

2024

List of Covered Drugs (Formulary)

- UCare's MSHO
- UCare Connect + Medicare

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs are covered by UCare's MSHO and UCare Connect + Medicare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UCare's MSHO and UCare Connect + Medicare.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

This formulary was updated on 04/18/2024.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

H2456_H5937_1549_082023_C
Formulary ID 24263, Version 12



Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

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For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

A. Disclaimers

This is a list of drugs that members can get in UCare's MSHO and UCare Connect + Medicare.

- UCare's MSHO and UCare Connect + Medicare are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.
- The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year.
- Benefits and/or copays may change on January 1 of each year.
- You can always check UCare's MSHO or UCare Connect + Medicare's up-to-date *List of Covered Drugs* online at [ucare.org](https://www.ucare.org) or call Customer Service at the number listed at the bottom of this page.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number listed at the bottom of this page.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Service at the number at the bottom of this page.

B. Frequently Asked Questions (FAQ)

Find answers here to frequently asked questions you have about this *List of Covered Drugs*. You can read all the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "Drug List" for short)

The drugs on the *List of Covered Drugs* that starts in Section C are the drugs covered by UCare's MSHO and UCare Connect + Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies. The prescription drugs included on this List of Covered Drugs are covered by UCare's MSHO and UCare Connect + Medicare.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

- UCare's MSHO and UCare Connect + Medicare will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - UCare's MSHO and UCare Connect + Medicare agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a UCare's MSHO and UCare Connect + Medicare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [ucare.org](https://www.ucare.org) or call Customer Services at the number listed at the bottom of this page.

B2. Does the Drug List ever change?

Yes, and UCare's MSHO and UCare Connect + Medicare must follow Medicare and Medical Assistance rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UCare's MSHO or UCare Connect + Medicare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits.)
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check UCare's MSHO and UCare Connect + Medicare's up-to-date Drug List online at [ucare.org](https://www.ucare.org).
- You can also call Customer Service at the number listed at the bottom of this page to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Members should also contact their doctor or pharmacy for further information.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior Authorization:** For some drugs, you or your doctor, or other prescriber must get authorization from UCare's MSHO or UCare Connect + Medicare before you fill your prescription. Prior authorization is different from a referral. UCare's MSHO and UCare Connect + Medicare may not cover the drug if you don't get prior authorization.
- **Quantity Limits:** Sometimes UCare's MSHO and UCare Connect + Medicare limits the amount of a drug you can get.
- **Step Therapy:** Sometimes UCare's MSHO and UCare Connect + Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If UCare's MSHO and UCare Connect + Medicare covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the table in Section C1. You can also get more information by visiting our website at ucare.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at ucare.org.

B5. How will I know if the drug I want has limits or if there are any actions required to get the drug?

The table in the List of Drugs by Medical Condition in section C1 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if UCare's MSHO and UCare Connect + Medicare change their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, *or*
- You can search by drug type

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 212. The Index of Covered Drugs is an alphabetical list of all the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the Index.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” in Section C1. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Customer Service at the number listed at the bottom of this page and ask about it. If you learn that UCare's MSHO and UCare Connect + Medicare will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

or

- You can ask UCare's MSHO and UCare Connect + Medicare to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

B9. What if I am a new UCare's MSHO or UCare Connect + Medicare member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, *or*
- our plan rules do not let you get the amount ordered by your prescriber, *or*
- the drug requires prior authorization by UCare's MSHO or UCare Connect + Medicare, *or*
- you are taking a drug that is part of a step therapy restriction

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UCare's MSHO or UCare Connect + Medicare member.
- This is in addition to the temporary supply during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

transitioning to a different level of care. If you are a current member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask UCare's MSHO or UCare Connect + Medicare to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, UCare's MSHO or UCare Connect + Medicare may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

Prior Authorization and formulary exception requests can be initiated by calling Navitus Health Solutions at 1-833-837-4300 (this call is free) or by faxing the request form to 1-855-668-8552. Providers can also submit requests through ePA.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

UCare's MSHO and UCare Connect + Medicare covers both brand name drugs and generic drugs.

B14. What are over-the-counter (OTC) drugs?

OTC stands for "over-the-counter." UCare's MSHO and UCare Connect + Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UCare's MSHO and UCare Connect + Medicare Drug List to find out what OTC drugs are covered.

B15. Does UCare's MSHO and UCare Connect + Medicare cover non-drug OTC products?

UCare's MSHO and UCare Connect + Medicare covers some non-drug OTC products when they are written as prescriptions by your provider. You can read the drug list in section UCare's MSHO and UCare Connect + Medicare List of Covered Drugs to find out what non-drug OTC products are covered. Examples of non-drug OTC products include gauze pads and bandages.

B16. Does UCare's MSHO and UCare Connect + Medicare cover long term supplies of prescriptions?

- We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

B18. What is my copay?

UCare's MSHO and UCare Connect + Medicare members have copays for prescription drugs as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have the lowest copay. The copay is from \$0 to \$4.50, depending on your income and level of Medical Assistance eligibility.
- Tier 1 Brand drugs have a higher copay. The copay is from \$0 to \$11.20, depending on your income and level of Medical Assistance eligibility.
- OTCs have a \$0 copay.

If you have questions, call Customer Service at the number at the bottom of this page. We can help you understand what your copays will be.

C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by UCare's MSHO and UCare Connect + Medicare. If you have trouble finding your drug in the list turn to the Index of Covered Drugs in Section D. The index alphabetically lists all drugs covered by UCare's MSHO and UCare Connect + Medicare.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *azathioprine*), brand name drugs are capitalized (e.g., EPIPEN), and over-the-counter (OTC) drugs are listed separately after the Index of Covered Drugs at the end of the document. The information in the “Necessary actions, restrictions, or limits on use” column tells you if UCare's MSHO or UCare Connect + Medicare has any rules for covering your drug.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA =	Prior authorization: Drugs that require approval from UCare before we'll cover it.
PA ² =	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA ³ =	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST=	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL =	Quantity limit: There are limits to the amount of drug you can receive per fill
Part B Covered =	Diabetic supplies covered under Part B (medical) benefit
VAC =	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE =	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45.
MFG =	Drug coverage is limited to certain manufacturers
NDS =	Drugs limited to 30-day supply per fill
LA =	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card
Tier 1* =	Prescription drugs covered by Medicaid benefit

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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UCare's Minnesota Senior Health Options (MSHO)
and UCare Connect + Medicare Formulary
(List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg cap,</i> <i>lisdexamfetamine dimesylate 20 mg cap,</i> <i>lisdexamfetamine dimesylate 30 mg cap,</i> <i>lisdexamfetamine dimesylate 40 mg cap,</i> <i>lisdexamfetamine dimesylate 50 mg cap,</i> <i>lisdexamfetamine dimesylate 60 mg cap,</i> <i>lisdexamfetamine dimesylate 70 mg cap</i>)	1	
<i>methamphetamine hcl</i>	1	
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl (phentermine hcl 30 mg cap, phentermine hcl 37.5 mg cap)</i>	1*	QL 30 EA / 30 DAYS
<i>phentermine hcl 15 mg cap</i>	1*	QL 30 EA / 30 DAYS
<i>phentermine hcl 37.5 mg tab</i>	1*	QL 30 EA / 30 DAYS
ANTI-OBESITY AGENTS		
SAXENDA	1*	PA
WEGOVY	1*	PA
ZEPBOUND	1*	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	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
STIMULANTS - MISC.		
<i>armodafinil</i>	1	<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;">30 EA / 30 DAYS</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg tab, methylphenidate hcl 10 mg/5ml solution, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	1	
<i>modafinil</i>	1	<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="margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - C'S		
<i>activated charcoal</i>	OTC	
<i>coenzyme q10</i>	OTC	
<i>cranberry supplement</i>	OTC	
ALTERNATIVE MEDICINE - F'S		
<i>flaxseed oil</i>	OTC	
ALTERNATIVE MEDICINE - G'S		
<i>glucosamine sulfate</i>	OTC	
ALTERNATIVE MEDICINE - H'S		
<i>melatonin</i>	OTC	

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
ALTERNATIVE MEDICINE - M'S		
<i>melatonin / pyridoxine</i>	OTC	
<i>msm supplement</i>	OTC	
ALTERNATIVE MEDICINE - S'S		
<i>sam-e supplement</i>	OTC	
ALTERNATIVE MEDICINE COMBINATIONS		
<i>glucosamine / chondroitin</i>	OTC	
<i>omega-3 fatty acids (fish oil)</i>	OTC	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
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)	1	
<i>gentamicin sulfate (gentamicin sulfate 10 mg/ml solution, gentamicin sulfate 40 mg/ml solution)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	1	
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> 224 ML / 28 OVER TIME </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> Non-Extended Day Supply </div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tobramycin 300 mg/5ml nebu soln</i>	1	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HADLIMA 40 MG/0.4ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	1	<ul style="list-style-type: none"> QL 4 EA / 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
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	1	<ul style="list-style-type: none"> QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	1	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME 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
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-PSOR/UEIT STARTER	1	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-CD/UC/HS STARTER	1	<ul style="list-style-type: none"> QL 6 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PS/UV/ADOL HS STARTER	1	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME 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
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ 1 MG/ML SOLUTION	1	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ XR	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
GOLD COMPOUNDS		
RIDAURA	1	<ul style="list-style-type: none"> 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
INTERLEUKIN-1 BLOCKERS		
ARCALYST	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 3.6 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>NDS Non-Extended Day Supply</div> </div>
ACTEMRA ACTPEN	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 3.6 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>NDS Non-Extended Day Supply</div> </div>
KEVZARA	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">QL 2.28 ML / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>NDS Non-Extended Day Supply</div> </div>
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	OTC	
<i>ibuprofen (motrin) rx only</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>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (aleve)</i>	OTC	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA 10 & 20 & 30 MG TAB THPK	1	<ul style="list-style-type: none"> QL 55 EA / 180 OVER TIME PA NDS Non-Extended Day Supply LA
OTEZLA 30 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

PYRIMIDINE SYNTHESIS INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>acetaminophen / caffeine / pyrilamine (midol)</i>	OTC	
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	OTC	
ANALGESICS OTHER		
<i>acetaminophen (tylenol)</i>	OTC	
SALICYLATES		
<i>aspirin (bayer)</i>	OTC	
<i>aspirin / buffers (bufferin)</i>	OTC	
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	OTC	
<i>diflunisal</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	QL 10 EA / 30 DAYS PA
<i>fentanyl citrate (fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i>	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	1	QL 120 EA / 30 DAYS PA
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL 2400 ML / 30 OVER TIME

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydromorphone hcl 2 mg tab</i>	1	QL 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	1	QL 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	1	QL 120 EA / 30 DAYS
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	1	PA ³
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	1	QL 360 EA / 30 DAYS PA
METHADONE HCL 10 MG/5ML SOLUTION	1	QL 1800 ML / 30 DAYS PA
METHADONE HCL 5 MG/5ML SOLUTION	1	QL 3600 ML / 30 DAYS PA
<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>	1	QL 180 ML / 30 DAYS
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	1	QL 180 EA / 30 DAYS
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 1800 ML / 30 DAYS
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 DAYS
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	QL 120 EA / 30 DAYS PA
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	1	QL 180 EA / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxycodone hcl 100 mg/5ml conc</i>	1	QL 270 EA / 30 DAYS
<i>oxycodone hcl 5 mg cap</i>	1	QL 360 EA / 30 OVER TIME
<i>oxycodone hcl 5 mg tab</i>	1	QL 360 EA / 30 DAYS
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 5400 ML / 30 DAYS
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 DAYS
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	1	QL 390 EA / 30 DAYS
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 4980 ML / 30 DAYS
<i>endocet</i>	1	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>	1	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>	1	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>	1	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	1	QL 360 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
OPIOID PARTIAL AGONISTS		
BELBUCA	1	<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 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>buprenorphine</i>	1	<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 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<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;">90 EA / 30 DAYS</div> </div>
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	<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;">90 EA / 30 DAYS</div> </div>
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	<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>
<i>butorphanol tartrate 10 mg/ml solution</i>	1	<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;">10 ML / 30 DAYS</div> </div>
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	1	<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 GM / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	1	<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;">300 GM / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>testosterone 10 mg/act (2%) gel</i>	1	<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 GM / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<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;">75 GM / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

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>testosterone 30 mg/act solution</i>	1	QL 180 GM / 30 DAYS PA
<i>testosterone cypionate 100 mg/ml solution</i>	1	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
<i>testosterone cypionate 200 mg/ml solution</i>	1	PA
TESTOSTERONE ENANTHATE	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide 2 mg foam</i>	1	PA
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hemorrhoidal cream</i>	OTC	
<i>hemorrhoidal ointment</i>	OTC	
<i>hemorrhoidal suppository</i>	OTC	
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	OTC	
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</i>	OTC	
RECTAL STEROIDS		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	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
ANTACIDS		
ANTACID COMBINATIONS		
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	OTC	
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	OTC	
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	OTC	
ANTACIDS - ALUMINUM SALTS		
<i>aluminum hydroxide (alternagel)</i>	OTC	
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate</i>	OTC	
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (tums)</i>	OTC	
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide</i>	OTC	
<i>magnesium oxide (antacid)</i>	OTC	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	1	 Non-Extended Day Supply
BENZNIDAZOLE	1	
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</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
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	1	
<i>pentamidine isethionate for injection solution</i>	1	
<i>pentamidine isethionate for nebulization solution</i>	1	QL 1 EA / 28 DAYS PA³
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	1	QL 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	1	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multivitamins / minerals</i>	OTC	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</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
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	NDS Non-Extended Day Supply
<i>nitazoxanide</i>	1	QL 6 EA / 3 OVER TIME NDS Non-Extended Day Supply
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	1	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	1	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	1	QL 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	1	QL 10 EA / 10 DAYS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN 350 MG RECON SOLN	1	NDS Non-Extended Day Supply
<i>daptomycin 350 mg recon soln</i>	1	NDS Non-Extended Day Supply
<i>daptomycin 500 mg recon soln</i>	1	NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GLYCOPEPTIDES		
DALVANCE	1	 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>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	1	 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	1	
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<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>	1	
<i>clindamycin phosphate in d5w</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
CLINDAMYCIN PHOSPHATE IN NACL	1	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	1	
CAYSTON	1	<ul style="list-style-type: none"> QL 84 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
OXAZOLIDINONES		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
<i>linezolid 100 mg/5ml recon susp</i>	1	NDS Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	1	
SIVEXTRO 200 MG TAB	1	<ul style="list-style-type: none"> QL 6 EA / 6 OVER TIME PA NDS Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	1	
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</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>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
ISOSORBIDE MONONITRATE 10 MG TAB	1	
ISOSORBIDE MONONITRATE 20 MG TAB	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	
<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 0.4 mg/spray solution, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 7.5 mg tab, buspirone hcl 10 mg tab, buspirone hcl 15 mg tab, buspirone hcl 30 mg tab)</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	1	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>alprazolam 2 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>clorazepate dipotassium</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>diazepam 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1200 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>diazepam 5 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>diazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lorazepam 2 mg/ml conc</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 150 ML / 30 DAYS </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA²</div>
<i>lorazepam intensol</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 150 ML / 30 DAYS </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA²</div>
<i>oxazepam</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 EA / 30 DAYS </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA²</div>
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE 200 MG TAB	1	
<i>quinidine sulfate 300 mg tab</i>	1	
QUINIDINE SULFATE 300 MG TAB	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
<i>pacerone</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
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	PA ³ NDS Non-Extended Day Supply
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	1	PA NDS Non-Extended Day Supply LA
FASENRA PEN	1	PA NDS Non-Extended Day Supply LA
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG RECON SOLN	1	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN A-INJ	1	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG/ML SOLN PRSYR	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	1	<ul style="list-style-type: none"> QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	<ul style="list-style-type: none"> PA³
SPIRIVA HANDIHALER	1	<ul style="list-style-type: none"> QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	1	<ul style="list-style-type: none"> QL 4 GM / 30 DAYS
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	1	<ul style="list-style-type: none"> QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	1	<ul style="list-style-type: none"> QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	1	<ul style="list-style-type: none"> QL 1 EA / 30 DAYS
ASMANEX HFA	1	<ul style="list-style-type: none"> QL 13 GM / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	QL 120 ML / 30 DAYS PA ³
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	1	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL 21.2 GM / 30 DAYS
QVAR REDHALER 40 MCG/ACT AERO BA	1	QL 10.6 GM / 30 DAYS
QVAR REDHALER 80 MCG/ACT AERO BA	1	QL 21.2 GM / 30 DAYS
SYMPATHOMIMETICS		
ADVAIR HFA	1	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA ³
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA ³
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 4 mg tab)</i>	1	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	1	QL 17 GM / 30 DAYS
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS











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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
ANORO ELLIPTA	1	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA ³
BREO ELLIPTA	1	QL 60 EA / 30 DAYS
<i>brey-na</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	1	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	1	QL 8 GM / 30 DAYS
DULERA	1	QL 26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	1	QL 120 ML / 30 DAYS PA ³
<i>ipratropium-albuterol</i>	1	PA ³
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	PA ³
LEVALBUTEROL TARTRATE	1	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	1	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	1	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</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
TRELEGY ELLIPTA	1	QL 60 EA / 30 DAYS
VENTOLIN HFA	1	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
XANTHINES		
<i>theophylline</i>	1	
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	1	
ELIQUIS DVT/PE STARTER PACK	1	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	1	
XARELTO STARTER PACK	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
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	1	
<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>	1	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	1	 60 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	1	 30 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	1	 720 ML / 30 DAYS   Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FYCOMPA 2 MG TAB	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA²</div> </div>
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / 30 DAYS </div>
<i>clobazam 2.5 mg/ml suspension</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 480 ML / 30 DAYS </div>
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab, clonazepam 1 mg tab disp)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA²</div> </div>
<i>clonazepam (clonazepam 2 mg tab, clonazepam 2 mg tab disp)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 300 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA²</div> </div>
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 10 EA / 30 OVER TIME </div>
NAYZILAM	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 10 EA / 30 OVER TIME </div>
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> Non-Extended Day Supply </div>
SYMPAZAN 5 MG FILM	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / 30 DAYS </div>
VALTOCO 10 MG DOSE	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 10 EA / 30 OVER TIME </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> Non-Extended Day Supply </div>
VALTOCO 15 MG DOSE	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 10 EA / 30 OVER TIME </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> Non-Extended Day Supply </div>
VALTOCO 20 MG DOSE	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 10 EA / 30 OVER TIME </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> Non-Extended Day Supply </div>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 5 MG DOSE	1	<div data-bbox="1133 174 1190 237">QL</div> 10 EA / 30 OVER TIME <div data-bbox="1133 247 1190 310">NDS</div> Non-Extended Day Supply
ANTICONVULSANTS - MISC.		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	1	<div data-bbox="1133 426 1190 468">QL</div> 60 EA / 30 DAYS
APTIOM 200 MG TAB	1	<div data-bbox="1133 510 1190 552">QL</div> 180 EA / 30 DAYS
APTIOM 400 MG TAB	1	<div data-bbox="1133 573 1190 615">QL</div> 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	1	<div data-bbox="1133 657 1190 699">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 709 1190 772">NDS</div> Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	1	<div data-bbox="1133 814 1190 856">QL</div> 600 ML / 30 DAYS <div data-bbox="1133 867 1190 930">NDS</div> Non-Extended Day Supply
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i>	1	
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	
DIACOMIT	1	<div data-bbox="1133 1339 1190 1381">PA²</div> <div data-bbox="1133 1392 1190 1455">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1465 1190 1507">LA</div>
EPIDIOLEX	1	<div data-bbox="1133 1528 1190 1570">PA²</div> <div data-bbox="1133 1581 1190 1623">LA</div>
<i>epitol</i>	1	
EPRONTIA	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FINTEPLA	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 360 ML / 30 DAYS</div> <div style="margin-bottom: 5px;">PA²</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div style="margin-bottom: 5px;">LA</div> </div>
<i>gabapentin (gabapentin 100 mg cap, gabapentin 250 mg/5ml solution, gabapentin 300 mg cap, gabapentin 300 mg/6ml solution, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab, lamotrigine 100 mg tab disp, lamotrigine 150 mg tab, lamotrigine 200 mg tab, lamotrigine 200 mg tab disp)</i>	1	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	1	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	1	<div data-bbox="1133 793 1192 831">PA²</div> <div data-bbox="1133 842 1192 900">NDS</div> <div data-bbox="1203 842 1474 911">Non-Extended Day Supply</div>
<i>rufinamide 200 mg tab</i>	1	<div data-bbox="1133 930 1192 968">PA²</div>
SPRITAM	1	
<i>topiramate</i>	1	
ZONISADE	1	
<i>zonisamide</i>	1	
ZTALMY	1	<div data-bbox="1133 1230 1192 1289">QL</div> <div data-bbox="1203 1230 1390 1299">1100 ML / 30 DAYS</div> <div data-bbox="1133 1308 1192 1346">PA²</div> <div data-bbox="1133 1356 1192 1415">NDS</div> <div data-bbox="1203 1356 1474 1425">Non-Extended Day Supply</div> <div data-bbox="1133 1434 1192 1472">LA</div>
CARBAMATES		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	<div data-bbox="1133 1665 1192 1724">NDS</div> <div data-bbox="1203 1665 1474 1734">Non-Extended Day Supply</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
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 56 EA / 28 DAYS </div> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> </div>
XCOPRI (350 MG DAILY DOSE)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 56 EA / 28 DAYS </div> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> </div>
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 28 EA / 28 DAYS </div> <div style="display: flex; align-items: center;"> PA² </div> </div>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 60 EA / 30 DAYS </div> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> </div>
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> QL 30 EA / 30 DAYS </div> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> </div>
GABA MODULATORS		
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	1	
<i>vigabatrin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> <div style="display: flex; align-items: center;"> LA </div> </div>
<i>vigadrone</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> <div style="display: flex; align-items: center;"> LA </div> </div>
<i>vigpoder</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> PA² </div> <div style="display: flex; align-items: center;"> NDS Non-Extended Day Supply </div> <div style="display: flex; align-items: center;"> LA </div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYDANTOINS		
DILANTIN 30 MG CAP	1	
<i>phenytek</i>	1	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
VALPROIC ACID		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	1	QL 60 EA / 30 DAYS
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det)</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>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	1	<ul style="list-style-type: none"> QL 28 EA / 14 OVER TIME PA² NDS Non-Extended Day Supply
ZURZUVAE 30 MG CAP	1	<ul style="list-style-type: none"> QL 14 EA / 14 OVER TIME PA² NDS Non-Extended Day Supply
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
MARPLAN	1	
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</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>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap, fluoxetine hcl 90 mg cap dr)</i>	1	
<i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i>	1	
<i>fluvoxamine maleate er</i>	1	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 10 mg/5ml suspension, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	
TRINTELLIX	1	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	1	QL 30 EA / 30 DAYS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
FETZIMA	1	QL 30 EA / 30 DAYS
FETZIMA TITRATION	1	QL 28 EA / 180 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>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<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>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	1	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</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
GLYXAMBI	1	QL 30 EA / 30 DAYS
INVOKAMET	1	QL 60 EA / 30 DAYS
INVOKAMET XR	1	QL 60 EA / 30 DAYS
JANUMET	1	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	1	QL 60 EA / 30 DAYS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	1	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	1	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)	1	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	1	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)	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
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
DIABETIC OTHER		
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY 1 MG KIT	1	
<i>glucose (dextrose)</i>	OTC	
GVOKE HYOPEN 1-PACK	1	
GVOKE HYOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
KORLYM	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>mifepristone 300 mg tab</i>	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	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
TRADJENTA	1	QL 30 EA / 30 DAYS
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	1	QL 180 EA / 30 DAYS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	1	QL 4 ML / 28 DAYS PA
MOUNJARO	1	QL 2 ML / 28 DAYS PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 3 ML / 28 DAYS PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	1	QL 3 ML / 28 DAYS PA
OZEMPIC (2 MG/DOSE)	1	QL 3 ML / 28 DAYS PA
RYBELSUS	1	QL 30 EA / 30 DAYS PA
TRULICITY	1	QL 2 ML / 28 DAYS PA
VICTOZA	1	QL 9 ML / 30 DAYS PA
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	1	PA ³ INS \$35 Insulin
HUMULIN R U-500 KWIKPEN	1	INS \$35 Insulin
INSULIN ASP PROT & ASP FLEXPEN	1	INS \$35 Insulin
INSULIN ASPART	1	PA 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 ASPART FLEXPEN	1	INS \$35 Insulin
INSULIN ASPART PENFILL	1	INS \$35 Insulin
INSULIN ASPART PROT & ASPART	1	INS \$35 Insulin
LANTUS	1	INS \$35 Insulin
LANTUS SOLOSTAR	1	INS \$35 Insulin
NOVOLIN 70/30	1	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN	1	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN RELION	1	INS \$35 Insulin
NOVOLIN 70/30 RELION	1	INS \$35 Insulin
NOVOLIN N	1	INS \$35 Insulin
NOVOLIN N FLEXPEN	1	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	1	INS \$35 Insulin
NOVOLIN N RELION	1	INS \$35 Insulin
NOVOLIN R	1	INS \$35 Insulin
NOVOLIN R FLEXPEN	1	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	1	INS \$35 Insulin
NOVOLIN R RELION	1	INS \$35 Insulin
NOVOLOG	1	PA ³ INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	1	INS \$35 Insulin
NOVOLOG FLEXPEN	1	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	1	INS \$35 Insulin
NOVOLOG MIX 70/30	1	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
NOVOLOG MIX 70/30 FLEXPEN	1	INS \$35 Insulin
NOVOLOG MIX 70/30 RELION	1	INS \$35 Insulin
NOVOLOG PENFILL	1	INS \$35 Insulin
NOVOLOG RELION	1	PA ³ INS \$35 Insulin
TOUJEO MAX SOLOSTAR	1	INS \$35 Insulin
TOUJEO SOLOSTAR	1	INS \$35 Insulin
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
INVOKANA	1	QL 30 EA / 30 DAYS
JARDIANCE	1	QL 30 EA / 30 DAYS
SULFONYLUREAS		
<i>glimepiride</i>	1	
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	
<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	
<i>glipizide xl</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate (pepto-bismol)</i>	OTC	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	1	
<i>loperamide (immodium)</i>	OTC	
<i>loperamide (immodium) rx only</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	1	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	1	<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>
<i>deferasirox 90 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div>
<i>deferiprone</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div style="margin-right: 10px;">LA</div> <div>Non-Extended Day Supply</div> </div>
OPIOID ANTAGONISTS		
KLOXXADO	1	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/0.1ml liquid, naloxone hcl 4 mg/10ml solution)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN	OTC	
OPVEE	1	
RIVIVE	OTC	
VIVITROL	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIMHI	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL 60 EA / 30 DAYS PA³
<i>ondansetron</i>	1	PA³
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution)</i>	1	PA³
<i>ondansetron hcl 8 mg tab</i>	1	PA³
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate (dramamine)</i>	OTC	
<i>meclizine</i>	OTC	
<i>meclizine rx only</i>	1	
<i>scopolamine</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	QL 60 EA / 30 DAYS PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	1	QL 3 EA / 2 OVER TIME PA³
<i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc, aprepitant 80 mg cap)</i>	1	QL 6 EA / 4 OVER TIME PA³
VARUBI (180 MG DOSE)	1	QL 4 EA / 28 OVER TIME PA³

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

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>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>	1	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	1	PA
<i>voriconazole 200 mg recon soln</i>	1	PA NDS Non-Extended Day Supply
<i>voriconazole 40 mg/ml recon susp</i>	1	PA NDS Non-Extended Day Supply

ANTI-HISTAMINES

ANTI-HISTAMINES - ALKYLAMINES

<i>chlorpheniramine</i>	OTC
<i>dexbrompheniramine</i>	OTC

ANTI-HISTAMINES - ETHANOLAMINES

<i>clemastine fumarate</i>	OTC
<i>diphenhydramine (benadryl)</i>	OTC
<i>diphenhydramine</i>	OTC

ANTI-HISTAMINES - NON-SEDATING

<i>cetirizine (zyrtec)</i>	OTC
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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>cetirizine (zyrtec) rx only</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>fexofenadine (allegra)</i>	OTC	
<i>levocetirizine (xyzal)</i>	OTC	
<i>levocetirizine (xyzal) rx only</i>	1	
<i>loratadine (claritin)</i>	OTC	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i>	1*	
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, 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>	1	
ANTHYPERLIPIDEMICS		
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	1	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</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>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	1	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	
<i>gemfibrozil</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	1	

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
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	1	QL 2 ML / 28 DAYS PA
REPATHA	1	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	1	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	1	QL 6 ML / 28 DAYS PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine (perindopril erbumine 4 mg tab, perindopril erbumine 8 mg tab)</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PERINDOPRIL ERBUMINE 8 MG TAB	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	1	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	1	 Non-Extended Day Supply
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	

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>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	

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>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	1	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	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>pyrimethamine</i>	1	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 281">NDS</div> <div data-bbox="1133 296 1195 333">LA</div> Non-Extended Day Supply
<i>quinine sulfate</i>	1	<div data-bbox="1133 359 1195 396">PA</div>
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	1	<div data-bbox="1133 569 1195 606">PA</div> <div data-bbox="1133 617 1195 676">NDS</div> Non-Extended Day Supply
<i>pyridostigmine bromide (pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	1	
<i>isoniazid 300mg tab</i>	1	
<i>isoniazid 50mg/5ml syrup</i>	1	
PASER	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap, rifampin 600 mg recon soln)</i>	1	
SIRTURO	1	<div data-bbox="1133 1692 1195 1730">PA</div> <div data-bbox="1133 1740 1195 1799">NDS</div> <div data-bbox="1133 1814 1195 1852">LA</div> 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
TRECTOR	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	1	PA ³
<i>cyclophosphamide 25 mg cap</i>	1	PA ³
<i>cyclophosphamide 50 mg cap</i>	1	PA ³
GLEOSTINE	1	NDS Non-Extended Day Supply
LEUKERAN	1	
<i>temozolomide</i>	Part B Covered	
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
ONUREG	1	QL 14 ML / 28 DAYS PA ² NDS Non-Extended Day Supply
PURIXAN	1	NDS Non-Extended Day Supply LA
TABLOID	1	
XATMEP	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
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	1	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
FRUZAQLA 5 MG CAP	1	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply
INLYTA 1 MG TAB	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
INLYTA 5 MG TAB	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (10 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (12 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (14 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² 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
LENVIMA (18 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (20 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (24 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (4 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (8 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² 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
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² LA
VENCLEXTA 100 MG TAB	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA 50 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA STARTING PACK	1	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>erlotinib hcl 25 mg tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
EXKIVITY	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² 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>gefitinib</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GILOTRIF	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TAGRISSO	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VIZIMPRO	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ERIVEDGE	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ODOMZO	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² 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>abiraterone acetate 500 mg tab</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
AKEEGA	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	1	<ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	1	<ul style="list-style-type: none"> QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	1	<ul style="list-style-type: none"> QL 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	1	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS
EMCYT	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
ERLEADA 240 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ERLEADA 60 MG TAB	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>exemestane</i>	1	
FIRMAGON	1	<ul style="list-style-type: none"> PA²
FIRMAGON (240 MG DOSE)	1	<ul style="list-style-type: none"> PA²

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>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	1	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	1	QL 1 EA / 84 OVER TIME
LYSODREN	1	NDS Non-Extended Day Supply LA
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	PA²
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	PA
<i>nilutamide</i>	1	PA² NDS Non-Extended Day Supply
NUBEQA	1	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ORGOVYX	1	QL 30 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	1	QL 30 EA / 30 DAYS PA² 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
SOLTAMOX	1	NDS Non-Extended Day Supply
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1	QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	1	QL 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	1	QL 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	1	QL 120 EA / 30 DAYS
		PA ²
		NDS Non-Extended Day Supply
		LA
XTANDI 80 MG TAB	1	QL 60 EA / 30 DAYS
		PA ²
		NDS Non-Extended Day Supply
		LA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	1	QL 90 EA / 30 DAYS
		PA ²
		NDS Non-Extended Day Supply
		LA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	1	QL 21 EA / 28 DAYS
		PA ²
		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
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG TWICE WEEKLY)	1	<ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² 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
XPOVIO (80 MG TWICE WEEKLY)	1	<ul style="list-style-type: none"> QL 32 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	1	<ul style="list-style-type: none"> QL 5 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI FEMARA (400 MG DOSE)	1	<ul style="list-style-type: none"> QL 70 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA (600 MG DOSE)	1	<ul style="list-style-type: none"> QL 91 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA(200 MG DOSE)	1	<ul style="list-style-type: none"> QL 49 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
LONSURF	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² 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
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ALUNBRIG 30 MG TAB	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
AUGTYRO	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BALVERSA 5 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 100 MG CAP	1	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² 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
BOSULIF 50 MG CAP	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BRAFTOVI	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BRUKINSA	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
CABOMETYX	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CALQUENCE 100 MG CAP	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
CALQUENCE 100 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CAPRELSA 100 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² 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
COMETRIQ (100 MG DAILY DOSE)	1	<div data-bbox="1133 174 1192 210">PA²</div> <div data-bbox="1133 222 1192 258">NDS</div> Non-Extended Day Supply <div data-bbox="1133 291 1192 327">LA</div>
COMETRIQ (140 MG DAILY DOSE)	1	<div data-bbox="1133 363 1192 399">PA²</div> <div data-bbox="1133 411 1192 447">NDS</div> Non-Extended Day Supply <div data-bbox="1133 480 1192 516">LA</div>
COMETRIQ (60 MG DAILY DOSE)	1	<div data-bbox="1133 552 1192 588">PA²</div> <div data-bbox="1133 600 1192 636">NDS</div> Non-Extended Day Supply <div data-bbox="1133 669 1192 705">LA</div>
COPIKTRA	1	<div data-bbox="1133 730 1192 766">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 779 1192 814">PA²</div> <div data-bbox="1133 827 1192 863">NDS</div> Non-Extended Day Supply <div data-bbox="1133 896 1192 932">LA</div>
COTELLIC	1	<div data-bbox="1133 966 1192 1001">QL</div> 63 EA / 28 DAYS <div data-bbox="1133 1010 1192 1045">PA²</div> <div data-bbox="1133 1058 1192 1094">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1127 1192 1163">LA</div>
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	1	<div data-bbox="1133 1199 1192 1234">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1243 1192 1278">PA²</div> <div data-bbox="1133 1291 1192 1327">NDS</div> Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	1	<div data-bbox="1133 1381 1192 1417">QL</div> 150 EA / 30 DAYS <div data-bbox="1133 1425 1192 1461">PA²</div> <div data-bbox="1133 1474 1192 1509">NDS</div> Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	1	<div data-bbox="1133 1564 1192 1600">QL</div> 90 EA / 30 DAYS <div data-bbox="1133 1608 1192 1644">PA²</div> <div data-bbox="1133 1656 1192 1692">NDS</div> 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>everolimus 5 mg tab sol</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FOTIVDA	1	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
GAVRETO	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IBRANCE	1	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply LA
ICLUSIG	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IDHIFA	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>imatinib mesylate 100 mg tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² 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>imatinib mesylate 400 mg tab</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 140 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 70 MG/ML SUSPENSION	1	<ul style="list-style-type: none"> QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
INREBIC	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAKAFI	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 100 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² 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
JAYPIRCA 50 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI (200 MG DOSE)	1	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (400 MG DOSE)	1	<ul style="list-style-type: none"> QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (600 MG DOSE)	1	<ul style="list-style-type: none"> QL 63 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KOSELUGO 10 MG CAP	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KOSELUGO 25 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KRAZATI	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² 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>lapatinib ditosylate</i>	1	<div data-bbox="1133 174 1192 210">PA²</div> <div data-bbox="1133 222 1477 289">NDS Non-Extended Day Supply</div>
LORBRENA 100 MG TAB	1	<div data-bbox="1133 310 1477 346">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 359 1192 394">PA²</div> <div data-bbox="1133 407 1477 474">NDS Non-Extended Day Supply</div> <div data-bbox="1133 487 1192 522">LA</div>
LORBRENA 25 MG TAB	1	<div data-bbox="1133 548 1477 583">QL 90 EA / 30 DAYS</div> <div data-bbox="1133 596 1192 632">PA²</div> <div data-bbox="1133 644 1477 711">NDS Non-Extended Day Supply</div> <div data-bbox="1133 724 1192 760">LA</div>
LUMAKRAS 120 MG TAB	1	<div data-bbox="1133 785 1477 821">QL 240 EA / 30 DAYS</div> <div data-bbox="1133 833 1192 869">PA²</div> <div data-bbox="1133 882 1477 949">NDS Non-Extended Day Supply</div> <div data-bbox="1133 961 1192 997">LA</div>
LUMAKRAS 320 MG TAB	1	<div data-bbox="1133 1022 1477 1058">QL 90 EA / 30 DAYS</div> <div data-bbox="1133 1071 1192 1106">PA²</div> <div data-bbox="1133 1119 1477 1186">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1199 1192 1234">LA</div>
LYNPARZA	1	<div data-bbox="1133 1260 1477 1295">QL 120 EA / 30 DAYS</div> <div data-bbox="1133 1308 1192 1344">PA²</div> <div data-bbox="1133 1356 1477 1423">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1436 1192 1472">LA</div>
LYTGOBI (12 MG DAILY DOSE)	1	<div data-bbox="1133 1497 1477 1533">QL 84 EA / 28 DAYS</div> <div data-bbox="1133 1545 1192 1581">PA²</div> <div data-bbox="1133 1593 1477 1661">NDS Non-Extended Day Supply</div>
LYTGOBI (16 MG DAILY DOSE)	1	<div data-bbox="1133 1734 1477 1770">QL 112 EA / 28 DAYS</div> <div data-bbox="1133 1782 1192 1818">PA²</div> <div data-bbox="1133 1831 1477 1898">NDS Non-Extended Day Supply</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
LYTGOBI (20 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.05 MG/ML RECON SOLN	1	<ul style="list-style-type: none"> QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.5 MG TAB	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 2 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKTOVI	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NERLYNX	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NINLARO	1	<ul style="list-style-type: none"> QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
OGSIVEO 50 MG TAB	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² 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
OJJAARA	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>pazopanib hcl</i>	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
PEMAZYRE	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
PIQRAY (200 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (300 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
QINLOCK	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG CAP	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² 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
RETEVMO 80 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZLIDHIA	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 100 MG CAP	1	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 200 MG CAP	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 50 MG PACKET	1	<ul style="list-style-type: none"> QL 336 EA / 28 DAYS PA² NDS Non-Extended Day Supply
RUBRACA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RYDAPT	1	<ul style="list-style-type: none"> QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² 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
SCEMBLIX 40 MG TAB	1	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>sorafenib tosylate</i>	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL 20 MG TAB	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
STIVARGA	1	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
<i>sunitinib malate</i>	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
TABRECTA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	1	<ul style="list-style-type: none"> QL 840 ML / 28 DAYS PA² 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
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TALZENNA 0.25 MG CAP	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TASIGNA	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
TAZVERIK	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TEPMETKO	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TIBSOVO	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TRUQAP	1	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA² 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
TURALIO 125 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VANFLYTA 17.7 MG TAB	1	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VANFLYTA 26.5 MG TAB	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VERZENIO	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 100 MG CAP	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 20 MG/ML SOLUTION	1	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 25 MG CAP	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² 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
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 150 MG CAP SPRINK	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 200 MG CAP	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 250 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XOSPATA	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
ZEJULA 100 MG CAP	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZELBORAF	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² 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
ZOLINZA	1	PA ² NDS Non-Extended Day Supply
ZYDELIG	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ZYKADIA	1	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	1	PA ² NDS Non-Extended Day Supply LA
BESREMI	1	QL 2 ML / 28 DAYS PA ² NDS Non-Extended Day Supply LA
<i>bexarotene 75 mg cap</i>	1	PA ² NDS Non-Extended Day Supply
<i>hydroxyurea</i>	1	
MATULANE	1	NDS Non-Extended Day Supply LA
SYNRIBO	1	PA ² 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>tretinoin 10 mg cap</i>	1	 Non-Extended Day Supply
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	1	 240 EA / 30 DAYS   Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	1	 Non-Extended Day Supply
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	1	
NOURIANZ	1	 30 EA / 30 DAYS   Non-Extended Day Supply 
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</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
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tolcapone

1



Non-Extended Day Supply

ANTIPARKINSON DOPAMINERGICS

amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)

1

bromocriptine mesylate

1

CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)

1

carbidopa-levodopa er

1

carbidopa-levodopa-entacapone 12.5-50-200 mg tab

1

carbidopa-levodopa-entacapone 18.75-75-200 mg tab

1

carbidopa-levodopa-entacapone 25-100-200 mg tab

1

carbidopa-levodopa-entacapone 31.25-125-200 mg tab

1

carbidopa-levodopa-entacapone 37.5-150-200 mg tab

1

carbidopa-levodopa-entacapone 50-200-200 mg tab

1

pramipexole dihydrochloride

1

ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)

1

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	
RYTARY	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab)</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	1	QL 30 EA / 30 DAYS PA²
<i>lurasidone hcl</i>	1	
NUPLAZID	1	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	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
VRAYLAR 1.5 & 3 MG CAP THPK	1	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	QL 60 ML / 30 DAYS
BENZISOXAZOLES		
FANAPT	1	QL 60 EA / 30 DAYS PA ²
FANAPT TITRATION PACK	1	QL 8 EA / 180 OVER TIME PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	QL 1 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	QL 1.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	QL 0.25 ML / 28 DAYS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	QL 0.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	QL 0.88 ML / 90 OVER TIME NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	<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>	1	<p>QL 30 EA / 30 DAYS</p>
<i>paliperidone er 6 mg tab er 24h</i>	1	<p>QL 60 EA / 30 DAYS</p>
PERSERIS	1	<p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	1	<p>QL 2 EA / 28 DAYS</p>
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	1	<p>QL 2 EA / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
UZEDY 100 MG/0.28ML SUSP PRSYR	1	<p>QL 0.28 ML / 30 DAYS</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
UZEDY 125 MG/0.35ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">0.35 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
UZEDY 150 MG/0.42ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>0.42 ML / 60 OVER TIME</div> </div>
UZEDY 200 MG/0.56ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>0.56 ML / 60 OVER TIME</div> </div>
UZEDY 250 MG/0.7ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>0.7 ML / 60 OVER TIME</div> </div>
UZEDY 50 MG/0.14ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">0.14 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
UZEDY 75 MG/0.21ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">0.21 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
DIBENZAPINES		
<i>asenapine maleate</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>60 EA / 30 DAYS</div> </div>
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	1	
CLOZAPINE 12.5 MG TAB DISP	1	
<i>loxapine succinate</i>	1	
<i>olanzapine</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>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">PA²</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
VERSACLOZ	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZYPREXA RELPREVV 210 MG RECON SUSP	1	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>2 EA / 28 DAYS</div> </div>
DIHYDROINDOLONES		
MOLINDONE HCL	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<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>	1	
<i>perphenazine</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>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	QL 2.4 ML / 56 OVER TIME
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	QL 3.2 ML / 56 OVER TIME
ABILIFY MAINTENA	1	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
<i>aripiprazole (aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	1	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
ARISTADA 1064 MG/3.9ML PRSYR	1	QL 3.9 ML / 56 OVER TIME NDS Non-Extended Day Supply
ARISTADA 441 MG/1.6ML PRSYR	1	QL 1.6 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA 662 MG/2.4ML PRSYR	1	QL 2.4 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA 882 MG/3.2ML PRSYR	1	QL 3.2 ML / 28 DAYS NDS Non-Extended Day Supply









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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARISTADA INITIO	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 4.8 ML / 365 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
REXULTI	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>hydrogen peroxide</i>	OTC	
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate</i>	OTC	
IODINE ANTISEPTICS		
<i>povidone-iodine (betadine)</i>	OTC	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	NDS Non-Extended Day Supply
APRETUDE	1	NDS Non-Extended Day Supply
APTIVUS 250 MG CAP	1	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	1	
BIKTARVY	1	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
CABENUVA	1	NDS Non-Extended Day Supply
CIMDUO	1	NDS Non-Extended Day Supply
COMPLERA	1	
<i>darunavir</i>	1	NDS Non-Extended Day Supply
DELSTRIGO	1	NDS Non-Extended Day Supply
DESCOVY	1	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	1	NDS Non-Extended Day Supply
EDURANT	1	NDS Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	NDS Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	1	NDS Non-Extended Day Supply
<i>emtricitabine</i>	1	
<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>	1	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	1	
<i>etravirine</i>	1	NDS Non-Extended Day Supply
EVOTAZ	1	NDS Non-Extended Day Supply
















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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fosamprenavir calcium</i>	1	 Non-Extended Day Supply
FUZEON	1	 Non-Extended Day Supply
GENVOYA	1	 Non-Extended Day Supply
INTELENCE 25 MG TAB	1	
INVIRASE	1	 Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	1	 Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	1	
ISENTRESS HD	1	 Non-Extended Day Supply
JULUCA	1	 Non-Extended Day Supply
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	1	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab, lopinavir-ritonavir 400-100 mg/5ml solution)</i>	1	
<i>maraviroc</i>	1	 Non-Extended Day Supply
<i>nevirapine (nevirapine 50 mg/5ml suspension, nevirapine 200 mg tab)</i>	1	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NORVIR 100 MG PACKET	1	
ODEFSEY	1	 Non-Extended Day Supply
PIFELTRO	1	 Non-Extended Day Supply
PREZCOBIX	1	 Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	1	
PREZISTA 100 MG/ML SUSPENSION	1	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	1	 Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	1	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	1	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	1	
STRIBILD	1	 Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	1	 Non-Extended Day Supply
SYMTUZA	1	
TEMIXYS	1	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	1	 Non-Extended Day Supply
TIVICAY 10 MG TAB	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TIVICAY PD	1	 Non-Extended Day Supply
TRIUMEQ	1	 Non-Extended Day Supply
TRIUMEQ PD	1	 Non-Extended Day Supply
TRIZIVIR	1	 Non-Extended Day Supply
TROGARZO	1	 Non-Extended Day Supply 
VIRACEPT	1	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	1	 20 EA / 5 OVER TIME  \$0 Copay
PAXLOVID (300/100)	1	 30 EA / 5 OVER TIME  \$0 Copay
CMV AGENTS		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	1	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	 Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	NDS Non-Extended Day Supply
<i>entecavir</i>	1	QL 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	1	
LEDIPASVIR-SOFOSBUVIR	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 100-40 MG TAB	1	QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	1	QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply
PEGASYS	1	PA NDS Non-Extended Day Supply
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	1	NDS Non-Extended Day Supply
VOSEVI	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir sodium</i>	1	PA ³
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	1	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL 540 ML / 180 OVER TIME
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	1	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	1	
MISC. ANTIVIRALS		
LAGEVRIO	1	QL 40 EA / 5 OVER TIME
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	
<i>verapamil hcl er (verapamil hcl er 100 mg cap er 24h, 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 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h)</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i>	1	
ENTRESTO	1	QL 60 EA / 30 DAYS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>bosentan</i>	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OPSUMIT	1	PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sildenafil citrate 20 mg tab</i>	1	PA
<i>tadalafil (pah)</i>	1	PA NDS Non-Extended Day Supply
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	1	PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	1	PA NDS Non-Extended Day Supply LA
SINUS NODE INHIBITORS		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	1	QL 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	1	QL 450 ML / 30 DAYS
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	1	QL 30 EA / 30 DAYS PA LA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	1	QL 30 EA / 30 DAYS


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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM 100 GM RECON SOLN	1	
CEFAZOLIN SODIUM 2 GM RECON SOLN	1	
CEFAZOLIN SODIUM 300 GM RECON SOLN	1	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	1	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
CEFOTAN	1	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	1	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	1	
<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>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME AND DEXTROSE	1	
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)	1	
CEFTRIAXONE SODIUM IN DEXTROSE	1	

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	QL 1 EA / 365 OVER TIME
<i>eluryng</i>	1	
<i>enilloring</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>haloette</i>	1	
EMERGENCY CONTRACEPTIVES		
<i>levonorgestrel (plan b)</i>	OTC	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	1	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	OTC	
<i>sharobel</i>	1	
SLYND	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>tulana</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i>	1	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	<div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA³</div>
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	<div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA³</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>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	1	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	PA ³
PREDNISONE (PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG TAB, PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)	1	PA ³
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISONE INTENSOL	1	PA ³
SOLU-CORTEF	1	
SOLU-MEDROL (PF)	1	
SOLU-MEDROL 1000 MG RECON SOLN	1	
SOLU-MEDROL 2 GM RECON SOLN	1	
SOLU-MEDROL 500 MG RECON SOLN	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</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
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1*	
<i>dextromethorphan (robatussin)</i>	OTC	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	OTC	
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	OTC	
<i>chlorpheniramine / phenylephrine / aspirin</i>	OTC	
<i>dextromethorphan / acetaminophen / chlorpheniramine</i>	OTC	
<i>dextromethorphan / phenylephrine / acetaminophen</i>	OTC	
<i>diphenhydramine / phenylephrine / acetaminophen</i>	OTC	
<i>doxylamine / dextromethorphan</i>	OTC	
<i>ephedrine / guaifenesin</i>	OTC	
<i>g tussin ac</i>	OTC	
<i>guaiaatussin ac</i>	OTC	
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	OTC	
<i>guaifenesin / dextromethorphan / phenylephrine</i>	OTC	
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	OTC	
<i>guaifenesin ac</i>	OTC	
<i>guaifenesin-codeine</i>	OTC	
<i>loratadine / pseudoephedrine (claritin – d)</i>	OTC	

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>maxi-tuss ac</i>	OTC	
<i>phenylephrine / acetaminophen</i>	OTC	
<i>phenylephrine / bropheniramine / dextromethorphan</i>	OTC	
<i>phenylephrine / chlorpheniramine / dextromethorphan</i>	OTC	
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	OTC	
<i>phenylephrine / dextromethorphan</i>	OTC	
<i>phenylephrine / dextromethorphan / guaifenesin / acetaminophen</i>	OTC	
<i>phenylephrine / doxylamine / dextromethorphan / acetaminophen</i>	OTC	
<i>phenylephrine / guaifenesin</i>	OTC	
<i>pseudoephedrine / acetaminophen</i>	OTC	
<i>pseudoephedrine / dexchlorpheniramine / chlophedianol</i>	OTC	
<i>pseudoephedrine / guaifenesin</i>	OTC	
<i>pseudoephedrine / ibuprofen</i>	OTC	
<i>virtussin a/c</i>	OTC	
<i>virtussin ac w/alc</i>	OTC	
EXPECTORANTS		
<i>guaifenesin (mucinex)</i>	OTC	
MISC. RESPIRATORY INHALANTS		
<i>camphor</i>	OTC	
<i>camphor / eucalyptus / menthol</i>	OTC	
<i>sodium chloride nasal spray</i>	OTC	

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
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	PA ³
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane</i>	1	
<i>amnestem</i>	1	
<i>avita 0.025 % cream</i>	1	QL 45 GM / 30 DAYS PA
<i>benzoyl peroxide</i>	OTC	
<i>claravis</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	1	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	1	QL 75 GM / 30 DAYS
ERY	1	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	1	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.05 % gel, tretinoin 0.1 % cream)</i>	1	QL 45 GM / 30 DAYS PA
<i>zenatane</i>	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>aleve arthritis pain</i>	OTC	
<i>arthritis pain reliever 1 % gel</i>	OTC	
<i>aspercreme arthritis pain</i>	OTC	

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>cvs diclofenac sodium</i>	OTC	
<i>diclofenac 1% gel</i>	OTC	
<i>diclofenac 1% gel rx only</i>	1	QL 1000 GM / 30 DAYS
<i>diclofenac sodium 1 % gel</i>	OTC	
<i>eq arthritis pain 1 % gel</i>	OTC	
<i>eq arthritis pain reliever</i>	OTC	
<i>ft arthritis pain</i>	OTC	
<i>gnp arthritis pain</i>	OTC	
<i>gnp diclofenac sodium</i>	OTC	
<i>goodsense arthritis pain 1 % gel</i>	OTC	
<i>kls arthritis pain relief</i>	OTC	
<i>kls diclofenac sodium</i>	OTC	
<i>motrin arthritis pain</i>	OTC	
<i>pharmacist choice diclofenac</i>	OTC	
<i>qc diclofenac sodium</i>	OTC	
<i>sm arthiritis pain</i>	OTC	
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	OTC	
<i>bacitracin / polymyxin b (polysporin)</i>	OTC	
<i>bacitracin zinc</i>	OTC	
<i>gentamicin sulfate 0.1 % cream</i>	1	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	1	QL 220 GM / 30 DAYS
<i>neomycin / bacitracin / polymixin (neosporin)</i>	OTC	
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	OTC	

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
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77 % gel</i>	1	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	1	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	1	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	1	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	OTC	
<i>clotrimazole cream (lotrimin) rx only</i>	1	QL 45 GM / 30 DAYS
<i>clotrimazole solution (lotrimin) rx only</i>	1	QL 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	1	QL 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	1	QL 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	1	QL 240 ML / 30 DAYS
<i>klayesta</i>	1	QL 60 GM / 30 DAYS
<i>miconazole (micatin)</i>	OTC	
<i>nyamyc</i>	1	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	1	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	1	QL 60 GM / 30 DAYS
<i>nystatin-triamcinolone</i>	1	QL 60 GM / 30 DAYS
<i>nystop</i>	1	QL 60 GM / 30 DAYS
<i>terbinafine (lamisil)</i>	OTC	
<i>tolnaftate (tinactin)</i>	OTC	

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
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine</i>	OTC	
<i>diphenhydramine / zinc</i>	OTC	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	QL 60 GM / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	1	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS PA ² NDS Non-Extended Day Supply
PANRETIN	1	QL 240 GM / 30 DAYS PA ² NDS Non-Extended Day Supply LA
VALCHLOR	1	QL 240 GM / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ANTIPRURITICS - TOPICAL		
<i>anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>cvs anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>gnp anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>men-phor</i>	OTC	

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
ANTIPSORIATICS		
<i>acitretin</i>	1	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	1	QL 120 GM / 30 DAYS
<i>calcipotriene 0.005 % solution</i>	1	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	1	
METHOXSALLEN RAPID	1	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	1	QL 2 ML / 28 DAYS
		PA
		NDS Non-Extended Day Supply
SKYRIZI PEN	1	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)	1	QL 0.5 ML / 28 DAYS
		PA
		NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	1	QL 1 ML / 28 DAYS
		PA
		NDS Non-Extended Day Supply
TALTZ	1	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>	1	QL 60 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
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	1	QL 30 GM / 30 DAYS
<i>penciclovir</i>	1	QL 5 GM / 7 OVER TIME
BATH PRODUCTS		
<i>bath oil</i>	OTC	
<i>body wash</i>	OTC	
<i>emollient</i>	OTC	
MOISTURIZING CREAM (VANICREAM)	OTC	
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	1	QL 453.6 GM / 30 DAYS
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	QL 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS

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>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>clobetasol prop emollient base</i>	1	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	1	QL 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	1	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	1	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	1	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	1	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	1	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	1	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	1	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	1	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	1	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	1	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	OTC	

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 cream</i>	1	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	1	QL 454 GM / 30 DAYS
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	OTC	
ECZEMA AGENTS		
ADBRY	1	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)	1	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)	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1.34 ML / 28 DAYS</div> <div>PA</div> <div>NDS Non-Extended Day Supply</div> </div>
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 10% and 20% (carmol)</i>	OTC	
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	OTC	
<i>ammonium lactate (amlactin) rx only</i>	1	
<i>glycerin</i>	OTC	
<i>mineral oil / petrolatum</i>	OTC	
<i>vitamin a</i>	OTC	
<i>vitamin a / vitamin d</i>	OTC	
ENZYMES - TOPICAL		
SANTYL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-right: 5px;">QL</div> 180 GM / 30 OVER TIME </div>
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-right: 5px;">QL</div> 24 EA / 30 DAYS </div>
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-right: 5px;">QL</div> 100 GM / 30 DAYS </div>
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-right: 5px;">QL</div> 100 GM / 30 DAYS </div>
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-right: 5px;">QL</div> 7 ML / 30 DAYS </div>
<i>salicylic acid</i>	OTC	






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
LINIMENTS		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	OTC	
<i>methyl salicylate / menthol</i>	OTC	
<i>trolamine salicylate (myoflex)</i>	OTC	
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin (zostrix)</i>	OTC	
<i>capsaicin / menthol (salonpas)</i>	OTC	
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine ointment rx only</i>	1	QL 107 EA / 30 DAYS
<i>lidocaine patches</i>	OTC	
<i>lidocaine patches rx only</i>	1	QL 90 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS
<i>pramoxine / calamine</i>	OTC	
MISC. TOPICAL		
<i>calamine</i>	OTC	
<i>calamine / zinc oxide</i>	OTC	
<i>dimethicone</i>	OTC	
DIMETHICONE CREAM	OTC	
<i>eyelid cleansers</i>	OTC	

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>lanolin / petrolatum</i>	OTC	
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	OTC	
<i>menthol / zinc oxide</i>	OTC	
<i>mineral oil</i>	OTC	
SKIN OIL (JOHNSONS BABY OIL)	OTC	
<i>skin oils</i>	OTC	
<i>sodium chloride</i>	OTC	
<i>witch hazel</i>	OTC	
<i>zinc oxide (desitin)</i>	OTC	
ROSACEA AGENTS		
<i>azelaic acid</i>	1	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	1	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	1	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	1	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	1	
<i>malathion</i>	1	
<i>permethrin (nix)</i>	OTC	
<i>permethrin (nix) rx only</i>	1	
<i>piperonyl / pyrethrins (rid)</i>	OTC	
TAR PRODUCTS		
<i>coal tar</i>	OTC	

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
WOUND CARE PRODUCTS		
REGRANEX	1	 Non-Extended Day Supply
<i>wound care supplies</i>	OTC	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
<i>covid-19 test kit</i>	OTC	 8 EA / 30 DAYS
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
I-methylfolate	OTC	
I-methylfolate combinations	OTC	
NUTRITIONAL SUPPLEMENTS		
<i>nutritional supplements</i>	OTC	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	1	
<i>lactase (lactaid)</i>	OTC	
SUCRAID	1	  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
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE- HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	
<i>indapamide</i>	1	
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS
<i>risedronate sodium</i>	1	
<i>teriparatide</i>	1	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	1	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
XGEVA	1	QL 1.7 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cinacalcet hcl</i>	1	PA
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	1	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	1	PA NDS Non-Extended Day Supply LA
<i>nitisinone</i>	1	PA NDS Non-Extended Day Supply
OPFOLDA	1	QL 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	1	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	1	PA NDS Non-Extended Day Supply LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA NDS Non-Extended Day Supply
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	1	QL 30 EA / 30 DAYS PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</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>desmopressin acetate spray</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	1	<div data-bbox="1133 527 1195 562">PA</div>
SIGNIFOR	1	<div data-bbox="1133 684 1195 720">QL</div> 60 ML / 30 DAYS <div data-bbox="1133 737 1195 772">PA</div> <div data-bbox="1133 789 1195 825">NDS</div> Non-Extended Day Supply <div data-bbox="1133 842 1195 877">LA</div>
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>norethindrone-eth estradiol</i>	1	
ESTROGENS		
<i>dotti</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>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, estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	
<i>estradiol valerate</i>	1	
<i>lyllana</i>	1	
MENEST	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	
<i>levofloxacin in d5w</i>	1	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	1	
MOXIFLOXACIN HCL IN NAACL	1	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	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
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone (mylicon)</i>	OTC	
GALLSTONE SOLUBILIZING AGENTS		
RELTONE	1	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	1	
DIPENTUM	1	NDS Non-Extended Day Supply
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 1000 mg suppos)</i>	1	
MESALAMINE 800 MG TAB DR	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
SKYRIZI 180 MG/1.2ML SOLN CART	1	QL 1.2 ML / 56 OVER TIME 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
SKYRIZI 360 MG/2.4ML SOLN CART	1	<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: #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> 2.4 ML / 56 OVER TIME Non-Extended Day Supply
<i>sulfasalazine</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	<div style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply
LINZESS	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 EA / 30 DAYS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	1	<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 style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> 18 ML / 30 DAYS Non-Extended Day Supply
RELISTOR 8 MG/0.4ML SOLUTION	1	<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 style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> 12 ML / 30 DAYS Non-Extended Day Supply
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>lanthanum carbonate</i>	1	<div style="background-color: #c9583d; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply
<i>sevelamer carbonate</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
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	1	
ALKALINIZERS		
<i>potassium citrate</i>	OTC	
<i>potassium citrate / sodium citrate (cytra-3)</i>	OTC	
<i>potassium citrate er</i>	1	
<i>sodium citrate</i>	OTC	
CYSTINOSIS AGENTS		
CYSTAGON	1	<ul style="list-style-type: none"> PA LA
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	1	
<i>sodium chloride 0.9 % solution</i>	1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</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>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	OTC	
URINARY STONE AGENTS		
LITHOSTAT	1	
<i>tiopronin 100 mg tab</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> Non-Extended Day Supply
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>sajazir</i>	1	<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>
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COMPLEMENT INHIBITORS

CINRYZE	1	<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>
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HAEGARDA	1	<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>
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RUCONEST	1	<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>
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HEMATORHEOLOGIC AGENTS

<i>pentoxifylline er</i>	1	
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PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	1	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	1	
<i>prasugrel hcl</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
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>miglustat</i>	1	PA NDS Non-Extended Day Supply LA
<i>yargesa</i>	1	PA NDS Non-Extended Day Supply LA
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	1	
ENDARI	1	QL 180 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
COBALAMINS		
<i>cyanocobalmin (vitamin b12)</i>	OTC	
FOLIC ACID/FOLATES		
<i>folic acid</i>	OTC	
HEMATOPOIETIC GROWTH FACTORS		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	1	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
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	1	PA
RETACRIT 40000 UNIT/ML SOLUTION	1	PA NDS Non-Extended Day Supply
UDENYCA	1	NDS Non-Extended Day Supply
ZARXIO	1	NDS Non-Extended Day Supply
ZIEXTENZO	1	NDS Non-Extended Day Supply
HEMATOPOIETIC MIXTURES		
<i>chewable iron</i>	OTC	
<i>cyanocobalmin (vitamin b12) / folic acid</i>	OTC	
<i>ferraplus 90</i>	OTC	
FERREX	OTC	
<i>ferrex 150 forte</i>	OTC	
<i>ferrex 150 forte plus</i>	OTC	
<i>ferrex 150 plus</i>	OTC	

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>ferrex 28</i>	OTC	
<i>ferrous fumarate / folic acid</i>	OTC	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	OTC	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	OTC	
<i>ferrous fumarate polysaccharide complex</i>	OTC	
FERROUS SULFATE	OTC	
<i>ferrous sulfate combination</i>	OTC	
<i>folic acid / vitamin b6 / vitamin b12</i>	OTC	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	OTC	
<i>folic acid / vitamin d</i>	OTC	
<i>hemetab</i>	OTC	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	OTC	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	OTC	
<i>iron combinations</i>	OTC	
<i>iron polysaccharide complex</i>	OTC	
<i>multigen</i>	OTC	
<i>multigen folic</i>	OTC	
<i>multigen plus</i>	OTC	
MULTIGEN TABLET	OTC	
<i>taron forte</i>	OTC	
<i>vitamin c / iron (vitron-c)</i>	OTC	
IRON		
<i>carbonyl iron</i>	OTC	
<i>ferrous fumarate</i>	OTC	

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>ferrous gluconate</i>	OTC	
<i>ferrous sulfate</i>	OTC	
<i>polysaccharide iron complex</i>	OTC	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone</i>	1	QL 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA ²
<i>zaleplon 10 mg cap</i>	1	QL 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	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
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	1	QL 30 EA / 30 DAYS
DAYVIGO	1	QL 30 EA / 30 DAYS
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>ramelteon</i>	1	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
LAXATIVES		
BULK LAXATIVES		
<i>benefiber on the go powder</i>	OTC	
<i>calcium polycarbophil (fiber laxative)</i>	OTC	
<i>cellulose (unifiber)</i>	OTC	
<i>clear soluble fiber</i>	OTC	
<i>eq fiber powder</i>	OTC	
<i>eq fiber supplement</i>	OTC	
<i>eq fiber supplement (wheat)</i>	OTC	
<i>gnp best fiber</i>	OTC	
<i>goodsense best fiber</i>	OTC	
<i>methylcellulose (citrucel)</i>	OTC	
<i>psyllium (metamucil)</i>	OTC	

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
LAXATIVE COMBINATIONS		
GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>senna / docusate sodium (peri-colace)</i>	OTC	
SUFLAVE	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>glycerin suppository</i>	OTC	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	
<i>polyethylene glycol 3350 (miralax)</i>	OTC	
<i>sorbitol solution</i>	OTC	
SALINE LAXATIVES		
<i>enema</i>	OTC	
<i>magnesium citrate solution (citroma)</i>	OTC	
<i>magnesium hydroxide (phillips' milk of magnesia)</i>	OTC	
STIMULANT LAXATIVES		
<i>bisacodyl (dulcolax)</i>	OTC	

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>sennosides</i>	OTC	
SURFACTANT LAXATIVES		
<i>docusate calcium (surfak)</i>	OTC	
<i>docusate sodium (colace)</i>	OTC	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
<i>ery-tab</i>	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	1	
<i>erythromycin base</i>	1	
ERYTHROMYCIN BASE 250 MG CP DR PART	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>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	1	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	1	QL 136 ML / 10 OVER TIME
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
<i>hearing aid batteries</i>	OTC	
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	1	
<i>gauze pads and dressings</i>	1	
CONTRACEPTIVES		
<i>female condoms</i>	OTC	
<i>male condoms</i>	OTC	
DIABETIC SUPPLIES		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	QL 1 EA / 274 OVER TIME PA

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD 5 G6 INTRO (GEN 5)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>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>
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>catheter</i>	OTC	
<i>incontinence supplies</i>	OTC	
INFANT CARE PRODUCTS		
<i>diapers</i>	OTC	
MISC. DEVICES		
<i>alcohol swabs</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
ALCOHOL SWABS 1X1	1	
OPTICAL AND OPHTHALMIC SUPPLIES		
<i>optical supplies</i>	OTC	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	
INSULIN SYRINGE (DISP) U-100 1 ML	1	
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	
MONOJECT SYRINGES	1*	
<i>needles and syringes</i>	1	
<i>needles and syringes</i>	OTC	
<i>needles and syringes rx only</i>	OTC	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	1*	
AEROCHAMBER MINI CHAMBER	1*	
AEROCHAMBER MV	1*	
AEROCHAMBER PLS FLOVU MTHPIECE	1*	
AEROCHAMBER PLUS FLO-VU	1*	
AEROCHAMBER PLUS FLO-VU INTERM	1*	
AEROCHAMBER PLUS FLO-VU LARGE	1*	
AEROCHAMBER PLUS FLO-VU MEDIUM	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
AEROCHAMBER PLUS FLO-VU SMALL	1*	
AEROCHAMBER PLUS FLO-VU W/MASK	1*	
AEROCHAMBER PLUS FLOW VU	1*	
AEROCHAMBER W/FLOWSIGNAL	1*	
AEROCHAMBER Z-STAT PLUS	1*	
AEROCHAMBER Z-STAT PLUS CHAMBR	1*	
AEROCHAMBER Z-STAT PLUS/LARGE	1*	
AEROCHAMBER Z-STAT PLUS/MEDIUM	1*	
AEROCHAMBER Z-STAT PLUS/SMALL	1*	
AEROVENT PLUS	1*	
AIRIAL CHAMBER	OTC	
AIRZONE PEAK FLOW METER	OTC	
ASSESS FULL RANGE PEAK METER	OTC	
ASSESS LOW RANGE PEAK METER	OTC	
ASSESS PEAK FLOW METER	OTC	
ASTHMA CHECK METER-ZONE SYSTEM	OTC	
ASTHMAMENTOR	OTC	
BREATHE COMFORT CHAMBER/ADULT	OTC	
BREATHE COMFORT CHAMBER/CHILD	OTC	

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
BREATHE EASE LARGE	1*	
BREATHE EASE MEDIUM	1*	
BREATHE EASE PEAK FLOW METER	OTC	
BREATHE EASE SMALL	1*	
BREATHERITE	1*	
BREATHERITE COLL SPACER ADULT	1*	
BREATHERITE COLL SPACER CHILD	1*	
BREATHERITE COLL SPACER INFANT	1*	
BREATHERITE RIGID SPACER/MASK	1*	
BREATHERITE SPACER NEONATE	1*	
BREATHERITE SPACER SMALL CHILD	1*	
BREATHERITE VALVED MDI CHAMBER	1*	
BREATHERITE/LARGE MASK	1*	
BREATHERITE/MEDIUM MASK	1*	
BREATHERITE/SMALL MASK	1*	
CLEVER CHOICE HOLDING CHAMBER	1*	
CLEVER CHOICE PEAK FLOW METER	OTC	
COMPACT SPACE CHAMBER	1*	
COMPACT SPACE CHAMBER/LG MASK	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
COMPACT SPACE CHAMBER/MED MASK	1*	
COMPACT SPACE CHAMBER/SM MASK	1*	
EASIVENT	1*	
EASIVENT MASK LARGE	1*	
EASIVENT MASK MEDIUM	1*	
EASIVENT MASK SMALL	1*	
EQ SPACE CHAMBER ANTI-STATIC	1*	
EQ SPACE CHAMBER ANTI-STATIC L	1*	
EQ SPACE CHAMBER ANTI-STATIC M	1*	
EQ SPACE CHAMBER ANTI-STATIC S	1*	
FLEXICHAMBER	1*	
INSPIRACHAMBER/LARGE	1*	
INSPIRACHAMBER/MEDIUM	1*	
INSPIRACHAMBER/MOUTHPIECE	1*	
INSPIRACHAMBER/SMALL	1*	
INSPIREASE	1*	
LITEAIRE	1*	
LUNG PERFORM PEAK FLOW METER	OTC	
MICROCHAMBER	1*	
MICROLIFE DIGITAL PEAK FLOW	OTC	
MICROSPACER	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
MINI WRIGHT PEAK FLOW METER	OTC	
OPTICHAMBER ADVANTAGE-LG MASK	1*	
OPTICHAMBER ADVANTAGE-MED MASK	1*	
OPTICHAMBER ADVANTAGE-SM MASK	1*	
OPTICHAMBER DIAMOND	1*	
OPTICHAMBER DIAMOND-LG MASK	1*	
OPTICHAMBER DIAMOND-MD MASK	1*	
OPTICHAMBER DIAMOND-SM MASK	1*	
OPTICHAMBER FACE MASK-LARGE	OTC	
OPTICHAMBER FACE MASK-MEDIUM	OTC	
OPTICHAMBER FACE MASK-SMALL	OTC	
OPTIHALER	1*	
PEAK A-I-R FLOW METER	OTC	
PEAK AIR PEAK FLOW METER	OTC	
PEAK FLOW METER UNIVERSAL RANG	OTC	
PERSONAL BEST FULL RANGE	OTC	
PERSONAL BEST LOW RANGE	OTC	
PIKO 1	OTC	
POCKET CHAMBER	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
POCKET PEAK FLOW METER	OTC	
POCKET SPACER	1*	
POCKETPEAK PEAK FLOW METER	OTC	
PRIMEAIRE HOLDING CHAMBER	1*	
PRO COMFORT SPACER ADULT	OTC	
PRO COMFORT SPACER CHILD	OTC	
PRO COMFORT SPACER INFANT	OTC	
PROCARE SPACER/ADULT MASK	OTC	
PROCARE SPACER/CHILD MASK	OTC	
PROCHAMBER VHC	1*	
PURE COMFORT FLOW METER ADULT	OTC	
PURE COMFORT FLOW METER CHILD	OTC	
PURE COMFORT SPACER CHAMBER	OTC	
<i>respiratory therapy supplies</i>	OTC	
RITEFLO	1*	
STRIVE DUAL ZONE PEAK FLOW MTR	1*	
TRUZONE PEAK FLOW METER	1*	
VORTEX HOLD CHMBR/MASK/CHILD	1*	
VORTEX HOLD CHMBR/MASK/TODDLER	1*	
VORTEX HOLDING CHAMBER/MASK	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
VORTEX VALVED HOLDING CHAMBER	1*	
WATCHHALER	1*	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
AJOVY	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.5 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
EMGALITY	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
EMGALITY (300 MG DOSE)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
NURTEC	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	1	
<i>sumatriptan-naproxen sodium</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 OVER TIME</div> </div>
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
SEROTONIN AGONISTS		
<i>eletriptan hydrobromide</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 OVER TIME</div> </div>
<i>naratriptan hcl</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 OVER TIME</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	1	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	1	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>	1	QL 18 EA / 30 OVER TIME

MINERALS ELECTROLYTES

CALCIUM

<i>calcium / magnesium / vitamin d</i>	OTC
<i>calcium / magnesium / zinc</i>	OTC
<i>calcium / phosphorus / vitamin d</i>	OTC
<i>calcium / vitamin c / vitamin d</i>	OTC
<i>calcium / vitamin d / vitamin k</i>	OTC
<i>calcium carbonate</i>	OTC
<i>calcium carbonate / folic acid / vitamin d</i>	OTC
<i>calcium carbonate / vitamin d</i>	OTC
<i>calcium carbonate / vitamin d / minerals</i>	OTC
<i>calcium citrate</i>	OTC
<i>calcium citrate / vitamin d</i>	OTC

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>calcium gluconate 10 % solution</i>	1	
ELECTROLYTE MIXTURES		
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	1	PA ³
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	1	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	1	
<i>electrolyte solution</i>	OTC	
KCL (0.149%) IN NAACL	1	
KCL (0.298%) IN NAACL	1	
<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>	1	
KCL-LACTATED RINGERS-D5W	1	
LACTATED RINGERS	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.45 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.9 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 40-0.9 meq/l-% solution</i>	1	
<i>ringers</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
FLUORIDE		
<i>sodium fluoride</i>	OTC	
<i>sodium fluoride 2.2 mg</i>	OTC	
MAGNESIUM		
<i>magnesium</i>	OTC	
<i>magnesium chloride</i>	OTC	
<i>magnesium gluconate</i>	OTC	
<i>magnesium sulfate 50 % solution</i>	1	
PHOSPHATE		
K-PHOS	1	
<i>phosphorus supplement</i>	OTC	
<i>potassium / sodium phosphate</i>	OTC	
POTASSIUM		
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	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>potassium chloride 2 meq/ml solution</i>	1	
<i>potassium chloride 20 meq packet</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
<i>potassium gluconate</i>	OTC	
SODIUM		
<i>sodium chloride rx only</i>	1	
TRACE MINERALS		
<i>chromium</i>	OTC	
<i>selenium</i>	OTC	
ZINC		
<i>zinc</i>	OTC	
<i>zinc gluconate</i>	OTC	
<i>zinc sulfate</i>	OTC	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250 mg tab</i>	1	<div style="display: flex; align-items: center; gap: 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>Non-Extended Day Supply</div> </div>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trientine hcl 250 mg cap</i>	1	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1479 289">NDS Non-Extended Day Supply</div>
IMMUNOMODULATORS		
<i>lenalidomide</i>	1	<div data-bbox="1133 384 1451 422">QL 28 EA / 28 DAYS</div> <div data-bbox="1133 432 1195 470">PA²</div> <div data-bbox="1133 480 1479 548">NDS Non-Extended Day Supply</div> <div data-bbox="1133 558 1195 596">LA</div>
REVLIMID	1	<div data-bbox="1133 611 1451 648">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 659 1195 697">PA²</div> <div data-bbox="1133 707 1479 774">NDS Non-Extended Day Supply</div> <div data-bbox="1133 785 1195 823">LA</div>
REZUROCK	1	<div data-bbox="1133 850 1451 888">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 898 1195 936">PA</div> <div data-bbox="1133 947 1479 1014">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1024 1195 1062">LA</div>
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	1	<div data-bbox="1133 1077 1451 1115">QL 60 EA / 30 DAYS</div> <div data-bbox="1133 1125 1479 1192">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1203 1195 1241">LA</div>
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	1	<div data-bbox="1133 1262 1451 1299">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 1310 1479 1377">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1388 1195 1425">LA</div>
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	<div data-bbox="1133 1524 1195 1562">PA³</div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	<div data-bbox="1133 1600 1195 1638">PA³</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>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	PA ³
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	1	PA ³
ENVARUSUS XR 4 MG TAB ER 24H	1	PA ³ NDS Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	PA ³ NDS Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	PA ³
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA ³ NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	1	PA ³
<i>mycophenolic acid</i>	1	PA ³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	1	PA ³
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	1	PA ³
<i>sirolimus 1 mg/ml solution</i>	1	PA ³ NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	PA ³

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IRRIGATION SOLUTIONS		
<i>ringers irrigation</i>	1*	
<i>tis-u-sol</i>	1*	
MISC NATURAL PRODUCTS		
<i>miscellaneous natural products</i>	OTC	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
POTASSIUM REMOVING AGENTS		
LOKELMA	1	
<i>sodium polystyrene sulfonate powder</i>	1	
SPS	1	
VELTASSA	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	1	QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	QL 50 ML / 30 DAYS

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>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>hydrogen peroxide / benzyl alcohol</i>	OTC	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
<i>cavarest</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>just right 5000 1.1 % gel</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel)</i>	1	
LOZENGES		
<i>menthol</i>	OTC	
<i>throat lozenge</i>	OTC	
<i>throat lozenges</i>	OTC	

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
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex</i>	OTC	
<i>vitamin b complex combinations</i>	OTC	
B-COMPLEX W/ C		
<i>vitamin b complex / vitamin c</i>	OTC	
<i>vitamin b complex / vitamin c / calcium</i>	OTC	
<i>vitamin b complex / vitamin c / vitamin e / zinc</i>	OTC	
B-COMPLEX W/ FOLIC ACID		
<i>vitamin b complex / biotin / folic acid</i>	OTC	
<i>vitamin b complex / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / vitamin e / folic acid</i>	OTC	
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	OTC	
VITAMIN B COMPLEX COMBINATIONS	OTC	

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-COMPLEX W/ IRON		
<i>vitamin b complex / iron</i>	OTC	
B-COMPLEX W/ MINERALS		
<i>vitamin b complex / minerals</i>	OTC	
BIOFLAVONOID PRODUCTS		
<i>bioflavonoids</i>	OTC	
MULTIPLE VITAMINS W/ CALCIUM		
<i>multivitamins / calcium</i>	OTC	
MULTIPLE VITAMINS W/ IRON		
<i>multivitamins / iron</i>	OTC	
MULTIVITAMINS		
<i>multivitamins</i>	OTC	
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins / fluoride / iron</i>	OTC	
<i>pediatric multivitamin combinations</i>	OTC	
PED MULTIPLE VITAMINS W/ MINERALS		
<i>pediatric multiple vitamins / minerals</i>	OTC	
PEDIATRIC MULTIVITAMIN COMBINATIONS	OTC	
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins / fluoride</i>	OTC	
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	OTC	
PED MV W/ IRON		
<i>pediatric multiple vitamins / iron</i>	OTC	

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
PEDIATRIC MULTIPLE VITAMINS		
<i>pediatric multiple vitamins</i>	OTC	
PEDIATRIC VITAMINS		
<i>pediatric vitamins</i>	OTC	
PRENATAL VITAMINS		
<i>prenatal vitamin</i>	OTC	
<i>prenatal vitamin rx only</i>	1	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	1	
VITAMIN MIXTURES		
<i>niacin</i>	OTC	
<i>vitamin a / vitamin c / vitamin d</i>	OTC	
<i>vitamin d / vitamin k</i>	OTC	
VITAMINS W/ LIPOTROPICS		
<i>vitamins / lipotropics</i>	OTC	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	1	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	1	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</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
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	
<i>cromolyn (nasalcrom)</i>	OTC	
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 34 GM / 30 DAYS
<i>triamcinolone acetonide (nasacort)</i>	OTC	
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline (afrin)</i>	OTC	
<i>phenylephrine (neo-synephrine)</i>	OTC	
<i>phenylephrine (sudafed pe)</i>	OTC	
<i>pseudoephedrine (sudafed)</i>	OTC	

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
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	1	<ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	1	<ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	1	<ul style="list-style-type: none"> PA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose 10 % solution</i>	1	<ul style="list-style-type: none"> PA³
<i>dextrose 5 % solution</i>	1	
MISC. NUTRITIONAL SUBSTANCES		
<i>pyridoxine (vitamin b6)</i>	OTC	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	1	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (4.25/5)	1	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (5/15)	1	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (5/20)	1	<ul style="list-style-type: none"> PA³
<i>plenamine</i>	1	<ul style="list-style-type: none"> PA³

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
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear drops</i>	OTC	
<i>dextran 70/he-cell drops (genteal tears)</i>	OTC	
<i>lubricant eye drops</i>	OTC	
<i>lubricant eye ointment</i>	OTC	
<i>polyethylene glycol drops</i>	OTC	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	OTC	
<i>polyvinyl alcohol drops (hypotears)</i>	OTC	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate-timolol</i>	1	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % solution</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE	1	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution, brimonidine tartrate 0.2 % solution)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	QL 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	QL 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	1	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
LEVOFLOXACIN 0.5 % SOLUTION	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
NATACYN	1	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 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
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	1	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
XDEMZY	1	QL 10 ML / 42 DAYS PA
ZIRGAN	1	
OPHTHALMIC DECONGESTANTS		
<i>naphazoline /pheniramine drops (naphcon-a)</i>	OTC	
<i>tetrahydrozoline drops (visine)</i>	OTC	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	1	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	1	QL 5.5 ML / 30 DAYS
VERKAZIA	1	QL 120 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
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	1	QL 60 EA / 30 DAYS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	1	
ROCKLATAN	1	
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine</i>	1*	
<i>tetracaine hcl 0.5 % solution</i>	1*	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	1	QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	1	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PREDNISOLONE ACETATE	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
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1*	
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;">QL 60 ML / 28 DAYS</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">NDS Non-Extended Day Supply</div> <div style="margin-bottom: 2px;">LA</div> </div>
<i>diclofenac sodium 0.1 % solution</i>	1	QL 20 ML / 365 OVER TIME
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine 0.4 % solution</i>	1	QL 20 ML / 365 OVER TIME
<i>ketorolac tromethamine 0.5 % solution</i>	1	
<i>ketotifen drops (zaditor)</i>	OTC	
<i>olopatadine</i>	OTC	
<i>olopatadine rx only</i>	1	
<i>sodium chloride eye products (muro 128)</i>	OTC	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	QL 5 ML / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	1	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	OTC	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
HYDROCORTISONE-ACETIC ACID	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	1	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
GAMUNEX-C 1 GM/10ML SOLUTION	1	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	1	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC \$0 Part D Adult Vaccine
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	1	PA NDS Non-Extended Day Supply LA
PENICILLINS		
AMINOPENICILLINS		
<i>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)</i>	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	1	
<i>ampicillin sodium 1 gm recon soln</i>	1	
<i>ampicillin sodium 10 gm recon soln</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
NATURAL PENICILLINS		
BICILLIN L-A	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	
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)	1	
PFIZERPEN	1	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 875-125 MG TAB)	1	

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
AMOXICILLIN-POT CLAVULANATE ER	1	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	1	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	1	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	1	
<i>piperacillin sod-tazobactam so</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	1	
<i>nafcillin sodium 10 gm recon soln</i>	1	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	1	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC)	1*	
<i>flavor syrup</i>	OTC	
<i>saline bacteriostatic</i>	1*	
<i>sodium chloride bacteriostatic</i>	1*	
<i>sterile water for injection</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
SEMI SOLID VEHICLES		
<i>petrolatum (vaseline)</i>	OTC	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	
<i>megestrol acetate 625 mg/5ml suspension</i>	1	PA
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 mg tab</i>	1	
DISULFIRAM 500 MG TAB	1	
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE	1	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
XYWAV	1	QL 540 ML / 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
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp, donepezil hcl 23 mg tab)</i>	1	QL 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 5 mg tab, memantine hcl 10 mg tab, memantine hcl 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO 6 MG TAB	1	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)	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fingolimod hcl</i>	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
KESIMPTA	1	QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
PLEGRIDY	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
REBIF	1	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE	1	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF REBIDOSE TITRATION PACK	1	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
REBIF TITRATION PACK	1	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
<i>teriflunomide</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VUMERITY	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
VUMERITY (STARTER)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	1	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
SMOKING DETERRENTS		
<i>nicotine gum / lozenge</i>	OTC	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nicotine patch (nicoderm)</i>	OTC	
NICOTROL	1	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	1	<ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHITOL TOLERANCE TEST	1	<ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 13.4 MG PACKET	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 5.8 MG PACKET	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI 75-94 MG PACKET	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMOZYME	1	<ul style="list-style-type: none"> QL 150 ML / 30 DAYS PA³ NDS Non-Extended Day Supply
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 100-50-75 & 150 MG TAB THPK	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	1	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMONARY FIBROSIS AGENTS		
OFEV	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	1	<ul style="list-style-type: none"> QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>pirfenidone 801 mg tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE	1	
TETRACYCLINES		
GLYCYLCYCLINES		
TIGECYCLINE	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
<i>tigecycline 50 mg recon soln</i>	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab)</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>doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	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>unithroid</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	VAC \$0 Part D Adult Vaccine
BOOSTRIX	1	VAC \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA ³
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA ³ VAC \$0 Part D Adult Vaccine
TENIVAC	1	PA ³ VAC \$0 Part D Adult Vaccine
TETANUS-DIPHThERIA TOXOIDS TD	1	PA ³ VAC \$0 Part D Adult Vaccine
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 10 mg/5ml solution, dicyclomine hcl 20 mg tab)</i>	1	
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	
<i>famotidine (pepcid)</i>	OTC	
<i>famotidine (pepcid) rx only</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	1	
<i>lansoprazole (prevacid)</i>	OTC	
<i>lansoprazole (prevacid) rx only</i>	1	
<i>omeprazole (prilosec)</i>	OTC	
<i>omeprazole (prilosec) rx only</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</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>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	1	PA
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
VIRAL VACCINES		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA ³ VAC \$0 Part D Adult Vaccine
GARDASIL 9	1	VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45)
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA ³ VAC \$0 Part D Adult Vaccine

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMOVAX RABIES	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IPOL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IXCHIQ	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IXIARO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
JYNNEOS	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
M-M-R II	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PREHEVBRIO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PRIORIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

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
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>2 EA / 365 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
STAMARIL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TWINRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VARIVAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
YF-VAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

contraceptive sponge / gel OTC

VAGINAL ANTI-INFECTIVES

clindamycin phosphate 2 % cream 1

clotrimazole (gyne-lotrimin) OTC

metronidazole vaginal gel 0.75 % 1

miconazole (monistat) OTC

povidone-iodine (summers eve) OTC

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>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
<i>tioconazole (vagistat)</i>	OTC	
VANDAZOLE	1	
VAGINAL ESTROGENS		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	1	
PREMARIN 0.625 MG/GM CREAM	1	
<i>yuvaferm</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div style="margin-bottom: 5px;">2 EA / 30 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; margin-bottom: 5px;">MFG</div> <div>Drug coverage is limited to certain manufacturers</div> </div>
SYMJEPI	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>2 EA / 30 OVER TIME</div>
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	1	<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>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	OTC	
<i>phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)</i>	1*	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin d</i>	OTC	
<i>vitamin e</i>	OTC	
<i>vitamin k1</i>	1*	
WATER SOLUBLE VITAMINS		
<i>biotin</i>	OTC	
<i>calcium ascorbate</i>	OTC	
<i>calcium panthothenate</i>	OTC	
<i>niacinamide</i>	OTC	
<i>riboflavin (vitamin b2)</i>	OTC	
<i>thiamine (vitamin b1)</i>	OTC	
<i>vitamin c</i>	OTC	

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

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omeprazole (prilosec)	205	OPTICHAMBER FACE MASK- SMALL	170	paromomycin sulfate	24
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peg-3350/electrolytes	161	phenobarbital	159	pindolol	116
peg-3350/electrolytes/ascorbat	161	phenoxybenzamine hcl	72	pioglitazone hcl	64
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c	161	phenylephrine (neo-synephrine)	184	pioglitazone hcl-metformin hcl	60
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permethrin (nix) rx only	143	phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen	132	polymyxin b-trimethoprim	188
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sodium citrate	153	STREPTOMYCIN SULFATE	24	TALTZ	137
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		zonisamide.....	54		
		zovia 1/35 (28).....	127		

This formulary was updated on 04/18/2024.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.



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U1549 (04/2024)