

2024

# Formulario (Lista de medicamentos cubiertos) de Planes Medicare (HMO-POS) y EssentiaCare (PPO) de UCare

- Planes de Medicare de UCare (HMO-POS)
  - UCare Aware
  - UCare Classic
  - UCare Complete
  - UCare Essentials Rx
  - UCare Standard
- UCare Medicare con M Health Fairview y North Memorial (HMO-POS)
- Planes UCare Advocate (HMO-I-SNP)
- Planes EssentiaCare (PPO)

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 al Cliente de **Planes Medicare de UCare** al 612-676-3600 o 1-877-523-1515 (esta llamada es gratuita)

Servicio al Cliente de **UCare Medicare con M Health Fairview y North Memorial** al 612-676-6520 o al 1-888-618-2595 (esta llamada es gratuita)

Servicio al Cliente de **Planes UCare Advocate** al 612-676-3600 o 1-877-523-1515 (esta llamada es gratuita)

Servicio al Cliente de **EssentiaCare** al 218-722-4915 o al 1-855-432-7025 (esta llamada es gratuita)

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

Todas las líneas se responden de 8 am a 8 pm, los siete días de la semana, o visite [ucare.org](https://www.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](mailto: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 አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሰለው ቁጥር 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534) ይደውሉ

ဟ်သျှ်ဟ်သး-နမ့ၢ်ကတိၢ် ကညီ ကျိၣ်အယိ, နမ့ၢ် ကျိၣ်အတၢ်မၤစၢလၢ တလၢကညီလၢကစၢ နီတၢ်ဘၣ်သ့န့ၣ်လီၤ. တိ: 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 Health, Inc. Cuando se refiere al “plan” o “nuestro plan” significa los Planes Medicare y EssentiaCare 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 de vez en cuando durante el año.

## **¿Qué es el Formulario de los Planes Medicare y EssentiaCare de UCare?**

Un formulario es una lista de medicamentos cubiertos seleccionados por los Planes Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare de UCare, comuníquese con nosotros. Nuestra información de contacto aparece en la portadas y contraportada. Las actualizaciones al Formulario de los Planes Medicare y EssentiaCare de UCare están disponibles en nuestro sitio web, [ucare.org/member-documents](https://ucare.org/member-documents). Si lo solicita, UCare le enviará por correo una edición impresa actualizada.

## ¿Cómo uso el Formulario?

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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 176. 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?

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Los Planes Medicare y EssentiaCare 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?

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

- **Autorización previa:** Los Planes Medicare y EssentiaCare de UCare exigen que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de los Planes Medicare y EssentiaCare de UCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que los Planes Medicare y EssentiaCare de UCare no cubran el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, los Planes Medicare y EssentiaCare de UCare limitan la cantidad del medicamento que cubrirán. Por ejemplo, los Planes Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 al Cliente y preguntar si su medicamento está cubierto. Si se entera de que los Planes Medicare y EssentiaCare 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 Medicare y EssentiaCare de UCare. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por los Planes Medicare y EssentiaCare de UCare.
- Puede pedirle a los Planes Medicare y EssentiaCare 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 Medicare y EssentiaCare de UCare?**

Puede pedirle a los Planes Medicare y EssentiaCare 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 5). 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 Medicare y EssentiaCare 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 Medicare y EssentiaCare 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 de aceleración, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico u otro profesional que emita recetas.

## **¿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 Medicare de UCare o de EssentiaCare 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 Medicare o EssentiaCare de UCare, admitido o dado de alta de un centro de atención a largo plazo, se le permitirá anular el “resurtido demasiado pronto” al que tiene acceso para obtener un suministro adecuado de sus medicamentos.

## **Para obtener más información**

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

Si tiene preguntas sobre los Planes Medicare y EssentiaCare 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 Medicare y EssentiaCare de UCare**

El formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por los Planes Medicare y EssentiaCare de UCare. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 176.

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 Medicare y EssentiaCare de UCare tienen algún requisito especial para la cobertura de su medicamento.

<b>Explicación de los requisitos/límites</b>	
<b>PA</b>	Autorización previa: Medicamentos que requieren la aprobación de la UCare antes de que los cubramos
<b>PA<sup>2</sup></b>	Autorización previa: Medicamentos que requieren aprobación si no ha tomado el medicamento antes
<b>PA<sup>3</sup></b>	Autorización previa: Medicamentos que requieren revisión para determinar la cobertura bajo la Parte B o la Parte D
<b>ST</b>	Terapia escalonada: Medicamentos que requieren que pruebe otro medicamento antes de cubrirlo
<b>QL</b>	Límite de cantidad: Hay límites a la cantidad de medicamento por surtido
<b>Part B Covered</b>	Suministros para diabéticos cubiertos por el beneficio de la Parte B (médico)
<b>INS</b>	Insulinas con un copago de \$35 por suministro de un mes

<b>Explicación de los requisitos/límites</b>	
<b>VAC</b>	Vacuna para adultos de la Parte D cubierta a \$0 (sin costo)
<b>VAC AGE</b>	Vacuna para adultos de la Parte D cubierta a \$0 (sin costo) para personas de 19 a 45 años
<b>MFG</b>	La cobertura de medicamentos está limitada a ciertos fabricantes
<b>NDS</b>	Medicamentos limitados a un suministro de 30 días por surtido
<b>LA</b>	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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	4	
<i>amphetamine-dextroamphetamine</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	4	
<i>methamphetamine hcl</i>	4	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	4	
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	2	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS <span style="background-color: #8b4513; color: white; padding: 2px;">PA</span>
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	2	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	4	
<i>methylphenidate hcl er (la)</i>	4	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	4	
<i>modafinil</i>	2	<span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS <span style="background-color: #8b4513; color: white; padding: 2px;">PA</span>

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
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	4	
GENTAMICIN SULFATE 10 MG/ML SOLUTION	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE	4	
<i>tobramycin 300 mg/4ml nebu soln</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 224 ML / 28 OVER TIME</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<i>tobramycin 300 mg/5ml nebu soln</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 300 ML / 30 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>

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
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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)	4	
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### ANALGESICS - ANTI-INFLAMMATORY

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HADLIMA 40 MG/0.4ML SOLN PRSYR	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> 2.4 ML / 28 DAYS Non-Extended Day Supply
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> 4.8 ML / 28 DAYS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> 2.4 ML / 28 DAYS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> 4.8 ML / 28 DAYS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> 4 EA / 28 DAYS Non-Extended Day Supply
HUMIRA (2 SYRINGE) 40 MG/0.8ML PEF SY KT	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> </div> 4 EA / 28 DAYS Non-Extended Day Supply

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
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 6 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-PSOR/UEVIT STARTER	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PS/UV/ADOL HS STARTER	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c48e4a; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 3 ML / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 0.5 ML / 28 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
RINVOQ 45 MG TAB ER 24H	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 84 EA / 180 OVER TIME</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ 1 MG/ML SOLUTION	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ XR	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>GOLD COMPOUNDS</b>		
RIDAURA	5	<ul style="list-style-type: none"> <li><span style="background-color: #8b6914; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	5	<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>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 3.6 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>NDS Non-Extended Day Supply</div> </div>
ACTEMRA ACTPEN	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 3.6 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>NDS Non-Extended Day Supply</div> </div>
KEVZARA	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 2.28 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>NDS Non-Extended Day Supply</div> </div>
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	2	
<i>diclofenac sodium er</i>	4	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	2	

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>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	2	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 500 mg tab)</i>	1	
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	2	
<i>naproxen dr</i>	2	
<i>oxaprozin 600 mg tab</i>	4	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	

### PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA 10 & 20 & 30 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 55 EA / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
OTEZLA 30 MG TAB	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

### PYRIMIDINE SYNTHESIS INHIBITORS

*leflunomide* 2

### SELECTIVE COSTIMULATION MODULATORS

ORENCIA 125 MG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> <li>QL 4 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
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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
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	<ul style="list-style-type: none"> <li>QL 1.6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	<ul style="list-style-type: none"> <li>QL 2.8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORENCIA CLICKJECT	5	<ul style="list-style-type: none"> <li>QL 4 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	5	<ul style="list-style-type: none"> <li>QL 8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ENBREL MINI	5	<ul style="list-style-type: none"> <li>QL 8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ENBREL SURECLICK	5	<ul style="list-style-type: none"> <li>QL 8 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>ANALGESICS - NONNARCOTIC</b>		
<b>SALICYLATES</b>		
<i>diflunisal</i>	2	

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
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<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>	4	<span>QL</span> 10 EA / 30 DAYS <span>PA</span>
<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>	5	<span>QL</span> 120 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	4	<span>QL</span> 120 EA / 30 DAYS <span>PA</span>
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	<span>QL</span> 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	3	<span>QL</span> 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	3	<span>QL</span> 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	3	<span>QL</span> 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>	4	<span>PA<sup>3</sup></span>
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	4	<span>QL</span> 360 EA / 30 DAYS <span>PA</span>
<i>methadone hcl 10 mg/5ml solution</i>	4	<span>QL</span> 1800 ML / 30 DAYS <span>PA</span>
<i>methadone hcl 5 mg/5ml solution</i>	4	<span>QL</span> 3600 ML / 30 DAYS <span>PA</span>

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>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>	3	QL 180 ML / 30 DAYS
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	3	QL 180 EA / 30 DAYS
MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL 1800 ML / 30 DAYS
<i>morphine sulfate 20 mg/5ml solution</i>	3	QL 900 ML / 30 DAYS
<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>	3	QL 120 EA / 30 DAYS PA
<i>morphine sulfate er 200 mg tab er</i>	4	QL 120 EA / 30 DAYS PA
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	3	QL 180 EA / 30 DAYS
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL 270 EA / 30 DAYS
<i>oxycodone hcl 5 mg cap</i>	3	QL 360 EA / 30 OVER TIME
<i>oxycodone hcl 5 mg tab</i>	3	QL 360 EA / 30 DAYS
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL 5400 ML / 30 DAYS
<i>tramadol hcl 50 mg tab</i>	3	QL 240 EA / 30 DAYS
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	3	QL 390 EA / 30 DAYS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	3	QL 4980 ML / 30 DAYS

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>endocet</i>	3	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>	4	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>	3	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>	3	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	3	QL 360 EA / 30 DAYS
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	3	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	3	QL 4 EA / 28 DAYS PA
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	3	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl (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>	2	QL 90 EA / 30 DAYS

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>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	4	QL 10 ML / 30 DAYS
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	4	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	4	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)	4	QL 300 GM / 30 DAYS PA
<i>testosterone 10 mg/act (2%) gel</i>	4	QL 120 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	QL 75 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	4	QL 180 GM / 30 DAYS PA
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION)	2	PA
TESTOSTERONE ENANTHATE	2	PA
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide 2 mg foam</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	2	

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
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal)</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	3	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	5	NDS Non-Extended Day Supply
BENZNIDAZOLE	4	LA
<i>ivermectin 3 mg tab</i>	3	PA
<i>praziquantel</i>	4	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	2	
BACITRACIN 50000 UNIT RECON SOLN	2	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	2	
<i>metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL 1 EA / 28 DAYS PA <sup>3</sup>
<i>tinidazole</i>	2	

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>trimethoprim</i>	2	
XIFAXAN 200 MG TAB	4	QL 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	5	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	2	
<i>sulfatrim pediatric</i>	2	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	5	NDS Non-Extended Day Supply
<i>nitazoxanide</i>	5	QL 6 EA / 3 OVER TIME NDS Non-Extended Day Supply
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	4	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	4	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	4	QL 30 EA / 10 OVER TIME

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
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	4	QL 10 EA / 10 DAYS
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	5	NDS Non-Extended Day Supply
<b>GLYCOPEPTIDES</b>		
DALVANCE	5	NDS 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>	4	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	4	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL 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)	3	
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<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>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>lincomycin hcl</i>	2	
<b>MONOBACTAMS</b>		
<i>aztreonam</i>	4	
CAYSTON	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;"><span>QL</span> 84 ML / 28 DAYS</div> <div style="margin-bottom: 5px;"><span>PA</span></div> <div style="margin-bottom: 5px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	4	
<i>linezolid 100 mg/5ml recon susp</i>	5	<span>NDS</span> Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	4	
SIVEXTRO 200 MG TAB	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;"><span>QL</span> 6 EA / 6 OVER TIME</div> <div style="margin-bottom: 5px;"><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>

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
ZYVOX 200 MG/100ML SOLUTION	3	
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	4	
<i>polymyxin b sulfate</i>	2	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomicin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	2	
<b>NITRATES</b>		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	2	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	

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>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>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl</i>	2	
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	4	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	4	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	2	<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;">120 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;">PA<sup>2</sup></div> </div>
<i>alprazolam 2 mg tab</i>	2	<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;">150 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;">PA<sup>2</sup></div> </div>
<i>clorazepate dipotassium</i>	4	<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;">180 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;">PA<sup>2</sup></div> </div>
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	2	<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;">120 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;">PA<sup>2</sup></div> </div>
<i>diazepam 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;">QL</div> <div style="margin-left: 5px;">1200 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;">PA<sup>2</sup></div> </div>
<i>diazepam 5 mg/ml conc</i>	2	<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;">240 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;">PA<sup>2</sup></div> </div>

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>diazepam intensol</i>	2	<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;">240 ML / 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<sup>2</sup></div> </div>
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	2	<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;">150 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<sup>2</sup></div> </div>
<i>lorazepam 2 mg/ml conc</i>	2	<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;">150 ML / 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<sup>2</sup></div> </div>
<i>lorazepam intensol</i>	2	<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;">150 ML / 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<sup>2</sup></div> </div>
<i>oxazepam</i>	4	<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;">120 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<sup>2</sup></div> </div>
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	4	
<i>quinidine gluconate er</i>	4	
QUINIDINE SULFATE	2	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	2	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>dofetilide</i>	4	

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	4	
<i>pacerone 200 mg tab</i>	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	5	PA <sup>3</sup> NDS Non-Extended Day Supply
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA	5	PA NDS Non-Extended Day Supply LA
FASENRA PEN	5	PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG RECON SOLN	5	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN PRSYR	5	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	3	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	3	QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	2	PA <sup>3</sup>
SPIRIVA HANDIHALER	3	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	3	QL 4 GM / 30 DAYS
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 4 mg packet, montelukast sodium 5 mg chew tab)</i>	2	
<i>montelukast sodium 10 mg tab</i>	1	
<i>zafirlukast</i>	4	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	4	
<b>STEROID INHALANTS</b>		
ASMANEX (120 METERED DOSES)	3	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	3	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	3	QL 1 EA / 30 DAYS
ASMANEX HFA	3	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>	4	QL 120 ML / 30 DAYS PA <sup>3</sup>

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
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	4	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL 21.2 GM / 30 DAYS
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	PA <sup>3</sup>
<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>	2	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	4	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	2	QL 36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	2	QL 17 GM / 30 DAYS
ANORO ELLIPTA	3	QL 60 EA / 30 DAYS

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>arformoterol tartrate</i>	2	QL 120 ML / 30 DAYS PA <sup>3</sup>
BREO ELLIPTA	3	QL 60 EA / 30 DAYS
<i>breynga</i>	2	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	3	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	2	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	3	QL 8 GM / 30 DAYS
DULERA	3	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>	2	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	4	QL 120 ML / 30 DAYS PA <sup>3</sup>
<i>ipratropium-albuterol</i>	2	PA <sup>3</sup>
<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>	4	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	3	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	3	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	3	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	4	
TRELEGY ELLIPTA	3	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	3	QL 36 GM / 30 DAYS

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>wixela inhub</i>	2	QL 60 EA / 30 DAYS
<b>XANTHINES</b>		
<i>theophylline</i>	2	
<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>	2	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	3	
XARELTO STARTER PACK	3	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<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>	4	

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
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<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>	5	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<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>	2	

### THROMBIN INHIBITORS

PRADAXA (PRADAXA 75 MG CAP, PRADAXA 150 MG CAP)	4	
PRADAXA 110 MG CAP	4	

### ANTICONSULSANTS

### AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	5	 60 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	5	 30 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	5	 720 ML / 30 DAYS   Non-Extended Day Supply
FYCOMPA 2 MG TAB	4	 60 EA / 30 DAYS 

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
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	4	QL 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	4	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>	4	QL 90 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	2	QL 90 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	2	QL 300 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	4	QL 300 EA / 30 DAYS PA <sup>2</sup>
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	4	QL 10 EA / 30 OVER TIME
NAYZILAM	4	QL 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	5	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
SYMPAZAN 5 MG FILM	4	QL 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	5	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 15 MG DOSE	5	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 20 MG DOSE	5	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply

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
VALTOCO 5 MG DOSE	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 10 EA / 30 OVER TIME</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	4	<span>QL</span> 60 EA / 30 DAYS
APTIOM 200 MG TAB	4	<span>QL</span> 180 EA / 30 DAYS
APTIOM 400 MG TAB	4	<span>QL</span> 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 60 EA / 30 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
BRIVIACT 10 MG/ML SOLUTION	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 600 ML / 30 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	2	
<i>carbamazepine 100 mg/5ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div style="margin-bottom: 5px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
EPIDIOLEX	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div><span>LA</span></div> </div>
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 360 ML / 30 DAYS</div> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div style="margin-bottom: 5px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>

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>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	2	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	4	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	2	
<i>lacosamide 10 mg/ml solution</i>	3	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	4	
<i>lamotrigine (lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab)</i>	2	
<i>lamotrigine er</i>	4	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<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>	2	

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
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	5	PA <sup>2</sup> NDS Non-Extended Day Supply
<i>rufinamide 200 mg tab</i>	4	PA <sup>2</sup>
SPRITAM	4	
<i>topiramate</i>	2	
ZONISADE	4	
<i>zonisamide</i>	2	
ZTALMY	5	QL 1100 ML / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>CARBAMATES</b>		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	4	
<i>felbamate 600 mg/5ml suspension</i>	5	NDS Non-Extended Day Supply
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	5	QL 56 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
XCOPRI (350 MG DAILY DOSE)	5	QL 56 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply

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
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)	4	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> </ul>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>vigadrone</i>	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>vigpoder</i>	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>HYDANTOINS</b>		
DILANTIN 30 MG CAP	3	
<i>phenytek</i>	2	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	2	

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>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	4	
<b>VALPROIC ACID</b>		
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	2	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine (mirtazapine 15 mg tab disp, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab disp)</i>	2	
<i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 30 mg tab, mirtazapine 45 mg tab)</i>	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	4	QL 60 EA / 30 DAYS
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (smoking det)</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	2	

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
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 28 EA / 14 OVER TIME</div> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ZURZUVAE 30 MG CAP	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>QL</span> 14 EA / 14 OVER TIME</div> <div style="margin-bottom: 5px;"><span>PA<sup>2</sup></span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	5	<span>NDS</span> Non-Extended Day Supply
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	

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
FLUOXETINE HCL 90 MG CAP DR	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	4	
<i>trazodone hcl</i>	1	
TRINTELLIX	4	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	4	QL 30 EA / 30 DAYS
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	2	
<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>	2	
FETZIMA	4	QL 30 EA / 30 DAYS
FETZIMA TITRATION	4	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	2	
<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>	2	

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
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	4	
<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>	4	
<i>imipramine hcl</i>	4	
<i>imipramine pamoate</i>	4	
<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>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	2	
MIGLITOL	4	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL 30 EA / 30 DAYS
INVOKAMET	3	QL 60 EA / 30 DAYS
INVOKAMET XR	3	QL 60 EA / 30 DAYS
JANUMET	3	QL 60 EA / 30 DAYS

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
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	3	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	3	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	3	QL 60 EA / 30 DAYS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	3	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	3	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)	3	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	3	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)	3	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)	3	QL 60 EA / 30 DAYS

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
<b>BIGUANIDES</b>		
<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	
<b>DIABETIC OTHER</b>		
<i>diazoxide</i>	4	
GLUCAGON EMERGENCY 1 MG KIT	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	<span>QL</span> 120 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<i>mifepristone 300 mg tab</i>	5	<span>QL</span> 120 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	<span>QL</span> 30 EA / 30 DAYS
TRADJENTA	3	<span>QL</span> 30 EA / 30 DAYS
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET	4	<span>QL</span> 180 EA / 30 DAYS

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
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	3	<span>QL</span> 4 ML / 28 DAYS <span>PA</span>
MOUNJARO	3	<span>QL</span> 2 ML / 28 DAYS <span>PA</span>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	<span>QL</span> 3 ML / 28 DAYS <span>PA</span>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	<span>QL</span> 3 ML / 28 DAYS <span>PA</span>
OZEMPIC (2 MG/DOSE)	3	<span>QL</span> 3 ML / 28 DAYS <span>PA</span>
RYBELSUS	3	<span>QL</span> 30 EA / 30 DAYS <span>PA</span>
TRULICITY	3	<span>QL</span> 2 ML / 28 DAYS <span>PA</span>
VICTOZA	3	<span>QL</span> 9 ML / 30 DAYS <span>PA</span>
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	<span>PA<sup>3</sup></span> <span>INS</span> \$35 Insulin
HUMULIN R U-500 KWIKPEN	3	<span>INS</span> \$35 Insulin
INSULIN ASP PROT & ASP FLEXPEN	3	<span>INS</span> \$35 Insulin
INSULIN ASPART	3	<span>PA<sup>3</sup></span> <span>INS</span> \$35 Insulin
INSULIN ASPART FLEXPEN	3	<span>INS</span> \$35 Insulin
INSULIN ASPART PENFILL	3	<span>INS</span> \$35 Insulin
INSULIN ASPART PROT & ASPART	3	<span>INS</span> \$35 Insulin

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
LANTUS	3	INS \$35 Insulin
LANTUS SOLOSTAR	3	INS \$35 Insulin
NOVOLIN 70/30	3	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN	3	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN RELION	3	INS \$35 Insulin
NOVOLIN 70/30 RELION	3	INS \$35 Insulin
NOVOLIN N	3	INS \$35 Insulin
NOVOLIN N FLEXPEN	3	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	3	INS \$35 Insulin
NOVOLIN N RELION	3	INS \$35 Insulin
NOVOLIN R	3	INS \$35 Insulin
NOVOLIN R FLEXPEN	3	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	3	INS \$35 Insulin
NOVOLIN R RELION	3	INS \$35 Insulin
NOVOLOG	3	PA <sup>3</sup> INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	3	INS \$35 Insulin
NOVOLOG FLEXPEN	3	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	3	INS \$35 Insulin
NOVOLOG MIX 70/30	3	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	3	INS \$35 Insulin
NOVOLOG MIX 70/30 RELION	3	INS \$35 Insulin
NOVOLOG PENFILL	3	INS \$35 Insulin
NOVOLOG RELION	3	PA <sup>3</sup> INS \$35 Insulin

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
TOUJEO MAX SOLOSTAR	3	INS \$35 Insulin
TOUJEO SOLOSTAR	3	INS \$35 Insulin
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
INVOKANA	3	QL 30 EA / 30 DAYS
JARDIANCE	3	QL 30 EA / 30 DAYS
<b>SULFONYLUREAS</b>		
<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	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	4	
<i>loperamide (immodium)</i>	2	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET	3	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	5	PA NDS Non-Extended Day Supply

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>deferasirox 90 mg tab</i>	4	PA
<i>deferiprone</i>	5	PA NDS Non-Extended Day Supply LA

## OPIOID ANTAGONISTS

KLOXXADO	3	
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/10ML SOLUTION)	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
<i>naltrexone hcl</i>	2	
OPVEE	3	
VIVITROL	5	NDS Non-Extended Day Supply
ZIMHI	3	

## ANTIEMETICS








### 5-HT3 RECEPTOR ANTAGONISTS

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

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
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine</i>	2	
<i>scopolamine</i>	4	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine</i>	4	
<i>dronabinol</i>	4	<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;">60 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;">PA</div> </div>
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	4	<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;">3 EA / 2 OVER TIME</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;">PA<sup>3</sup></div> </div>
<i>aprepitant (aprepitant 80 &amp; 125 mg cap, aprepitant 80 &amp; 125 mg misc, aprepitant 80 mg cap)</i>	4	<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;">6 EA / 4 OVER TIME</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;">PA<sup>3</sup></div> </div>
VARUBI (180 MG DOSE)	4	<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;">4 EA / 28 OVER TIME</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;">PA<sup>3</sup></div> </div>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>casposfungin acetate 50 mg recon soln</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div>
<i>casposfungin acetate 70 mg recon soln</i>	4	
<i>micafungin sodium</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div>
<b>ANTIFUNGALS</b>		
ABELCET	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>
AMPHOTERICIN B	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>
<i>flucytosine</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div>

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>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	5	 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 200 mg tab)</i>	2	
<i>fluconazole 150 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>	4	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	4	
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	  Non-Extended Day Supply
VORICONAZOLE (VORICONAZOLE 40 MG/ML RECON SUSP, VORICONAZOLE 200 MG RECON SOLN)	5	  Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	4	

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
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	2	
<i>desloratadine 5 mg tab</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	4	
<b>ANTHYPERLIPIDEMICS</b>		
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	2	QL 30 EA / 30 DAYS
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	4	
<i>omega-3-acid ethyl esters</i>	2	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	3	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	4	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	3	

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
<b>FIBRIC ACID DERIVATIVES</b>		
<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>	2	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	2	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	4	
<i>gemfibrozil</i>	2	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	2	
<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	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	2	QL 30 EA / 30 DAYS
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	4	

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
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	4	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REPATHA	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REPATHA PUSHTRONEX SYSTEM	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">7 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REPATHA SURECLICK	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

## 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
<i>ramipril</i>	1
<i>trandolapril</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
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	5	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	5	 Non-Extended Day Supply
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	
<i>atenolol-chlorthalidone</i>	2	

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>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	4	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	2	
<b>VASODILATORS</b>		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	2	
<i>minoxidil</i>	2	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	4	

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

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
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifabutin</i>	4	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	<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	4	

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	2	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div>
GLEOSTINE	5	<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;">NDS</div> </div> <div>           Non-Extended Day Supply         </div> </div>
LEUKERAN	4	
<i>temozolomide</i>	Part B Covered	

### ANTIMETABOLITES

<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	2	

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>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
ONUREG	5	<ul style="list-style-type: none"> <li>QL 14 ML / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PURIXAN	5	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TABLOID	4	
XATMEP	4	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	5	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FRUZAQLA 5 MG CAP	5	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
INLYTA 1 MG TAB	5	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
INLYTA 5 MG TAB	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (10 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
LENVIMA (12 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (14 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (18 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (20 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (24 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (4 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (8 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>LA</li> </ul>
VENCLEXTA 100 MG TAB	5	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VENCLEXTA 50 MG TAB	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VENCLEXTA STARTING PACK	5	<ul style="list-style-type: none"> <li>QL 42 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>erlotinib hcl 25 mg tab</i>	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

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
EXKIVITY	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
<i>gefitinib</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
GILOTRIF	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
TAGRISSO	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
VIZIMPRO	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	5	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>
ERIVEDGE	5	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px;">LA</span></li> </ul>

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
ODOMZO	5	PA <sup>2</sup> NDS Non-Extended Day Supply
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	5	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
AKEEGA	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>anastrozole</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	4	QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	4	QL 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	4	QL 1 EA / 28 DAYS
EMCYT	5	NDS Non-Extended Day Supply
ERLEADA 240 MG TAB	5	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

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>exemestane</i>	4	
FIRMAGON	4	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	4	PA <sup>2</sup>
<i>letrozole</i>	2	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	QL 1 EA / 84 OVER TIME
LYSODREN	5	NDS Non-Extended Day Supply LA
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	2	PA <sup>2</sup>
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	4	PA
<i>nilutamide</i>	5	PA <sup>2</sup> NDS Non-Extended Day Supply
NUBEQA	5	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORGOVYX	5	QL 30 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	5	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

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
ORSERDU 86 MG TAB	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
SOLTAMOX	5	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> </ul>
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> </ul>
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	<ul style="list-style-type: none"> <li>QL 1 EA / 84 OVER TIME</li> </ul>
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	<ul style="list-style-type: none"> <li>QL 1 EA / 168 OVER TIME</li> </ul>
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	<ul style="list-style-type: none"> <li>QL 1 EA / 28 DAYS</li> </ul>
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XTANDI 80 MG TAB	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	5	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
XPOVIO (60 MG TWICE WEEKLY)	5	<ul style="list-style-type: none"> <li>QL 24 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XPOVIO (80 MG TWICE WEEKLY)	5	<ul style="list-style-type: none"> <li>QL 32 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	5	<ul style="list-style-type: none"> <li>QL 5 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KISQALI FEMARA (400 MG DOSE)	5	<ul style="list-style-type: none"> <li>QL 70 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA (600 MG DOSE)	5	<ul style="list-style-type: none"> <li>QL 91 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA(200 MG DOSE)	5	<ul style="list-style-type: none"> <li>QL 49 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

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
LONSURF	5	PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	5	QL 240 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	5	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ALUNBRIG 30 MG TAB	5	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
AUGTYRO	5	QL 240 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
BALVERSA 5 MG TAB	5	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

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
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
BOSULIF 100 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 150 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
BOSULIF 100 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
BOSULIF 50 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
BRAFTOVI	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
BRUKINSA	5	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
CABOMETYX	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
CALQUENCE 100 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CALQUENCE 100 MG TAB	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
CAPRELSA 100 MG TAB	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	5	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (100 MG DAILY DOSE)	5	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (140 MG DAILY DOSE)	5	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	5	PA <sup>2</sup> NDS Non-Extended Day Supply LA
COPIKTRA	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
COTELLIC	5	QL 63 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus 2 mg tab sol</i>	5	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus 3 mg tab sol</i>	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>everolimus 5 mg tab sol</i>	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FOTIVDA	5	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
GAVRETO	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IBRANCE	5	<ul style="list-style-type: none"> <li>QL 21 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ICLUSIG	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
IDHIFA	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>imatinib mesylate 100 mg tab</i>	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>imatinib mesylate 400 mg tab</i>	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IMBRUVICA 140 MG CAP	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IMBRUVICA 70 MG/ML SUSPENSION	5	<ul style="list-style-type: none"> <li>QL 324 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
INREBIC	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JAYPIRCA 100 MG TAB	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAYPIRCA 50 MG TAB	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KISQALI (200 MG DOSE)	5	<ul style="list-style-type: none"> <li>QL 21 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI (400 MG DOSE)	5	<ul style="list-style-type: none"> <li>QL 42 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI (600 MG DOSE)	5	<ul style="list-style-type: none"> <li>QL 63 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KOSELUGO 10 MG CAP	5	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KOSELUGO 25 MG CAP	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
KRAZATI	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
<i>lapatinib ditosylate</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
LORBRENA 100 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
LORBRENA 25 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
LUMAKRAS 120 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 240 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
LUMAKRAS 320 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
LYNPARZA	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
LYTGOBI (12 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 84 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
LYTGOBI (16 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 112 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>	
LYTGOBI (20 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 140 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>	
MEKINIST 0.05 MG/ML RECON SOLN	5	<ul style="list-style-type: none"> <li>QL 1200 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>	
MEKINIST 0.5 MG TAB	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>	
MEKINIST 2 MG TAB	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>	
MEKTOVI	5	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>	
NERLYNX	5	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>	
NINLARO	5	<ul style="list-style-type: none"> <li>QL 3 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OGSIVEO	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
OJJAARA	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>pazopanib hcl</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PEMAZYRE	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
PIQRAY (200 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PIQRAY (250 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PIQRAY (300 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
QINLOCK	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

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
RETEVMO 80 MG CAP	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
REZLIDHIA	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 100 MG CAP	5	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 200 MG CAP	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RUBRACA	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RYDAPT	5	<ul style="list-style-type: none"> <li>QL 224 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
SCEMBLIX 20 MG TAB	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
SCEMBLIX 40 MG TAB	5	<ul style="list-style-type: none"> <li>QL 300 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

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>sorafenib tosylate</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SPRYCEL 20 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
STIVARGA	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<i>sunitinib malate</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TABRECTA	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TAFINLAR 10 MG TAB SOL	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 840 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
TALZENNA 0.25 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
TASIGNA	5	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TAZVERIK	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 240 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
TEPMETKO	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
TIBSOVO	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>
TRUQAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 64 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TURALIO 125 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; padding: 2px;">LA</span></li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VANFLYTA 17.7 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 28 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
VANFLYTA 26.5 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 56 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
VERZENIO	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VITRAKVI 100 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VITRAKVI 20 MG/ML SOLUTION	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VITRAKVI 25 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
VONJO	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALKORI 150 MG CAP SPRINK	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
XALKORI 200 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; border-radius: 50%; padding: 2px 5px;">LA</span></li> </ul>
XALKORI 250 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; border-radius: 50%; padding: 2px 5px;">LA</span></li> </ul>
XOSPATA	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; border-radius: 50%; padding: 2px 5px;">LA</span></li> </ul>
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
ZEJULA 100 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; border-radius: 50%; padding: 2px 5px;">LA</span></li> </ul>
ZELBORAF	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 50%; padding: 2px 5px;">QL</span> 240 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #2980b9; border-radius: 50%; padding: 2px 5px;">LA</span></li> </ul>
ZOLINZA	5	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; border-radius: 50%; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 50%; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYDELIG	5	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ZYKADIA	5	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	5	PA <sup>2</sup> NDS Non-Extended Day Supply LA
BESREMI	5	QL 2 ML / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<i>bexarotene 75 mg cap</i>	5	PA <sup>2</sup> NDS Non-Extended Day Supply
<i>hydroxyurea</i>	2	
MATULANE	5	NDS Non-Extended Day Supply LA
SYNRIBO	5	PA <sup>2</sup> NDS Non-Extended Day Supply LA
<i>tretinoin 10 mg cap</i>	5	NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	5	<span>QL</span> 240 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> 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>	2	
MESNEX 400 MG TAB	5	<span>NDS</span> Non-Extended Day Supply
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa</i>	4	
NOURIANZ	5	<span>QL</span> 30 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	2	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	4	
<i>tolcapone</i>	5	<span>PA</span> <span>NDS</span> Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	2	
<i>bromocriptine mesylate</i>	4	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	4	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	2	
<i>carbidopa-levodopa er</i>	2	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE, CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB)	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
RYTARY	4	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	4	
<i>selegiline hcl</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
LITHIUM	2	
<i>lithium carbonate (lithium carbonate, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	2	
<i>lithium carbonate er</i>	2	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	4	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>lurasidone hcl</i>	2	
NUPLAZID	5	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	4	<span>QL</span> 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	4	<span>QL</span> 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	<span>QL</span> 60 ML / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT	4	<span>QL</span> 60 EA / 30 DAYS <span>PA<sup>2</sup></span>
FANAPT TITRATION PACK	4	<span>QL</span> 8 EA / 180 OVER TIME <span>PA<sup>2</sup></span>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	<p>QL 3.5 ML / 180 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	<p>QL 5 ML / 180 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	<p>QL 0.75 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	<p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	<p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	<p>QL 0.25 ML / 28 DAYS</p>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	<p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	<p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>

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>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>	4	QL 30 EA / 30 DAYS
<i>paliperidone er 6 mg tab er 24h</i>	4	QL 60 EA / 30 DAYS
PERSERIS	5	QL 1 EA / 30 DAYS NDS Non-Extended Day Supply
<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>	4	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	3	QL 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	5	QL 2 EA / 28 DAYS NDS Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL 0.28 ML / 30 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL 0.35 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL 0.42 ML / 60 OVER TIME
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL 0.56 ML / 60 OVER TIME
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL 0.7 ML / 60 OVER TIME

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
UZEDY 50 MG/0.14ML SUSP PRSYR	5	<span>QL</span> 0.14 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	5	<span>QL</span> 0.21 ML / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	4	<span>QL</span> 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>	4	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	2	
<i>loxapine succinate</i>	2	
<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>	2	
<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>	4	

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>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>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #4a4a8a; 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: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>2</sup></div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
VERSACLOZ	5	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZYPREXA RELPREVV 210 MG RECON SUSP	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / 28 DAYS</div> </div>
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	4	
<b>PHENOTHIAZINES</b>		
<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>	4	
<i>compro</i>	4	
<i>fluphenazine decanoate</i>	4	
<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>	4	
<i>perphenazine</i>	4	
















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

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
ARISTADA INITIO	5	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>4.8 ML / 365 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
REXULTI	5	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	4	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
APRETUDE	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
APTIVUS 250 MG CAP	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
CABENUVA	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
CIMDUO	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
COMPLERA	4	
<i>darunavir</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
DELSTRIGO	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

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
DESCOVY	5	 30 EA / 30 DAYS  Non-Extended Day Supply
DOVATO	5	 Non-Extended Day Supply
EDURANT	5	 Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	 Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	5	 Non-Extended Day Supply
<i>emtricitabine</i>	4	
<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>	5	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	4	 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	 Non-Extended Day Supply
EVOTAZ	5	 Non-Extended Day Supply
<i>fosamprenavir calcium</i>	5	 Non-Extended Day Supply
FUZEON	5	 Non-Extended Day Supply
GENVOYA	5	 Non-Extended Day Supply
INTELENCE 25 MG TAB	3	
INVIRASE	5	 Non-Extended Day Supply

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREZISTA 100 MG/ML SUSPENSION	5	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	5	 Non-Extended Day Supply
<i>ritonavir</i>	2	
RUKOBIA	5	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	5	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	3	
STRIBILD	5	 Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	5	 Non-Extended Day Supply
SYMTUZA	4	
TEMIXYS	5	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	5	 Non-Extended Day Supply
TIVICAY 10 MG TAB	3	
TIVICAY PD	5	 Non-Extended Day Supply
TRIUMEQ	5	 Non-Extended Day Supply
TRIUMEQ PD	5	 Non-Extended Day Supply
TRIZIVIR	5	 Non-Extended Day Supply
TROGARZO	5	 Non-Extended Day Supply 

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIRACEPT	5	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	5	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	2	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	3	 20 EA / 5 OVER TIME  \$0 Copay
PAXLOVID (300/100)	3	 30 EA / 5 OVER TIME  \$0 Copay
<b>CMV AGENTS</b>		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	5	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	 Non-Extended Day Supply
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	 Non-Extended Day Supply
<i>entecavir</i>	4	 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	 28 EA / 28 DAYS   Non-Extended Day Supply

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
MAVYRET 100-40 MG TAB	5	QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	5	QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply
PEGASYS	5	PA NDS Non-Extended Day Supply
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	2	
SOFOSBUVIR-VELPATASVIR	5	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	5	NDS Non-Extended Day Supply
VOSEVI	5	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
<b>HERPES AGENTS</b>		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	2	
<i>acyclovir 200 mg/5ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA <sup>3</sup>
<i>famciclovir</i>	2	
<i>valacyclovir hcl</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	3	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	3	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL 540 ML / 180 OVER TIME
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	3	QL 40 EA / 5 OVER TIME
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>metoprolol succinate er</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>	2	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
<i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	2	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	2	
<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>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	4	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<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)	4	

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>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>	2	
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 125 MCG TAB, DIGOXIN 250 MCG TAB)	2	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin</i>	2	
ENTRESTO	3	QL 60 EA / 30 DAYS
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>bosentan</i>	5	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OPSUMIT	5	PA NDS Non-Extended Day Supply LA

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
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	5	PA NDS Non-Extended Day Supply
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	5	PA NDS Non-Extended Day Supply
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
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)	5	PA NDS Non-Extended Day Supply LA
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	5	PA NDS Non-Extended Day Supply LA
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	3	QL 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	3	QL 450 ML / 30 DAYS
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	4	QL 30 EA / 30 DAYS PA LA

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
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	3	QL 30 EA / 30 DAYS
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFADROXIL (CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP, CEFADROXIL 500 MG/5ML RECON SUSP)	2	
<i>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)</i>	2	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	2	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	2	
<i>cefotetan disodium</i>	4	
CEFOTETAN DISODIUM-DEXTROSE	4	

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>cefoxitin sodium</i>	4	
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	2	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	4	
<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>	4	
<i>ceftazidime</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<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>	4	
<i>ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	2	
CEFTRIAXONE SODIUM IN DEXTROSE	4	
CEFTRIAXONE SODIUM-DEXTROSE	4	

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
TAZICEF (TAZICEF 1 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 6 GM RECON SOLN)	4	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	4	
CEFEPIME-DEXTROSE	4	
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO	5	 Non-Extended Day Supply
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>blisovi 24 fe</i>	4	
<i>blisovi fe 1.5/30</i>	4	
<i>camrese</i>	2	
<i>camrese lo</i>	4	
<i>cryselle-28</i>	2	
<i>cyred</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cyred eq</i>	2	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2	
<i>drospirenone-ethinyl estradiol</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 24 fe</i>	4	
<i>introvale</i>	4	
<i>isibloom</i>	2	
<i>jasmiel</i>	4	
<i>joyeaux</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kaitlib fe</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	

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>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth est &amp; eth est</i>	4	
<i>levonorgest-eth estrad 91-day (levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 &amp;0.01 mg tab)</i>	4	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<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>	2	
<i>levora 0.15/30 (28)</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>nikki</i>	4	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>pimtrea</i>	4	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	4	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20</i>	2	

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>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	4	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	4	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
TYBLUME	4	
<i>tydemy</i>	4	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	4	
<i>vylibra</i>	4	
<i>wymzya fe</i>	4	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	4	
<i>xulane</i>	4	
<i>zafemy</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	4	QL 1 EA / 365 OVER TIME
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>haloette</i>	4	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate</i> ( <i>medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension</i> )	2	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>sharobel</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SLYND	4	
<i>tulana</i>	2	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	<span>QL</span> 30 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<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	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	2	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	2	<span>PA<sup>3</sup></span>
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	<span>PA<sup>3</sup></span>
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 6.7 (5 BASE) MG/5ML SOLUTION, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	2	<span>PA<sup>3</sup></span>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	3	PA <sup>3</sup>
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	4	PA <sup>3</sup>
<i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg tab, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i>	1	PA <sup>3</sup>
<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	
PREDNISONE 5 MG/5ML SOLUTION	2	PA <sup>3</sup>
PREDNISONE INTENSOL	4	PA <sup>3</sup>
SOLU-CORTEF	4	
SOLU-MEDROL (PF)	4	
SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN)	4	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	2	
<b>COUGH/COLD/ALLERGY</b>		
<b>MUCOLYTICS</b>		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	2	PA <sup>3</sup>

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
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	4	
<i>amneesteem</i>	4	
<i>avita 0.025 % cream</i>	4	<span>QL</span> 45 GM / 30 DAYS <span>PA</span>
<i>claravis</i>	4	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	2	<span>QL</span> 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	2	<span>QL</span> 75 GM / 30 DAYS
ERY	3	<span>QL</span> 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	2	<span>QL</span> 60 ML / 30 DAYS
<i>isotretinoin</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	<span>QL</span> 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i>	3	<span>QL</span> 45 GM / 30 DAYS <span>PA</span>
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	4	<span>QL</span> 45 GM / 30 DAYS <span>PA</span>
<i>zenatane</i>	4	
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac 1% gel</i>	2	<span>QL</span> 1000 GM / 30 DAYS
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate 0.1 % cream</i>	2	<span>QL</span> 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	2	<span>QL</span> 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	2	<span>QL</span> 220 GM / 30 DAYS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox 0.77 % gel</i>	2	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	2	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	2	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	2	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	2	QL 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	4	QL 85 GM / 30 DAYS
<i>ketokonazole 2 % cream</i>	2	QL 120 GM / 30 DAYS
<i>ketokonazole 2 % shampoo</i>	2	QL 240 ML / 30 DAYS
<i>klayesta</i>	2	QL 60 GM / 30 DAYS
<i>nyamyc</i>	2	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	2	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	2	QL 60 GM / 30 DAYS
<i>nystatin-triamcinolone</i>	3	QL 60 GM / 30 DAYS
<i>nystop</i>	2	QL 60 GM / 30 DAYS
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	5	QL 60 GM / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	4	QL 100 GM / 30 DAYS PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	2	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	2	QL 40 GM / 30 DAYS
PANRETIN	5	PA <sup>2</sup> NDS Non-Extended Day Supply
VALCHLOR	5	QL 240 GM / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	4	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	4	QL 120 GM / 30 DAYS
<i>calcipotriene 0.005 % solution</i>	3	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	4	
METHOXSALLEN RAPID	5	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	5	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	5	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)	5	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply

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
STELARA 90 MG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
TALTZ	5	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	4	<ul style="list-style-type: none"> <li>QL 60 GM / 30 DAYS</li> <li>PA</li> </ul>
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	2	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	4	<ul style="list-style-type: none"> <li>QL 30 GM / 30 DAYS</li> </ul>
<i>penciclovir</i>	4	<ul style="list-style-type: none"> <li>QL 5 GM / 7 OVER TIME</li> </ul>
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON 85 MG/GM CREAM	3	<ul style="list-style-type: none"> <li>QL 453.6 GM / 30 DAYS</li> </ul>
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	2	<ul style="list-style-type: none"> <li>QL 90 GM / 30 DAYS</li> </ul>
<i>betamethasone dipropionate 0.05 % lotion</i>	2	<ul style="list-style-type: none"> <li>QL 120 ML / 30 DAYS</li> </ul>

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluocinonide 0.05 % solution</i>	2	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	2	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	2	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	2	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.5 % cream)</i>	2	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	2	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL 120 GM / 30 DAYS
<i>triderm</i>	2	QL 454 GM / 30 DAYS
<b>ECZEMA AGENTS</b>		
ADBRY	5	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)	5	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)	5	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

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
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 1.34 ML / 28 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	2	
<b>ENZYMES - TOPICAL</b>		
SANTYL	3	<span>QL</span> 180 GM / 30 OVER TIME
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	2	<span>QL</span> 24 EA / 30 DAYS
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	<span>QL</span> 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	4	<span>QL</span> 100 GM / 30 DAYS
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox 0.5 % solution</i>	2	<span>QL</span> 7 ML / 30 DAYS
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	2	<span>QL</span> 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	2	<span>QL</span> 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	4	<span>QL</span> 107 EA / 30 DAYS <span>PA</span>
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	<span>QL</span> 30 GM / 30 DAYS

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
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	4	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	2	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	4	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	4	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	4	QL 60 GM / 30 DAYS
<b>SCABICIDES PEDICULICIDES</b>		
LINDANE	4	
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
<b>WOUND CARE PRODUCTS</b>		
REGRANEX	5	NDS Non-Extended Day Supply
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH ULTRA STRIP	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	3	
SUCRAID	5	PA NDS Non-Extended Day Supply LA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>methazolamide</i>	4	
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide</i>	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution)</i>	2	
<i>torseamide</i>	2	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	2	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</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>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (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>	4	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	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>	2	
<i>risedronate sodium 35 mg tab dr</i>	4	
<i>teriparatide</i>	5	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	5	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
XGEVA	5	QL 1.7 ML / 28 DAYS PA NDS Non-Extended Day Supply

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
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	5	<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>
<b>GROWTH HORMONES</b>		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	5	<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>
SKYTROFA	5	<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>
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	4	
<i>raloxifene hcl</i>	2	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	5	<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>
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	<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>

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>cinacalcet hcl</i>	4	PA
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	4	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA NDS Non-Extended Day Supply LA
<i>nitisinone</i>	5	PA NDS Non-Extended Day Supply
OPFOLDA	4	QL 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	4	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	5	PA NDS Non-Extended Day Supply LA
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA NDS Non-Extended Day Supply
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	4	QL 30 EA / 30 DAYS PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	2	

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>desmopressin acetate spray</i>	4	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	3	
<b>SOMATOSTATIC AGENTS</b>		
<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>	4	PA
SIGNIFOR	5	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>estradiol-norethindrone acet</i>	4	
<i>fyavolv</i>	4	
<i>jinteli</i>	4	
<i>norethindrone-eth estradiol</i>	4	
<b>ESTROGENS</b>		
<i>dotti</i>	4	

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>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>	4	
<i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	2	
<i>estradiol valerate</i>	4	
<i>lyllana</i>	4	
MENEST	4	
<b>FLUROQUINOLONES</b>		
<b>FLUROQUINOLONES</b>		
<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	4	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	2	
LEVOFLOXACIN 25 MG/ML SOLUTION	4	
<i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i>	4	
<i>levofloxacin in d5w 250 mg/50ml solution</i>	2	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	4	

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
MOXIFLOXACIN HCL IN NAACL	4	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	4	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
RELTONE	4	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	3	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	4	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	2	
<b>GASTROINTESTINAL STIMULANTS</b>		
<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>	2	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	4	
DIPENTUM	5	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>	3	
<i>mesalamine 4 gm enema</i>	4	
<i>mesalamine er 0.375 gm cap er 24h</i>	3	
<i>mesalamine er 500 mg cap er</i>	4	

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>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 1.2 ML / 56 OVER TIME</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
SKYRIZI 360 MG/2.4ML SOLN CART	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 2.4 ML / 56 OVER TIME</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<i>sulfasalazine</i>	2	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	5	<span>NDS</span> Non-Extended Day Supply
LINZESS	3	<span>QL</span> 30 EA / 30 DAYS
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	3	<span>QL</span> 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 18 ML / 30 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
RELISTOR 8 MG/0.4ML SOLUTION	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 12 ML / 30 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>

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
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
<i>lanthanum carbonate</i>	5	NDS Non-Extended Day Supply
<i>sevelamer carbonate</i>	4	
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
		QL 90 EA / 30 DAYS
		PA
XERMELO	5	NDS Non-Extended Day Supply
		LA
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS NO 2	3	
<b>ALKALINIZERS</b>		
<i>potassium citrate er</i>	2	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	4	PA LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	2	
RENACIDIN	3	
<i>sodium chloride 0.9 % solution</i>	4	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	3	

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
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	4	
<i>tiopronin 100 mg tab</i>	5	<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>
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	3	
<b>GOUT AGENTS</b>		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	2	
<i>febuxostat</i>	2	
<b>URICOSURICS</b>		
<i>probenecid</i>	3	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	5	<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>

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
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<i>sajazir</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <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> Non-Extended Day Supply
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### COMPLEMENT INHIBITORS

CINRYZE	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <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> Non-Extended Day Supply
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HAEGARDA	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <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> Non-Extended Day Supply
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RUCONEST	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <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> Non-Extended Day Supply
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### HEMATORHEOLOGIC AGENTS

<i>pentoxifylline er</i>	2	
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### PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl</i>	2	
<i>aspirin-dipyridamole er</i>	4	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	4	
<i>prasugrel hcl</i>	3	

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
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>miglustat</i>	5	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>yargesa</i>	5	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	3	
ENDARI	5	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	5	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

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
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)	3	PA
RETACRIT 40000 UNIT/ML SOLUTION	5	PA NDS Non-Extended Day Supply
UDENYCA	5	NDS Non-Extended Day Supply
ZARXIO	5	NDS Non-Extended Day Supply
ZIEXTENZO	5	NDS Non-Extended Day Supply
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<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>	4	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	2	QL 30 EA / 30 DAYS

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

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>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	3	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	2	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	2	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<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>	2	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	2	
<i>clarithromycin er</i>	4	

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
<b>ERYTHROMYCINS</b>		
<i>ery-tab</i>	4	
ERYTHROCIN STEARATE	4	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	4	
<i>erythromycin base (erythromycin base, erythromycin base 250 mg cp dr part)</i>	4	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	4	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	3	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	3	QL 136 ML / 10 OVER TIME
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
GAUZE PADS	3	
<i>gauze pads and dressings</i>	3	
<b>DIABETIC SUPPLIES</b>		
<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

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
DEXCOM G6 RECEIVER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
DEXCOM G6 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; 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: #666699; 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: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>

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
OMNIPOD 5 G6 INTRO (GEN 5)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G6 PODS (GEN 5)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G7 INTRO (GEN 5)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G7 PODS (GEN 5)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 PACK	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD CLASSIC PDM (GEN 3)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH INTRO (GEN 4)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PDM (GEN 4)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PODS (GEN 4)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px 0;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	

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
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</i>	3	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	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 ML / 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>
AJOVY	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;">1.5 ML / 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>
EMGALITY	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;">2 ML / 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>
EMGALITY (300 MG DOSE)	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;">3 ML / 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>
NURTEC	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;">16 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>
<b>MIGRAINE COMBINATIONS</b>		
<i>ergotamine-caffeine</i>	2	
MIGERGOT	4	
<i>sumatriptan-naproxen sodium</i>	4	<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;">18 EA / 30 OVER TIME</div> </div>
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	<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;">16 ML / 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>
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	4	<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;">18 EA / 30 OVER TIME</div> </div>

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>naratriptan hcl</i>	2	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	2	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	4	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>	4	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	4	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>	4	QL 18 EA / 30 OVER TIME

## MINERALS ELECTROLYTES

### CALCIUM

*calcium gluconate 10 % solution* 2

### ELECTROLYTE MIXTURES

DEXTROSE-NACL (DEXTROSE-NACL 10-0.2 % SOLUTION, DEXTROSE-NACL 10-0.45 % SOLUTION) 4

PA<sup>3</sup>

*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)* 4

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>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>	4	
KCL (0.149%) IN NACL	4	
KCL (0.298%) IN NACL	4	
<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>	4	
KCL-LACTATED RINGERS-D5W	4	
<i>lactated ringers</i>	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
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)	4	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	2	
<i>sodium fluoride 2.2 mg</i>	2	
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	4	
<b>PHOSPHATE</b>		
K-PHOS	3	
<b>POTASSIUM</b>		
<i>klor-con 10</i>	2	

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>klor-con 20 meq packet</i>	4	
<i>klor-con 8 meq tab er</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<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>	2	
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)	4	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	2	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	2	
<b>SODIUM</b>		
<i>sodium chloride</i>	4	

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
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine 250 mg tab</i>	5	PA NDS Non-Extended Day Supply
<i>trientine hcl 250 mg cap</i>	5	PA NDS Non-Extended Day Supply
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	QL 28 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
REVLIMID	5	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
REZUROCK	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	5	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply LA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	5	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply LA

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
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	2	PA <sup>3</sup>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	4	PA <sup>3</sup>
<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>	4	PA <sup>3</sup>
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	4	PA <sup>3</sup>
ENVARUSUS XR 4 MG TAB ER 24H	5	PA <sup>3</sup> 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>	5	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	4	PA <sup>3</sup>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	2	PA <sup>3</sup>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	3	PA <sup>3</sup>
<i>mycophenolic acid</i>	3	PA <sup>3</sup>
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	4	PA <sup>3</sup>
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	4	PA <sup>3</sup>

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>sirolimus 1 mg/ml solution</i>	5	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	2	PA <sup>3</sup>
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	5	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA	4	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS	2	
VELTASSA	3	
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	5	QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
LIDOCAINE HCL 4 % SOLUTION	2	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>periogard</i>	2	
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>just right 5000 1.1 % gel</i>	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel)</i>	2	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	3	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	2	

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
<b>MULTIVITAMINS</b>		
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	4	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	4	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	2	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	4	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	2	
<i>olopatadine hcl 0.6 % solution</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	2	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	2	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL 34 GM / 30 DAYS
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	5	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	5	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	4	PA
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose 10 % solution</i>	4	PA <sup>3</sup>
<i>dextrose 5 % solution</i>	4	

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
<b>PROTEINS</b>		
CLINIMIX/DEXTROSE (4.25/10)	4	PA <sup>3</sup>
CLINIMIX/DEXTROSE (4.25/5)	4	PA <sup>3</sup>
CLINIMIX/DEXTROSE (5/15)	4	PA <sup>3</sup>
CLINIMIX/DEXTROSE (5/20)	4	PA <sup>3</sup>
<i>plenamine</i>	4	PA <sup>3</sup>
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	2	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate 1 % solution</i>	2	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	5	NDS Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	2	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
APRACLONIDINE HCL	3	

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>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	2	QL 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b</i>	2	QL 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	2	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	4	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	2	QL 10 ML / 7 OVER TIME
<i>levofloxacin 0.5 % solution</i>	2	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL 6 ML / 7 OVER TIME
NATACYN	4	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	2	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME

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>polymyxin b-trimethoprim</i>	2	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	2	
<i>sulfacetamide sodium 10 % solution</i>	2	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME
TRIFLURIDINE	2	QL 15 ML / 7 OVER TIME
ZIRGAN	4	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 EA / 30 DAYS
RESTASIS	3	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	3	QL 5.5 ML / 30 DAYS
VERKAZIA	5	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	3	QL 60 EA / 30 DAYS
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	3	
ROCKLATAN	4	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	5	QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA

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
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	4	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl 0.05 % solution</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	2	
CYSTARAN	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 60 ML / 28 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
<i>diclofenac sodium 0.1 % solution</i>	2	<span>QL</span> 20 ML / 365 OVER TIME
<i>dorzolamide hcl</i>	2	

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>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 % solution</i>	2	QL 20 ML / 365 OVER TIME
<i>ketorolac tromethamine 0.5 % solution</i>	2	
<i>olopatadine</i>	2	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	4	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	4	
<i>travoprost (bak free)</i>	2	QL 5 ML / 30 DAYS
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	2	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	2	
<i>neomycin-polymyxin-hc</i>	2	
<b>OTIC STEROIDS</b>		
<i>flac</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
HYDROCORTISONE-ACETIC ACID	2	
<i>hydrocortisone-acetic acid</i>	2	

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
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
GAMMAKED 1 GM/10ML SOLUTION	5	PA NDS Non-Extended Day Supply
GAMUNEX-C 1 GM/10ML SOLUTION	5	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	5	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC \$0 Part D Adult Vaccine
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	5	PA NDS Non-Extended Day Supply LA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
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	











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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ampicillin</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	4	
AMPICILLIN SODIUM 2 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
<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	2	

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
<b>PENICILLIN COMBINATIONS</b>		
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)	2	
AMOXICILLIN-POT CLAVULANATE ER	4	
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)	4	
<i>piperacillin sod-tazobactam so</i>	4	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium (nafcillin sodium 1 gm            recon soln, nafcillin sodium 2 gm recon            soln)</i>	4	

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>nafcillin sodium 10 gm recon soln</i>	5	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	2	
<i>megestrol acetate 625 mg/5ml suspension</i>	4	
<i>norethindrone acetate</i>	2	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	4	
<i>disulfiram</i>	2	
<b>ANTI-CATAPLECTIC AGENTS</b>		
SODIUM OXYBATE	5	 540 ML / 30 DAYS   Non-Extended Day Supply 
XYWAV	5	 540 ML / 30 DAYS   Non-Extended Day Supply 

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

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
AUSTEDO XR 6 MG TAB ER 24H	5	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
AUSTEDO XR PATIENT TITRATION	5	<ul style="list-style-type: none"> <li>QL 42 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>tetrabenazine</i>	5	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> </ul>
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	5	<ul style="list-style-type: none"> <li>QL 1 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
AVONEX PREFILLED	5	<ul style="list-style-type: none"> <li>QL 1 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>dalfampridine er</i>	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> </ul>
<i>dimethyl fumarate 120 mg cap dr</i>	5	<ul style="list-style-type: none"> <li>QL 14 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate 240 mg cap dr</i>	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate starter pack</i>	5	<ul style="list-style-type: none"> <li>QL 120 EA / 180 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

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>fingolimod hcl</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 12 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 20 mg/ml soln prsy</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 40 mg/ml soln prsy</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 12 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KESIMPTA	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PLEGRIDY	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
REBIF	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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
REBIF REBIDOSE TITRATION PACK	5	<ul style="list-style-type: none"> <li>QL 4.2 ML / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
REBIF TITRATION PACK	5	<ul style="list-style-type: none"> <li>QL 4.2 ML / 180 OVER TIME</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>teriflunomide</i>	5	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
VUMERITY	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VUMERITY (STARTER)	5	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA	5	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	4	
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
NICOTROL INHALER	3	

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
NICOTROL NASAL SPRAY	3	
<i>varenicline tartrate</i>	2	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate(continue)</i>	2	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL	5	<ul style="list-style-type: none"> <li>QL 560 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BRONCHITOL TOLERANCE TEST	5	<ul style="list-style-type: none"> <li>QL 560 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KALYDECO 13.4 MG PACKET	5	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KALYDECO 5.8 MG PACKET	5	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>
ORKAMBI 75-94 MG PACKET	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 56 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>
PULMOZYME	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 150 ML / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>s</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 56 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 84 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; color: white; padding: 2px;">LA</span></li> </ul>

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>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 270 EA / 30 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<i>pirfenidone 801 mg tab</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 90 EA / 30 DAYS</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	4	
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
TIGECYCLINE	5	<span>NDS</span> Non-Extended Day Supply
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	2	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<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>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	2	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	4	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	4	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	2	
<b>THYROID HORMONES</b>		
<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>levoxl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	2	
<b>SYNTHROID</b>	3	
<i>unithroid</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
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	VAC \$0 Part D Adult Vaccine
BOOSTRIX	1	VAC \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
TENIVAC	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
TETANUS-DIPHThERIA TOXOIDS TD	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	2	
<i>famotidine (pepcid)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<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>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	2	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	4	
<i>bismuth/metronidaz/tetracyclin</i>	4	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	2	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	2	

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>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	

### URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA	4	PA
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	3	

### URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride</i>	2	
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### URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl</i>	4	
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### 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

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
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	
<b>VIRAL VACCINES</b>		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> 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 <sup>3</sup> VAC \$0 Part D Adult Vaccine
IMOVAX RABIES	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine

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
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 <sup>3</sup> VAC \$0 Part D Adult Vaccine
PRIORIX	1	VAC \$0 Part D Adult Vaccine
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> VAC \$0 Part D Adult Vaccine
ROTARIX	1	
ROTATEQ	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
SHINGRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>2 EA / 365 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; 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; 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; 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; 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; 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; 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; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

## VAGINAL AND RELATED PRODUCTS

### VAGINAL ANTI-INFECTIVES

*clindamycin phosphate 2 % cream* 2

*metronidazole vaginal 0.75% gel* 2

*terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)* 2

VANDAZOLE 2

### VAGINAL ESTROGENS

*estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)* 2

ESTRING 4

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
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	2	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	2	<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="margin-bottom: 5px;">2 EA / 30 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-bottom: 5px;">MFG</div> <div>Drug coverage is limited to certain manufacturers</div> </div>
SYMJEPI	3	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>2 EA / 30 OVER TIME</div>
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-bottom: 5px;">PA</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>midodrine hcl</i>	2	

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

# Index

<b>A</b>		
abacavir sulfate	95	albuterol sulfate hfa (Ventolin Equivalent).....35
abacavir sulfate-lamivudine	95	albuterol sulfate hfa 108 (proair equivalent).....35
abacavir-lamivudine-zidovudine	95	alcohol swabs.....141
ABELCET	54	ALCOHOL SWABS 1x1.....141
ABILIFY ASIMTUFII	94	ALECENSA.....72
ABILIFY MAINTENA	94	alendronate sodium.....125
abiraterone acetate	67	alfuzosin hcl er.....133
ABRYSSVO	172	aliskiren fumarate.....60
acamprosate calcium	160	allopurinol.....133
acarbose	47	alosetron hcl.....131
accutane	116	alprazolam.....31
acebutolol hcl	101	altavera.....108
acetaminophen-codeine	23	ALUNBRIG.....72
acetazolamide	124	alyacen 1/35.....108
acetazolamide er	124	alyq.....105
acetic acid	132,156	amantadine hcl.....88
acetylcysteine	115	ambrisentan.....104
acitretin	118	amikacin sulfate.....14
ACTEMRA	19	amiloride hcl.....124
ACTEMRA ACTPEN	19	amiloride-hydrochlorothiazide.....124
ACTHIB	171	amiodarone hcl.....32
ACTIMMUNE	86	amitriptyline hcl.....47
acyclovir	100,119	amlodipine besy-benazepril hcl.....59
acyclovir sodium	100	amlodipine besylate.....102
ADACEL	169	amlodipine besylate-valsartan.....59
ADBRY	121	amlodipine-atorvastatin.....104
adefovir dipivoxil	99	amlodipine-olmesartan.....59
ADEMPAS	105	amlodipine-valsartan-hctz.....59
ADVAIR HFA	35	ammonium lactate (amlactin).....122
AIMOVIG	142	amnesteem.....116
AJOVY	142	amoxapine.....47
ak-poly-bac	153	AMOXICILLIN.....157
AKEEGA	67	AMOXICILLIN-POT.....159
albendazole	26	AMOXICILLIN-POT.....159
ALBUTEROL SULFATE	35	CLAVULANATE.....159
albuterol sulfate	35	AMOXICILLIN-POT.....159
albuterol sulfate hfa (proventil equivalent).....35		CLAVULANATE ER.....159
		amphetamine-dextroamphet er.....13
		amphetamine-dextroamphetamine.....13
		AMPHOTERICIN B.....54
		ampicillin.....158
		AMPICILLIN SODIUM.....158
		AMPICILLIN-SULBACTAM SODIUM.....159
		anagrelide hcl.....134
		anastrozole.....67
		ANNOVERA.....113
		ANORO ELLIPTA.....35
		APRACLONIDINE HCL.....152
		aprepitant.....54
		APRETUDE.....95
		apri.....108
		APTIOM.....40
		APTIVUS.....95
		aranelle.....108
		ARCALYST.....19
		AREXVY.....172
		arformoterol tartrate.....36
		aripiprazole.....94
		ARISTADA.....94
		ARISTADA INITIO.....95
		armodafinil.....13
		asenapine maleate.....92
		ASMANEX (120 METERED DOSES).....34
		ASMANEX (30 METERED DOSES).....34
		ASMANEX (60 METERED DOSES).....34
		ASMANEX HFA.....34
		aspirin-dipyridamole er.....134
		atazanavir sulfate.....95
		atenolol.....101
		atenolol-chlorthalidone.....59
		atomoxetine hcl.....13
		atorvastatin calcium.....57
		atovaquone.....27





CARBIDOPA-LEVODOPA...	88	CERDELGA.....	135	CLINIMIX/DEXTROSE (5/15).	152
carbidopa-levodopa.....	88	cetirizine (zyrtec).....	56	CLINIMIX/DEXTROSE (5/20).	152
carbidopa-levodopa er.....	88	cevimeline hcl.....	149	clobazam.....	39
CARBIDOPA-LEVODOPA- ENTACAPONE.....	88	CHEMET.....	52	clobetasol prop emollient base.....	120
carglumic acid.....	126	CHLORAMPHENICOL SOD SUCCINATE.....	28	clobetasol propionate.....	120
CARTEOLOL HCL.....	152	chlorhexidine gluconate.....	149	clobetasol propionate e.....	120
cartia xt.....	102	chloroquine phosphate.....	61	clodan.....	120
carvedilol.....	101	chlorpromazine hcl.....	93	clomipramine hcl.....	47
caspofungin acetate.....	54	chlorthalidone.....	124	clonazepam.....	39
cavarest.....	149	chlorzoxazone.....	150	clonidine hcl er.....	13
CAYSTON.....	29	cholestyramine.....	56	clonidine tablet.....	59
CEFACLOR.....	106	cholestyramine light.....	56	clonidine weekly patch.....	59
CEFADROXIL.....	106	ciclopirox.....	117	clopidogrel bisulfate.....	134
cefazolin sodium.....	106	ciclopirox olamine.....	117	clorazepate dipotassium.....	31
CEFAZOLIN SODIUM- DEXTROSE.....	106	cilostazol.....	134	clotrimazole.....	149
cefdinir.....	107	CIMDUO.....	95	clotrimazole (lotrimin).....	117
cefepime hcl.....	108	cimetidine.....	170	clotrimazole-betamethasone.....	117
CEFEPIME-DEXTROSE.....	108	cinacalcet hcl.....	127	clozapine.....	92
cefixime.....	107	CINRYZE.....	134	COARTEM.....	61
cefotetan disodium.....	106	ciprofloxacin hcl.....	129,153	colchicine.....	133
CEFOTETAN DISODIUM- DEXTROSE.....	106	CIPROFLOXACIN HCL.....	129,156	colchicine-probenecid.....	133
cefoxitin sodium.....	107	ciprofloxacin in d5w.....	129	colesevelam hcl.....	56
CEFOXITIN SODIUM- DEXTROSE.....	107	ciprofloxacin- dexamethasone.....	156	colestipol hcl.....	56
cefopodoxime proxetil.....	107	citalopram hydrobromide.....	45	colistimethate sodium (cba).....	30
cefprozil.....	107	claravis.....	116	COMBIVENT RESPIMAT.....	36
ceftazidime.....	107	CLARITHROMYCIN.....	138	COMETRIQ (100 MG DAILY DOSE).....	74
CEFTAZIDIME AND DEXTROSE.....	107	clarithromycin.....	138	COMETRIQ (140 MG DAILY DOSE).....	74
ceftriaxone sodium.....	107	clarithromycin er.....	138	COMETRIQ (60 MG DAILY DOSE).....	74
CEFTRIAZONE SODIUM IN DEXTROSE.....	107	clindamycin hcl.....	29	COMPLERA.....	95
CEFTRIAZONE SODIUM- DEXTROSE.....	107	clindamycin palmitate hcl.....	29	compro.....	93
cefuroxime axetil.....	107	clindamycin phosphate.....	29,116,174	constulose.....	138
cefuroxime sodium.....	107	clindamycin phosphate in d5w.....	29	COPIKTRA.....	74
celecoxib.....	19	CLINDAMYCIN PHOSPHATE IN NAACL.....	29	CORLANOR.....	105
cephalexin.....	106	CLINIMIX/DEXTROSE (4.25/10).....	152	COTELLIC.....	74
		CLINIMIX/DEXTROSE (4.25/5).....	152	COVID-19 Vaccines.....	172
				CREON.....	123
				CRESEMBA.....	55

cromolyn sodium.....	33,130	desmopressin acetate spray.....	128	diflunisal.....	21
CROMOLYN SODIUM.....	155	desogestrel-ethinyl estradiol.....	109	DIGOXIN.....	104
cryselle-28.....	108	desonide.....	120	dihydroergotamine mesylate.....	142
cyclobenzaprine hcl.....	150	desvenlafaxine succinate er.....	46	DILANTIN.....	43
CYCLOPHOSPHAMIDE.....	62	dexamethasone.....	114	dilt-xr.....	102
CYCLOSET.....	49	DEXAMETHASONE		diltiazem hcl.....	103
cyclosporine.....	147,154	INTENSOL.....	114	diltiazem hcl er.....	103
cyclosporine modified.....	147	dexamethasone sodium		diltiazem hcl er beads.....	103
cyred.....	108	phosphate.....	114	diltiazem hcl er coated beads.....	103
cyred eq.....	109	DEXAMETHASONE SODIUM		dimethyl fumarate.....	162
CYSTAGON.....	132	PHOSPHATE.....	155	dimethyl fumarate starter	
CYSTARAN.....	155	DEXCOM G5 MOB/G4 PLAT		pack.....	162
		SENSOR.....	139	DIPENTUM.....	130
		DEXCOM G5 MOBILE		diphenoxylate-atropine.....	52
dalfampridine er.....	162	RECEIVER.....	139	DIPHThERIA-TETANUS	
DALVANCE.....	28	DEXCOM G5 MOBILE		TOXOIDS DT.....	169
danazol.....	25	TRANSMITTER.....	139	dipyridamole.....	134
dantrolene sodium.....	150	DEXCOM G5 RECEIVER		disopyramide phosphate.....	32
dapsone.....	28	KIT.....	139	disulfiram.....	160
DAPTACEL.....	169	DEXCOM G6 RECEIVER.....	140	divalproex sodium.....	44
daptomycin.....	28	DEXCOM G6 SENSOR.....	140	divalproex sodium er.....	44
darifenacin hydrobromide er.....	170	DEXCOM G6		dofetilide.....	32
darunavir.....	95	TRANSMITTER.....	140	donepezil hcl.....	161
DAURISMO.....	66	DEXCOM G7 RECEIVER.....	140	dorzolamide hcl.....	155
DAYVIGO.....	137	DEXCOM G7 SENSOR.....	140	dorzolamide hcl-timolol mal.....	152
deblitane.....	113	dextrose.....	151	dorzolamide hcl-timolol mal pf.....	152
decadron.....	114	DEXTROSE-NACL.....	143	dotti.....	128
deferasirox.....	52,53	dextrose-nacl.....	143	DOVATO.....	96
deferiprone.....	53	dextrose-sodium chloride.....	144	doxazosin mesylate.....	59
DELSTRIGO.....	95	DIACOMIT.....	40	doxepin hcl.....	47,136
demeclocycline hcl.....	167	diazepam.....	31	doxercalciferol.....	127
denta 5000 plus.....	149	DIAZEPAM.....	39	doxy 100.....	167
dentagel.....	149	diazepam intensol.....	32	doxycycline hyclate.....	167
DEPO-SUBQ PROVERA		diazoxide.....	49	doxycycline monohydrate.....	167
104.....	113	diclofenac 1% gel.....	116	doxylamine-pyridoxine.....	54
DESCOVY.....	96	diclofenac potassium.....	19	dronabinol.....	54
desipramine hcl.....	47	diclofenac sodium.....	19,117,155	drosiprenone-ethinyl estradiol.....	109
desloratadine.....	56	diclofenac sodium er.....	19	DROXIA.....	135
desmopressin ace spray		dicloxacillin sodium.....	159	droxidopa.....	175
refrig.....	127	dicyclomine hcl.....	169	DULERA.....	36
desmopressin acetate.....	127	DIFICID.....	139	duloxetine hcl.....	46

DUPIXENT	121,122	ENTRESTO	104	EVOTAZ	96
dutasteride	133	enulose	131	exemestane	68
dutasteride-tamsulosin hcl	133	ENVARBUS XR	147	EXKIVITY	66
<b>E</b>		EPIDIOLEX	40	ezetimibe	57
ec-naproxen	19	epinastine hcl	156	ezetimibe-simvastatin	56
econazole nitrate	117	epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)	175	<b>F</b>	
EDURANT	96	epitol	40	falmina	109
EFAVIRENZ	96	eplerenone	60	famciclovir	100
efavirenz-emtricitab-tenofo df	96	EPRONTIA	40	famotidine (pepcid)	170
efavirenz-lamivudine-tenofovir	96	ERGOLOID MESYLATES	164	FANAPT	89
eletriptan hydrobromide	142	ergotamine-caffeine	142	FANAPT TITRATION PACK	89
ELIGARD	67	ERIVEDGE	66	FASENRA	33
ELIQUIS	37	ERLEADA	67,68	FASENRA PEN	33
ELIQUIS DVT/PE STARTER PACK	37	erlotinib hcl	65	febuxostat	133
ELMIRON	132	errin	113	felbamate	42
eluryng	113	ertapenem sodium	27	felodipine er	103
EMCYT	67	ERY	116	femynor	109
EMGALITY	142	ery-tab	139	fenofibrate	57
EMGALITY (300 MG DOSE)	142	ERYTHROCIN STEARATE	139	fenofibrate micronized	57
EMSAM	45	erythromycin	116,139,153	fenofibric acid	57
emtricitabine	96	erythromycin base	139	fentanyl	22
emtricitabine-tenofovir df	96	erythromycin ethylsuccinate	139	fentanyl citrate	22
EMTRIVA	96	escitalopram oxalate	45	FETZIMA	46
enalapril maleate	58	esomeprazole magnesium	170	FETZIMA TITRATION	46
enalapril-hydrochlorothiazide	60	estarylla	109	finasteride	133
ENBREL	21	estradiol	129,174	fingolimod hcl	163
ENBREL MINI	21	estradiol valerate	129	FINTEPLA	40
ENBREL SURECLICK	21	estradiol-norethindrone acet	128	FIRDAPSE	61
ENDARI	135	ESTRING	174	FIRMAGON	68
endocet	24	eszopiclone	137	FIRMAGON (240 MG DOSE)	68
ENGERIX-B	172	ethacrynic acid	124	flac	156
enilloring	113	ethambutol hcl	61	flavoxate hcl	171
enoxaparin sodium	37	ethosuximide	44	flecainide acetate	32
enpresse-28	109	ethynodiol diac-eth estradiol	109	fluconazole	55
enskyce	109	etodolac	19	fluconazole in sodium chloride	55
entacapone	87	etonogestrel-ethinyl estradiol	113	flucytosine	54
entecavir	99	etravirine	96	fludrocortisone acetate	115
		euthyrox	168	flunisolide	151
		everolimus	75,147	fluocinolone acetonide	120,156
				fluocinolone acetonide body	120

fluocinolone acetonide scalp.....	120	FREESTYLE LIBRE SENSOR SYSTEM.....	140	glipizide xl.....	52
fluocinonide.....	120,121	FRUZAQLA.....	63	glipizide-metformin hcl.....	47
fluorometholone.....	155	furosemide.....	124	GLUCAGON EMERGENCY.....	49
FLUOROURACIL.....	118	FUZEON.....	96	glycopyrrolate.....	169
fluorouracil.....	118	fyavolv.....	128	GLYXAMBI.....	47
flouxetine hcl.....	45	FYCOMPA.....	38	GOLYTELY.....	138
FLUOXETINE HCL.....	46	<b>G</b>		granisetron hcl.....	53
fluphenazine decanoate.....	93	gabapentin.....	41	griseofulvin microsize.....	55
fluphenazine hcl.....	93	galantamine hydrobromide.....	161	griseofulvin ultramicrosize.....	55
flurbiprofen.....	19	GALANTAMINE		guanfacine hcl.....	59
FLURBIPROFEN SODIUM.....	156	HYDROBROMIDE.....	161	GVOKE HYPOPEN 1-PACK.....	49
fluticasone propionate.....	151	galantamine hydrobromide er.....	161	GVOKE HYPOPEN 2-PACK.....	49
FLUTICASONE PROPIONATE HFA.....	35	GAMMAKED.....	157	GVOKE KIT.....	49
fluticasone-salmeterol.....	36	GAMUNEX-C.....	157	GVOKE PFS.....	49
fluvastatin sodium.....	57	GARDASIL 9.....	172	<b>H</b>	
fluvoxamine maleate.....	46	gatifloxacin.....	153	HADLIMA.....	15
fluvoxamine maleate er.....	46	GAUZE PADS.....	139	HADLIMA PUSH TOUCH.....	15
fondaparinux sodium.....	38	gauze pads and dressings.....	139	HAEGARDA.....	134
formoterol fumarate.....	36	GAVILYTE-C.....	137	hailey 24 fe.....	109
fosamprenavir calcium.....	96	gavilyte-g.....	137	halobetasol propionate.....	121
fosfomycin tromethamine.....	30	gavilyte-n with flavor pack.....	138	haloette.....	113
fosinopril sodium.....	58	GAVRETO.....	75	haloperidol.....	92
fosinopril sodium-hctz.....	60	gefitinib.....	66	haloperidol decanoate.....	92
FOTIVDA.....	75	gemfibrozil.....	57	haloperidol lactate.....	92
FREESTYLE LIBRE 14 DAY READER.....	140	GEMTESA.....	171	HAVRIX.....	172
FREESTYLE LIBRE 14 DAY SENSOR.....	140	generlac.....	131	heather.....	113
FREESTYLE LIBRE 2 READER.....	140	gengraf.....	147	heparin sodium (porcine).....	38
FREESTYLE LIBRE 2 SENSOR.....	140	GENTAMICIN IN SALINE.....	14	HEPLISAV-B.....	172
FREESTYLE LIBRE 3 READER.....	140	GENTAMICIN SULFATE.....	14	HETLIOZ.....	137
FREESTYLE LIBRE 3 SENSOR.....	140	gentamicin sulfate.....	14,116,153	HIBERIX.....	171
FREESTYLE LIBRE READER.....	140	GENVOYA.....	96	HUMIRA (2 PEN).....	15
FREESTYLE LIBRE READER.....	140	GILOTRIF.....	66	HUMIRA (2 SYRINGE).....	15
FREESTYLE LIBRE READER.....	140	glatiramer acetate.....	163	HUMIRA 10 MG/0.1ML PREF SY	
FREESTYLE LIBRE READER.....	140	glatopa.....	163	KT (ABBVIE).....	16
FREESTYLE LIBRE READER.....	140	GLEOSTINE.....	62	HUMIRA 20 MG/0.2ML PREF SY	
FREESTYLE LIBRE READER.....	140	glimepiride.....	52	KT (ABBVIE).....	16
FREESTYLE LIBRE READER.....	140	glipizide.....	52	HUMIRA 40 MG/0.4ML PREF SY	
FREESTYLE LIBRE READER.....	140	glipizide er.....	52	KT (ABBVIE).....	16
FREESTYLE LIBRE READER.....	140			HUMIRA PEDIATRIC CROHNS	
FREESTYLE LIBRE READER.....	140			START.....	16

HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	16	ICLUSIG	75	INVOKANA	52
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	17	icosapent ethyl	56	IPOL	173
HUMIRA PEN-CD/UC/HS STARTER	17	IDHIFA	76	ipratropium bromide	34,151
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	17	imatinib mesylate	76	ipratropium-albuterol	36
HUMIRA PEN-PSOR/UEVIT STARTER	17	IMBRUVICA	76	irbesartan	59
HUMIRA-PS/UV/ADOL HS STARTER	17	imipenem-cilastatin	27	irbesartan-hydrochlorothiazide	60
HUMULIN R U-500 (CONCENTRATED)	50	imipramine hcl	47	ISENTRESS	97
HUMULIN R U-500 KWIKPEN	50	imipramine pamoate	47	ISENTRESS HD	97
hydralazine hcl	60	imiquimod	122	isibloom	109
hydrochlorothiazide	125	IMOVAX RABIES	172	ISONIAZID	61
hydrocodone-acetaminophen	24	incassia	113	isoniazid	61
hydrocortisone	25,114,121	INCRELEX	126	isosorbide dinitrate	30
hydrocortisone (perianal)	26	INCRUSE ELLIPTA	34	ISOSORBIDE MONONITRATE	30
HYDROCORTISONE-ACETIC ACID	156	indapamide	125	isosorbide mononitrate er	30
hydrocortisone-acetic acid	156	indomethacin	19	isotretinoin	116
hydromorphone hcl	22	INFANRIX	169	isradipine	103
hydromorphone hcl pf	22	INLYTA	63	itraconazole	55
hydroxychloroquine sulfate	61	INQOVI	71	ivermectin	26,123
hydroxyurea	86	INREBIC	76	IWILFIN	87
hydroxyzine hcl	31	INSULIN ASP PROT & ASP FLEXPEN	50	IXCHIQ	173
hydroxyzine pamoate	31	INSULIN ASPART	50	IXIARO	173
HYQVIA	157	INSULIN ASPART FLEXPEN	50		
		INSULIN ASPART PENFILL	50	<b>J</b>	
		INSULIN ASPART PROT & ASPART	50	JAKAFI	77
		INSULIN PEN NEEDLE	141	jantoven	37
		INSULIN SYRINGE (DISP) U-100 0.3 ML	141	JANUMET	47
		INSULIN SYRINGE (DISP) U-100 1 ML	142	JANUMET XR	48
		INSULIN SYRINGE (DISP) U-100 1/2 ML	142	JANUVIA	49
		INTELENCE	96	JARDIANCE	52
		introvale	109	jasmiel	109
		INVEGA HAFYERA	90	JAYPIRCA	77
		INVEGA SUSTENNA	90	jencycla	113
		INVEGA TRINZA	90	JENTADUETO	48
		INVIRASE	96	JENTADUETO XR	48
		INVOKAMET	47	jinteli	128
		INVOKAMET XR	47	joyeaux	109
				juleber	109
				JULUCA	97
				junel 1.5/30	109
				junel 1/20	109
				junel fe 1.5/30	109

junel fe 1/20	109	KOSELUGO	77	LENVIMA (24 MG DAILY DOSE)	64
junel fe 24	109	kourzeq	149	LENVIMA (4 MG DAILY DOSE)	64
just right 5000	149	KRAZATI	78	LENVIMA (8 MG DAILY DOSE)	64
JYNNEOS	173	kurvelo	110		
<b>K</b>		<b>L</b>			
K-PHOS	144	labetalol hcl	101	lessina	110
K-PHOS NO 2	132	lacosamide	41	letrozole	68
kaitlib fe	109	lactated ringers	144	leucovorin calcium	87
KALYDECO	165	lactulose	138	LEUKERAN	62
kariva	109	lactulose encephalopathy	131	levabuterol hcl	36
KCL (0.149%) IN NACL	144	LAGEVRIO	101	LEVALBUTEROL TARTRATE	36
KCL (0.298%) IN NACL	144	lamivudine	97,99	levetiracetam	41
kcl in dextrose-nacl	144	lamivudine-zidovudine	97	levetiracetam er	41
KCL-LACTATED RINGERS-D5W	144	lamotrigine	41	LEVOBUNOLOL HCL	152
kelnor 1/35	109	lamotrigine er	41	levocarnitine	127
kelnor 1/50	109	lansoprazole (prevacid)	170	levocarnitine sf	127
KERENDIA	127	lanthanum carbonate	132	levocetirizine (xyzal)	56
KESIMPTA	163	LANTUS	51	levofloxacin	129,153
ketoconazole	55,117	LANTUS SOLOSTAR	51	LEVOFLOXACIN	129,153
ketorolac tromethamine	20,156	lapatinib ditosylate	78	levofloxacin in d5w	129
KEVZARA	19	larin 1.5/30	110	levonest	110
KINRIX	169	larin 1/20	110	levonorg-eth estrad triphasic	110
KISQALI (200 MG DOSE)	77	larin fe 1.5/30	110	levonorgest-eth est & eth est	110
KISQALI (400 MG DOSE)	77	larin fe 1/20	110	levonorgest-eth estrad 91-day	110
KISQALI (600 MG DOSE)	77	larissia	110	levonorgest-eth estradiol-iron	110
KISQALI FEMARA (400 MG DOSE)	71	latanoprost	156	levonorgestrel-ethinyl estrad	110
KISQALI FEMARA (600 MG DOSE)	71	LEDIPASVIR-SOFOSBUVIR	99	levora 0.15/30 (28)	110
KISQALI FEMARA(200 MG DOSE)	71	leflunomide	20	levothyroxine sodium	168
KISQALI FEMARA (600 MG DOSE)	71	lenalidomide	146	levoxyl	168
klayesta	117	LENVIMA (10 MG DAILY DOSE)	63	LEXIVA	97
klor-con	145	LENVIMA (12 MG DAILY DOSE)	64	lidocaine hcl	122
klor-con 10	144	LENVIMA (14 MG DAILY DOSE)	64	LIDOCAINE HCL	148
klor-con m10	145	LENVIMA (18 MG DAILY DOSE)	64	LIDOCAINE HCL URETHRAL/MUCOSAL	122
klor-con m15	145	LENVIMA (20 MG DAILY DOSE)	64	lidocaine patches	122
klor-con m20	145			lidocaine viscous hcl	148
KLOXXADO	53			lidocaine-prilocaine	122
KORLYM	49			lincomycin hcl	29
				LINDANE	123
				linezolid	29

LINEZOLID IN SODIUM CHLORIDE.....	29	LYTGOBI (12 MG DAILY DOSE).....	78	metformin hcl.....	49
LINZESS.....	131	LYTGOBI (16 MG DAILY DOSE).....	79	metformin hcl er.....	49
liothyronine sodium.....	168	LYTGOBI (20 MG DAILY DOSE).....	79	methadone hcl.....	22
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap).....	13	lyza.....	113	methamphetamine hcl.....	13
lisinopril.....	58	<b>M</b>		methazolamide.....	124
lisinopril-hydrochlorothiazide.....	60	M-M-R II.....	173	methenamine hippurate.....	30
LITHIUM.....	89	magnesium sulfate.....	144	methenamine mandelate.....	30
lithium carbonate.....	89	malathion.....	123	methimazole.....	168
lithium carbonate er.....	89	maraviroc.....	97	methocarbamol.....	150
LITHOSTAT.....	133	marlissa.....	110	methotrexate sodium.....	62
LOKELMA.....	148	MARPLAN.....	45	methotrexate sodium (pf).....	63
LONSURF.....	72	MATULANE.....	86	METHOXSALEN RAPID.....	118
loperamide (immodium).....	52	matzim la.....	103	methsuximide.....	44
lopinavir-ritonavir.....	97	MAVYRET.....	100	methylphenidate hcl.....	13
lorazepam.....	32	meclizine.....	54	methylphenidate hcl er.....	13
lorazepam intensol.....	32	medroxyprogesterone acetate.....	113,160	methylphenidate hcl er (la).....	13
LORBRENA.....	78	mefloquine hcl.....	61	methylprednisolone.....	114
loryna.....	110	megestrol acetate.....	68,160	metoclopramide hcl.....	130
losartan potassium.....	59	MEKINIST.....	79	metolazone.....	125
losartan potassium-hctz.....	60	MEKTOVI.....	79	metoprolol succinate er.....	101
loteprednol etabonate.....	155	melodetta 24 fe.....	110	metoprolol tartrate.....	102
lovastatin.....	57	meloxicam.....	20	metoprolol-hydrochlorothiazide.....	60
low-ogestrel.....	110	memantine hcl.....	161	metronidazole.....	26,123
loxapine succinate.....	92	memantine hcl er.....	161	metronidazole vaginal 0.75% gel.....	174
lubiprostone.....	130	MENACTRA.....	171	metyrosine.....	59
LUMAKRAS.....	78	MENEST.....	129	mexiletine hcl.....	32
LUMIGAN.....	156	MENQUADFI.....	171	mibelas 24 fe.....	110
LUPRON DEPOT (1-MONTH).....	68	MENVEO.....	172	micafungin sodium.....	54
LUPRON DEPOT (3-MONTH).....	68	mercaptopurine.....	62	microgestin 1.5/30.....	111
lurasidone hcl.....	89	meropenem.....	27	microgestin 1/20.....	111
lutea.....	110	MEROPENEM-SODIUM CHLORIDE.....	27,28	microgestin fe 1.5/30.....	111
lyleq.....	113	mesalamine.....	130	microgestin fe 1/20.....	111
lyllana.....	129	mesalamine er.....	130	midodrine hcl.....	175
LYNPARZA.....	78	mesalamine-cleanser.....	131	mifepristone.....	49
LYSODREN.....	68	MESNEX.....	87	MIGERGOT.....	142
				MIGLITOL.....	47
				miglustat.....	135
				mili.....	111
				minocycline hcl.....	168
				minoxidil.....	60



mirtazapine.....	44	NAYZILAM.....	39	norethindrone acetate.....	160
misoprostol.....	170	nebivolol hcl.....	102	norethindrone-eth estradiol...	128
modafinil.....	13	needles and syringes.....	142	norgestim-eth estrad triphasic	111
moexipril hcl.....	58	NEFAZODONE HCL.....	46	norgestimate-eth estradiol....	111
MOLINDONE HCL.....	93	neomycin sulfate.....	14	norlyda.....	113
mometasone furoate...	121,151	neomycin-bacitracin zn-		norlyroc.....	113
montelukast sodium.....	34	polymyx.....	153	nortrel 0.5/35 (28).....	111
morphine sulfate.....	23	neomycin-polymyxin-		nortrel 1/35 (21).....	111
MORPHINE SULFATE.....	23	dexameth.....	155	nortrel 1/35 (28).....	111
morphine sulfate		NEOMYCIN-POLYMYXIN-		nortrel 7/7/7.....	111
(concentrate).....	23	GRAMICIDIN.....	153	nortriptyline hcl.....	47
morphine sulfate er.....	23	NEOMYCIN-POLYMYXIN-		NORVIR.....	97
MOUNJARO.....	50	HC.....	155	NOURIANZ.....	87
MOVANTIK.....	131	neomycin-polymyxin-hc.....	156	NOVOLIN 70/30.....	51
MOXIFLOXACIN HCL.....	129	NERLYNX.....	79	NOVOLIN 70/30 FLEXPEN.....	51
moxifloxacin hcl.....	153	nevirapine.....	97	NOVOLIN 70/30 FLEXPEN	
MOXIFLOXACIN HCL (2X		NEVIRAPINE.....	97	RELION.....	51
DAY).....	153	nevirapine er.....	97	NOVOLIN 70/30 RELION.....	51
MOXIFLOXACIN HCL IN		NEXVIAZYME.....	127	NOVOLIN N.....	51
NACL.....	130	niacin er (antihyperlipidemic).	57	NOVOLIN N FLEXPEN.....	51
mupirocin 2% ointment....	116	nicardipine hcl.....	103	NOVOLIN N FLEXPEN	
mycophenolate mofetil.....	147	NICOTROL INHALER.....	164	RELION.....	51
mycophenolate sodium....	147	NICOTROL NASAL SPRAY.....	165	NOVOLIN N RELION.....	51
mycophenolic acid.....	147	nifedipine er.....	103	NOVOLIN R.....	51
MYRBETRIQ.....	171	nifedipine er osmotic release	103	NOVOLIN R FLEXPEN.....	51
		nikki.....	111	NOVOLIN R FLEXPEN	
		nilutamide.....	68	RELION.....	51
na sulfate-k sulfate-mg sulf.	138	nimodipine.....	103	NOVOLIN R RELION.....	51
nabumetone.....	20	NINLARO.....	79	NOVOLOG.....	51
nadolol.....	102	nitazoxanide.....	27	NOVOLOG 70/30 FLEXPEN	
nafcillin sodium.....	159,160	nitisinone.....	127	RELION.....	51
NAFCILLIN SODIUM IN		NITRO-BID.....	30	NOVOLOG FLEXPEN.....	51
DEXTROSE.....	160	nitrofurantoin macrocrystal....	30	NOVOLOG FLEXPEN RELION	51
NALOXONE HCL.....	53	nitrofurantoin monohyd macro	30	NOVOLOG MIX 70/30.....	51
naloxone hcl.....	53	nitroglycerin.....	26,31	NOVOLOG MIX 70/30	
naltrexone hcl.....	53	nora-be.....	113	FLEXPEN.....	51
naproxen.....	20	norelgestromin-eth estradiol.	112	NOVOLOG MIX 70/30 RELION	51
naproxen dr.....	20	norethin ace-eth estrad-fe...	111	NOVOLOG PENFILL.....	51
naratriptan hcl.....	143	norethindrone.....	113	NOVOLOG RELION.....	51
NATACYN.....	153	norethindrone acet-ethinyl		NUBEQA.....	68
nateglinide.....	52	est.....	111	NUDEXTA.....	164

NUPLAZID.....	89	OMNIPOD DASH PODS (GEN 4).....	141	paromomycin sulfate.....	14
NURTEC.....	142	OMNITROPE.....	126	paroxetine hcl.....	46
nyamyc.....	117	ondansetron.....	53	paroxetine hcl er.....	46
nylia 1/35.....	111	ondansetron hcl.....	53	PASER.....	61
nystatin.....	55,117,149	ONETOUCH ULTRA.....	123	PAXLOVID (150/100).....	99
nystatin-triamcinolone.....	117	ONETOUCH VERIO.....	123	PAXLOVID (300/100).....	99
nystop.....	117	ONUREG.....	63	pazopanib hcl.....	80
<b>O</b>		OPFOLDA.....	127	PEDIARIX.....	169
octreotide acetate.....	128	OPSUMIT.....	104	PEDVAX HIB.....	172
ODEFSEY.....	97	OPVEE.....	53	peg 3350-kcl-na bicarb-nacl..	138
ODOMZO.....	67	ORENCIA.....	20,21	peg-3350/electrolytes.....	138
OFEV.....	166	ORENCIA CLICKJECT.....	21	peg-3350/electrolytes/ascorbat...	138
OFLOXACIN.....	130	ORGOVYX.....	68	peg-kcl-nacl-nasulf-na asc-c..	138
ofloxacin.....	153	ORKAMBI.....	165,166	PEGASYS.....	100
OGSIVEO.....	80	ORSERDU.....	68,69	PEMAZYRE.....	80
OJJAARA.....	80	oseltamivir phosphate.....	101	PENBRAYA.....	172
olanzapine.....	92	OSPHENA.....	126	penciclovir.....	119
olmesartan medoxomil.....	59	OTEZLA.....	20	penicillamine.....	146
olmesartan medoxomil-hctz..	60	oxacillin sodium.....	160	penicillin g potassium.....	158
olmesartan-amlodipine-hctz..	60	OXACILLIN SODIUM IN DEXTROSE.....	160	PENICILLIN G PROCAINE.....	158
olopatadine.....	156	oxaprozin.....	20	PENICILLIN G SODIUM.....	158
olopatadine hcl.....	150	oxazepam.....	32	penicillin v potassium.....	158
omega-3-acid ethyl esters...	56	oxcarbazepine.....	41	PENTACEL.....	169
omeprazole.....	170	OXERVATE.....	154	pentamidine isethionate for injection solution.....	26
OMNIPOD 5 G6 INTRO (GEN 5).....	141	oxybutynin chloride.....	170	pentamidine isethionate for nebulization solution.....	26
OMNIPOD 5 G6 PODS (GEN 5).....	141	oxybutynin chloride er.....	171	pentoxifylline er.....	134
OMNIPOD 5 G7 INTRO (GEN 5).....	141	oxycodone hcl.....	23	PERINDOPRIL ERBUMINE.....	58
OMNIPOD 5 G7 PODS (GEN 5).....	141	oxycodone-acetaminophen.....	24	perio gard.....	149
OMNIPOD 5 PACK.....	141	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	50	permethrin (nix).....	123
OMNIPOD CLASSIC PDM (GEN 3).....	141	OZEMPIC (1 MG/DOSE).....	50	perphenazine.....	93
OMNIPOD DASH INTRO (GEN 4).....	141	OZEMPIC (2 MG/DOSE).....	50	PERSERIS.....	91
OMNIPOD DASH PDM (GEN 4).....	141	<b>P</b>		PFIZERPEN.....	158
		pacerone.....	33	phenelzine sulfate.....	45
		paliperidone er.....	91	phenobarbital.....	136
		PANRETIN.....	118	phenoxybenzamine hcl.....	59
		pantoprazole sodium.....	170	phenytek.....	43
		paricalcitol.....	127	phenytoin.....	43
				phenytoin infatabs.....	44

phenytoin sodium extended	44	PRADAXA	38	PROGRAF	147
PHOSPHOLINE IODIDE	152	PRALUENT	58	PROMACTA	135
PIFELTRO	97	pramipexole dihydrochloride	88	promethazine hcl (6.25 mg/5ml	
pilocarpine hcl	149,152	prasugrel hcl	134	sol, 6.25 mg/5ml syrup, 12.5 mg	
pimecrolimus	122	pravastatin sodium	57	suppos, 12.5 mg tab, 25 mg	
PIMOZIDE	164	praziquantel	26	suppos, 25 mg tab, 50 mg tab)	56
pimtrea	111	prazosin hcl	59	propafenone hcl	32
pindolol	102	prednisolone	114	propafenone hcl er	32
pioglitazone hcl	52	PREDNISOLONE ACETATE	155	propranolol hcl	102
pioglitazone hcl-glimepiride	48	PREDNISOLONE SODIUM		propranolol hcl er	102
pioglitazone hcl-metformin		PHOSPHATE	114,155	propylthiouracil	168
hcl	48	prednisolone sodium		PROQUAD	173
piperacillin sod-tazobactam		phosphate	115	protriptyline hcl	47
so	159	prednisone	115	PULMOZYME	166
PIQRAY (200 MG DAILY		PREDNISONE	115	PURIXAN	63
DOSE)	80	PREDNISONE INTENSOL	115	pyrazinamide	62
PIQRAY (250 MG DAILY		pregabalin	41	pyridostigmine bromide	61
DOSE)	80	PREHEVBRIO	173	pyridostigmine bromide er	61
PIQRAY (300 MG DAILY		PREMARIN	175	pyrimethamine	61
DOSE)	80	prenatal vitamin	150		
pirfenidone	167	PRENATAL VITAMIN WITH		<b>Q</b>	
pirmella 1/35	111	MINERALS AND FOLIC ACID		QINLOCK	80
piroxicam	20	GREATER THAN 0.8 MG ORAL		QUADRACEL	169
PLEGRIDY	163	TABLET	150	Quadrivalent Influenza	
plenamine	152	prevalite	56	Vaccines	173
PNEUMOVAX 23	172	PREVNAR 20	172	quetiapine fumarate	93
podofilox	122	PREVYMIS	99	quetiapine fumarate er	93
polymyxin b sulfate	30	PREZCOBIX	97	quinapril hcl	58
polymyxin b-trimethoprim	154	PREZISTA	97,98	quinidine gluconate er	32
POMALYST	70	PRIFTIN	62	QUINIDINE SULFATE	32
portia-28	111	primaquine phosphate	61	quinine sulfate	61
posaconazole	55	PRIMIDONE	42	QVAR REDIHALER	35
potassium chloride	145	PRIORIX	173		
POTASSIUM CHLORIDE	145	PRIVIGEN	157	<b>R</b>	
potassium chloride crys er	145	probenecid	133	RABAVERT	173
potassium chloride er	145	prochlorperazine	94	rabeprazole sodium	170
potassium chloride in		prochlorperazine maleate	94	RADICAVA ORS	151
dextrose	144	procto-med hc	26	RADICAVA ORS STARTER	
POTASSIUM CHLORIDE IN		proctosol hc	26	KIT	151
NACL	144	proctozone-hc	26	raloxifene hcl	126
potassium citrate er	132	progesterone	160	ramelteon	137

ramipril.....	58	rivastigmine tartrate.....	161	simvastatin.....	57
ranolazine er.....	30	rizatriptan benzoate.....	143	sirolimus.....	147,148
rasagiline mesylate.....	88	ROCKLATAN.....	154	SIRTURO.....	62
REBIF.....	163	roflumilast.....	34	SIVEXTRO.....	29
REBIF REBIDOSE.....	163	ropinirole hcl.....	88	SKYRIZI.....	118,131
REBIF REBIDOSE TITRATION		ropinirole hcl er.....	88	SKYRIZI PEN.....	118
PACK.....	164	rosuvastatin calcium.....	57	SKYTROFA.....	126
REBIF TITRATION PACK..	164	ROTARIX.....	173	SLYND.....	114
reclipsen.....	111	ROTATEQ.....	173	sodium chloride.....	132,145
RECOMBIVAX HB.....	173	roweepra.....	42	sodium fluoride.....	144,149
REGRANEX.....	123	ROZLYTREK.....	81	sodium fluoride 2.2 mg.....	144
RELISTOR.....	131	RUBRACA.....	81	sodium fluoride 5000 plus.....	149
RELTONE.....	130	RUCONEST.....	134	sodium fluoride 5000 ppm....	149
RENACIDIN.....	132	rufinamide.....	42	SODIUM OXYBATE.....	160
repaglinide.....	52	RUKOBIA.....	98	sodium phenylbutyrate.....	127
REPATHA.....	58	RYBELSUS.....	50	sodium polystyrene sulfonate	148
REPATHA PUSHTRONEX		RYDAPT.....	81	SOFOSBUVIR-	
SYSTEM.....	58	RYTARY.....	88	VELPATASVIR.....	100
REPATHA SURECLICK.....	58			solifenacin succinate.....	171
RESTASIS.....	154	<b>S</b>		SOLQUA.....	48
RESTASIS MULTIDOSE.....	154	sajazir.....	134	SOLTAMOX.....	69
RETACRIT.....	136	SANTYL.....	122	SOLU-CORTEF.....	115
RETEVMO.....	81	sapropterin dihydrochloride..	127	SOLU-MEDROL.....	115
REVLIMID.....	146	SCSEMBLIX.....	81	SOLU-MEDROL (PF).....	115
REXULTI.....	95	scopolamine.....	54	SOMAVERT.....	126
REYATAZ.....	98	SECUADO.....	93	sorafenib tosylate.....	82
REZLIDHIA.....	81	selegiline hcl.....	88	sorine.....	102
REZUROCK.....	146	selenium sulfide.....	119	sotalol hcl.....	102
RHOPRESSA.....	154	SELZENTRY.....	98	sotalol hcl (af).....	102
ribavirin.....	100	sertraline hcl.....	46	SPIRIVA HANDIHALER.....	34
RIDAURA.....	18	setlakin.....	111	SPIRIVA RESPIMAT.....	34
rifabutin.....	62	sevelamer carbonate.....	132	spironolactone.....	124
rifampin.....	62	sf.....	149	spironolactone-hctz.....	124
riluzole.....	151	sf 5000 plus.....	149	sprintec 28.....	111
RIMANTADINE HCL.....	101	sharobel.....	113	SPRITAM.....	42
RINVOQ.....	18	SHINGRIX.....	174	SPRYCEL.....	82
risedronate sodium.....	125	SIGNIFOR.....	128	SPS.....	148
risperidone.....	91	sildenafil citrate.....	105	sronyx.....	111
risperidone microspheres er	91	silodosin.....	133	ssd.....	119
ritonavir.....	98	silver sulfadiazine.....	119	STAMARIL.....	174
rivastigmine.....	161	SIMPONI.....	18	STELARA.....	118,119

STIOLTO RESPIMAT.....	36	tacrolimus.....	122,148	TESTOSTERONE	
STIVARGA.....	82	tadalafil (pah).....	105	ENANTHATE.....	25
STREPTOMYCIN SULFATE.....	14	TAFINLAR.....	82	TETANUS-DIPHTHERIA	
STRIBILD.....	98	TAGRISSE.....	66	TOXOIDS TD.....	169
STRIVERDI RESPIMAT.....	36	TALTZ.....	119	tetrabenazine.....	162
SUCRAID.....	123	TALZENNA.....	82,83	tetracycline hcl.....	168
sucralfate.....	170	tamoxifen citrate.....	69	THALOMID.....	146
SUFLAVE.....	138	tamsulosin hcl.....	133	theophylline.....	37
SULFACETAMIDE		tarina 24 fe.....	111	theophylline er.....	37
SODIUM.....	154	tarina fe 1/20.....	111	thioridazine hcl.....	94
sulfacetamide sodium.....	154	tarina fe 1/20 eq.....	112	thiothixene.....	95
sulfacetamide sodium		TASIGNA.....	83	tiadylt er.....	103
(acne).....	116	tasimelteon.....	137	tiagabine hcl.....	43
SULFACETAMIDE-		tazarotene.....	119	TIBSOVO.....	83
PREDNISOLONE.....	155	TAZICEF.....	108	TICOVAC.....	174
SULFADIAZINE.....	167	taztia xt.....	103	TIGECYCLINE.....	167
sulfamethoxazole-		TAZVERIK.....	83	tilia fe.....	112
trimethoprim.....	27	TDVAX.....	169	timolol maleate.....	102,152
SULFAMYLON.....	119	TEFLARO.....	108	tinidazole.....	26
sulfasalazine.....	131	telmisartan.....	59	tiopronin.....	133
sulfatrim pediatric.....	27	TELMISARTAN-		TIVICAY.....	98
sulindac.....	20	AMLODIPINE.....	60	TIVICAY PD.....	98
sumatriptan.....	143	telmisartan-hctz.....	60	tizanidine hcl.....	150
sumatriptan succinate.....	143	temazepam.....	137	tobramycin.....	14,154
sumatriptan succinate refill.....	143	TEMIXYS.....	98	TOBRAMYCIN SULFATE.....	15
sumatriptan-naproxen		temozolomide.....	62	tobramycin-dexamethasone.....	155
sodium.....	142	TENIVAC.....	169	tolcapone.....	87
sunitinib malate.....	82	tenofovir disoproxil fumarate.....	98	tolterodine tartrate.....	171
SUNLENCA.....	98	TEPMETKO.....	83	tolterodine tartrate er.....	171
syeda.....	111	terazosin hcl.....	59	topiramate.....	42
SYMJEPI.....	175	terbinafine hcl.....	55	toremifene citrate.....	69
SYMPAZAN.....	39	terbutaline sulfate.....	36	torseamide.....	124
SYMTUZA.....	98	terconazole.....	174	TOUJEO MAX SOLOSTAR.....	52
SYNJARDY.....	48	teriflunomide.....	164	TOUJEO SOLOSTAR.....	52
SYNJARDY XR.....	48	teriparatide.....	125	TRADJENTA.....	49
SYNRIBO.....	86	TERIPARATIDE		tramadol hcl.....	23
SYNTHROID.....	168	(RECOMBINANT).....	125	tramadol-acetaminophen.....	24
		testosterone.....	25	trandolapril.....	58
		TESTOSTERONE.....	25	tranexamic acid.....	136
		TESTOSTERONE		tranylcypromine sulfate.....	45
TABLOID.....	63	CYPIONATE.....	25	travoprost (bak free).....	156
TABRECTA.....	82				

trazodone hcl	46	TYBLUME	112	venlafaxine hcl	46
TRECTOR	62	tydemy	112	venlafaxine hcl er	46
TRELEGY ELLIPTA	36	TYPHIM VI	172	VENTOLIN HFA	36
TRELSTAR MIXJECT	69			verapamil hcl	103
tretinoin	86,116	<b>U</b>		VERAPAMIL HCL ER	103
tri femynor	112	UDENYCA	136	verapamil hcl er	104
tri-estarylla	112	unithroid	168	VERKAZIA	154
tri-legest fe	112	UPTRAVI	105	VERQUVO	106
tri-lo-estarylla	112	ursodiol	130	VERSACLOZ	93
tri-lo-sprintec	112	UZEDY	91,92	VERZENIO	84
tri-mili	112	<b>V</b>		vestura	112
tri-sprintec	112	valacyclovir hcl	100	VICTOZA	50
tri-vylibra	112	VALCHLOR	118	vienva	112
triamcinolone		valganciclovir hcl	99	vigabatrin	43
acetonide	121,149	valproic acid	44	vigadrone	43
triamterene-hctz	124	valsartan	59	vigpoder	43
triderm	121	valsartan-hydrochlorothiazide	60	VIJOICE	148
trientine hcl	146	VALTOCO 10 MG DOSE	39	vilazodone hcl	46
trifluoperazine hcl	94	VALTOCO 15 MG DOSE	39	VIRACEPT	99
TRIFLURIDINE	154	VALTOCO 20 MG DOSE	39	VIREAD	99
trihexyphenidyl hcl	87	VALTOCO 5 MG DOSE	40	VITRAKVI	84
TRIJARDY XR	48	vancomycin hcl	28	VIVITROL	53
TRIKAFTA	166	VANCOMYCIN HCL	28	VIZIMPRO	66
trimethoprim	27	VANCOMYCIN HCL IN NAACL	28	VONJO	84
trimipramine maleate	47	VANDAZOLE	174	VORICONAZOLE	55
TRINTELLIX	46	VANFLYTA	84	voriconazole	55
TRIUMEQ	98	VAQTA	174	VOSEVI	100
TRIUMEQ PD	98	varenicline tartrate	165	VRAYLAR	89
trivora (28)	112	varenicline tartrate (starter)	165	VUMERITY	164
TRIZIVIR	98	varenicline tartrate(continue)	165	VUMERITY (STARTER)	164
TROGARZO	98	VARIVAX	174	vyfemla	112
tropium chloride	171	VARIZIG	157	vylibra	112
tropium chloride er	171	VARUBI (180 MG DOSE)	54	VYNDAMAX	105
TRULICITY	50	VAXNEUVANCE	172	<b>W</b>	
TRUMENBA	172	VELIVET	112	warfarin sodium	37
TRUQAP	83	VELTASSA	148	WELIREG	69
TUKYSA	65	VEMLIDY	100	wixela inhub	37
tulana	114	VENCLEXTA	65	wymzya fe	112
TURALIO	83	VENCLEXTA STARTING			
turqoz	112	PACK	65		
TWINRIX	174				

<b>X</b>	YF-VAX.....	174
XALKORI.....	yuvafem.....	175
XARELTO.....	<b>Z</b>	
XARELTO STARTER PACK.....	zafemy.....	112
XATMEP.....	zafirlukast.....	34
XCOPRI.....	zaleplon.....	137
XCOPRI (250 MG DAILY DOSE).....	ZARXIO.....	136
XCOPRI (350 MG DAILY DOSE).....	ZEJULA.....	85
XELJANZ.....	ZELBORAF.....	85
XELJANZ XR.....	zenatane.....	116
XERMELO.....	zidovudine.....	99
XGEVA.....	ZIEXTENZO.....	136
XIFAXAN.....	ZIMHI.....	53
XIIDRA.....	ziprasidone hcl.....	89
XOFLUZA (40 MG DOSE).....	ziprasidone mesylate.....	89
XOFLUZA (80 MG DOSE).....	ZIRGAN.....	154
XOLAIR.....	ZOLINZA.....	85
XOSPATA.....	zolmitriptan.....	143
XPOVIO (100 MG ONCE WEEKLY).....	zolpidem tartrate.....	137
XPOVIO (40 MG ONCE WEEKLY).....	zolpidem tartrate er.....	137
XPOVIO (40 MG TWICE WEEKLY).....	ZONISADE.....	42
XPOVIO (60 MG ONCE WEEKLY).....	zonisamide.....	42
XPOVIO (60 MG TWICE WEEKLY).....	zovia 1/35 (28).....	112
XPOVIO (80 MG ONCE WEEKLY).....	zovia 1/35e (28).....	112
XTANDI.....	ZTALMY.....	42
xulane.....	ZURZUVAE.....	45
XYWAV.....	ZYDELIG.....	86
	ZYKADIA.....	86
	ZYPREXA RELPREVV.....	93
	ZYVOX.....	30

<b>Y</b>		
yargesa.....		135

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