</i>	3	QL 60 EA / 30 DAYS PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	3	QL 3 EA / 2 OVER TIME PA ³
<i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc, aprepitant 80 mg cap)</i>	3	QL 6 EA / 4 OVER TIME PA ³
VARUBI (180 MG DOSE)	3	QL 4 EA / 28 OVER TIME PA ³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate 50 mg recon soln</i>	4	NDS Non-Extended Day Supply
<i>caspofungin acetate 70 mg recon soln</i>	3	
<i>micafungin sodium</i>	4	NDS Non-Extended Day Supply
ANTIFUNGALS		
ABELCET	3	PA ³
AMPHOTERICIN B	3	PA ³
<i>flucytosine</i>	4	NDS Non-Extended Day Supply
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	4	NDS Non-Extended Day Supply
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	3	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	4	PA NDS Non-Extended Day Supply
VORICONAZOLE (VORICONAZOLE 40 MG/ML RECON SUSP, VORICONAZOLE 200 MG RECON SOLN)	4	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	3	PA
ANTIHISTAMINES		
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine (zyrtec)</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>levocetirizine (xyzal)</i>	3	
ANTIHISTAMINES - PHENOTHIAZINES		
<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>	3	
ANTHYPERLIPIDEMICS		
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	3	
<i>omega-3-acid ethyl esters</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	3	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	2	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	3	
<i>gemfibrozil</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	3	
PROTEIN CONVERTASE SUBSTITIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	3	QL 2 ML / 28 DAYS PA
REPATHA	2	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	2	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	2	QL 6 ML / 28 DAYS PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB)	1	
<i>quinapril hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metirosine</i>	4	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	4	 Non-Extended Day Supply
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>atenolol-chlorthalidone</i>	1	
<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>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COARTEM	3	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> <div style="margin-top: 5px;">LA</div>
<i>quinine sulfate</i>	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	3	
<i>pyridostigmine bromide er</i>	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION, ISONIAZID 300 MG TAB)	1	
<i>isoniazid 50 mg/5ml syrup</i>	3	
PASER	2	
PRIFTIN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pyrazinamide</i>	3	
<i>rifabutin</i>	3	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	1	
<i>rifampin 600 mg recon soln</i>	3	
SIRTURO	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> Non-Extended Day Supply </div> </div>
TRECTOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	1	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA³</div>
GLEOSTINE	4	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply
LEUKERAN	3	
<i>temozolomide</i>	Part B Covered	
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PURIXAN	4	<div data-bbox="1133 170 1195 233">NDS</div> <div data-bbox="1195 170 1479 233">Non-Extended Day Supply</div> <div data-bbox="1133 243 1195 285">LA</div>
TABLOID	3	
XATMEP	3	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	4	<div data-bbox="1133 499 1195 541">QL</div> <div data-bbox="1195 499 1451 541">84 EA / 28 DAYS</div> <div data-bbox="1133 552 1195 594">PA²</div> <div data-bbox="1133 604 1195 667">NDS</div> <div data-bbox="1195 604 1479 667">Non-Extended Day Supply</div>
FRUZAQLA 5 MG CAP	4	<div data-bbox="1133 674 1195 716">QL</div> <div data-bbox="1195 674 1451 716">21 EA / 28 DAYS</div> <div data-bbox="1133 726 1195 768">PA²</div> <div data-bbox="1133 779 1195 842">NDS</div> <div data-bbox="1195 779 1479 842">Non-Extended Day Supply</div>
INLYTA 1 MG TAB	4	<div data-bbox="1133 848 1195 890">QL</div> <div data-bbox="1195 848 1471 890">180 EA / 30 DAYS</div> <div data-bbox="1133 900 1195 942">PA²</div> <div data-bbox="1133 953 1195 1016">NDS</div> <div data-bbox="1195 953 1479 1016">Non-Extended Day Supply</div> <div data-bbox="1133 1026 1195 1068">LA</div>
INLYTA 5 MG TAB	4	<div data-bbox="1133 1085 1195 1127">QL</div> <div data-bbox="1195 1085 1471 1127">120 EA / 30 DAYS</div> <div data-bbox="1133 1138 1195 1180">PA²</div> <div data-bbox="1133 1190 1195 1253">NDS</div> <div data-bbox="1195 1190 1479 1253">Non-Extended Day Supply</div> <div data-bbox="1133 1264 1195 1306">LA</div>
LENVIMA (10 MG DAILY DOSE)	4	<div data-bbox="1133 1323 1195 1365">QL</div> <div data-bbox="1195 1323 1451 1365">30 EA / 30 DAYS</div> <div data-bbox="1133 1375 1195 1417">PA²</div> <div data-bbox="1133 1428 1195 1491">NDS</div> <div data-bbox="1195 1428 1479 1491">Non-Extended Day Supply</div> <div data-bbox="1133 1501 1195 1543">LA</div>
LENVIMA (12 MG DAILY DOSE)	4	<div data-bbox="1133 1560 1195 1602">QL</div> <div data-bbox="1195 1560 1451 1602">90 EA / 30 DAYS</div> <div data-bbox="1133 1612 1195 1654">PA²</div> <div data-bbox="1133 1665 1195 1728">NDS</div> <div data-bbox="1195 1665 1479 1728">Non-Extended Day Supply</div> <div data-bbox="1133 1738 1195 1780">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (14 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (18 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (24 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (4 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (8 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² LA
VENCLEXTA 100 MG TAB	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA STARTING PACK	4	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>erlotinib hcl 25 mg tab</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
EXKIVITY	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GILOTRIF	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TAGRISSO	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VIZIMPRO	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ERIVEDGE	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ODOMZO	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AKEEGA	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	3	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS
EMCYT	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
ERLEADA 240 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ERLEADA 60 MG TAB	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>exemestane</i>	3	
FIRMAGON	3	<ul style="list-style-type: none"> PA²
FIRMAGON (240 MG DOSE)	3	<ul style="list-style-type: none"> PA²
<i>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	<ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYSODREN	4	<div data-bbox="1133 170 1195 233">NDS</div> <div data-bbox="1203 170 1479 233">Non-Extended Day Supply</div> <div data-bbox="1133 243 1195 289">LA</div>
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	<div data-bbox="1133 321 1195 367">PA²</div>
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	3	<div data-bbox="1133 457 1195 504">PA</div>
<i>nilutamide</i>	4	<div data-bbox="1133 583 1195 625">PA²</div> <div data-bbox="1133 636 1195 699">NDS</div> <div data-bbox="1203 636 1479 699">Non-Extended Day Supply</div>
NUBEQA	4	<div data-bbox="1133 722 1195 764">QL</div> <div data-bbox="1203 722 1468 764">120 EA / 30 DAYS</div> <div data-bbox="1133 774 1195 816">PA²</div> <div data-bbox="1133 827 1195 890">NDS</div> <div data-bbox="1203 827 1479 890">Non-Extended Day Supply</div> <div data-bbox="1133 900 1195 932">LA</div>
ORGOVYX	4	<div data-bbox="1133 953 1195 995">QL</div> <div data-bbox="1203 953 1451 995">30 EA / 28 DAYS</div> <div data-bbox="1133 1005 1195 1047">PA²</div> <div data-bbox="1133 1058 1195 1121">NDS</div> <div data-bbox="1203 1058 1479 1121">Non-Extended Day Supply</div> <div data-bbox="1133 1131 1195 1163">LA</div>
ORSERDU 345 MG TAB	4	<div data-bbox="1133 1184 1195 1226">QL</div> <div data-bbox="1203 1184 1451 1226">30 EA / 30 DAYS</div> <div data-bbox="1133 1236 1195 1278">PA²</div> <div data-bbox="1133 1289 1195 1352">NDS</div> <div data-bbox="1203 1289 1479 1352">Non-Extended Day Supply</div> <div data-bbox="1133 1362 1195 1394">LA</div>
ORSERDU 86 MG TAB	4	<div data-bbox="1133 1415 1195 1457">QL</div> <div data-bbox="1203 1415 1451 1457">90 EA / 30 DAYS</div> <div data-bbox="1133 1467 1195 1509">PA²</div> <div data-bbox="1133 1520 1195 1583">NDS</div> <div data-bbox="1203 1520 1479 1583">Non-Extended Day Supply</div> <div data-bbox="1133 1593 1195 1625">LA</div>
SOLTAMOX	4	<div data-bbox="1133 1646 1195 1709">NDS</div> <div data-bbox="1203 1646 1479 1709">Non-Extended Day Supply</div>
<i>tamoxifen citrate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>toremifene citrate</i>	4	NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	QL 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	QL 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	4	QL 120 EA / 30 DAYS
		PA ² NDS Non-Extended Day Supply LA
XTANDI 80 MG TAB	4	QL 60 EA / 30 DAYS
		PA ² NDS Non-Extended Day Supply LA

ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS

WELIREG	4	QL 90 EA / 30 DAYS
		PA ² NDS Non-Extended Day Supply LA

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST	4	QL 21 EA / 28 DAYS
		PA ² NDS Non-Extended Day Supply LA

ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

AYVAKIT	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ANTINEOPLASTIC - XPO1 INHIBITORS		
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XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (60 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> QL 32 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	4	<ul style="list-style-type: none"> QL 5 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI FEMARA (400 MG DOSE)	4	<ul style="list-style-type: none"> QL 70 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA (600 MG DOSE)	4	<ul style="list-style-type: none"> QL 91 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA(200 MG DOSE)	4	<ul style="list-style-type: none"> QL 49 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
LONSURF	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ALUNBRIG 30 MG TAB	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
AUGTYRO	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BALVERSA 5 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 100 MG CAP	4	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF 50 MG CAP	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BRAFTOVI	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BRUKINSA	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
CABOMETYX	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CALQUENCE 100 MG CAP	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
CALQUENCE 100 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CAPRELSA 100 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMETRIQ (100 MG DAILY DOSE)	4	PA ² NDS Non-Extended Day Supply LA
COMETRIQ (140 MG DAILY DOSE)	4	PA ² NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	4	PA ² NDS Non-Extended Day Supply LA
COPIKTRA	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
COTELLIC	4	QL 63 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	4	QL 150 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	4	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOTIVDA	4	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
GAVRETO	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IBRANCE	4	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply LA
ICLUSIG	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IDHIFA	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>imatinib mesylate 100 mg tab</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>imatinib mesylate 400 mg tab</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMBRUVICA 140 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 70 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
INREBIC	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAKAFI	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 100 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI (200 MG DOSE)	4	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (400 MG DOSE)	4	<ul style="list-style-type: none"> QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (600 MG DOSE)	4	<ul style="list-style-type: none"> QL 63 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KOSELUGO 10 MG CAP	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KOSELUGO 25 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KRAZATI	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>lapatinib ditosylate</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
LORBRENA 100 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LORBRENA 25 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 120 MG TAB	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LUMAKRAS 320 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYNPARZA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYTGOBI (12 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (16 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 112 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.05 MG/ML RECON SOLN	4	<ul style="list-style-type: none"> QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.5 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 2 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKTOVI	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NERLYNX	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NINLARO	4	<ul style="list-style-type: none"> QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
OGSIVEO	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
OJJAARA	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>pazopanib hcl</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
PEMAZYRE	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PIQRAY (200 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (300 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
QINLOCK	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG CAP	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 80 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZLIDHIA	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 100 MG CAP	4	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROZLYTREK 200 MG CAP	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RUBRACA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RYDAPT	4	<ul style="list-style-type: none"> QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 40 MG TAB	4	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>sorafenib tosylate</i>	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL 20 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sunitinib malate</i>	4	PA ² NDS Non-Extended Day Supply
TABRECTA	4	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	4	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	4	QL 840 ML / 28 DAYS PA ² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
TALZENNA 0.25 MG CAP	4	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
TASIGNA	4	PA ² NDS Non-Extended Day Supply
TAZVERIK	4	QL 240 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEPMETKO	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TIBSOVO	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TRUQAP	4	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA² NDS Non-Extended Day Supply
TURALIO 125 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VANFLYTA 17.7 MG TAB	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VANFLYTA 26.5 MG TAB	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VERZENIO	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 100 MG CAP	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITRAKVI 20 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 25 MG CAP	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VONJO	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 150 MG CAP SPRINK	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 200 MG CAP	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 250 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
ZEJULA 100 MG CAP	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZELBORAF	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZOLINZA	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
ZYDELIG	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZYKADIA	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
BESREMI	4	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bexarotene 75 mg cap</i>	4	PA ² NDS Non-Extended Day Supply
<i>hydroxyurea</i>	1	
MATULANE	4	NDS Non-Extended Day Supply LA
SYNRIBO	4	PA ² NDS Non-Extended Day Supply LA
<i>tretinoin 10 mg cap</i>	4	NDS Non-Extended Day Supply
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	4	QL 240 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	NDS Non-Extended Day Supply
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	3	
NOURIANZ	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	3	
<i>tolcapone</i>	4	<div data-bbox="1133 646 1195 684">PA</div> <div data-bbox="1133 701 1195 739">NDS</div> <div data-bbox="1203 701 1477 758">Non-Extended Day Supply</div>
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	
<i>bromocriptine mesylate</i>	3	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	3	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	3	
RYTARY	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM	1	
<i>lithium carbonate (lithium carbonate, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	3	QL 30 EA / 30 DAYS PA²
<i>lurasidone hcl</i>	1	
NUPLAZID	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	3	QL 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ziprasidone mesylate</i>	3	QL 60 ML / 30 DAYS
BENZISOXAZOLES		
FANAPT	3	QL 60 EA / 30 DAYS PA ²
FANAPT TITRATION PACK	3	QL 8 EA / 180 OVER TIME PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL 1 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL 1.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL 0.25 ML / 28 DAYS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL 0.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL 0.88 ML / 90 OVER TIME NDS Non-Extended Day Supply
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	QL 1.32 ML / 90 OVER TIME NDS Non-Extended Day Supply















DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	3	QL 30 EA / 30 DAYS
<i>paliperidone er 6 mg tab er 24h</i>	3	QL 60 EA / 30 DAYS
PERSERIS	4	<p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	3	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	2	QL 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	4	<p>QL 2 EA / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL 0.28 ML / 30 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	4	<p>QL 0.35 ML / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>
UZEDY 150 MG/0.42ML SUSP PRSYR	4	QL 0.42 ML / 60 OVER TIME









DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY 200 MG/0.56ML SUSP PRSYR	4	QL 0.56 ML / 60 OVER TIME
UZEDY 250 MG/0.7ML SUSP PRSYR	4	QL 0.7 ML / 60 OVER TIME
UZEDY 50 MG/0.14ML SUSP PRSYR	4	QL 0.14 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL 0.21 ML / 30 DAYS NDS Non-Extended Day Supply
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	3	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	3	
DIBENZAPINES		
<i>asenapine maleate</i>	3	QL 60 EA / 30 DAYS
<i>clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)</i>	3	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1	
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg recon soln, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	3	














DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	3	
SECUADO	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> <div></div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
VERSACLOZ	4	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZYPREXA RELPREVV 210 MG RECON SUSP	3	<div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / 28 DAYS</div> </div>
DIHYDROINDOLONES		
MOLINDONE HCL	3	
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	3	
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	3	
<i>perphenazine</i>	3	
<i>prochlorperazine</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REXULTI	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
THIOXANTHENES		
<i>thiothixene</i>	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	3	
<i>abacavir sulfate 300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir-lamivudine-zidovudine</i>	4	NDS Non-Extended Day Supply
APRETUDE	4	NDS Non-Extended Day Supply
APTIVUS 250 MG CAP	4	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	3	
BIKTARVY	4	NDS Non-Extended Day Supply
CABENUVA	4	NDS Non-Extended Day Supply
CIMDUO	4	NDS Non-Extended Day Supply
COMPLERA	3	
<i>darunavir</i>	4	NDS Non-Extended Day Supply
DELSTRIGO	4	NDS Non-Extended Day Supply
DESCOVY	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
DOVATO	4	NDS Non-Extended Day Supply


DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EDURANT	4	 Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	3	
<i>efavirenz-emtricitab-tenofo df</i>	4	 Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	4	 Non-Extended Day Supply
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	4	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	4	 Non-Extended Day Supply
EVOTAZ	4	 Non-Extended Day Supply
<i>fosamprenavir calcium</i>	4	 Non-Extended Day Supply
FUZEON	4	 Non-Extended Day Supply
GENVOYA	4	 Non-Extended Day Supply
INTELENCE 25 MG TAB	2	
INVIRASE	4	 Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	4	 Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS HD	4	 Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JULUCA	4	 Non-Extended Day Supply
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	3	
<i>lamivudine-zidovudine</i>	3	
LEXIVA 50 MG/ML SUSPENSION	3	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3	
<i>maraviroc</i>	4	 Non-Extended Day Supply
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	3	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	3	
NORVIR 100 MG PACKET	2	
ODEFSEY	4	 Non-Extended Day Supply
PIFELTRO	4	 Non-Extended Day Supply
PREZCOBIX	4	 Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	3	
PREZISTA 100 MG/ML SUSPENSION	4	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	4	 Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	4	 Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	4	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	2	
STRIBILD	4	 Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	4	 Non-Extended Day Supply
SYMTUZA	3	
TEMIXYS	4	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	4	 Non-Extended Day Supply
TIVICAY 10 MG TAB	2	
TIVICAY PD	4	 Non-Extended Day Supply
TRIUMEQ	4	 Non-Extended Day Supply
TRIUMEQ PD	4	 Non-Extended Day Supply
TRIZIVIR	4	 Non-Extended Day Supply
TROGARZO	4	 Non-Extended Day Supply 
VIRACEPT	4	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	4	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	<ul style="list-style-type: none"> QL 20 EA / 5 OVER TIME \$0 Copay
PAXLOVID (300/100)	2	<ul style="list-style-type: none"> QL 30 EA / 5 OVER TIME \$0 Copay
CMV AGENTS		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	3	
BARACLUDE 0.05 MG/ML SOLUTION	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
<i>entecavir</i>	3	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	3	
LEDIPASVIR-SOFOSBUVIR	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 100-40 MG TAB	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	4	<ul style="list-style-type: none"> QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PEGASYS	4	PA NDS Non-Extended Day Supply
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	
SOFOSBUVIR-VELPATASVIR	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	4	NDS Non-Extended Day Supply
VOSEVI	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	3	
<i>acyclovir sodium</i>	3	PA ³
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	2	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	2	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QL 540 ML / 180 OVER TIME
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
MISC. ANTIVIRALS		
LAGEVRIO	2	 40 EA / 5 OVER TIME
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	1	
<i>pindolol</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	3	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	3	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	3	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<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 cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	1	
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CARDIOTONICS

CARDIAC GLYCOSIDES

DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 125 MCG TAB, DIGOXIN 250 MCG TAB)	1	
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CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine-atorvastatin</i>	1	
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ENTRESTO	2	QL 60 EA / 30 DAYS
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IMPOTENCE AGENTS

CAVERJECT	3*	
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CAVERJECT IMPULSE	3*	
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EDEX	3*	
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MUSE	3*	
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<i>sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)</i>	1*	
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<i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i>	1*	
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TRI-MIX	2*	
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<i>vardenafil hcl</i>	1*	
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PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>bosentan</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
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OPSUMIT	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
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PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>alyq</i>	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> PA
<i>tadalafil (pah)</i>	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
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PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS

4

PA

NDS

Non-Extended Day
Supply

LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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SINUS NODE INHIBITORSCORLANOR (CORLANOR 5 MG
TAB, CORLANOR 7.5 MG TAB)

2

QL

60 EA / 30 DAYS

CORLANOR 5 MG/5ML
SOLUTION

2

QL

450 ML / 30 DAYS

TRANSTHYRETIN STABILIZERS

VYNDAMAX

3

QL

30 EA / 30 DAYS

PA

LA

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO

2

QL

30 EA / 30 DAYS


CEPHALOSPORINS**CEPHALOSPORINS - 1ST GENERATION**CEFADROXIL (CEFADROXIL 1
GM TAB, CEFADROXIL 250
MG/5ML RECON SUSP,
CEFADROXIL 500 MG CAP,
CEFADROXIL 500 MG/5ML
RECON SUSP)

1

*cefazolin sodium (cefazolin sodium 1 gm
recon soln, cefazolin sodium 2 gm recon
soln, cefazolin sodium 10 gm recon soln,
cefazolin sodium 100 gm recon soln,
cefazolin sodium 300 gm recon soln,
cefazolin sodium 500 mg recon soln)*

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
<i>cefotetan disodium</i>	3	
CEFOTETAN DISODIUM-DEXTROSE	3	
<i>cefoxitin sodium</i>	3	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	3	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	3	
<i>ceftazidime</i>	3	
CEFTAZIDIME AND DEXTROSE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 100 gm recon soln)</i>	3	
<i>ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	3	
CEFTRIAZONE SODIUM-DEXTROSE	3	
TAZICEF (TAZICEF 1 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 6 GM RECON SOLN)	3	
CEPHALOSPORINS - 4TH GENERATION		
<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>	3	
CEFEPIME-DEXTROSE	3	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO	4	 Non-Extended Day Supply
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aubra eq</i>	1	
<i>aviane</i>	1	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>camrese</i>	1	
<i>camrese lo</i>	3	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>hailey 24 fe</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	1	
<i>jasmiel</i>	3	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est & eth est</i>	3	
<i>levonorgest-eth estrad 91-day (levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab)</i>	3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luter</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>nikki</i>	3	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	3	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	3	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	3	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	3	
<i>tydemy</i>	3	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wymzya fe</i>	3	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	3	
<i>xulane</i>	3	
<i>zafemy</i>	3	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	3	QL 1 EA / 365 OVER TIME
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
<i>haloette</i>	3	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	2	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>sharobel</i>	1	
SLYND	3	
<i>tulana</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	2	
<i>budesonide er</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	1	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	<div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA³</div>
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	2	<div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA³</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 6.7 (5 BASE) MG/5ML SOLUTION, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	1	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	PA ³
PREDNISON (PREDNISON 1 MG TAB, PREDNISON 2.5 MG TAB, PREDNISON 5 MG TAB, PREDNISON 5 MG/5ML SOLUTION, PREDNISON 10 MG TAB, PREDNISON 20 MG TAB, PREDNISON 50 MG TAB)	1	PA ³
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISON INTENSOL	3	PA ³
SOLU-CORTEF	3	
SOLU-MEDROL (PF)	3	
SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN)	3	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1*	
<i>hydrocodone bit-homatrop mbr</i> (<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab, hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>)	1*	
<i>hydromet</i>	1*	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1*	
CAPCOF	2*	
CODITUSSIN AC	2*	
CODITUSSIN DAC	2*	
g tussin ac	1*	
<i>guaiaatussin ac</i>	1*	
<i>guaifenesin ac</i>	1*	
<i>guaifenesin dac</i>	1*	
<i>guaifenesin-codeine</i>	1*	
HISTEX-AC	2*	
HYDROCOD POLI-CHLORPHE POLI ER	2*	
<i>hydrocod poli-chlorphe poli er</i>	1*	
LORTUSS EX	2*	
M-CLEAR WC	2*	
M-END PE	2*	
MAR-COF BP	2*	
MAR-COF CG EXPECTORANT	2*	
<i>maxi-tuss ac</i>	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAXI-TUSS CD	2*	
NINJACOF-XG	2*	
POLY-TUSSIN AC	2*	
PRO-RED AC	2*	
PROMETHAZINE VC/CODEINE	2*	
<i>promethazine-codeine</i>	1*	
<i>promethazine-dm</i>	1*	
<i>promethazine-phenyleph-codeine</i>	1*	
<i>pseudoeph-bromphen-dm</i>	1*	
RYDEX	2*	
TUSSICAPS	2*	
TUXARIN ER	2*	
TUZISTRA XR	2*	
<i>virtussin a/c</i>	1*	
<i>virtussin ac w/alc</i>	1*	
VIRTUSSIN DAC	2*	
Z-TUSS AC	2*	
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	PA ³
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane</i>	3	
<i>amnestem</i>	3	
<i>avita 0.025 % cream</i>	3	QL 45 GM / 30 DAYS PA
<i>claravis</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	1	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	1	QL 75 GM / 30 DAYS
ERY	2	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	1	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	3	
<i>sulfacetamide sodium (acne)</i>	3	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i>	2	QL 45 GM / 30 DAYS PA
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	3	QL 45 GM / 30 DAYS PA
<i>zenatane</i>	3	

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac 1% gel</i>	1	QL 1000 GM / 30 DAYS
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ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate 0.1 % cream</i>	1	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	1	QL 220 GM / 30 DAYS

ANTIFUNGALS - TOPICAL

<i>ciclopirox 0.77 % gel</i>	1	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	1	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	1	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	1	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	1	QL 30 ML / 28 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	3	QL 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	1	QL 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	1	QL 240 ML / 30 DAYS
<i>klayesta</i>	1	QL 60 GM / 30 DAYS
<i>nyamyc</i>	1	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	1	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	1	QL 60 GM / 30 DAYS
<i>nystatin-triamcinolone</i>	2	QL 60 GM / 30 DAYS
<i>nystop</i>	1	QL 60 GM / 30 DAYS
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	4	QL 60 GM / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	3	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS
PANRETIN	4	PA ² NDS Non-Extended Day Supply
VALCHLOR	4	QL 240 GM / 30 DAYS PA ² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSORIATICS		
<i>acitretin</i>	3	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>calcipotriene 0.005 % solution</i>	2	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	
METHOXSALLEN RAPID	4	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	3	QL 60 GM / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	3	QL 30 GM / 30 DAYS
<i>penciclovir</i>	3	QL 5 GM / 7 OVER TIME
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	2	QL 453.6 GM / 30 DAYS
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	QL 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>clobetasol prop emollient base</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobetasol propionate 0.05 % foam</i>	3	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	3	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	3	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	3	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	3	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	3	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	3	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	3	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	1	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	1	QL 454 GM / 30 DAYS
ECZEMA AGENTS		
ADBRY	4	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	4	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	1	
ENZYMES - TOPICAL		
SANTYL	2	QL 180 GM / 30 OVER TIME
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	QL 24 EA / 30 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	3	QL 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	3	QL 100 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox 0.5 % solution</i>	1	QL 7 ML / 30 DAYS
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	3	QL 107 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS
ROSACEA AGENTS		
<i>azelaic acid</i>	3	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	3	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	3	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	3	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	3	
<i>malathion</i>	3	
<i>permethrin (nix)</i>	2	
WOUND CARE PRODUCTS		
REGANEX	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA STRIP	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	
SUCRAID	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> Non-Extended Day Supply </div> </div>
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	3	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	3	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)</i>	1	
<i>risedronate sodium 35 mg tab dr</i>	3	
<i>teriparatide</i>	4	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XGEVA	4	<div data-bbox="1133 174 1187 205">QL</div> 1.7 ML / 28 DAYS <div data-bbox="1133 222 1187 254">PA</div> <div data-bbox="1133 279 1187 310">NDS</div> Non-Extended Day Supply
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	<div data-bbox="1133 434 1187 466">PA</div> <div data-bbox="1133 491 1187 522">NDS</div> Non-Extended Day Supply <div data-bbox="1133 548 1187 579">LA</div>
GROWTH HORMONES		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	4	<div data-bbox="1133 726 1187 758">PA</div> <div data-bbox="1133 783 1187 814">NDS</div> Non-Extended Day Supply
SKYTROFA	4	<div data-bbox="1133 907 1187 938">PA</div> <div data-bbox="1133 963 1187 995">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1020 1187 1052">LA</div>
HORMONE RECEPTOR MODULATORS		
OSPHENA	3	
<i>raloxifene hcl</i>	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	<div data-bbox="1133 1350 1187 1381">PA</div> <div data-bbox="1133 1407 1187 1438">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1463 1187 1495">LA</div>
METABOLIC MODIFIERS		
<i>betaine</i>	4	<div data-bbox="1133 1610 1187 1642">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1667 1187 1698">LA</div>
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcitriol 1 mcg/ml solution</i>	3	
<i>carglumic acid</i>	4	PA NDS Non-Extended Day Supply LA
<i>cinacalcet hcl</i>	3	PA
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	3	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	4	PA NDS Non-Extended Day Supply LA
<i>nitisinone</i>	4	PA NDS Non-Extended Day Supply
OPFOLDA	3	QL 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	3	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	4	PA NDS Non-Extended Day Supply LA
<i>sodium phenylbutyrate 500 mg tab</i>	4	PA NDS Non-Extended Day Supply
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	3	QL 30 EA / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	3	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	3	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	2	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	3	PA
SIGNIFOR	4	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>estradiol-norethindrone acet</i>	3	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone-eth estradiol</i>	3	
ESTROGENS		
<i>dotti</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk)</i>	3	
<i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	
<i>estradiol valerate</i>	3	
<i>lyllana</i>	3	
MENEST	3	
FLUROQUINOLONES		
FLUROQUINOLONES		
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	3	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	3	
<i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i>	3	
<i>levofloxacin in d5w 250 mg/50ml solution</i>	1	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOXIFLOXACIN HCL IN NAACL	3	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	3	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
RELTONE	3	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	3	
DIPENTUM	4	NDS Non-Extended Day Supply
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)</i>	2	
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	2	
<i>mesalamine er 500 mg cap er</i>	3	
<i>mesalamine-cleanser</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKYRIZI 180 MG/1.2ML SOLN CART	4	<ul style="list-style-type: none"> QL 1.2 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	4	<ul style="list-style-type: none"> QL 2.4 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
<i>sulfasalazine</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	4	NDS Non-Extended Day Supply
LINZESS	2	QL 30 EA / 30 DAYS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	4	<ul style="list-style-type: none"> QL 18 ML / 30 DAYS PA NDS Non-Extended Day Supply
RELISTOR 8 MG/0.4ML SOLUTION	4	<ul style="list-style-type: none"> QL 12 ML / 30 DAYS PA NDS Non-Extended Day Supply
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lanthanum carbonate</i>	4	NDS Non-Extended Day Supply
<i>sevelamer carbonate</i>	3	
TRYPTOPHAN HYDROXYLASE INHIBITORS		
		QL 90 EA / 30 DAYS
		PA
XERMELO	4	NDS Non-Extended Day Supply
		LA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	2	
ALKALINIZERS		
<i>potassium citrate er</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON	3	PA
		LA
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	2	
<i>sodium chloride 0.9 % solution</i>	3	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
URINARY STONE AGENTS		
LITHOSTAT	3	
<i>tiopronin 100 mg tab</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	2	
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
URICOSURICS		
<i>probenecid</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<i>sajazir</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMPLEMENT INHIBITORS		
CINRYZE	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
HAEGARDA	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
RUCONEST	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 60 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>miglustat</i>	4	<div data-bbox="1133 174 1192 210">PA</div> <div data-bbox="1133 222 1192 258">NDS</div> Non-Extended Day Supply <div data-bbox="1133 291 1192 327">LA</div>
<i>yargesa</i>	4	<div data-bbox="1133 357 1192 392">PA</div> <div data-bbox="1133 405 1192 441">NDS</div> Non-Extended Day Supply <div data-bbox="1133 474 1192 510">LA</div>
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	2	
ENDARI	4	<div data-bbox="1133 676 1192 711">QL</div> 180 EA / 30 DAYS <div data-bbox="1133 724 1192 760">PA</div> <div data-bbox="1133 772 1192 808">NDS</div> Non-Extended Day Supply <div data-bbox="1133 842 1192 877">LA</div>
COBALAMINS		
<i>cyanocobalmin (vitamin b12)</i>	1*	
HYDROXOCOBALAMIN ACETATE	2*	
METHYLCOBALAMIN 10000 MCG RECON SOLN	2*	
FOLIC ACID/FOLATES		
<i>folic acid</i>	1*	
HEMATOPOIETIC GROWTH FACTORS		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	4	<div data-bbox="1133 1442 1192 1478">PA</div> <div data-bbox="1133 1491 1192 1526">NDS</div> Non-Extended Day Supply
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	4	<div data-bbox="1133 1579 1192 1614">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1627 1192 1663">PA</div> <div data-bbox="1133 1675 1192 1711">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	PA
RETACRIT 40000 UNIT/ML SOLUTION	4	PA NDS Non-Extended Day Supply
UDENYCA	4	NDS Non-Extended Day Supply
ZARXIO	4	NDS Non-Extended Day Supply
ZIEXTENZO	4	NDS Non-Extended Day Supply
HEMATOPOIETIC MIXTURES		
<i>folic acid / vitamin b6 / vitamin b12</i>	1*	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	3	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone</i>	3	QL 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA ²
<i>zaleplon 10 mg cap</i>	3	QL 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	3	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	3	QL 30 EA / 30 DAYS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	QL 30 EA / 30 DAYS
DAYVIGO	3	QL 30 EA / 30 DAYS
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>HETLIOZ</i>	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>ramelteon</i>	2	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GOLYTELY	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
SUFLAVE	2	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	3	
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	
<i>clarithromycin er</i>	3	
ERYTHROMYCINS		
<i>ery-tab</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERYTHROCIN STEARATE	3	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	3	
<i>erythromycin base (erythromycin base, erythromycin base 250 mg cp dr part)</i>	3	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	2	QL 136 ML / 10 OVER TIME
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	2	
<i>gauze pads and dressings</i>	2	
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	QL 1 EA / 274 OVER TIME PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G6 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
DEXCOM G6 TRANSMITTER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 68 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
DEXCOM G7 RECEIVER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
DEXCOM G7 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 14 DAY READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 2 READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 2 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 3 READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 20 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD 5 G6 INTRO (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD 5 G6 PODS (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G7 INTRO (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G7 PODS (GEN 5)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 PACK	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD CLASSIC PDM (GEN 3)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH INTRO (GEN 4)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PDM (GEN 4)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PODS (GEN 4)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MISC. DEVICES		
<i>alcohol swabs</i>	2	
ALCOHOL SWABS 1X1	2	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>needles and syringes</i>	2	
<i>needles and syringes</i>	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	QL 1 ML / 30 DAYS PA
AJOVY	2	QL 1.5 ML / 30 DAYS PA
EMGALITY	2	QL 2 ML / 30 DAYS PA
EMGALITY (300 MG DOSE)	2	QL 3 ML / 30 DAYS PA
NURTEC	2	QL 16 EA / 30 DAYS PA
MIGRAINE COMBINATIONS		
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	QL 18 EA / 30 OVER TIME
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL 16 ML / 30 DAYS PA
SEROTONIN AGONISTS		
<i>eletriptan hydrobromide</i>	3	QL 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	1	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan</i>	3	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	3	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	3	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	3	QL 18 EA / 30 OVER TIME
MINERALS ELECTROLYTES		
CALCIUM		
<i>calcium gluconate 10 % solution</i>	1	
ELECTROLYTE MIXTURES		
DEXTROSE-NACL (DEXTROSE-NACL 10-0.2 % SOLUTION, DEXTROSE-NACL 10-0.45 % SOLUTION)	3	PA ³
<i>dextrose-nacl (dextrose-nacl 2.5-0.45 % solution, dextrose-nacl 5-0.2 % solution, dextrose-nacl 5-0.45 % solution, dextrose-nacl 5-0.9 % solution)</i>	3	
<i>dextrose-sodium chloride (dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	3	
KCL (0.149%) IN NACL	3	
KCL (0.298%) IN NACL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	3	
KCL-LACTATED RINGERS-D5W	3	
<i>lactated ringers</i>	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	3	
POTASSIUM CHLORIDE IN NACL (POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	3	
FLUORIDE		
<i>sodium fluoride</i>	1*	
<i>sodium fluoride 2.2 mg</i>	1*	
MAGNESIUM		
<i>magnesium sulfate 50 % solution</i>	3	
PHOSPHATE		
K-PHOS	2	
POTASSIUM		
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	3	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	3	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	
<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 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
SODIUM		
<i>sodium chloride</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250 mg tab</i>	4	<div data-bbox="1130 1486 1192 1524">PA</div> <div data-bbox="1130 1535 1192 1593">NDS</div> <div data-bbox="1203 1535 1479 1604">Non-Extended Day Supply</div>
<i>trientine hcl 250 mg cap</i>	4	<div data-bbox="1130 1623 1192 1661">PA</div> <div data-bbox="1130 1671 1192 1730">NDS</div> <div data-bbox="1203 1671 1479 1740">Non-Extended Day Supply</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOMODULATORS		
<i>lenalidomide</i>	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
REVLIMID	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZUROCK	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS NDS Non-Extended Day Supply LA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS NDS Non-Extended Day Supply LA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	<ul style="list-style-type: none"> PA³
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	3	<ul style="list-style-type: none"> PA³
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	3	<ul style="list-style-type: none"> PA³






DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENVARUSUS XR 4 MG TAB ER 24H	4	PA ³ NDS Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	4	PA ³ NDS Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	3	PA ³
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	4	PA ³ NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	2	PA ³
<i>mycophenolic acid</i>	2	PA ³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	3	PA ³
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	3	PA ³
<i>sirolimus 1 mg/ml solution</i>	4	PA ³ NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	PA ³
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POTASSIUM REMOVING AGENTS		
LOKELMA	3	
<i>sodium polystyrene sulfonate powder</i>	1	
SPS	1	
VELTASSA	2	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
<i>cavarest</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>just right 5000 1.1 % gel</i>	1	
<i>sf</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sf 5000 plus</i>	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel)</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	2	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex</i>	1*	
B-COMPLEX W/ FOLIC ACID		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2*	
<i>vitamin b complex / vitamin c / folic acid</i>	1*	
PRENATAL VITAMINS		
OBTREX DHA 29-1 & 387 MG MISC	2*	
PRENATABS RX	2*	
<i>prenatal vitamin</i>	3	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	3	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	3	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	3	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 34 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	4	<ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	4	<ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	3	<ul style="list-style-type: none"> PA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose 10 % solution</i>	3	<ul style="list-style-type: none"> PA³
<i>dextrose 5 % solution</i>	3	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	3	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (4.25/5)	3	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (5/15)	3	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (5/20)	3	<ul style="list-style-type: none"> PA³
<i>plenamine</i>	3	<ul style="list-style-type: none"> PA³
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate-timolol</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	2	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % solution</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE	4	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	2	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	1	 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	1	 7 GM / 7 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gatifloxacin</i>	3	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
<i>levofloxacin 0.5 % solution</i>	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
NATACYN	3	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	1	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
ZIRGAN	3	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	2	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	2	QL 5.5 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERKAZIA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	QL 60 EA / 30 DAYS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	<ul style="list-style-type: none"> QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl 0.05 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	4	<ul style="list-style-type: none"> QL 60 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>diclofenac sodium 0.1 % solution</i>	1	QL 20 ML / 365 OVER TIME
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	3	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine 0.4 % solution</i>	1	QL 20 ML / 365 OVER TIME
<i>ketorolac tromethamine 0.5 % solution</i>	1	
<i>olopatadine</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	3	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	3	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	1	
HYDROCORTISONE-ACETIC ACID	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
GAMUNEX-C 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	4	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC \$0 Part D Adult Vaccine
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 125 MG/5ML RECON SUSP, AMOXICILLIN 200 MG/5ML RECON SUSP, AMOXICILLIN 250 MG CAP, AMOXICILLIN 250 MG CHEW TAB, AMOXICILLIN 250 MG/5ML RECON SUSP, AMOXICILLIN 400 MG/5ML RECON SUSP, AMOXICILLIN 500 MG CAP, AMOXICILLIN 500 MG TAB, AMOXICILLIN 875 MG TAB)	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	3	
AMPICILLIN SODIUM 2 GM RECON SOLN	1	
NATURAL PENICILLINS		
BICILLIN L-A	3	
<i>penicillin g potassium</i>	3	
PENICILLIN G PROCAINE	3	
PENICILLIN G SODIUM	3	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i>	1	
PFIZERPEN	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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PENICILLIN COMBINATIONS		
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AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 875-125 MG TAB)	1	
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AMOXICILLIN-POT CLAVULANATE ER	3	
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AMPICILLIN-SULBACTAM SODIUM (AMPICILLIN- SULBACTAM SODIUM, AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN, AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN)	3	
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<i>piperacillin sod-tazobactam so</i>	3	
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PENICILLINASE-RESISTANT PENICILLINS		
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<i>dicloxacillin sodium</i>	1	
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<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	3	
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<i>nafcillin sodium 10 gm recon soln</i>	4	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>oxacillin sodium</i>	3	
OXACILLIN SODIUM IN DEXTROSE	3	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	
<i>megestrol acetate 625 mg/5ml suspension</i>	3	PA
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	3	
<i>disulfiram</i>	1	
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
XYWAV	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)</i>	1	QL 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	QL 30 EA / 30 DAYS
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	3	
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	
<i>memantine hcl er</i>	3	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	2	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO 6 MG TAB	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply


DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR 6 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR PATIENT TITRATION	4	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>tetrabenazine</i>	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
AVONEX PREFILLED	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>dalfampridine er</i>	2	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA
<i>dimethyl fumarate 120 mg cap dr</i>	4	<ul style="list-style-type: none"> QL 14 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate 240 mg cap dr</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate starter pack</i>	4	<ul style="list-style-type: none"> QL 120 EA / 180 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 40 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 20 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 40 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
KESIMPTA	4	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
PLEGRIDY	4	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
REBIF	4	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE	4	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE TITRATION PACK	4	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF TITRATION PACK	4	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
<i>teriflunomide</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VUMERITY	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
VUMERITY (STARTER)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
SMOKING DETERRENTS		
NICOTROL INHALER	2	
NICOTROL NASAL SPRAY	2	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	4	<ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHITOL TOLERANCE TEST	4	<ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 13.4 MG PACKET	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 5.8 MG PACKET	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI 75-94 MG PACKET	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMOZYME	4	<ul style="list-style-type: none"> QL 150 ML / 30 DAYS PA³ NDS Non-Extended Day Supply
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMONARY FIBROSIS AGENTS		
OFEV	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	4	<ul style="list-style-type: none"> QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE	3	
TETRACYCLINES		
GLYCYLCYCLINES		
TIGECYCLINE	4	 Non-Extended Day Supply
TETRACYCLINES		
<i>demeclocycline hcl</i>	3	
<i>doxy 100</i>	3	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline hyclate 100 mg recon soln</i>	3	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	3	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	3	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxyol</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	VAC \$0 Part D Adult Vaccine
BOOSTRIX	1	VAC \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA ³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA ³ VAC \$0 Part D Adult Vaccine
TENIVAC	1	PA ³ VAC \$0 Part D Adult Vaccine
TETANUS-DIPHTHERIA TOXOIDS TD	1	PA ³ VAC \$0 Part D Adult Vaccine

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1
<i>dicyclomine hcl 10 mg/5ml solution</i>	3
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	3

H-2 ANTAGONISTS

<i>cimetidine</i>	1
<i>famotidine (pepcid)</i>	1

MISC. ANTI-ULCER

<i>sucralfate 1 gm tab</i>	1
<i>sucralfate 1 gm/10ml suspension</i>	3

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	2
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lansoprazole (prevacid)</i>	2	
<i>omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	3	
<i>bismuth/metronidaz/tetracyclin</i>	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	PA
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	3	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
VIRAL VACCINES		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA ³ VAC \$0 Part D Adult Vaccine
GARDASIL 9	1	VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45)
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA ³ VAC \$0 Part D Adult Vaccine
IMOVAX RABIES	1	PA ³ VAC \$0 Part D Adult Vaccine
IPOL	1	VAC \$0 Part D Adult Vaccine
IXCHIQ	1	
IXIARO	1	VAC \$0 Part D Adult Vaccine
JYNNEOS	1	VAC \$0 Part D Adult Vaccine
M-M-R II	1	VAC \$0 Part D Adult Vaccine
PREHEVBRIO	1	PA ³ VAC \$0 Part D Adult Vaccine
PRIORIX	1	VAC \$0 Part D Adult Vaccine
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RABAVERT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 EA / 365 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
STAMARIL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TWINRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VARIVAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
YF-VAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole vaginal 0.75% gel</i>	1	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
VANDAZOLE	1	
VAGINAL ESTROGENS		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-bottom: 5px;">MFG</div> </div> 2 EA / 30 OVER TIME Drug coverage is limited to certain manufacturers
SYMJEPI	2	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</div> 2 EA / 30 OVER TIME
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-bottom: 5px;">PA</div> <div style="background-color: #c8863f; color: white; padding: 2px 5px;">NDS</div> </div> Non-Extended Day Supply
<i>midodrine hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)</i>	1*	
<i>vitamin a</i>	2*	
<i>vitamin d</i>	1*	
<i>vitamin k1</i>	1*	
WATER SOLUBLE VITAMINS		
POTABA	2*	
<i>pyridoxine (vitamin b6)</i>	2*	
<i>thiamine (vitamin b1)</i>	1*	
<i>vitamin c</i>	2*	

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Este formulario se actualizó el 03/19/2024.

Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con:

Servicio de Atención al Cliente de los Planes Grupales Medicare de UCare al 612-676-6840 o 1-877-447-4385 (la llamada es gratuita)

Para usuarios de TTY: 612-676-6810 o 1-800-688-2534 (la llamada es gratuita)

Todas las líneas se responden de 8 am a 8 pm, los siete días de la semana, o visite ucare.org.



PO Box 52
Minneapolis, MN 55440-0052

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