

2024

# UCare Medicare Group Plans Formulary (List of Covered Drugs)

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 04/18/2024.

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

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

**UCare Medicare Group Plans** Customer Service at 612-676-6840 or 1-877-447-4385 (this call is free)

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

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

## **Notice of Nondiscrimination**

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

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

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

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

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

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

### Oral grievance

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

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

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

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሶሎን ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မာကတိ ကညိ ကျိအယိ, နမ္မာနာ ကျိအတိမစာလော တလက်ဘုဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိ။  
လိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means UCare Minnesota. When it refers to “plan” or “our plan,” it means UCare Medicare Group Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 04/18/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

## **What is the UCare Medicare Group Plans Formulary?**

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

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but UCare Medicare Group Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find

information in the section below titled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/18/2024. To get updated information about the drugs covered by UCare Medicare Group Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Group Plans Formulary are available on our website, [ucare.org/member-documents](https://www.ucare.org/member-documents). Upon your request, UCare will mail you an updated printed edition.

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

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

### **Medical Condition**

The formulary begins on page 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs

used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

### ***Alphabetical Listing***

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 176. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

UCare Medicare Group Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

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

- **Prior Authorization:** UCare Medicare Group Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UCare Medicare Group Plans before you fill your prescriptions. If you don't get approval, UCare Medicare Group Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Medicare Group Plans limits the amount of the drug that UCare Medicare Group Plans will cover. For example, UCare Medicare Group Plans provides 30 tablets per prescription for *escitalopram* 20 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCare Medicare Group Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UCare Medicare Group Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Group Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.



You can ask UCare Medicare Group Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the UCare Medicare Group Plans Formulary?” on page 9 for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that UCare Medicare Group Plans does not cover your drug, you have two options:

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

## **How do I request an exception to the UCare Medicare Group Plans Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier (Tier 4). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UCare Medicare Group Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, UCare Medicare Group Plans will only approve your request for an exception if the alternative drug is included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a

decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

## **Transition of Care**

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

## **For more information**

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

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

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

## **UCare Medicare Group Plans Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Group Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 176.

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

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

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

<b>Explanation of Requirements/Limits</b>	
<b>* (drugs with asterisk)</b>	Additional drugs covered for select plans. Refer to your Evidence of Coverage for more details.
<b>LA</b>	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	3	
<i>amphetamine-dextroamphetamine</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	3	
<i>methamphetamine hcl</i>	3	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	3	
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	1	QL 30 EA / 30 DAYS PA
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	3	
<i>methylphenidate hcl er (la)</i>	3	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	3	
<i>modafinil</i>	1	QL 60 EA / 30 DAYS PA
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate 1 gm/4ml solution</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amikacin sulfate 500 mg/2ml solution</i>	3	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	3	
<i>gentamicin sulfate 10 mg/ml solution</i>	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
STREPTOMYCIN SULFATE	3	
<i>tobramycin 300 mg/4ml nebu soln</i>	4	<div data-bbox="1128 924 1193 987">QL</div> 224 ML / 28 OVER TIME <div data-bbox="1128 997 1193 1039">PA</div> <div data-bbox="1128 1050 1193 1113">NDS</div> Non-Extended Day Supply
<i>tobramycin 300 mg/5ml nebu soln</i>	4	<div data-bbox="1128 1134 1193 1186">QL</div> 300 ML / 30 DAYS <div data-bbox="1128 1186 1193 1228">PA</div> <div data-bbox="1128 1239 1193 1302">NDS</div> Non-Extended Day Supply
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #333333; color: white; padding: 2px;">MFG</span> Drug coverage is limited to certain manufacturers</li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA PEN-PSOR/UEVIT STARTER	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-CD/UC/HS STARTER	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 6 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
HUMIRA-PS/UV/ADOL HS STARTER	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 EA / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 3 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 0.5 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ 1 MG/ML SOLUTION	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 300 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
XELJANZ XR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>GOLD COMPOUNDS</b>		
RIDAURA	4	<ul style="list-style-type: none"> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	4	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ACTEMRA ACTPEN	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KEVZARA	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2.28 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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

**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA 10 & 20 & 30 MG TAB THPK	4	<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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">55 EA / 180 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0099cc; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTEZLA 30 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2.8 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ORENCIA CLICKJECT	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 8 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ENBREL MINI	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 8 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL SURECLICK	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
<b>ANALGESICS - NONNARCOTIC</b>		
<b>SALICYLATES</b>		
<i>diflunisal</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	3	QL 10 EA / 30 DAYS PA
<i>fentanyl citrate (fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i>	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	3	QL 120 EA / 30 DAYS PA
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	QL 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	2	QL 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	2	QL 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	2	QL 120 EA / 30 DAYS
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	3	PA <sup>3</sup>
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	3	QL 360 EA / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHADONE HCL 10 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1800 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;">PA</div> </div>
METHADONE HCL 5 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3600 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;">PA</div> </div>
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 ML / 30 DAYS</div> </div>
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	2	<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>
MORPHINE SULFATE 10 MG/5ML SOLUTION	2	<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;">1800 ML / 30 DAYS</div> </div>
<i>morphine sulfate 10 mg/5ml solution</i>	2	<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;">1800 ML / 30 DAYS</div> </div>
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	<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;">900 ML / 30 DAYS</div> </div>
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i>	2	<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;">PA</div> </div>
<i>morphine sulfate er 200 mg tab er</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">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;">PA</div> </div>
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 100 mg/5ml conc</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">270 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg cap</i>	2	<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;">360 EA / 30 OVER TIME</div> </div>
<i>oxycodone hcl 5 mg tab</i>	2	<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;">360 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg/5ml solution</i>	2	<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;">5400 ML / 30 DAYS</div> </div>
<i>tramadol hcl 50 mg tab</i>	2	<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 EA / 30 DAYS</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	2	QL 390 EA / 30 DAYS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	2	QL 4980 ML / 30 DAYS
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	2	QL 4980 ML / 30 DAYS
<i>endocet</i>	2	QL 360 EA / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	3	QL 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	2	QL 360 EA / 30 DAYS
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	2	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	2	QL 4 EA / 28 DAYS PA
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	2	QL 90 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	3	QL 10 ML / 30 DAYS
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	3	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	3	QL 150 GM / 30 DAYS PA
<i>testosterone 10 mg/act (2%) gel</i>	3	QL 120 GM / 30 DAYS PA
<i>testosterone 12.5 mg/act (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	QL 75 GM / 30 DAYS PA
<i>testosterone 25 mg/2.5gm (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	3	QL 180 GM / 30 DAYS PA
<i>testosterone 50 mg/5gm (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone cypionate 100 mg/ml solution</i>	1	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone cypionate 200 mg/ml solution</i>	1	PA
TESTOSTERONE ENANTHATE	1	PA
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide 2 mg foam</i>	3	PA
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	2	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	4	NDS Non-Extended Day Supply
BENZNIDAZOLE	3	LA
<i>ivermectin 3 mg tab</i>	2	PA
<i>praziquantel</i>	3	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metronidazole 500 mg/100ml solution</i>	3	
<i>pentamidine isethionate for injection solution</i>	3	
<i>pentamidine isethionate for nebulization solution</i>	3	<span>QL</span> 1 EA / 28 DAYS <span>PA<sup>3</sup></span>
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	3	<span>QL</span> 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	4	<span>QL</span> 90 EA / 30 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply

## ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	

## ANTIPROTOZOAL AGENTS

<i>atovaquone</i>	4	<span>NDS</span> Non-Extended Day Supply
<i>nitazoxanide</i>	4	<span>QL</span> 6 EA / 3 OVER TIME <span>NDS</span> Non-Extended Day Supply

## CARBAPENEMS

<i>ertapenem sodium</i>	3	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	3	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	3	QL 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	3	QL 10 EA / 10 DAYS
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	4	NDS Non-Extended Day Supply
<b>GLYCOPEPTIDES</b>		
DALVANCE	4	NDS Non-Extended Day Supply
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	3	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	3	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	QL 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	3	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	3	
<i>clindamycin phosphate in d5w</i>	3	
CLINDAMYCIN PHOSPHATE IN NACL	3	
<i>lincomycin hcl</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam</i>	3	
CAYSTON	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;"><span>QL</span> 84 ML / 28 DAYS</div> <div style="margin-bottom: 2px;"><span>PA</span></div> <div style="margin-bottom: 2px;"><span>NDS</span> Non-Extended Day Supply</div> <div><span>LA</span></div> </div>
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	4	<span>NDS</span> Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYVOX 200 MG/100ML SOLUTION	2	
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	3	
<i>polymyxin b sulfate</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nitroglycerin 0.4 mg/spray solution</i>	3	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<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>	3	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	3	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	<span>QL</span> 120 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>alprazolam 2 mg tab</i>	1	<span>QL</span> 150 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>clorazepate dipotassium</i>	3	<span>QL</span> 180 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	<span>QL</span> 120 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>diazepam 5 mg/5ml solution</i>	1	<span>QL</span> 1200 ML / 30 DAYS <span>PA<sup>2</sup></span>
<i>diazepam 5 mg/ml conc</i>	1	<span>QL</span> 240 ML / 30 DAYS <span>PA<sup>2</sup></span>
<i>diazepam intensol</i>	1	<span>QL</span> 240 ML / 30 DAYS <span>PA<sup>2</sup></span>
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	<span>QL</span> 150 EA / 30 DAYS <span>PA<sup>2</sup></span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lorazepam 2 mg/ml conc</i>	1	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>150 ML / 30 DAYS</span> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA<sup>2</sup></div>
<i>lorazepam intensol</i>	1	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>150 ML / 30 DAYS</span> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA<sup>2</sup></div>
<i>oxazepam</i>	3	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>120 EA / 30 DAYS</span> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA<sup>2</sup></div>
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	3	
<i>quinidine gluconate er</i>	3	
QUINIDINE SULFATE	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	3	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>dofetilide</i>	3	
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	3	
<i>pacerone 200 mg tab</i>	1	


DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA <sup>3</sup> NDS Non-Extended Day Supply
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA	4	PA NDS Non-Extended Day Supply LA
FASENRA PEN	4	PA NDS Non-Extended Day Supply LA
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG RECON SOLN	4	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN A-INJ	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG/ML SOLN PRSYR	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	2	QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	PA <sup>3</sup>
SPIRIVA HANDIHALER	2	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	2	QL 4 GM / 30 DAYS
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	3	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	3	
<b>STEROID INHALANTS</b>		
ASMANEX (120 METERED DOSES)	2	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX HFA	2	QL 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	3	<ul style="list-style-type: none"> <li>QL 120 ML / 30 DAYS</li> <li>PA<sup>3</sup></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	3	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 DAYS
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	2	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA <sup>3</sup>
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	3	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA <sup>3</sup>
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	1	QL 17 GM / 30 DAYS
ANORO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA <sup>3</sup>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BREO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>brey-na</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	2	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	2	QL 8 GM / 30 DAYS
DULERA	2	QL 26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	3	QL 120 ML / 30 DAYS PA <sup>3</sup>
<i>ipratropium-albuterol</i>	1	PA <sup>3</sup>
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	3	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	2	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	2	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	2	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	3	
TRELEGY ELLIPTA	2	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	2	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>XANTHINES</b>		
<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	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	
XARELTO STARTER PACK	2	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	3	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	4	 Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
<b>THROMBIN INHIBITORS</b>		
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 150 MG CAP)	3	
PRADAXA 110 MG CAP	3	
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FYCOMPA 0.5 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> <li>QL 720 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
FYCOMPA 2 MG TAB	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> </ul>
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobazam 2.5 mg/ml suspension</i>	3	QL 480 ML / 30 DAYS
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)</i>	3	QL 90 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	1	QL 90 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 DAYS PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	3	QL 300 EA / 30 DAYS PA <sup>2</sup>
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	3	QL 10 EA / 30 OVER TIME
NAYZILAM	3	QL 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
SYMPAZAN 5 MG FILM	3	QL 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 15 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 20 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 5 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	3	QL 60 EA / 30 DAYS
APTIOM 200 MG TAB	3	QL 180 EA / 30 DAYS
APTIOM 400 MG TAB	3	QL 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)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	4	QL 600 ML / 30 DAYS NDS Non-Extended Day Supply
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1	
<i>carbamazepine 100 mg/5ml suspension</i>	3	
<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>	3	
DIACOMIT	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA
EPIDIOLEX	3	PA <sup>2</sup> LA
<i>epitol</i>	1	
EPRONTIA	3	
FINTEPLA	4	QL 360 ML / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	3	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lacosamide 10 mg/ml solution</i>	2	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	3	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine er (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>	3	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">28 EA / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">60 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	4	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	3	
<i>vigabatrin</i>	4	<div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #006699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> </div>
<i>vigadrone</i>	4	<div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #006699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> </div>
<i>vigpoder</i>	4	<div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA<sup>2</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #006699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> </div>
<b>HYDANTOINS</b>		
DILANTIN 30 MG CAP	2	
<i>phenytek</i>	1	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	3	
<b>VALPROIC ACID</b>		
<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	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	3	QL 60 EA / 30 DAYS
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<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	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		

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

QL 28 EA / 14 OVER TIME  
PA<sup>2</sup>  
NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ZURZUVAE 30 MG CAP	4	<span>QL</span> 14 EA / 14 OVER TIME <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply
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### MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	4	<span>NDS</span> Non-Extended Day Supply
MARPLAN	3	
PHENELZINE SULFATE 15 MG TAB	1	
<i>tranylcypromine sulfate</i>	3	

### 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	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i>	1	
FLUOXETINE HCL 90 MG CAP DR	3	
<i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amoxapine</i>	3	
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	3	
<i>desipramine hcl</i>	3	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	3	
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i>	3	
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	3	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl (glipizide-metformin hcl 2.5-250 mg tab, glipizide-metformin hcl 2.5-500 mg tab, glipizide-metformin hcl 5-500 mg tab)</i>	1	
GLYXAMBI	2	QL 30 EA / 30 DAYS
INVOKAMET	2	QL 60 EA / 30 DAYS
INVOKAMET XR	2	QL 60 EA / 30 DAYS
JANUMET	2	QL 60 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	2	QL 60 EA / 30 DAYS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	2	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	2	QL 60 EA / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
<b>BIGUANIDES</b>		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	










DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metformin hcl er</i>	1	
<b>DIABETIC OTHER</b>		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY 1 MG KIT	2	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
KORLYM	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>mifepristone 300 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	2	QL 30 EA / 30 DAYS
TRADJENTA	2	QL 30 EA / 30 DAYS
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET	3	QL 180 EA / 30 DAYS
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	2	<ul style="list-style-type: none"> <li>QL 4 ML / 28 DAYS</li> <li>PA</li> </ul>
MOUNJARO	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 28 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>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 28 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>
OZEMPIC (2 MG/DOSE)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 28 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>
RYBELSUS	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 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>
TRULICITY	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 ML / 28 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>
VICTOZA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">9 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>
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
HUMULIN R U-500 KWIKPEN	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
INSULIN ASP PROT & ASP FLEXPEN	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
INSULIN ASPART	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA<sup>3</sup></div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
INSULIN ASPART FLEXPEN	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
INSULIN ASPART PENFILL	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
INSULIN ASPART PROT & ASPART	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
LANTUS	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
LANTUS SOLOSTAR	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
NOVOLIN 70/30	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
NOVOLIN 70/30 FLEXPEN	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>
NOVOLIN 70/30 FLEXPEN RELION	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #335588; color: white; padding: 2px 5px; border-radius: 3px;">INS</div> <div style="margin-left: 5px;">\$35 Insulin</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN 70/30 RELION	2	INS \$35 Insulin
NOVOLIN N	2	INS \$35 Insulin
NOVOLIN N FLEXPEN	2	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN N RELION	2	INS \$35 Insulin
NOVOLIN R	2	INS \$35 Insulin
NOVOLIN R FLEXPEN	2	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN R RELION	2	INS \$35 Insulin
NOVOLOG	2	PA <sup>3</sup> INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG FLEXPEN	2	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG MIX 70/30	2	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	2	INS \$35 Insulin
NOVOLOG MIX 70/30 RELION	2	INS \$35 Insulin
NOVOLOG PENFILL	2	INS \$35 Insulin
NOVOLOG RELION	2	PA <sup>3</sup> INS \$35 Insulin
TOUJEO MAX SOLOSTAR	2	INS \$35 Insulin
TOUJEO SOLOSTAR	2	INS \$35 Insulin
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
INVOKANA	2	QL 30 EA / 30 DAYS
JARDIANCE	2	QL 30 EA / 30 DAYS
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	
<i>glipizide er (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	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	3	
<i>loperamide (immodium)</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET	2	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	4	PA NDS Non-Extended Day Supply
<i>deferasirox 90 mg tab</i>	3	PA
<i>deferiprone</i>	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	2	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
<i>naltrexone hcl</i>	1	
OPVEE	2	
VIVITROL	4	 Non-Extended Day Supply
ZIMHI	2	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	3	 60 EA / 30 DAYS 
<i>ondansetron 4 mg tab disp</i>	1	
<i>ondansetron 8 mg tab disp</i>	1	
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	3	
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine</i>	1	
<i>scopolamine</i>	3	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine</i>	3	
<i>dronabinol</i>	3	 60 EA / 30 DAYS 



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	3	QL 3 EA / 2 OVER TIME PA <sup>3</sup>
<i>aprepitant (aprepitant 80 &amp; 125 mg cap, aprepitant 80 &amp; 125 mg misc, aprepitant 80 mg cap)</i>	3	QL 6 EA / 4 OVER TIME PA <sup>3</sup>
VARUBI (180 MG DOSE)	3	QL 4 EA / 28 OVER TIME PA <sup>3</sup>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate 50 mg recon soln</i>	4	NDS Non-Extended Day Supply
<i>caspofungin acetate 70 mg recon soln</i>	3	
<i>micafungin sodium</i>	4	NDS Non-Extended Day Supply
<b>ANTIFUNGALS</b>		
ABELCET	3	PA <sup>3</sup>
AMPHOTERICIN B	3	PA <sup>3</sup>
<i>flucytosine</i>	4	NDS Non-Extended Day Supply
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	3	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	3	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	4	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	3	PA
<i>voriconazole 200 mg recon soln</i>	4	PA NDS Non-Extended Day Supply
<i>voriconazole 40 mg/ml recon susp</i>	4	PA NDS Non-Extended Day Supply
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>levocetirizine (xyzal)</i>	3	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIHYPERTENSIVES</b>		
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>icosapent ethyl</i>	3	
<i>omega-3-acid ethyl esters</i>	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	2	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	3	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	2	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	3	
<i>gemfibrozil</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HMG COA REDUCTASE INHIBITORS</b>		
<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	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	3	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	3	QL 2 ML / 28 DAYS PA
REPATHA	2	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	2	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	2	QL 6 ML / 28 DAYS PA
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB)	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	4	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	4	 Non-Extended Day Supply
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<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	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<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</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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (lisinopril-hydrochlorothiazide 10-12.5 mg tab, lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	3	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	2	
<i>pyrimethamine</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> <div style="margin-top: 5px;">LA</div>
<i>quinine sulfate</i>	3	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	3	
<i>pyridostigmine bromide er</i>	3	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	1	
<i>isoniazid 300mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	3	
PASER	2	
PRIFTIN	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PURIXAN	4	<div data-bbox="1133 170 1195 233">NDS</div> <div data-bbox="1195 170 1479 233">Non-Extended Day Supply</div> <div data-bbox="1133 243 1195 285">LA</div>
TABLOID	3	
XATMEP	3	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	4	<div data-bbox="1133 499 1195 541">QL</div> <div data-bbox="1195 499 1451 541">84 EA / 28 DAYS</div> <div data-bbox="1133 552 1195 594">PA<sup>2</sup></div> <div data-bbox="1133 604 1195 667">NDS</div> <div data-bbox="1195 604 1479 667">Non-Extended Day Supply</div>
FRUZAQLA 5 MG CAP	4	<div data-bbox="1133 674 1195 716">QL</div> <div data-bbox="1195 674 1451 716">21 EA / 28 DAYS</div> <div data-bbox="1133 726 1195 768">PA<sup>2</sup></div> <div data-bbox="1133 779 1195 842">NDS</div> <div data-bbox="1195 779 1479 842">Non-Extended Day Supply</div>
INLYTA 1 MG TAB	4	<div data-bbox="1133 848 1195 890">QL</div> <div data-bbox="1195 848 1471 890">180 EA / 30 DAYS</div> <div data-bbox="1133 900 1195 942">PA<sup>2</sup></div> <div data-bbox="1133 953 1195 1016">NDS</div> <div data-bbox="1195 953 1479 1016">Non-Extended Day Supply</div> <div data-bbox="1133 1026 1195 1068">LA</div>
INLYTA 5 MG TAB	4	<div data-bbox="1133 1094 1195 1136">QL</div> <div data-bbox="1195 1094 1471 1136">120 EA / 30 DAYS</div> <div data-bbox="1133 1146 1195 1188">PA<sup>2</sup></div> <div data-bbox="1133 1199 1195 1262">NDS</div> <div data-bbox="1195 1199 1479 1262">Non-Extended Day Supply</div> <div data-bbox="1133 1272 1195 1314">LA</div>
LENVIMA (10 MG DAILY DOSE)	4	<div data-bbox="1133 1325 1195 1367">QL</div> <div data-bbox="1195 1325 1451 1367">30 EA / 30 DAYS</div> <div data-bbox="1133 1377 1195 1419">PA<sup>2</sup></div> <div data-bbox="1133 1430 1195 1493">NDS</div> <div data-bbox="1195 1430 1479 1493">Non-Extended Day Supply</div> <div data-bbox="1133 1503 1195 1545">LA</div>
LENVIMA (12 MG DAILY DOSE)	4	<div data-bbox="1133 1556 1195 1598">QL</div> <div data-bbox="1195 1556 1451 1598">90 EA / 30 DAYS</div> <div data-bbox="1133 1608 1195 1650">PA<sup>2</sup></div> <div data-bbox="1133 1661 1195 1724">NDS</div> <div data-bbox="1195 1661 1479 1724">Non-Extended Day Supply</div> <div data-bbox="1133 1734 1195 1776">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (14 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (18 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (24 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (4 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LENVIMA (8 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GILOTRIF	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TAGRISSO	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VIZIMPRO	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ERIVEDGE	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ODOMZO	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>abiraterone acetate 500 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AKEEGA	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	3	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 84 OVER TIME</li> </ul>
ELIGARD 30 MG KIT	3	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 112 OVER TIME</li> </ul>
ELIGARD 45 MG KIT	3	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 168 OVER TIME</li> </ul>
ELIGARD 7.5 MG KIT	3	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 28 DAYS</li> </ul>
EMCYT	4	<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
ERLEADA 240 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> </ul>
		<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
		<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #0070c0; color: white; padding: 2px;">LA</span></li> </ul>
ERLEADA 60 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> </ul>
		<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
		<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
		<ul style="list-style-type: none"> <li><span style="background-color: #0070c0; color: white; padding: 2px;">LA</span></li> </ul>
<i>exemestane</i>	3	
FIRMAGON	3	<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
FIRMAGON (240 MG DOSE)	3	<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">PA<sup>2</sup></span></li> </ul>
<i>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 28 DAYS</li> </ul>
		<ul style="list-style-type: none"> <li><span style="background-color: #8b572d; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 1 EA / 84 OVER TIME</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYSODREN	4	<div data-bbox="1133 170 1195 233">NDS</div> <div data-bbox="1203 170 1479 233">Non-Extended Day Supply</div> <div data-bbox="1133 243 1195 285">LA</div>
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	<div data-bbox="1133 321 1195 363">PA<sup>2</sup></div>
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	3	<div data-bbox="1133 464 1195 506">PA</div>
<i>nilutamide</i>	4	<div data-bbox="1133 583 1195 625">PA<sup>2</sup></div> <div data-bbox="1133 636 1195 699">NDS</div> <div data-bbox="1203 636 1479 699">Non-Extended Day Supply</div>
NUBEQA	4	<div data-bbox="1133 722 1195 764">QL</div> <div data-bbox="1203 722 1468 764">120 EA / 30 DAYS</div> <div data-bbox="1133 774 1195 816">PA<sup>2</sup></div> <div data-bbox="1133 827 1195 890">NDS</div> <div data-bbox="1203 827 1479 890">Non-Extended Day Supply</div> <div data-bbox="1133 900 1195 942">LA</div>
ORGOVYX	4	<div data-bbox="1133 953 1195 995">QL</div> <div data-bbox="1203 953 1451 995">30 EA / 28 DAYS</div> <div data-bbox="1133 1005 1195 1047">PA<sup>2</sup></div> <div data-bbox="1133 1058 1195 1121">NDS</div> <div data-bbox="1203 1058 1479 1121">Non-Extended Day Supply</div> <div data-bbox="1133 1131 1195 1173">LA</div>
ORSERDU 345 MG TAB	4	<div data-bbox="1133 1184 1195 1226">QL</div> <div data-bbox="1203 1184 1451 1226">30 EA / 30 DAYS</div> <div data-bbox="1133 1236 1195 1278">PA<sup>2</sup></div> <div data-bbox="1133 1289 1195 1352">NDS</div> <div data-bbox="1203 1289 1479 1352">Non-Extended Day Supply</div> <div data-bbox="1133 1362 1195 1404">LA</div>
ORSERDU 86 MG TAB	4	<div data-bbox="1133 1415 1195 1457">QL</div> <div data-bbox="1203 1415 1451 1457">90 EA / 30 DAYS</div> <div data-bbox="1133 1467 1195 1509">PA<sup>2</sup></div> <div data-bbox="1133 1520 1195 1583">NDS</div> <div data-bbox="1203 1520 1479 1583">Non-Extended Day Supply</div> <div data-bbox="1133 1593 1195 1635">LA</div>
SOLTAMOX	4	<div data-bbox="1133 1646 1195 1709">NDS</div> <div data-bbox="1203 1646 1479 1709">Non-Extended Day Supply</div>
<i>tamoxifen citrate</i>	1	

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

### ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS

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

### ANTINEOPLASTIC - IMMUNOMODULATORS

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

### ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

AYVAKIT	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ANTINEOPLASTIC - XPO1 INHIBITORS		
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XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (60 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> <li>QL 24 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 8 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> <li>QL 32 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	4	<ul style="list-style-type: none"> <li>QL 5 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KISQALI FEMARA (400 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 70 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA (600 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 91 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
KISQALI FEMARA(200 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 49 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LONSURF	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ALUNBRIG 30 MG TAB	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
AUGTYRO	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BALVERSA 5 MG TAB	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
BOSULIF 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF 50 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
BRAFTOVI	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px 5px;">LA</span></li> </ul>
BRUKINSA	4	<ul style="list-style-type: none"> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px 5px;">LA</span></li> </ul>
CABOMETYX	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px 5px;">LA</span></li> </ul>
CALQUENCE 100 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> </ul>
CALQUENCE 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px 5px;">LA</span></li> </ul>
CAPRELSA 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px 5px;">LA</span></li> </ul>
CAPRELSA 300 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA<sup>2</sup></span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #3498db; border-radius: 5px; padding: 2px 5px;">LA</span></li> </ul>



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOTIVDA	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
GAVRETO	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IBRANCE	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ICLUSIG	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IDHIFA	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>imatinib mesylate 100 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>imatinib mesylate 400 mg tab</i>	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMBRUVICA 140 MG CAP	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
IMBRUVICA 70 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> <li>QL 324 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
INREBIC	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAKAFI	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAYPIRCA 100 MG TAB	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
JAYPIRCA 50 MG TAB	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
KISQALI (200 MG DOSE)	4	<ul style="list-style-type: none"> <li>QL 21 EA / 28 OVER TIME</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (400 MG DOSE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 42 EA / 28 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KISQALI (600 MG DOSE)	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 63 EA / 28 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KOSELUGO 10 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 240 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
KOSELUGO 25 MG CAP	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 120 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
KRAZATI	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
<i>lapatinib ditosylate</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
LORBRENA 100 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
LORBRENA 25 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 120 MG TAB	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LUMAKRAS 320 MG TAB	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LYNPARZA	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
LYTGOBI (12 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LYTGOBI (16 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 112 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
LYTGOBI (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 140 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
MEKINIST 0.05 MG/ML RECON SOLN	4	<ul style="list-style-type: none"> <li>QL 1200 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
MEKINIST 0.5 MG TAB	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 2 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
MEKTOVI	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
NERLYNX	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
NINLARO	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
OGSIVEO 50 MG TAB	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 180 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
OJJAARA	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>pazopanib hcl</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PEMAZYRE	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA<sup>2</sup></span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PIQRAY (200 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PIQRAY (250 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
PIQRAY (300 MG DAILY DOSE)	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
QINLOCK	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 40 MG CAP	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
RETEVMO 80 MG CAP	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
REZLIDHIA	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
ROZLYTREK 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 150 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROZLYTREK 200 MG CAP	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ROZLYTREK 50 MG PACKET	4	QL 336 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
RUBRACA	4	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
RYDAPT	4	QL 224 EA / 28 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
SCEMBLIX 40 MG TAB	4	QL 300 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
<i>sorafenib tosylate</i>	4	QL 120 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STIVARGA	4	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>sunitinib malate</i>	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TABRECTA	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TAFINLAR 10 MG TAB SOL	4	<ul style="list-style-type: none"> <li>QL 840 ML / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TALZENNA 0.25 MG CAP	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TASIGNA	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAZVERIK	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TEPMETKO	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TIBSOVO	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TRUQAP	4	<ul style="list-style-type: none"> <li>QL 64 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TURALIO 125 MG CAP	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VANFLYTA 17.7 MG TAB	4	<ul style="list-style-type: none"> <li>QL 28 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VANFLYTA 26.5 MG TAB	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
VERZENIO	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITRAKVI 100 MG CAP	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VITRAKVI 20 MG/ML SOLUTION	4	<ul style="list-style-type: none"> <li>QL 300 ML / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VITRAKVI 25 MG CAP	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
VONJO	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	4	<ul style="list-style-type: none"> <li>QL 120 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XALKORI 150 MG CAP SPRINK	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
XALKORI 200 MG CAP	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOSPATA	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
ZEJULA 100 MG CAP	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ZELBORAF	4	QL 240 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ZOLINZA	4	PA <sup>2</sup> NDS Non-Extended Day Supply
ZYDELIG	4	QL 60 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
ZYKADIA	4	QL 90 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply LA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	4	PA <sup>2</sup> NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BESREMI	4	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>bexarotene 75 mg cap</i>	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>hydroxyurea</i>	1	
MATULANE	4	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
SYNRIBO	4	<ul style="list-style-type: none"> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>tretinoin 10 mg cap</i>	4	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> </ul>
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	4	<ul style="list-style-type: none"> <li>QL 240 EA / 30 DAYS</li> <li>PA<sup>2</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	<ul style="list-style-type: none"> <li>NDS Non-Extended Day Supply</li> </ul>
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	3	
<i>tolcapone</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	
<i>bromocriptine mesylate</i>	3	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	3	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	3	
<i>pramipexole dihydrochloride</i>	1	
<i>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)</i>	1	
<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>	3	
RYTARY	3	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	3	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span>
<i>lurasidone hcl</i>	1	
NUPLAZID	4	<span>QL</span> 30 EA / 30 DAYS <span>PA<sup>2</sup></span> <span>NDS</span> Non-Extended Day Supply <span>LA</span>
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	3	<span>QL</span> 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	3	<span>QL</span> 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	3	<span>QL</span> 60 ML / 30 DAYS
<b>BENZISOXAZOLES</b>		
FANAPT	3	<span>QL</span> 60 EA / 30 DAYS <span>PA<sup>2</sup></span>
FANAPT TITRATION PACK	3	<span>QL</span> 8 EA / 180 OVER TIME <span>PA<sup>2</sup></span>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	<span>QL</span> 3.5 ML / 180 OVER TIME <span>NDS</span> Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	<span>QL</span> 5 ML / 180 OVER TIME <span>NDS</span> Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	<span>QL</span> 0.75 ML / 28 DAYS <span>NDS</span> Non-Extended Day Supply



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	<p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	<p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	<p>QL 0.25 ML / 28 DAYS</p>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	<p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	<p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	3	<p>QL 30 EA / 30 DAYS</p>
<i>paliperidone er 6 mg tab er 24h</i>	3	<p>QL 60 EA / 30 DAYS</p>
PERSERIS	4	<p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	3	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	2	QL 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	4	QL 2 EA / 28 DAYS NDS Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL 0.28 ML / 30 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	4	QL 0.35 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	4	QL 0.42 ML / 60 OVER TIME
UZEDY 200 MG/0.56ML SUSP PRSYR	4	QL 0.56 ML / 60 OVER TIME
UZEDY 250 MG/0.7ML SUSP PRSYR	4	QL 0.7 ML / 60 OVER TIME
UZEDY 50 MG/0.14ML SUSP PRSYR	4	QL 0.14 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL 0.21 ML / 30 DAYS NDS Non-Extended Day Supply

### BUTYROPHENONES

<i>haloperidol</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>haloperidol decanoate</i>	3	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	3	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	3	QL 60 EA / 30 DAYS
<i>clozapine (clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)</i>	3	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	1	
CLOZAPINE 12.5 MG TAB DISP	3	
<i>loxapine succinate</i>	1	
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1	
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg recon soln, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	3	
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	3	
SECUADO	4	QL 30 EA / 30 DAYS PA <sup>2</sup> NDS Non-Extended Day Supply
VERSACLOZ	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL 2 EA / 28 DAYS
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	3	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	3	
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	3	
<i>perphenazine</i>	3	
<i>prochlorperazine</i>	3	
<i>prochlorperazine maleate</i>	3	
<i>thioridazine hcl</i>	3	
<i>trifluoperazine hcl</i>	2	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	QL 2.4 ML / 56 OVER TIME
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL 3.2 ML / 56 OVER TIME
ABILIFY MAINTENA	4	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply















DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 60 EA / 30 DAYS  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	
<i>aripiprazole 1 mg/ml solution</i>	3	
ARISTADA 1064 MG/3.9ML PRSYR	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3.9 ML / 56 OVER TIME  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
ARISTADA 441 MG/1.6ML PRSYR	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1.6 ML / 28 DAYS  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
ARISTADA 662 MG/2.4ML PRSYR	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2.4 ML / 28 DAYS  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
ARISTADA 882 MG/3.2ML PRSYR	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3.2 ML / 28 DAYS  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
ARISTADA INITIO	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4.8 ML / 365 OVER TIME  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
REXULTI	4	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 EA / 30 DAYS  <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply </div>
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	3	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	3	
<i>abacavir sulfate 300 mg tab</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir-lamivudine-zidovudine</i>	4	NDS Non-Extended Day Supply
APRETUDE	4	NDS Non-Extended Day Supply
APTIVUS 250 MG CAP	4	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	3	
BIKTARVY	4	NDS Non-Extended Day Supply
CABENUVA	4	NDS Non-Extended Day Supply
CIMDUO	4	NDS Non-Extended Day Supply
COMPLERA	3	
<i>darunavir</i>	4	NDS Non-Extended Day Supply
DELSTRIGO	4	NDS Non-Extended Day Supply
DESCOVY	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	4	NDS Non-Extended Day Supply
EDURANT	4	NDS Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	3	
<i>efavirenz-emtricitab-tenofo df</i>	4	NDS Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	4	NDS Non-Extended Day Supply
<i>emtricitabine</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	4	<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;">30 EA / 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>
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>30 EA / 30 DAYS</div> </div>
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	4	<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>
EVOTAZ	4	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>fosamprenavir calcium</i>	4	<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>
FUZEON	4	<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>
GENVOYA	4	<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>
INTELENCE 25 MG TAB	2	
INVIRASE	4	<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>
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	4	<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>
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS HD	4	<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>
JULUCA	4	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	3	
<i>lamivudine-zidovudine</i>	3	
LEXIVA 50 MG/ML SUSPENSION	3	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3	
<i>maraviroc</i>	4	NDS Non-Extended Day Supply
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	3	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	3	
NORVIR 100 MG PACKET	2	
ODEFSEY	4	NDS Non-Extended Day Supply
PIFELTRO	4	NDS Non-Extended Day Supply
PREZCOBIX	4	NDS Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	3	
PREZISTA 100 MG/ML SUSPENSION	4	NDS Non-Extended Day Supply
REYATAZ 50 MG PACKET	4	NDS Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	4	NDS Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	4	NDS Non-Extended Day Supply
SELZENTRY 25 MG TAB	2	
STRIBILD	4	NDS Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	4	NDS Non-Extended Day Supply
SYMTUZA	3	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEMIXYS	4	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	4	 Non-Extended Day Supply
TIVICAY 10 MG TAB	2	
TIVICAY PD	4	 Non-Extended Day Supply
TRIUMEQ	4	 Non-Extended Day Supply
TRIUMEQ PD	4	 Non-Extended Day Supply
TRIZIVIR	4	 Non-Extended Day Supply
TROGARZO	4	 Non-Extended Day Supply 
VIRACEPT	4	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	4	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	 20 EA / 5 OVER TIME  \$0 Copay
PAXLOVID (300/100)	2	 30 EA / 5 OVER TIME  \$0 Copay

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CMV AGENTS</b>		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	4	<span>QL</span> 30 EA / 30 DAYS <span>NDS</span> Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	<span>NDS</span> Non-Extended Day Supply
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	3	
BARACLUDE 0.05 MG/ML SOLUTION	4	<span>NDS</span> Non-Extended Day Supply
<i>entecavir</i>	3	<span>QL</span> 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	3	
LEDIPASVIR-SOFOSBUVIR	4	<span>QL</span> 28 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
MAVYRET 100-40 MG TAB	4	<span>QL</span> 84 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	4	<span>QL</span> 168 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply
PEGASYS	4	<span>PA</span> <span>NDS</span> Non-Extended Day Supply
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	4	<span>QL</span> 28 EA / 28 DAYS <span>PA</span> <span>NDS</span> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VEMLIDY	4	NDS Non-Extended Day Supply
VOSEVI	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
<b>HERPES AGENTS</b>		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	3	
<i>acyclovir sodium</i>	3	PA <sup>3</sup>
<i>famciclovir</i>	1	
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	2	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	2	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QL 540 ML / 180 OVER TIME
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	2	QL 40 EA / 5 OVER TIME

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<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	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	3	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	3	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	3	
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	1	
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	


DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<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	2	QL 60 EA / 30 DAYS
<b>IMPOTENCE AGENTS</b>		
CAVERJECT	3*	
CAVERJECT IMPULSE	3*	
EDEX	3*	
MUSE	3*	
<i>sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)</i>	1*	
<i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i>	1*	
TRI-MIX	2*	
<i>vardeafil hcl</i>	1*	
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bosentan</i>	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
OPSUMIT	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>tadalafil (pah)</i>	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	2	QL 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	2	QL 450 ML / 30 DAYS
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	3	QL 30 EA / 30 DAYS PA LA
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	2	QL 30 EA / 30 DAYS
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFADROXIL (CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP, CEFADROXIL 500 MG/5ML RECON SUSP)	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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
<i>cefotetan disodium</i>	3	
CEFOTETAN DISODIUM-DEXTROSE	3	
<i>cefoxitin sodium</i>	3	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	3	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	3	
<i>ceftazidime (ceftazidime 2 gm recon soln, ceftazidime 6 gm recon soln)</i>	3	
CEFTAZIDIME AND DEXTROSE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 100 gm recon soln)</i>	3	
<i>ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	3	
CEFTRIAZONE SODIUM-DEXTROSE	3	
<i>tazicef 1 gm recon soln</i>	3	
<i>tazicef 2 gm recon soln</i>	3	
TAZICEF 6 GM RECON SOLN	3	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	3	
CEFEPIME-DEXTROSE	3	
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO	4	 Non-Extended Day Supply
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	

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

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

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>sharobel</i>	1	
SLYND	3	
<i>tulana</i>	1	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	2	
<i>budesonide er</i>	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div></div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">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: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA<sup>3</sup></div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	PA <sup>3</sup>
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	PA <sup>3</sup>
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	PA <sup>3</sup>
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 <sup>3</sup>
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISONE INTENSOL	3	PA <sup>3</sup>
SOLU-CORTEF	3	
SOLU-MEDROL (PF)	3	
SOLU-MEDROL 1000 MG RECON SOLN	3	
SOLU-MEDROL 2 GM RECON SOLN	3	
SOLU-MEDROL 500 MG RECON SOLN	3	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	1	

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

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

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

### ANTI-INFLAMMATORY AGENTS - TOPICAL

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

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

### ANTIFUNGALS - TOPICAL

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

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

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

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	1	QL 7 ML / 30 DAYS
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	3	QL 90 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	3	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	3	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	3	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	3	QL 60 GM / 30 DAYS
<b>SCABICIDES PEDICULICIDES</b>		
LINDANE	3	
<i>malathion</i>	3	
<i>permethrin (nix)</i>	2	
<b>WOUND CARE PRODUCTS</b>		
REGANEX	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	
SUCRAID	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> <p>Non-Extended Day Supply</p> </div> </div>
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)</i>	3	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ethacrynic acid</i>	3	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>furosemide 10 mg/ml solution</i>	3	
<i>torseamide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
<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>	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)</i>	1	
<i>risedronate sodium 35 mg tab dr</i>	3	
<i>teriparatide</i>	4	<ul style="list-style-type: none"> <li>QL 2.48 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	4	<ul style="list-style-type: none"> <li>QL 2.48 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
XGEVA	4	<ul style="list-style-type: none"> <li>QL 1.7 ML / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>GROWTH HORMONES</b>		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>
SKYTROFA	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	3	
<i>raloxifene hcl</i>	1	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	3	
<i>carglumic acid</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<i>cinacalcet hcl</i>	3	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>PA</div> </div>
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	3	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<i>nitisinone</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPFOLDA	3	QL 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	3	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	4	PA NDS Non-Extended Day Supply LA
<i>sodium phenylbutyrate 500 mg tab</i>	4	PA NDS Non-Extended Day Supply
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	3	QL 30 EA / 30 DAYS PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	3	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	3	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	2	
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	3	PA
SIGNIFOR	4	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>estradiol-norethindrone acet</i>	3	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone-eth estradiol</i>	3	
<b>ESTROGENS</b>		
<i>dotti</i>	3	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk)</i>	3	
<i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	
<i>estradiol valerate</i>	3	
<i>lyllana</i>	3	
MENEST	3	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	3	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levofloxacin 25 mg/ml solution</i>	3	
<i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i>	3	
<i>levofloxacin in d5w 250 mg/50ml solution</i>	1	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	3	
MOXIFLOXACIN HCL IN NAACL	3	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	3	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
RELSTONE	3	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	2	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	3	
DIPENTUM	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 400 mg cap dr, mesalamine 1000 mg suppos)</i>	2	
<i>mesalamine 4 gm enema</i>	3	
MESALAMINE 800 MG TAB DR	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	2	
<i>mesalamine er 500 mg cap er</i>	3	
<i>mesalamine-cleanser</i>	3	
SKYRIZI 180 MG/1.2ML SOLN CART	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 1.2 ML / 56 OVER TIME</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
SKYRIZI 360 MG/2.4ML SOLN CART	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span>QL</span> 2.4 ML / 56 OVER TIME</div> <div><span>PA</span></div> <div><span>NDS</span> Non-Extended Day Supply</div> </div>
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alose tron hcl</i>	4	<span>NDS</span> Non-Extended Day Supply
LINZESS	2	<span>QL</span> 30 EA / 30 DAYS
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	<span>QL</span> 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RELISTOR 8 MG/0.4ML SOLUTION	4	<div data-bbox="1133 170 1192 205">QL</div> 12 ML / 30 DAYS <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NDS</div> Non-Extended Day Supply
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>lanthanum carbonate</i>	4	<div data-bbox="1133 548 1192 583">NDS</div> Non-Extended Day Supply
<i>sevelamer carbonate</i>	3	
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	4	<div data-bbox="1133 770 1192 806">QL</div> 90 EA / 30 DAYS <div data-bbox="1133 819 1192 854">PA</div> <div data-bbox="1133 867 1192 903">NDS</div> Non-Extended Day Supply <div data-bbox="1133 936 1192 972">LA</div>
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS NO 2	2	
<b>ALKALINIZERS</b>		
<i>potassium citrate er</i>	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	3	<div data-bbox="1133 1413 1192 1449">PA</div> <div data-bbox="1133 1461 1192 1497">LA</div>
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	2	
<i>sodium chloride 0.9 % solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	2	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	3	
<i>tiopronin 100 mg tab</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> <p>Non-Extended Day Supply</p> </div> </div>
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	2	
<b>GOUT AGENTS</b>		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
<b>URICOSURICS</b>		
<i>probenecid</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	4	PA NDS Non-Extended Day Supply LA
<i>sajazir</i>	4	PA NDS Non-Extended Day Supply LA
<b>COMPLEMENT INHIBITORS</b>		
CINRYZE	4	PA NDS Non-Extended Day Supply LA
HAEGARDA	4	PA NDS Non-Extended Day Supply LA
RUCONEST	4	PA NDS Non-Extended Day Supply LA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	2	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>miglustat</i>	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>yargesa</i>	4	<ul style="list-style-type: none"> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA	2	
ENDARI	4	<ul style="list-style-type: none"> <li>QL 180 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>COBALAMINS</b>		
<i>cyanocobalmin (vitamin b12)</i>	1*	
HYDROXOCOBALAMIN ACETATE	2*	
METHYLCOBALAMIN 10000 MCG RECON SOLN	2*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid</i>	1*	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #666699; color: white; padding: 2px 5px;">QL</div> <div style="margin-right: 10px;">30 EA / 30 DAYS</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #666699; color: white; padding: 2px 5px;">QL</div> <div style="margin-right: 10px;">60 EA / 30 DAYS</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div>
RETACRIT 40000 UNIT/ML SOLUTION	4	<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>
UDENYCA	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZARXIO	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
ZIEXTENZO	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<b>HEMATOPOIETIC MIXTURES</b>		
<i>folic acid / vitamin b6 / vitamin b12</i>	1*	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	3	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>eszopiclone</i>	3	QL 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA <sup>2</sup>
<i>zaleplon 10 mg cap</i>	3	QL 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	3	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	3	QL 30 EA / 30 DAYS
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	3	QL 30 EA / 30 DAYS
DAYVIGO	3	QL 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>ramelteon</i>	2	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> </ul>
<i>tasimelteon</i>	4	<ul style="list-style-type: none"> <li>QL 30 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

**LAXATIVES**

**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	
SUFLAVE	2	

**LAXATIVES - MISCELLANEOUS**

<i>constulose</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	3	
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	
<i>clarithromycin er</i>	3	
<b>ERYTHROMYCINS</b>		
<i>ery-tab</i>	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	3	
<i>erythromycin base</i>	3	
ERYTHROMYCIN BASE 250 MG CP DR PART	3	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	3	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	QL 20 EA / 10 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIFICID 40 MG/ML RECON SUSP	2	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 136 ML / 10 OVER TIME
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
GAUZE PADS	2	
<i>gauze pads and dressings</i>	2	
<b>DIABETIC SUPPLIES</b>		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G5 MOBILE RECEIVER	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G5 RECEIVER KIT	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G6 RECEIVER	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 1 EA / 274 OVER TIME <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G6 SENSOR	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 3 EA / 30 DAYS <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G6 TRANSMITTER	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 1 EA / 68 OVER TIME <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G7 RECEIVER	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 1 EA / 275 OVER TIME <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
DEXCOM G7 SENSOR	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 3 EA / 30 DAYS <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
FREESTYLE LIBRE 14 DAY READER	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 1 EA / 274 OVER TIME <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	<div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">QL</div> 2 EA / 28 DAYS <div style="background-color: #8e44ad; color: white; padding: 2px; border-radius: 3px;">PA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FREESTYLE LIBRE 2 READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 274 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 2 SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">2 EA / 28 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 3 READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 274 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">2 EA / 28 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE READER	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 274 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">2 EA / 20 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G6 INTRO (GEN 5)	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G6 PODS (GEN 5)	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G7 INTRO (GEN 5)	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 G7 PODS (GEN 5)	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD 5 PACK	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">15 EA / 30 DAYS</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD CLASSIC PDM (GEN 3)	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH INTRO (GEN 4)	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 EA / 275 OVER TIME</div> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD DASH PDM (GEN 4)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 275 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PODS (GEN 4)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	2	
ALCOHOL SWABS 1X1	2	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
<i>needles and syringes</i>	2	
<i>needles and syringes</i>	2	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
AJOVY	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.5 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
EMGALITY	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
EMGALITY (300 MG DOSE)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
NURTEC	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MIGRAINE COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	QL 18 EA / 30 OVER TIME
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL 16 ML / 30 DAYS PA
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	3	QL 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	1	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	3	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	3	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	3	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	3	QL 18 EA / 30 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MINERALS ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium gluconate 10 % solution</i>	1	
<b>ELECTROLYTE MIXTURES</b>		
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	3	PA <sup>3</sup>
<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>	3	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	3	
KCL (0.149%) IN NAACL	3	
KCL (0.298%) IN NAACL	3	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	3	
KCL-LACTATED RINGERS-D5W	3	
<i>lactated ringers</i>	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 20-0.45 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 20-0.9 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 40-0.9 meq/l-% solution</i>	3	



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	1*	
<i>sodium fluoride 2.2 mg</i>	1*	
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	3	
<b>PHOSPHATE</b>		
K-PHOS	2	
<b>POTASSIUM</b>		
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	3	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	3	
<i>potassium chloride 2 meq/ml solution</i>	3	
<i>potassium chloride 20 meq packet</i>	3	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<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	
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### SODIUM

<i>sodium chloride</i>	3	
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### MISCELLANEOUS THERAPEUTIC CLASSES

#### CHELATING AGENTS

<i>penicillamine 250 mg tab</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>trientine hcl 250 mg cap</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

#### IMMUNOMODULATORS

<i>lenalidomide</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6A329F; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">QL 28 EA / 28 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA<sup>2</sup></div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div>Non-Extended Day Supply</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> </div>
REVLIMID	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6A329F; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">QL 30 EA / 30 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA<sup>2</sup></div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div>Non-Extended Day Supply</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> </div>
REZUROCK	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6A329F; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">QL 30 EA / 30 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div>Non-Extended Day Supply</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> </div>
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6A329F; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">QL 60 EA / 30 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">NDS</div> <div>Non-Extended Day Supply</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 5px; margin-bottom: 2px;">LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	4	<div data-bbox="1133 170 1192 205">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 222 1192 258">NDS</div> Non-Extended Day Supply <div data-bbox="1133 289 1192 325">LA</div>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	1	<div data-bbox="1133 430 1192 466">PA<sup>3</sup></div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	3	<div data-bbox="1133 510 1192 546">PA<sup>3</sup></div>
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	3	<div data-bbox="1133 667 1192 703">PA<sup>3</sup></div>
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	3	<div data-bbox="1133 856 1192 892">PA<sup>3</sup></div>
ENVARUSUS XR 4 MG TAB ER 24H	4	<div data-bbox="1133 982 1192 1018">PA<sup>3</sup></div> <div data-bbox="1133 1035 1192 1071">NDS</div> Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	4	<div data-bbox="1133 1119 1192 1155">PA<sup>3</sup></div> <div data-bbox="1133 1171 1192 1207">NDS</div> Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	3	<div data-bbox="1133 1266 1192 1302">PA<sup>3</sup></div>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	<div data-bbox="1133 1381 1192 1417">PA<sup>3</sup></div>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	4	<div data-bbox="1133 1486 1192 1522">PA<sup>3</sup></div> <div data-bbox="1133 1539 1192 1575">NDS</div> Non-Extended Day Supply
<i>mycophenolate sodium</i>	2	<div data-bbox="1133 1623 1192 1659">PA<sup>3</sup></div>
<i>mycophenolic acid</i>	2	<div data-bbox="1133 1686 1192 1722">PA<sup>3</sup></div>
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	3	<div data-bbox="1133 1791 1192 1827">PA<sup>3</sup></div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	3	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	4	PA <sup>3</sup> NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	PA <sup>3</sup>

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

VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

### POTASSIUM REMOVING AGENTS

LOKELMA	3	
<i>sodium polystyrene sulfonate powder</i>	1	
SPS	1	
VELTASSA	2	

### SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	4	QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
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### MOUTH/THROAT/DENTAL AGENTS

#### ANESTHETICS TOPICAL ORAL

LIDOCAINE HCL 4 % SOLUTION	1	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>perio gard</i>	1	
<b>DENTAL PRODUCTS</b>		
<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	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	2	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1*	
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2*	
<i>vitamin b complex / vitamin c / folic acid</i>	1*	
<b>PRENATAL VITAMINS</b>		
OBTREX DHA 29-1 & 387 MG MISC	2*	
PRENATABS RX	2*	
<i>prenatal vitamin</i>	3	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	3	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	3	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	3	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	3	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	3	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
<b>NASAL STEROIDS</b>		
<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
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	4	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	4	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	
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### OPHTHALMIC ADRENERGIC AGENTS

APRACLONIDINE HCL	2	
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<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	2	
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<i>brimonidine tartrate 0.2 % solution</i>	1	
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### OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac</i>	1	QL 7 GM / 7 OVER TIME
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BACITRACIN 500 UNIT/GM OINTMENT	1	
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<i>bacitracin-polymyxin b</i>	1	QL 7 GM / 7 OVER TIME
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<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
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<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 GM / 7 OVER TIME
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<i>gatifloxacin</i>	3	QL 5 ML / 7 OVER TIME
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<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
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LEVOFLOXACIN 0.5 % SOLUTION	1	QL 60 ML / 30 OVER TIME
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LEVOFLOXACIN 1.5 % SOLUTION	1	
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MOXIFLOXACIN HCL (2X DAY)	1	
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<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
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NATACYN	3	QL 15 ML / 7 OVER TIME
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<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 7 OVER TIME
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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	4	QL 10 ML / 42 DAYS PA
ZIRGAN	3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	2	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	2	QL 5.5 ML / 30 DAYS
VERKAZIA	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	2	QL 60 EA / 30 DAYS
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	
ROCKLATAN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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OPHTHALMIC NERVE GROWTH FACTORS		
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OXERVATE	4	<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; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">112 ML / 365 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
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OPHTHALMIC STEROIDS		
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<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	


OPHTHALMICS - MISC.		
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<i>azelastine hcl 0.05 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diclofenac sodium 0.1 % solution</i>	1	QL 20 ML / 365 OVER TIME
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	3	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine 0.4 % solution</i>	1	QL 20 ML / 365 OVER TIME
<i>ketorolac tromethamine 0.5 % solution</i>	1	
<i>olopatadine</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	3	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	3	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	
<b>OTIC COMBINATIONS</b>		
<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	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 875-125 MG TAB)	1	
AMOXICILLIN-POT CLAVULANATE ER	3	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm            recon soln</i>	3	
<i>ampicillin-sulbactam sodium 15 (10-5) gm            recon soln</i>	3	
<i>ampicillin-sulbactam sodium 3 (2-1) gm            recon soln</i>	3	
<i>piperacillin sod-tazobactam so</i>	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (nafcillin sodium 1 gm            recon soln, nafcillin sodium 2 gm recon            soln)</i>	3	
<i>nafcillin sodium 10 gm recon soln</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>oxacillin sodium</i>	3	
OXACILLIN SODIUM IN DEXTROSE	3	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	
<i>megestrol acetate 625 mg/5ml suspension</i>	3	PA
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	3	
DISULFIRAM (DISULFIRAM, DISULFIRAM 500 MG TAB)	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
SODIUM OXYBATE	4	<ul style="list-style-type: none"> <li>QL 540 ML / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
XYWAV	4	<ul style="list-style-type: none"> <li>QL 540 ML / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>



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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR 6 MG TAB ER 24H	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 90 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
AUSTEDO XR PATIENT TITRATION	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 42 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>tetrabenazine</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
AVONEX PREFILLED	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 1 EA / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dalfampridine er</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> </ul>
<i>dimethyl fumarate 120 mg cap dr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 14 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate 240 mg cap dr</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 60 EA / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>dimethyl fumarate starter pack</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 120 EA / 180 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993300; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 12 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 20 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 ML / 30 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
<i>glatopa 40 mg/ml soln prsy</i>	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 12 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
KESIMPTA	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1.6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
PLEGRIDY	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> <li><span style="background-color: #009999; color: white; padding: 2px;">LA</span></li> </ul>
REBIF	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 6 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>
REBIF REBIDOSE TITRATION PACK	4	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 4.2 ML / 180 OVER TIME</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #993333; color: white; padding: 2px;">NDS</span> Non-Extended Day Supply</li> </ul>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI 75-94 MG PACKET	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
PULMOZYME	4	<ul style="list-style-type: none"> <li>QL 150 ML / 30 DAYS</li> <li>PA<sup>3</sup></li> <li>NDS Non-Extended Day Supply</li> </ul>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	4	<ul style="list-style-type: none"> <li>QL 56 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 90 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	4	<ul style="list-style-type: none"> <li>QL 60 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> <li>LA</li> </ul>
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	4	<ul style="list-style-type: none"> <li>QL 270 EA / 30 DAYS</li> <li>PA</li> <li>NDS Non-Extended Day Supply</li> </ul>

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

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



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

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTISPASMODICS

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

### H-2 ANTAGONISTS

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

### MISC. ANTI-ULCER

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
















### PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	2
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lansoprazole (prevacid)</i>	2	
<i>omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	3	
<i>bismuth/metronidaz/tetracyclin</i>	3	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	3	PA

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	  \$0 Part D Adult Vaccine
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	  \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	  \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	  \$0 Part D Adult Vaccine
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	 2 EA / 365 OVER TIME  \$0 Part D Adult Vaccine
STAMARIL	1	 \$0 Part D Adult Vaccine
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	 \$0 Part D Adult Vaccine
TWINRIX	1	 \$0 Part D Adult Vaccine
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	 \$0 Part D Adult Vaccine
VARIVAX	1	 \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YF-VAX	1	VAC \$0 Part D Adult Vaccine
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole vaginal 0.75% gel</i>	1	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
VANAZOLE	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvaferm</i>	1	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	QL 2 EA / 30 OVER TIME MFG Drug coverage is limited to certain manufacturers
SYMJEPI	2	QL 2 EA / 30 OVER TIME
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa</i>	4	PA NDS Non-Extended Day Supply
<i>midodrine hcl</i>	1	

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

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LENVIMA (18 MG DAILY		LIDOCAINE HCL.....	148	low-ogestrel.....
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5)	141	oxybutynin chloride	170	pentamidine isethionate for	
OMNIPOD 5 G6 PODS (GEN		oxybutynin chloride er	170	nebulization solution	26
5)	141	oxycodone hcl	22	pentoxifylline er	134
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5)	141	OZEMPIC (1 MG/DOSE)	49	permethrin (nix)	123
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STIVARGA	81	tadalafil	103	gel	24
STREPTOMYCIN SULFATE	14	tadalafil (pah)	104	testosterone 25 mg/2.5gm (1%)	
STRIBILD	96	TAFINLAR	81	gel	24
STRIVERDI RESPIMAT	35	TAGRISSO	65	testosterone 50 mg/5gm (1%)	
SUCRAID	124	TALTZ	119	gel	24
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SUFLAVE	138	tamoxifen citrate	67	CYPIONATE	24
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(acne)	117	TASIGNA	81	TESTOSTERONE	
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