

2024

# Formulario (lista de medicamentos cubiertos) de los planes UCare Your Choice de (PPO)

- UCare Your Choice
- UCare Your Choice Plus

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 u si tiene otras preguntas, póngase en contacto con:*

Servicio al Cliente de los planes UCare Your Choice al 612-676-6526 o al 1-833-951-3183 (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 ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

විද්‍යාලය: -සමුහිකව කටයුතු කිරීමට, සහතික කිරීමට, සහතික කිරීමට, සහතික කිරීමට, සහතික කිරීමට. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 UCare Your Choice?**

Un formulario es una lista de medicamentos cubiertos seleccionados por los planes UCare Your Choice 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 UCare Your Choice 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 UCare Your Choice 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 UCare Your Choice 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 afectarte 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 un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que sigamos 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 UCare Your Choice?”

- **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 UCare Your Choice?”

**Cambios que no le afectarán si actualmente está tomando el medicamento.** En general, si está tomando un medicamento de 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 UCare Your Choice, comuníquese con nosotros. Nuestra información de contacto aparece en la portadas y contraportada. Las actualizaciones al Formulario de los planes UCare Your Choice 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 172. el Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparezca en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

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

## **¿Hay restricciones para mi cobertura?**

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

- **Autorización previa:** Los planes UCare Your Choice exigen que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de los planes UCare Your Choice antes de surtir sus recetas. Si no obtiene la aprobación, es posible que los planes UCare Your Choice no cubran el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, los planes UCare Your Choice limitan la cantidad del medicamento que cubrirán. Por ejemplo, los planes UCare Your Choice 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 UCare Your Choice 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 UCare Your Choice no cubran el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, los planes UCare Your Choice 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 UCare Your Choice 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 UCare Your Choice?” en la página 9 para obtener información sobre cómo solicitar una excepción.

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

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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 UCare Your Choice no cubren su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que están cubiertos por los planes UCare Your Choice. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por los planes UCare Your Choice.
- Puede pedirle a los planes UCare Your Choice 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 UCare Your Choice?**

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Puede pedirle a los planes UCare Your Choice 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 UCare Your Choice 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 UCare Your Choice solo aprobarán su solicitud de una excepción si el medicamento alternativo está incluido en el formulario del plan, el medicamento de costo compartido más bajo o con restricciones de uso adicionales no sería tan eficaz para tratar su afección o causaría que tenga efectos médicos adversos.

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

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

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

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

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

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

## **Transición de la atención**

Si usted es un miembro actual de los planes UCare Your Choice 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 UCare Your Choice, fue admitido o dado de alta de un centro de atención a largo plazo, se le permitirá hacer resurtidos antes para garantizar que tenga acceso a un suministro adecuado de sus medicamentos.

## **Para obtener más información**

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

Si tiene preguntas sobre los planes UCare Your Choice, 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 los planes UCare Your Choice**

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

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

La información en la columna Requisitos/Límites le indica si los planes UCare Your Choice 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>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

Explicación de los requisitos/límites	
<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>	3	
<i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 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>	4	<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>	3	
<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>	3	<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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; 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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; 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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; 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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; 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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; 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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; 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	<p>QL 2 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	5	<p>QL 2 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	5	<p>QL 4 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5	<p>QL 2 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	5	<p>QL 3 EA / 180 OVER TIME</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	5	<p>QL 4 EA / 28 DAYS</p> <p>PA</p> <p>MFG Drug coverage is limited to certain manufacturers</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
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 5px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px 5px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">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 5px;">QL</span> 6 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">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 5px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px 5px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">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 5px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px 5px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">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 5px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">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 5px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #c48e4a; color: white; padding: 2px 5px;">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: #666699; color: white; padding: 2px;">QL</span> 3 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>
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: #666699; color: white; padding: 2px;">QL</span> 0.5 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>
<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: #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>
RINVOQ 45 MG TAB ER 24H	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 180 OVER TIME</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>
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	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</span></li> <li><span style="background-color: #993333; 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: #666699; color: white; padding: 2px;">QL</span> 300 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>
XELJANZ XR	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>
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	5	<ul style="list-style-type: none"> <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>

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-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	<ul style="list-style-type: none"> <li>QL 3.6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
ACTEMRA ACTPEN	5	<ul style="list-style-type: none"> <li>QL 3.6 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
KEVZARA	5	<ul style="list-style-type: none"> <li>QL 2.28 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

### NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib</i>	3	
<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>	3	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	2	
<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	

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>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>	3	
<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* 3

### SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	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>

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
ENBREL SURECLICK	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 ML / 28 DAYS</div> <div style="margin-bottom: 5px;"><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
<b>ANALGESICS - NONNARCOTIC</b>		
<b>SALICYLATES</b>		
<i>diflunisal</i>	3	
<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	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 10 EA / 30 DAYS</div> <div><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>
<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	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</div> <div style="margin-bottom: 5px;"><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</div> </div>
<i>fentanyl citrate 200 mcg loz handle</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</div> <div><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> </div>
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2400 ML / 30 OVER TIME</div> </div>
<i>hydromorphone hcl 2 mg tab</i>	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 450 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl 4 mg tab</i>	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 240 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl 8 mg tab</i>	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 EA / 30 DAYS</div> </div>
<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	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div><span style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></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>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</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;">360 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>methadone hcl 10 mg/5ml 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;">1800 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>methadone hcl 5 mg/5ml 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;">3600 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	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;">180 ML / 30 DAYS</div> </div>
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	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;">180 EA / 30 DAYS</div> </div>
<b>MORPHINE SULFATE 10 MG/5ML SOLUTION</b>	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;">1800 ML / 30 DAYS</div> </div>
<i>morphine sulfate 20 mg/5ml solution</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">900 ML / 30 DAYS</div> </div>
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i>	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;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>morphine sulfate er 200 mg tab er</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: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	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;">180 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 100 mg/5ml conc</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;">270 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg cap</i>	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;">360 EA / 30 OVER TIME</div> </div>
<i>oxycodone hcl 5 mg tab</i>	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;">360 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg/5ml solution</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">5400 ML / 30 DAYS</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>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
<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	4	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	4	QL 4 EA / 28 DAYS 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
<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 film, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film)</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 8-2 mg sl tab)</i>	2	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	3	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

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
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION)	3	PA
TESTOSTERONE ENANTHATE	4	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>	4	
<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>	4	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	5	NDS Non-Extended Day Supply
<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	

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>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	<span>QL</span> 1 EA / 28 DAYS <span>PA<sup>3</sup></span>
<i>tinidazole</i>	4	
<i>trimethoprim</i>	2	
XIFAXAN 200 MG TAB	4	<span>QL</span> 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	5	<span>QL</span> 90 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply

### ANTI-INFECTIVE MISC. - COMBINATIONS

<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	

### ANTIPROTOZOAL AGENTS

<i>atovaquone</i>	5	<span>NDS</span> Non-Extended Day Supply
<i>nitazoxanide</i>	5	<span>QL</span> 6 EA / 3 OVER TIME <span>NDS</span> 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>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
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

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
VANCOMYCIN HCL IN NACL (VANCOMYCIN HCL IN NACL 1- 0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NACL 500- 0.9 MG/100ML-% SOLUTION)	3	
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	3	
<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-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">84 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0099cc; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml 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
<i>linezolid 100 mg/5ml recon susp</i>	5	 Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	4	
SIVEXTRO 200 MG TAB	5	 6 EA / 6 OVER TIME   Non-Extended Day Supply
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>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	3	
<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	

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
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<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>ANTI-ANXIETY AGENTS</b>		
<b>ANTI-ANXIETY 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: #c07040; 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: #c07040; 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: #c07040; 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: #c07040; 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: #c07040; 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 5 mg/ml conc</i>	2	QL 240 ML / 30 DAYS PA <sup>2</sup>
<i>diazepam intensol</i>	2	QL 240 ML / 30 DAYS PA <sup>2</sup>
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	2	QL 150 EA / 30 DAYS PA <sup>2</sup>
<i>lorazepam 2 mg/ml conc</i>	2	QL 150 ML / 30 DAYS PA <sup>2</sup>
<i>lorazepam intensol</i>	2	QL 150 ML / 30 DAYS PA <sup>2</sup>
<i>oxazepam</i>	4	QL 120 EA / 30 DAYS PA <sup>2</sup>
<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>	3	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	3	
<i>propafenone hcl</i>	3	
<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	

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>dofetilide</i>	4	
<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	4	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>
<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>
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	4	QL 24 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
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>		
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 (proair equivalent)</i>	2	QL 17 GM / 30 DAYS
ALBUTEROL SULFATE HFA (PROVENTIL EQUIVALENT)	2	QL 17 GM / 30 DAYS
ANORO ELLIPTA	3	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	4	QL 120 ML / 30 DAYS PA <sup>3</sup>
BREO ELLIPTA	3	QL 60 EA / 30 DAYS
<i>brey-na</i>	3	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	3	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	3	QL 20.4 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
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>	3	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	3	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	3	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	

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>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	
<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	
<i>fondaparinux sodium 2.5 mg/0.5ml 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
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<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>	3	
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### ANTICONVULSANTS

#### AMPA GLUTAMATE RECEPTOR ANTAGONISTS

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

#### ANTICONVULSANTS - BENZODIAZEPINES

<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>

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

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
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	5	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>NDS Non-Extended Day Supply</li> </ul>
BRIVIACT 10 MG/ML SOLUTION	5	<ul style="list-style-type: none"> <li>QL 600 ML / 30 DAYS</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	3	
<i>carbamazepine 100 mg/5ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
EPIDIOLEX	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>LA</li> </ul>
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	<ul style="list-style-type: none"> <li>QL 360 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<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	

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>lacosamide 10 mg/ml solution</i>	4	
<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 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	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>	3	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	3	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>pregabalin (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	
<i>pregabalin 20 mg/ml solution</i>	4	
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	<div data-bbox="1133 1570 1195 1612">PA<sup>2</sup></div> <div data-bbox="1133 1621 1195 1663">NDS</div> <div data-bbox="1205 1621 1477 1692">Non-Extended Day Supply</div>
<i>rufinamide 200 mg tab</i>	4	<div data-bbox="1133 1705 1195 1747">PA<sup>2</sup></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
SPRITAM	4	
<i>topiramate</i>	2	
ZONISADE	4	
<i>zonisamide</i>	2	
ZTALMY	5	<ul style="list-style-type: none"> <li>QL 1100 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<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	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XCOPRI (350 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XCOPRI (XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	5	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</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>


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 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	<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> <span>28 EA / 28 DAYS</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <span>Non-Extended Day Supply</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> </div>
<i>vigadrone</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <span>Non-Extended Day Supply</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> </div>
<i>vigpoder</i>	5	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <span>Non-Extended Day Supply</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> </div>
<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	
<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>	3	
<i>methsuximide</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>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>	3	
<i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 30 mg tab, mirtazapine 45 mg tab)</i>	2	
<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	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	5	QL 28 EA / 14 OVER TIME PA <sup>2</sup> NDS Non-Extended Day Supply
ZURZUVAE 30 MG CAP	5	QL 14 EA / 14 OVER TIME 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
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	5	 Non-Extended Day Supply
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<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>	4	
<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	
FLUOXETINE HCL 90 MG CAP DR	4	
<i>fluvoxamine maleate</i>	3	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sertraline hcl 20 mg/ml conc</i>	4	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	4	
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)</i>	1	
<i>trazodone hcl 300 mg tab</i>	4	
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>	4	
<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	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>	2	
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
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GVOKE HYOPEN 1-PACK	3	
GVOKE HYOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	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>
<i>mifepristone 300 mg tab</i>	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>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	QL 30 EA / 30 DAYS
TRADJENTA	3	QL 30 EA / 30 DAYS
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET	4	QL 180 EA / 30 DAYS
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	3	<ul style="list-style-type: none"> <li>QL 4 ML / 28 DAYS</li> <li>PA</li> </ul>
TRULICITY	3	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> </ul>
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	<ul style="list-style-type: none"> <li>PA<sup>3</sup></li> <li>INS \$35 Insulin</li> </ul>
HUMULIN R U-500 KWIKPEN	3	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
INSULIN ASP PROT & ASP FLEXPEN	3	INS \$35 Insulin
INSULIN ASPART	3	PA <sup>3</sup> INS \$35 Insulin
INSULIN ASPART FLEXPEN	3	INS \$35 Insulin
INSULIN ASPART PENFILL	3	INS \$35 Insulin
INSULIN ASPART PROT & ASPART	3	INS \$35 Insulin
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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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	






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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>deferasirox 90 mg tab</i>	4	PA
<b>OPIOID ANTAGONISTS</b>		
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	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</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: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>
<i>ondansetron</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>
<i>ondansetron hcl 4 mg/5ml solution</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>
<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: #8b5722; 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: #8b5722; 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: #8b5722; 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: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>casposfungin acetate</i>	4	
<i>micafungin sodium</i>	5	 Non-Extended Day Supply
<b>ANTIFUNGALS</b>		
ABELCET	4	
AMPHOTERICIN B	4	
<i>flucytosine</i>	5	 Non-Extended Day Supply
<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	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	5	 Non-Extended Day Supply
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp)</i>	4	
<i>fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	2	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA NDS Non-Extended Day Supply
VORICONAZOLE (VORICONAZOLE 40 MG/ML RECON SUSP, VORICONAZOLE 200 MG RECON SOLN)	5	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	4	PA
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 6.25 mg/5ml syrup, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i>	4	
<b>ANTIHYPERTENSIVES</b>		
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	2	QL 30 EA / 30 DAYS
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>icosapent ethyl</i>	4	
<i>omega-3-acid ethyl esters</i>	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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

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>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	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	4	QL 2 ML / 28 DAYS PA
REPATHA	3	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	3	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	3	QL 6 ML / 28 DAYS PA
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	2	
<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	

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>lisinopril</i>	1	
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB)	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	
<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>	2	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<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>	3	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-olmesartan</i>	3	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	2	
<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>	2	
<i>olmesartan-amlodipine-hctz</i>	3	
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	4	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</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>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	
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>	3	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	
<i>pyridostigmine bromide 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>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	4	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifabutin</i>	4	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	3	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	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>
TRECTOR	4	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	3	PA <sup>3</sup>
GLEOSTINE	5	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
LEUKERAN	4	
<i>temozolomide</i>	Part B Covered	
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	3	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	2	
<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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
<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>

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 - 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>
EXKIVITY	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>
<i>gefitinib</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>
GILOTRIF	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>
TAGRISO	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>
VIZIMPRO	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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA<sup>2</sup></div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
ERIVEDGE	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA<sup>2</sup></div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
ODOMZO	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA<sup>2</sup></div> <div>NDS Non-Extended Day Supply</div> </div>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 120 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA<sup>2</sup></div> <div>NDS Non-Extended Day Supply</div> </div>
<i>abiraterone acetate 500 mg tab</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 60 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA<sup>2</sup></div> <div>NDS Non-Extended Day Supply</div> </div>
AKEEGA	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 60 EA / 30 DAYS</div> <div style="margin-bottom: 5px;">PA<sup>2</sup></div> <div>NDS Non-Extended Day Supply</div> </div>
<i>anastrozole</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 84 OVER TIME</div> </div>
ELIGARD 30 MG KIT	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 112 OVER TIME</div> </div>
ELIGARD 45 MG KIT	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>QL 1 EA / 168 OVER TIME</div> </div>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ERLEADA 60 MG TAB	5	QL 120 EA / 30 DAYS
		PA <sup>2</sup>
		NDS Non-Extended Day Supply
		LA
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUBEQA	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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
ORGOVYX	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 / 28 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
ORSERDU 345 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
ORSERDU 86 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> 90 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
SOLTAMOX	5	<ul style="list-style-type: none"> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NDS</span> Non-Extended Day Supply</li> </ul>
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 84 OVER TIME</li> </ul>
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 168 OVER TIME</li> </ul>
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / 28 DAYS</li> </ul>
XTANDI (XTANDI 40 MG CAP, XTANDI 40 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XTANDI 80 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> 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> <li><span style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 90 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 21 EA / 28 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 28 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</span></li> </ul>
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / 28 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: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">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
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>
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>
ANTINEOPLASTIC COMBINATIONS			
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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
LONSURF	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>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	5	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 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>
ALUNBRIG 30 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>
AUGTYRO	5	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	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>
BALVERSA 5 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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
BOSULIF 100 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 150 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>
BOSULIF 100 MG TAB	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>
BOSULIF 50 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>
BRAFTOVI	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>
BRUKINSA	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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CABOMETYX	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>
CALQUENCE 100 MG CAP	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>
CALQUENCE 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>
CAPRELSA 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>
CAPRELSA 300 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>
COMETRIQ (100 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
COMETRIQ (140 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
COMETRIQ (60 MG DAILY DOSE)	5	<ul style="list-style-type: none"> <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
COPIKTRA	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>
COTELLIC	5	<ul style="list-style-type: none"> <li>QL 63 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IBRANCE	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 21 EA / 28 OVER TIME</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>
ICLUSIG	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>
IDHIFA	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>
<i>imatinib mesylate 100 mg tab</i>	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>
<i>imatinib mesylate 400 mg tab</i>	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>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
IMBRUVICA 140 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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 324 ML / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>2</sup></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>
INREBIC	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<sup>2</sup></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>
JAKAFI	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<sup>2</sup></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>
JAYPIRCA 100 MG TAB	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<sup>2</sup></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>
JAYPIRCA 50 MG TAB	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>2</sup></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>
KISQALI (200 MG DOSE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 21 EA / 28 OVER TIME</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KISQALI (400 MG DOSE)	5	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 42 EA / 28 OVER TIME</li> <li><span style="background-color: #f39c12; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; 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
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>
KRAZATI	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>
<i>lapatinib ditosylate</i>	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LORBRENA 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> <li>LA</li> </ul>
LORBRENA 25 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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 320 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>
LYNPARZA	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>
LYTGOBI (12 MG DAILY DOSE)	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>
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>

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
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>
OGSIVEO	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> </ul>
OJJAARA	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>pazopanib hcl</i>	5	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PEMAZYRE	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>
PIQRAY (200 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> </ul>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
RETEVMO 40 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>
RETEVMO 80 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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
REZLIDHIA	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>
ROZLYTREK 100 MG CAP	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 150 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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
<i>sorafenib tosylate</i>	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> </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>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
SPRYCEL 20 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>
STIVARGA	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> <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
<i>sunitinib malate</i>	5	<div data-bbox="1133 174 1192 212">PA<sup>2</sup></div> <div data-bbox="1133 222 1192 281">NDS</div> Non-Extended Day Supply
TABRECTA	5	<div data-bbox="1133 310 1192 348">QL</div> 120 EA / 30 DAYS <div data-bbox="1133 359 1192 396">PA<sup>2</sup></div> <div data-bbox="1133 407 1192 466">NDS</div> Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	5	<div data-bbox="1133 495 1192 533">QL</div> 120 EA / 30 DAYS <div data-bbox="1133 543 1192 581">PA<sup>2</sup></div> <div data-bbox="1133 592 1192 651">NDS</div> Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	5	<div data-bbox="1133 680 1192 718">QL</div> 840 ML / 28 DAYS <div data-bbox="1133 728 1192 766">PA<sup>2</sup></div> <div data-bbox="1133 777 1192 835">NDS</div> Non-Extended Day Supply
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	5	<div data-bbox="1133 865 1192 903">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 913 1192 951">PA<sup>2</sup></div> <div data-bbox="1133 961 1192 1020">NDS</div> Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	5	<div data-bbox="1133 1050 1192 1087">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1098 1192 1136">PA<sup>2</sup></div> <div data-bbox="1133 1146 1192 1205">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1215 1192 1253">LA</div>
TALZENNA 0.25 MG CAP	5	<div data-bbox="1133 1285 1192 1323">QL</div> 90 EA / 30 DAYS <div data-bbox="1133 1333 1192 1371">PA<sup>2</sup></div> <div data-bbox="1133 1381 1192 1440">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1451 1192 1488">LA</div>
TASIGNA	5	<div data-bbox="1133 1520 1192 1558">PA<sup>2</sup></div> <div data-bbox="1133 1568 1192 1627">NDS</div> Non-Extended Day Supply
TAZVERIK	5	<div data-bbox="1133 1654 1192 1692">QL</div> 240 EA / 30 DAYS <div data-bbox="1133 1703 1192 1740">PA<sup>2</sup></div> <div data-bbox="1133 1751 1192 1810">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1820 1192 1858">LA</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
TEPMETKO	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>
TIBSOVO	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>
TRUQAP	5	<ul style="list-style-type: none"> <li>QL 64 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TURALIO 125 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>
VANFLYTA 17.7 MG TAB	5	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VANFLYTA 26.5 MG TAB	5	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VERZENIO	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>
VITRAKVI 100 MG CAP	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>

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DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
VITRAKVI 20 MG/ML SOLUTION	5	<ul style="list-style-type: none"> <li>QL 300 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>	
VITRAKVI 25 MG CAP	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>	
VONJO	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>	
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	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> </ul>	
XALKORI 150 MG CAP SPRINK	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> </ul>	
XALKORI 200 MG CAP	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>	
XALKORI 250 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>	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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: #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>
ZEJULA 100 MG CAP	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>
ZELBORAF	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 240 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>
ZOLINZA	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>
ZYDELIG	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>
ZYKADIA	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>
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
BESREMI	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 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> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>	4	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	4	
<i>tolcapone</i>	5	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="border: 1px solid black; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	3	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	4	
<i>selegiline hcl</i>	3	
<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>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	4	QL 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	4	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	4	
<i>ziprasidone mesylate</i>	4	QL 60 ML / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT	4	QL 60 EA / 30 DAYS PA <sup>2</sup>
FANAPT TITRATION PACK	4	QL 8 EA / 180 OVER TIME PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL 1 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL 1.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL 0.25 ML / 28 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
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>
<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	<p>QL 30 EA / 30 DAYS</p>
<i>paliperidone er 6 mg tab er 24h</i>	4	<p>QL 60 EA / 30 DAYS</p>
PERSERIS	5	<p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	4	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	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>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	4	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
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL 0.14 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL 0.21 ML / 30 DAYS NDS 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	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>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>	3	
<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	
<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; flex-direction: column; gap: 5px;"> <div><span>QL</span> 30 EA / 30 DAYS</div> <div><span>PA<sup>2</sup></span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
VERSACLOZ	5	<span>NDS</span> Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	4	<span>QL</span> 2 EA / 28 DAYS
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	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>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	
<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

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>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>	3	
<i>aripiprazole 1 mg/ml solution</i>	4	
ARISTADA 1064 MG/3.9ML PRSYR	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 3.9 ML / 56 OVER TIME</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA 441 MG/1.6ML PRSYR	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 1.6 ML / 28 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA 662 MG/2.4ML PRSYR	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 2.4 ML / 28 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA 882 MG/3.2ML PRSYR	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 3.2 ML / 28 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
ARISTADA INITIO	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 4.8 ML / 365 OVER TIME</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
REXULTI	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 30 EA / 30 DAYS</div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	4	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i>	4	
<i>abacavir sulfate-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	5	<span>NDS</span> Non-Extended Day Supply











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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
APRETUDE	5	NDS Non-Extended Day Supply
APTIVUS 250 MG CAP	5	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS Non-Extended Day Supply
CABENUVA	5	NDS Non-Extended Day Supply
CIMDUO	5	NDS Non-Extended Day Supply
COMPLERA	4	
<i>darunavir</i>	5	NDS Non-Extended Day Supply
DELSTRIGO	5	NDS Non-Extended Day Supply
DESCOVY	5	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	5	NDS Non-Extended Day Supply
EDURANT	5	NDS 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	NDS Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS 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	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	4	QL 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS Non-Extended Day Supply
EVOTAZ	5	NDS Non-Extended Day Supply
<i>fosamprenavir calcium</i>	5	NDS Non-Extended Day Supply
FUZEON	5	NDS Non-Extended Day Supply
GENVOYA	5	NDS Non-Extended Day Supply
INTELENCE 25 MG TAB	4	
INVIRASE	5	NDS Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	5	NDS Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS Non-Extended Day Supply
JULUCA	5	NDS 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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	4	
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	
PREZISTA 100 MG/ML SUSPENSION	5	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	5	 Non-Extended Day Supply
<i>ritonavir</i>	3	
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEMIXYS	5	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	5	 Non-Extended Day Supply
TIVICAY 10 MG TAB	4	
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 
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 100 mg cap, zidovudine 300 mg tab)</i>	3	
<i>zidovudine 50 mg/5ml syrup</i>	4	
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CMV AGENTS</b>		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	5	<span>QL</span> 30 EA / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	<span>NDS</span> Non-Extended Day Supply
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	<span>NDS</span> Non-Extended Day Supply
<i>entecavir</i>	4	<span>QL</span> 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	<span>QL</span> 28 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
MAVYRET 100-40 MG TAB	5	<span>QL</span> 84 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	5	<span>QL</span> 168 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
PEGASYS	5	<span>PA</span> <span>NDS</span> Non-Extended Day Supply
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	3	
SOFOSBUVIR-VELPATASVIR	5	<span>QL</span> 28 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>	3	
<i>valacyclovir hcl</i>	3	
<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	4	
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

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>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>	3	
<i>bisoprolol fumarate</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>metoprolol tartrate 37.5 mg tab</i>	2	
<i>nebivolol hcl</i>	3	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sorine</i>	2	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	

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>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>tiadyt 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	
<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>		
<i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	2	
DIGOXIN 0.05 MG/ML SOLUTION	4	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin</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
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
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	5	PA NDS Non-Extended Day Supply
<i>sildenafil citrate 20 mg tab</i>	3	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

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 - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c9583d; 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>SINUS NODE INHIBITORS</b>		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	3	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	3	<span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 450 ML / 30 DAYS
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div>30 EA / 30 DAYS</div> </div>
<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)	3	
<i>cefazolin sodium (cefazolin sodium 1 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>	4	
CEFAZOLIN SODIUM 2 GM RECON SOLN	2	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% 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
CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN	2	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)</i>	2	
<i>cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	3	
<i>cefotetan disodium</i>	4	
CEFOTETAN DISODIUM- DEXTROSE	4	
<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>	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)</i>	3	
<i>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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	4	
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 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	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>	4	
<i>tarina fe 1/20 eq</i>	4	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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 (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	4	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
SLYND	4	
<i>tulana</i>	2	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er</i>	5	<span>QL</span> 30 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
<i>decadron 0.5 mg tab</i>	2	
<i>decadron 0.75 mg tab</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	2	
<i>dexamethasone (dexamethasone 0.75 mg tab, dexamethasone 1 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	3	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	2	PA <sup>3</sup>
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	PA <sup>3</sup>
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 6.7 (5 BASE) MG/5ML SOLUTION, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	2	PA <sup>3</sup>
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN)	4	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	2	
<b>COUGH/COLD/ALLERGY</b>		
<b>MUCOLYTICS</b>		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	3	PA <sup>3</sup>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>acutane</i>	4	
<i>amnestem</i>	4	
<i>avita 0.025 % cream</i>	4	QL 45 GM / 30 DAYS PA
<i>claravis</i>	4	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	3	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	3	QL 75 GM / 30 DAYS
ERY	3	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	2	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i>	3	QL 45 GM / 30 DAYS PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>	4	<span>QL</span> 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	3	<span>QL</span> 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	2	<span>QL</span> 220 GM / 30 DAYS
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox 0.77 % gel</i>	3	<span>QL</span> 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	3	<span>QL</span> 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	2	<span>QL</span> 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	3	<span>QL</span> 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	3	<span>QL</span> 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	2	<span>QL</span> 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	3	<span>QL</span> 90 GM / 30 DAYS
<i>econazole nitrate</i>	4	<span>QL</span> 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	3	<span>QL</span> 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	2	<span>QL</span> 240 ML / 30 DAYS
<i>klayesta</i>	2	<span>QL</span> 60 GM / 30 DAYS
<i>nyamyc</i>	2	<span>QL</span> 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	2	<span>QL</span> 30 GM / 30 DAYS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<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
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	3	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	4	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
ANTIPSORIATICS		
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
STELARA 90 MG/ML SOLN PRSYR	5	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ	5	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	4	QL 60 GM / 30 DAYS PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	2	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	4	QL 30 GM / 30 DAYS
<i>penciclovir</i>	4	QL 5 GM / 7 OVER TIME

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	QL 453.6 GM / 30 DAYS
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	3	QL 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	3	QL 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	4	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % cream</i>	2	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4	QL 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	3	QL 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	3	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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>	4	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	4	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	4	
<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 0.1 % cream, triamcinolone acetonide 0.1 % 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 0.5 % ointment</i>	2	QL 120 GM / 30 DAYS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	2	
<b>ENZYMES - TOPICAL</b>		
SANTYL	4	QL 180 GM / 30 OVER TIME
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	3	QL 24 EA / 30 DAYS
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	QL 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	4	QL 100 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>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox 0.5 % solution</i>	3	QL 7 ML / 30 DAYS
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	3	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	2	QL 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	4	QL 107 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL 30 GM / 30 DAYS
<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>		
REGANEX	5	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>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	<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>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
<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 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	2	
<i>bumetanide 0.25 mg/ml solution</i>	4	
<i>ethacrynic acid</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>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>	2	
<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</i>	4	
<i>teriparatide</i>	5	QL 2.48 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
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	5	<ul style="list-style-type: none"> <li>QL 2.48 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
XGEVA	5	<ul style="list-style-type: none"> <li>QL 1.7 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	5	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<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	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
SKYTROFA	5	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	4	
<i>raloxifene hcl</i>	3	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	5	<ul style="list-style-type: none"> <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
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	5	NDS Non-Extended Day Supply LA
<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	PA NDS Non-Extended Day Supply LA
<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>	4	
<i>levocarnitine sf</i>	4	
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

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>sodium phenylbutyrate 500 mg tab</i>	5	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 289">NDS</div> Non-Extended Day Supply
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	4	<div data-bbox="1133 384 1195 422">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 432 1195 470">PA</div>
<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>	3	
<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	<div data-bbox="1133 1115 1195 1152">PA</div>
SIGNIFOR	5	<div data-bbox="1133 1270 1195 1308">QL</div> 60 ML / 30 DAYS <div data-bbox="1133 1318 1195 1356">PA</div> <div data-bbox="1133 1367 1195 1434">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1444 1195 1482">LA</div>
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>estradiol-norethindrone acet</i>	4	
<i>fyavolv</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>jinteli</i>	4	
<i>norethindrone-eth estradiol</i>	4	
<b>ESTROGENS</b>		
<i>dotti</i>	4	
<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>	3	
<i>estradiol valerate</i>	4	
<i>lyllana</i>	4	
MENEST	4	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</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 200 mg/100ml solution</i>	4	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	2	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	2	
LEVOFLOXACIN 25 MG/ML 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>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	
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>	4	
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 10 mg tab)</i>	2	
<i>metoclopramide hcl (metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg/10ml solution)</i>	4	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</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 (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)</i>	4	
<i>mesalamine er</i>	4	
<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>	3	
<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>

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
RELISTOR 8 MG/0.4ML SOLUTION	5	<div data-bbox="1133 170 1192 205">QL</div> 12 ML / 30 DAYS <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NDS</div> Non-Extended Day Supply
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phos binder)</i>	3	
<i>calcium acetate 667 mg tab</i>	3	
<i>lanthanum carbonate</i>	5	<div data-bbox="1133 548 1192 583">NDS</div> Non-Extended Day Supply
<i>sevelamer carbonate</i>	4	
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	5	<div data-bbox="1133 770 1192 806">QL</div> 90 EA / 30 DAYS <div data-bbox="1133 819 1192 854">PA</div> <div data-bbox="1133 867 1192 903">NDS</div> Non-Extended Day Supply <div data-bbox="1133 936 1192 972">LA</div>
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS NO 2	3	
<b>ALKALINIZERS</b>		
<i>potassium citrate er</i>	3	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	4	<div data-bbox="1133 1413 1192 1449">PA</div> <div data-bbox="1133 1461 1192 1497">LA</div>
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	2	
RENACIDIN	3	
<i>sodium chloride 0.9 % 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>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	4	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	4	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
<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>	3	
<i>febuxostat</i>	3	
<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; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c9583d; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #c9583d; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070c0; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">LA</div> <div style="margin-top: 10px;">Non-Extended Day Supply</div> </div>
<i>sajazir</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c9583d; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #c9583d; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070c0; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">LA</div> <div style="margin-top: 10px;">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>COMPLEMENT INHIBITORS</b>		
CINRYZE	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
HAEGARDA	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
RUCONEST	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	3	
<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	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	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 GROWTH FACTORS</b>		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div>30 EA / 30 DAYS Non-Extended Day Supply</div> </div>
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div>60 EA / 30 DAYS Non-Extended Day Supply</div> </div>
RETACRIT	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div>
UDENYCA	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZARXIO	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZIEXTENZO	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</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>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>	3	QL 30 EA / 30 DAYS
<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>		
HETLIOZ	5	QL 30 EA / 30 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
<i>ramelteon</i>	3	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

## LAXATIVES

### LAXATIVE COMBINATIONS

GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	4	

### LAXATIVES - MISCELLANEOUS

<i>constulose</i>	2	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	2	

## MACROLIDES

### AZITHROMYCIN

<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	2	
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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
<i>azithromycin 500 mg recon soln</i>	4	
<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>	3	
<i>clarithromycin er</i>	4	
<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)</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	

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>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
DEXCOM G6 RECEIVER	Part B Covered	QL 1 EA / 274 OVER TIME PA
DEXCOM G6 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
DEXCOM G6 TRANSMITTER	Part B Covered	QL 1 EA / 68 OVER TIME PA
DEXCOM G7 RECEIVER	Part B Covered	QL 1 EA / 275 OVER TIME PA
DEXCOM G7 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
FREESTYLE LIBRE 14 DAY READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	QL 2 EA / 28 DAYS PA
FREESTYLE LIBRE 2 READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE 2 SENSOR	Part B Covered	QL 2 EA / 28 DAYS 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
FREESTYLE LIBRE 3 READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE READER	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 274 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 EA / 20 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD 5 G6 INTRO (GEN 5)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD 5 G6 PODS (GEN 5)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD 5 G7 INTRO (GEN 5)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD 5 G7 PODS (GEN 5)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD 5 PACK	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD CLASSIC PDM (GEN 3)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD DASH INTRO (GEN 4)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD DASH PDM (GEN 4)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OMNIPOD DASH PODS (GEN 4)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; 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
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</i>	3	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
EMGALITY	3	<span>QL</span> 2 ML / 30 DAYS <span>PA</span>
EMGALITY (300 MG DOSE)	3	<span>QL</span> 3 ML / 30 DAYS <span>PA</span>
NURTEC	3	<span>QL</span> 16 EA / 30 DAYS <span>PA</span>
<b>MIGRAINE COMBINATIONS</b>		
<i>ergotamine-caffeine</i>	3	
MIGERGOT	4	
<i>sumatriptan-naproxen sodium</i>	4	<span>QL</span> 18 EA / 30 OVER TIME
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	<span>QL</span> 16 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
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	4	QL 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	3	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate (rizatriptan benzoate 5 mg tab disp, rizatriptan benzoate 10 mg tab disp)</i>	4	QL 36 EA / 28 OVER TIME
<i>rizatriptan benzoate (rizatriptan benzoate 5 mg tab, rizatriptan benzoate 10 mg tab)</i>	3	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>	2	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
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium gluconate 10 % solution</i>	2	
<b>ELECTROLYTE MIXTURES</b>		
DEXTROSE-NACL (DEXTROSE-NACL 10-0.2 % SOLUTION, DEXTROSE-NACL 10-0.45 % SOLUTION)	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>dextrose-nacl (dextrose-nacl 2.5-0.45 % solution, dextrose-nacl 5-0.2 % solution, dextrose-nacl 5-0.45 % solution, dextrose-nacl 5-0.9 % solution)</i>	4	
<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>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</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	

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>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	4	
<b>PHOSPHATE</b>		
K-PHOS	3	
<b>POTASSIUM</b>		
<i>klor-con 10</i>	2	
<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 cys er (potassium chloride cys er 10 meq tab er, potassium chloride cys er 20 meq tab er)</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>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	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine 250 mg tab</i>	5	<div data-bbox="1133 657 1192 695">PA</div> <div data-bbox="1133 709 1192 768">NDS</div> Non-Extended Day Supply
<i>trientine hcl 250 mg cap</i>	5	<div data-bbox="1133 798 1192 835">PA</div> <div data-bbox="1133 850 1192 909">NDS</div> Non-Extended Day Supply
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	<div data-bbox="1133 1008 1192 1045">QL</div> 28 EA / 28 DAYS <div data-bbox="1133 1060 1192 1098">PA<sup>2</sup></div> <div data-bbox="1133 1113 1192 1171">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1186 1192 1224">LA</div>
REVLIMID	5	<div data-bbox="1133 1239 1192 1276">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1291 1192 1329">PA<sup>2</sup></div> <div data-bbox="1133 1344 1192 1402">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1417 1192 1455">LA</div>
REZUROCK	5	<div data-bbox="1133 1470 1192 1507">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1522 1192 1560">PA</div> <div data-bbox="1133 1575 1192 1633">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1648 1192 1686">LA</div>
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	5	<div data-bbox="1133 1701 1192 1738">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 1753 1192 1812">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1827 1192 1864">LA</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
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	5	<div data-bbox="1133 170 1192 205">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 222 1192 258">NDS</div> Non-Extended Day Supply <div data-bbox="1133 275 1192 310">LA</div>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	2	<div data-bbox="1133 430 1192 466">PA<sup>3</sup></div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	4	<div data-bbox="1133 493 1192 529">PA<sup>3</sup></div>
<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	<div data-bbox="1133 661 1192 697">PA<sup>3</sup></div>
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	4	<div data-bbox="1133 850 1192 886">PA<sup>3</sup></div>
ENVARUSUS XR 4 MG TAB ER 24H	5	<div data-bbox="1133 976 1192 1012">PA<sup>3</sup></div> <div data-bbox="1133 1029 1192 1064">NDS</div> 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	<div data-bbox="1133 1113 1192 1148">PA<sup>3</sup></div> <div data-bbox="1133 1165 1192 1201">NDS</div> Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	4	<div data-bbox="1133 1260 1192 1295">PA<sup>3</sup></div>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	2	<div data-bbox="1133 1375 1192 1411">PA<sup>3</sup></div>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	<div data-bbox="1133 1480 1192 1516">PA<sup>3</sup></div> <div data-bbox="1133 1533 1192 1568">NDS</div> Non-Extended Day Supply
<i>mycophenolate sodium</i>	4	<div data-bbox="1133 1617 1192 1652">PA<sup>3</sup></div>
<i>mycophenolic acid</i>	4	<div data-bbox="1133 1680 1192 1715">PA<sup>3</sup></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
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>
<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>	3	PA <sup>3</sup>

### PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS

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

### POTASSIUM REMOVING AGENTS

LOKELMA	4	
<i>sodium polystyrene sulfonate powder</i>	3	
SPS	3	
VELTASSA	4	

### SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

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
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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
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
LIDOCAINE HCL 4 % SOLUTION	3	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	2	
<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>	3	
<i>triamcinolone acetonide 0.1 % paste</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>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	4	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	2	
<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	

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 AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	3	
<i>olopatadine hcl 0.6 % solution</i>	4	
<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>	4	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>	4	QL 34 GM / 30 DAYS
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>RADICAVA ORS</i>	5	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>RADICAVA ORS STARTER KIT</i>	5	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	4	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
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose 10 % solution</i>	4	PA <sup>3</sup>
<i>dextrose 5 % solution</i>	4	
<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 - OPTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	3	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	3	
<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>	3	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	5	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>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	3	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
APRACLONIDINE HCL	3	
<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	3	
<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>	3	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	3	
<i>moxifloxacin hcl 0.5 % solution</i>	3	QL 6 ML / 7 OVER TIME
NATACYN	4	QL 15 ML / 7 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>neomycin-bacitracin zn-polymyx</i>	3	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	2	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	3	
<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	3	QL 15 ML / 7 OVER TIME
ZIRGAN	4	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 EA / 30 DAYS
		QL 120 EA / 30 DAYS
VERKAZIA	5	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>		

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

QL 112 ML / 365  
 OVER TIME  
PA  
NDS Non-Extended Day  
 Supply  
LA

OXERVATE 5

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth (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>	3	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl 0.05 % solution</i>	3	
CROMOLYN SODIUM 4 % SOLUTION	2	
CYSTARAN	5	<span>QL</span> 60 ML / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply <span>LA</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>diclofenac sodium 0.1 % solution</i>	2	QL 20 ML / 365 OVER TIME
<i>dorzolamide hcl</i>	3	
<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>	3	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>latanoprost</i>	2	QL 5 ML / 30 DAYS
LUMIGAN	4	
<i>travoprost (bak free)</i>	3	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>	3	
<i>neomycin-polymyxin-hc</i>	3	
<b>OTIC STEROIDS</b>		
<i>flac</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
HYDROCORTISONE-ACETIC ACID	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>hydrocortisone-acetic acid</i>	4	
<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	
<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 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB)	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>amoxicillin-pot clavulanate (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 600-42.9 mg/5ml recon susp)</i>	4	
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	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	PA
<i>norethindrone acetate</i>	2	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	3	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	4	
<i>disulfiram</i>	4	
<b>ANTI-CATAPLECTIC AGENTS</b>		
SODIUM OXYBATE	5	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
XYWAV	5	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
<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	

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>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	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	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>	4	

## MOVEMENT DISORDER DRUG THERAPY

AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	5	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO 6 MG TAB	5	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	5	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H	5	QL 90 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 PATIENT TITRATION	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 42 EA / 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>tetrabenazine</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / 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>
AVONEX PREFILLED	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / 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>dalfampridine er</i>	3	<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</span></li> </ul>
<i>dimethyl fumarate 120 mg cap dr</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 14 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>dimethyl fumarate 240 mg cap dr</i>	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</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate starter pack</i>	5	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 180 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>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>

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>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>
<i>teriflunomide</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>
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA	5	<ul style="list-style-type: none"> <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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	4	
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
NICOTROL INHALER	4	
NICOTROL NASAL SPRAY	3	
<i>varenicline tartrate</i>	3	
<i>varenicline tartrate (starter)</i>	3	
<i>varenicline tartrate(continue)</i>	3	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL	5	 560 EA / 28 DAYS   Non-Extended Day Supply 
BRONCHITOL TOLERANCE TEST	5	 560 EA / 28 DAYS   Non-Extended Day Supply 
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	5	 60 EA / 30 DAYS   Non-Extended Day Supply 
KALYDECO 13.4 MG PACKET	5	 56 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
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>
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	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>
ORKAMBI 75-94 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>
PULMOZYME	5	<ul style="list-style-type: none"> <li>QL 150 ML / 30 DAYS</li> <li>PA<sup>3</sup></li> <li>NDS 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>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	<ul style="list-style-type: none"> <li>QL 90 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
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	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>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	5	<ul style="list-style-type: none"> <li>QL 270 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>pirfenidone 801 mg tab</i>	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>
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	4	
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
TIGECYCLINE	5	NDS 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>	3	
<i>doxycycline hyclate 100 mg 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<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	
<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	

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>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	
SYNTHROID	3	
<i>unithroid</i>	1	
<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	

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
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
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<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	
H-2 ANTAGONISTS		
<i>cimetidine</i>	2	
<i>famotidine (pepcid)</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole (prilosec)</i>	2	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</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>rabeprazole sodium 20 mg tab dr</i>	2	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	3	
<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>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	3	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	4	PA
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	3	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	3	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate 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
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
<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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
SHINGRIX	1	QL 2 EA / 365 OVER TIME VAC \$0 Part D Adult Vaccine
STAMARIL	1	VAC \$0 Part D Adult Vaccine
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC \$0 Part D Adult Vaccine
TWINRIX	1	VAC \$0 Part D Adult Vaccine
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine
VARIVAX	1	VAC \$0 Part D Adult Vaccine
YF-VAX	1	VAC \$0 Part D Adult Vaccine

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 2 % cream</i>	3	
<i>metronidazole vaginal gel 0.75 %</i>	4	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	3	
VANDAZOLE	2	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	4	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	4	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	3	<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>
<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>	3	

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