

2024

UCare Medicare Plans (HMO-POS) and EssentiaCare (PPO) Formulary (List of Covered Drugs)

- UCare Medicare Plans (HMO-POS)
 - UCare Aware
 - UCare Classic
 - UCare Complete
 - UCare Essentials Rx
 - UCare Standard
- UCare Medicare with M Health Fairview and North Memorial (HMO-POS)
- UCare Advocate Plans (HMO-I-SNP)
- EssentiaCare Plans (PPO)

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 Plans Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free)

UCare Medicare with M Health Fairview & North Memorial Customer Service at 612-676-6520 or 1-888-618-2595 (this call is free)

UCare Advocate Plans Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free)

EssentiaCare Customer Service at 218-722-4915 or 1-855-432-7025 (this call is free)

For all 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

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-နမ္မိကတိ ကညိ ကျိအယိ, နမ္မနိ ကျိအတိမစာလေ တလက်ဘုဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိ။ ဝိ: 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 or UCare Health, Inc. When it refers to “plan” or “our plan,” it means UCare Medicare Plans and EssentiaCare.

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 Plans and EssentiaCare Formulary?

A formulary is a list of covered drugs selected by UCare Medicare Plans and EssentiaCare 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 Plans and EssentiaCare 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 Plans or EssentiaCare 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 Plans and EssentiaCare 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 Plans and EssentiaCare 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 Plans and EssentiaCare 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 Plans and EssentiaCare, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Plans and EssentiaCare Formulary are available on our website, ucare.org/member-documents. Upon your request, UCare will mail you an updated printed edition.

How do I use the Formulary?

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 178. 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 Plans and EssentiaCare 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 Plans and EssentiaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UCare Medicare Plans or EssentiaCare before you fill your prescriptions. If you don't get approval, UCare Medicare Plans or EssentiaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Medicare Plans and EssentiaCare limits the amount of the drug that UCare Medicare Plans or EssentiaCare will cover. For example, UCare Medicare Plans or EssentiaCare 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 Plans and EssentiaCare 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 Plans or EssentiaCare may not cover Drug B unless you try

Drug A first. If Drug A does not work for you, UCare Medicare Plans or EssentiaCare 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 Plans or EssentiaCare 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 Plans and EssentiaCare 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 Plans or EssentiaCare 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 Plans or EssentiaCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by UCare Medicare Plans or EssentiaCare.
- You can ask UCare Medicare Plans or EssentiaCare 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 Plans and EssentiaCare Formulary?

You can ask UCare Medicare Plans or EssentiaCare 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 5). 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 Plans and EssentiaCare 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 Plans or EssentiaCare 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?

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

If you are a current UCare Medicare Plans or EssentiaCare 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 Plans or EssentiaCare 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

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

If you have questions about UCare Medicare Plans or EssentiaCare, 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 Plans and EssentiaCare Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Plans and EssentiaCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 178.

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 Plans and EssentiaCare have any special requirements for coverage of your drug.

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from UCare before we'll cover it
PA²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA³	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug covered per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a \$35 copay per one-month supply

Explanation of Requirements/Limits	
VAC	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45
MFG	Drug coverage is limited to certain manufacturers
NDS	Drugs limited to a 30-day supply per fill
LA	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	4	
<i>amphetamine-dextroamphetamine</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	4	
<i>methamphetamine hcl</i>	4	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	2	QL 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	4	
STIMULANTS - MISC.		
<i>armodafinil</i>	2	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>	2	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	4	
<i>methylphenidate hcl er (la)</i>	4	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	4	
<i>modafinil</i>	2	QL 60 EA / 30 DAYS PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	4	
<i>gentamicin sulfate 10 mg/ml solution</i>	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE	4	
<i>tobramycin 300 mg/4ml nebu soln</i>	5	<div style="display: flex; flex-direction: column; 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;">224 ML / 28 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> </div>
<i>tobramycin 300 mg/5ml nebu soln</i>	5	<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;">300 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	5	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE)	5	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	5	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	5	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5	<ul style="list-style-type: none"> QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	5	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	5	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-PSOR/UEVIT STARTER	5	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-CD/UC/HS STARTER	5	<ul style="list-style-type: none"> QL 6 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PS/UV/ADOL HS STARTER	5	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	5	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	5	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	5	<ul style="list-style-type: none"> QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ 1 MG/ML SOLUTION	5	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ XR	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
GOLD COMPOUNDS		
RIDAURA	5	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
INTERLEUKIN-1 BLOCKERS		
ARCALYST	5	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ACTEMRA ACTPEN	5	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
KEVZARA	5	<ul style="list-style-type: none"> QL 2.28 ML / 28 DAYS PA NDS Non-Extended Day Supply

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib</i>	2
<i>diclofenac potassium 50 mg tab</i>	2
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	2
<i>diclofenac sodium er</i>	4
<i>ec-naproxen</i>	2
<i>etodolac</i>	2
<i>flurbiprofen 100 mg tab</i>	2
<i>ibuprofen (motrin)</i>	1
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	2
<i>ketorolac tromethamine 10 mg tab</i>	2
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1
<i>nabumetone</i>	2
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 500 mg tab)</i>	1
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	2
<i>naproxen dr</i>	2

You can find information 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>oxaprozin 600 mg tab</i>	4	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	5	<ul style="list-style-type: none"> QL 55 EA / 180 OVER TIME PA NDS Non-Extended Day Supply LA
OTEZLA 30 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	2	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 2.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA CLICKJECT	5	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	5	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL MINI	5	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL SURECLICK	5	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>diflunisal</i>	2	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	4	<ul style="list-style-type: none"> 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>	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	3	QL 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	3	QL 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	3	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>	4	PA ³
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	4	QL 360 EA / 30 DAYS PA
<i>methadone hcl 10 mg/5ml solution</i>	4	QL 1800 ML / 30 DAYS PA
<i>methadone hcl 5 mg/5ml solution</i>	4	QL 3600 ML / 30 DAYS PA
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	3	QL 180 ML / 30 DAYS
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	3	QL 180 EA / 30 DAYS
MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL 1800 ML / 30 DAYS
<i>morphine sulfate 20 mg/5ml solution</i>	3	QL 900 ML / 30 DAYS
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i>	3	QL 120 EA / 30 DAYS PA
<i>morphine sulfate er 200 mg tab er</i>	4	QL 120 EA / 30 DAYS PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	3	QL 180 EA / 30 DAYS
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL 270 EA / 30 DAYS
<i>oxycodone hcl 5 mg cap</i>	3	QL 360 EA / 30 OVER TIME
<i>oxycodone hcl 5 mg tab</i>	3	QL 360 EA / 30 DAYS
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL 5400 ML / 30 DAYS
<i>tramadol hcl 50 mg tab</i>	3	QL 240 EA / 30 DAYS
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	3	QL 390 EA / 30 DAYS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	3	QL 4980 ML / 30 DAYS
<i>endocet</i>	3	QL 360 EA / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	4	QL 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	3	QL 360 EA / 30 DAYS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	3	QL 360 EA / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tramadol-acetaminophen</i>	3	QL 360 EA / 30 DAYS
OPIOID PARTIAL AGONISTS		
BELBUCA	3	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	3	QL 4 EA / 28 DAYS PA
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	3	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg 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>	2	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	4	QL 10 ML / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	4	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	4	QL 150 GM / 30 DAYS PA
TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 25 MG/2.5GM (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL)	4	QL 300 GM / 30 DAYS PA
<i>testosterone 10 mg/act (2%) gel</i>	4	QL 120 GM / 30 DAYS PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	QL 75 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	4	QL 180 GM / 30 DAYS PA
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION)	2	PA
TESTOSTERONE ENANTHATE	2	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide 2 mg foam</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	2	
RECTAL STEROIDS		
<i>hydrocortisone (perianal)</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	5	NDS Non-Extended Day Supply
BENZNIDAZOLE	4	LA
<i>ivermectin 3 mg tab</i>	3	PA
<i>praziquantel</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	2	
BACITRACIN 50000 UNIT RECON SOLN	2	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	2	
<i>metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL 1 EA / 28 DAYS PA³
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
XIFAXAN 200 MG TAB	4	QL 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	5	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	2	
<i>sulfatrim pediatric</i>	2	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	5	NDS Non-Extended Day Supply





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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nitazoxanide</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 6 EA / 3 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
CARBAPENEMS		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	4	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	4	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	4	QL 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	4	QL 10 EA / 10 DAYS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i>	5	NDS Non-Extended Day Supply
GLYCOPEPTIDES		
DALVANCE	5	NDS Non-Extended Day Supply
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	4	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	3	
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	2	
LINCOSAMIDES		
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>lincomycin hcl</i>	2	
MONOBACTAMS		
<i>aztreonam</i>	4	QL 84 ML / 28 DAYS
CAYSTON	5	PA NDS Non-Extended Day Supply LA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXAZOLIDINONES		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	4	
<i>linezolid 100 mg/5ml recon susp</i>	5	 Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	4	
SIVEXTRO 200 MG TAB	5	 6 EA / 6 OVER TIME   Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	3	
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	4	
<i>polymyxin b sulfate</i>	2	
URINARY ANTI-INFECTIVES		
<i>fosfomicin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	2	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	
ANTI-ANXIETY AGENTS		
ANTI-ANXIETY AGENTS - MISC.		
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 7.5 mg tab, buspirone hcl 10 mg tab, buspirone hcl 15 mg tab, buspirone hcl 30 mg tab)</i>	2	
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	4	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	4	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	2	QL 120 EA / 30 DAYS PA²
<i>alprazolam 2 mg tab</i>	2	QL 150 EA / 30 DAYS PA²

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clorazepate dipotassium</i>	4	QL 180 EA / 30 DAYS PA ²
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	2	QL 120 EA / 30 DAYS PA ²
<i>diazepam 5 mg/5ml solution</i>	2	QL 1200 ML / 30 DAYS PA ²
<i>diazepam 5 mg/ml conc</i>	2	QL 240 ML / 30 DAYS PA ²
<i>diazepam intensol</i>	2	QL 240 ML / 30 DAYS PA ²
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	2	QL 150 EA / 30 DAYS PA ²
<i>lorazepam 2 mg/ml conc</i>	2	QL 150 ML / 30 DAYS PA ²
<i>lorazepam intensol</i>	2	QL 150 ML / 30 DAYS PA ²
<i>oxazepam</i>	4	QL 120 EA / 30 DAYS PA ²

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate</i>	4	
<i>quinidine gluconate er</i>	4	
QUINIDINE SULFATE	2	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl</i>	2	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>dofetilide</i>	4	
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	4	
<i>pacerone 200 mg tab</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	5	PA ³ NDS Non-Extended Day Supply
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	5	PA NDS Non-Extended Day Supply LA
FASENRA PEN	5	PA NDS Non-Extended Day Supply LA
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	5	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR 150 MG RECON SOLN	5	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA 	
XOLAIR 150 MG/ML SOLN A-INJ	5	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply 	
XOLAIR 150 MG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA 	
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply 	
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA 	
BRONCHODILATORS - ANTICHOLINERGICS			
ATROVENT HFA	3	<ul style="list-style-type: none"> QL 25.8 GM / 30 DAYS 	
INCRUSE ELLIPTA	3	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS 	
<i>ipratropium bromide 0.02 % solution</i>	2	<ul style="list-style-type: none"> PA³ 	
SPIRIVA HANDIHALER	3	<ul style="list-style-type: none"> QL 90 EA / 90 DAYS 	
SPIRIVA RESPIMAT	3	<ul style="list-style-type: none"> QL 4 GM / 30 DAYS 	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 4 mg packet, montelukast sodium 5 mg chew tab)</i>	2	
<i>montelukast sodium 10 mg tab</i>	1	
<i>zafirlukast</i>	4	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	4	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	3	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	3	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	3	QL 1 EA / 30 DAYS
ASMANEX HFA	3	QL 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	4	QL 120 ML / 30 DAYS PA ³
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	4	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL 21.2 GM / 30 DAYS


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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SYMPATHOMIMETICS		
ADVAIR HFA	3	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	PA ³
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	2	PA ³
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	4	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	2	PA ³
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	2	QL 36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	2	QL 17 GM / 30 DAYS
ANORO ELLIPTA	3	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	2	QL 120 ML / 30 DAYS PA ³
BREO ELLIPTA	3	QL 60 EA / 30 DAYS
<i>brey-na</i>	2	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	3	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	2	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	3	QL 8 GM / 30 DAYS
DULERA	3	QL 26 GM / 30 DAYS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	2	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	4	QL 120 ML / 30 DAYS PA ³
<i>ipratropium-albuterol</i>	2	PA ³
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	4	PA ³
LEVALBUTEROL TARTRATE	3	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	3	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	3	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	4	
TRELEGY ELLIPTA	3	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	3	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	2	QL 60 EA / 30 DAYS
XANTHINES		
<i>theophylline</i>	2	
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	3	
XARELTO STARTER PACK	3	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	4	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	5	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	
THROMBIN INHIBITORS		
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 150 MG CAP)	4	
PRADAXA 110 MG CAP	4	
ANTICONSULTANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	5	<ul style="list-style-type: none"> QL 720 ML / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA 2 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA²
ANTICONSULTANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	2	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	4	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	2	
<i>lacosamide 10 mg/ml solution</i>	3	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	4	
<i>lamotrigine (lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab)</i>	2	
<i>lamotrigine er (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>	4	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	2	
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</i>	2	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	

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








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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA²
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GABA MODULATORS		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
<i>vigadrone</i>	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
<i>vigpoder</i>	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
HYDANTOINS		
DILANTIN 30 MG CAP	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenytek</i>	2	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
SUCCINIMIDES		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	4	
VALPROIC ACID		
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	2	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (mirtazapine 15 mg tab disp, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab disp)</i>	2	
<i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 30 mg tab, mirtazapine 45 mg tab)</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	4	QL 60 EA / 30 DAYS
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	2	
<i>bupropion hcl er (smoking det)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>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>	2	
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	2	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	5	 28 EA / 14 OVER TIME   Non-Extended Day Supply
ZURZUVAE 30 MG CAP	5	 14 EA / 14 OVER TIME   Non-Extended Day Supply
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	 Non-Extended Day Supply
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	4	
<i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	2	
SEROTONIN MODULATORS		
NEFAZODONE HCL	4	
<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	4	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	4	QL 30 EA / 30 DAYS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	2	
FETZIMA	4	QL 30 EA / 30 DAYS
FETZIMA TITRATION	4	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	2	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	4	
<i>desipramine hcl</i>	4	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	4	
<i>imipramine hcl</i>	4	
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	2	
MIGLITOL	4	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL 30 EA / 30 DAYS
INVOKAMET	3	QL 60 EA / 30 DAYS
INVOKAMET XR	3	QL 60 EA / 30 DAYS
JANUMET	3	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	3	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	3	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	3	QL 60 EA / 30 DAYS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	3	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	3	QL 60 EA / 30 DAYS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	3	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	3	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	3	QL 60 EA / 30 DAYS
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er (metformin hcl er 500 mg tab er 24h, metformin hcl er 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
<i>diazoxide</i>	4	
GLUCAGON EMERGENCY 1 MG KIT	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mifepristone 300 mg tab</i>	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	3	QL 30 EA / 30 DAYS
TRADJENTA	3	QL 30 EA / 30 DAYS
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	4	QL 180 EA / 30 DAYS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	3	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA
MOUNJARO	3	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA
OZEMPIC (2 MG/DOSE)	3	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA
RYBELSUS	3	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA
TRULICITY	3	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA
VICTOZA	3	<ul style="list-style-type: none"> QL 9 ML / 30 DAYS PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	3	PA ³ INS \$35 Insulin
HUMULIN R U-500 KWIKPEN	3	INS \$35 Insulin
INSULIN ASP PROT & ASP FLEXPEN	3	INS \$35 Insulin
INSULIN ASPART	3	PA ³ INS \$35 Insulin
INSULIN ASPART FLEXPEN	3	INS \$35 Insulin
INSULIN ASPART PENFILL	3	INS \$35 Insulin
INSULIN ASPART PROT & ASPART	3	INS \$35 Insulin
LANTUS	3	INS \$35 Insulin
LANTUS SOLOSTAR	3	INS \$35 Insulin
NOVOLIN 70/30	3	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN	3	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN RELION	3	INS \$35 Insulin
NOVOLIN 70/30 RELION	3	INS \$35 Insulin
NOVOLIN N	3	INS \$35 Insulin
NOVOLIN N FLEXPEN	3	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	3	INS \$35 Insulin
NOVOLIN N RELION	3	INS \$35 Insulin
NOVOLIN R	3	INS \$35 Insulin
NOVOLIN R FLEXPEN	3	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	3	INS \$35 Insulin
NOVOLIN R RELION	3	INS \$35 Insulin

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLOG	3	PA ³ INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	3	INS \$35 Insulin
NOVOLOG FLEXPEN	3	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	3	INS \$35 Insulin
NOVOLOG MIX 70/30	3	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	3	INS \$35 Insulin
NOVOLOG MIX 70/30 RELION	3	INS \$35 Insulin
NOVOLOG PENFILL	3	INS \$35 Insulin
NOVOLOG RELION	3	PA ³ INS \$35 Insulin
TOUJEO MAX SOLOSTAR	3	INS \$35 Insulin
TOUJEO SOLOSTAR	3	INS \$35 Insulin
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
INVOKANA	3	QL 30 EA / 30 DAYS
JARDIANCE	3	QL 30 EA / 30 DAYS
SULFONYLUREAS		
<i>glimepiride</i>	1	
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	4	
<i>loperamide (immodium)</i>	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	5	PA NDS Non-Extended Day Supply
<i>deferasirox 90 mg tab</i>	4	PA
<i>deferiprone</i>	5	PA NDS Non-Extended Day Supply LA
OPIOID ANTAGONISTS		
KLOXXADO	3	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
<i>naltrexone hcl</i>	2	

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate 50 mg recon soln</i>	5	NDS Non-Extended Day Supply
<i>caspofungin acetate 70 mg recon soln</i>	4	
<i>micafungin sodium</i>	5	NDS Non-Extended Day Supply
ANTIFUNGALS		
ABELCET	4	PA ³
AMPHOTERICIN B	4	PA ³
<i>flucytosine</i>	5	NDS Non-Extended Day Supply
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	5	NDS Non-Extended Day Supply
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 200 mg tab)</i>	2	
<i>fluconazole 150 mg tab</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	4	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	
<i>posaconazole 100 mg tab dr</i>	5	PA NDS Non-Extended Day Supply
VORICONAZOLE (VORICONAZOLE 40 MG/ML RECON SUSP, VORICONAZOLE 200 MG RECON SOLN)	5	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	4	PA
ANTIHISTAMINES		
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine (zyrtec)</i>	2	
<i>desloratadine 5 mg tab</i>	2	
<i>levocetirizine (xyzal)</i>	4	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	4	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	2	QL 30 EA / 30 DAYS



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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	4	
<i>omega-3-acid ethyl esters</i>	2	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	3	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	4	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	3	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	2	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	2	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	4	
<i>gemfibrozil</i>	2	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvastatin sodium</i>	2	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	2	QL 30 EA / 30 DAYS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	4	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	4	QL 2 ML / 28 DAYS PA
REPATHA	3	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	3	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	3	QL 6 ML / 28 DAYS PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl (guanfacine hcl 1 mg tab, guanfacine hcl 2 mg tab)</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	2	
<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>	2	
<i>atenolol-chlorthalidone</i>	2	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	4	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	2	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	2	
<i>minoxidil</i>	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>isoniazid 50 mg/5ml syrup</i>	4	
PASER	3	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifabutin</i>	4	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> Non-Extended Day Supply </div> </div>
TRECTOR	4	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	2	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA³</div>
GLEOSTINE	5	<div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> Non-Extended Day Supply
LEUKERAN	4	
<i>temozolomide</i>	Part B Covered	

ANTIMETABOLITES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
ONUREG	5	<ul style="list-style-type: none"> QL 14 ML / 28 DAYS PA² NDS Non-Extended Day Supply
PURIXAN	5	<ul style="list-style-type: none"> NDS Non-Extended Day Supply LA
TABLOID	4	
XATMEP	4	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	5	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
FRUZAQLA 5 MG CAP	5	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply
INLYTA 1 MG TAB	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
INLYTA 5 MG TAB	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (10 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (12 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (14 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (18 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (20 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (24 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (4 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (8 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² LA
VENCLEXTA 100 MG TAB	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA 50 MG TAB	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA STARTING PACK	5	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>erlotinib hcl 25 mg tab</i>	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EXKIVITY	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>gefitinib</i>	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GILOTRIF	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TAGRISSO	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VIZIMPRO	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ERIVEDGE	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORSERDU 86 MG TAB	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
SOLTAMOX	5	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	<ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	<ul style="list-style-type: none"> QL 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XTANDI 80 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	5	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 100 MG CAP	5	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BOSULIF 100 MG TAB	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 50 MG CAP	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BRAFTOVI	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BRUKINSA	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
CABOMETYX	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CALQUENCE 100 MG CAP	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CALQUENCE 100 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CAPRELSA 100 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
COMETRIQ (100 MG DAILY DOSE)	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
COMETRIQ (140 MG DAILY DOSE)	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
COPIKTRA	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
COTELLIC	5	<ul style="list-style-type: none"> QL 63 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	5	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus 5 mg tab sol</i>	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FOTIVDA	5	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
GAVRETO	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IBRANCE	5	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply LA
ICLUSIG	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IDHIFA	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>imatinib mesylate 100 mg tab</i>	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>imatinib mesylate 400 mg tab</i>	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 140 MG CAP	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 70 MG/ML SUSPENSION	5	<ul style="list-style-type: none"> QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
INREBIC	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JAYPIRCA 100 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 50 MG TAB	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI (200 MG DOSE)	5	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (400 MG DOSE)	5	<ul style="list-style-type: none"> QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (600 MG DOSE)	5	<ul style="list-style-type: none"> QL 63 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KOSELUGO 10 MG CAP	5	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KOSELUGO 25 MG CAP	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KRAZATI	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>lapatinib ditosylate</i>	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
LORBRENA 100 MG TAB	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LORBRENA 25 MG TAB	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LUMAKRAS 120 MG TAB	5	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LUMAKRAS 320 MG TAB	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYNPARZA	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYTGOBI (12 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply

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

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
LYTGOBI (16 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 112 EA / 28 DAYS PA² NDS Non-Extended Day Supply 	
LYTGOBI (20 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply 	
MEKINIST 0.05 MG/ML RECON SOLN	5	<ul style="list-style-type: none"> QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply 	
MEKINIST 0.5 MG TAB	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply 	
MEKINIST 2 MG TAB	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply 	
MEKTOVI	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA 	
NERLYNX	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA 	
NINLARO	5	<ul style="list-style-type: none"> QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA 	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OGSIVEO	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
OJJAARA	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>pazopanib hcl</i>	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
PEMAZYRE	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
PIQRAY (200 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (300 MG DAILY DOSE)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
QINLOCK	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETEVMO 80 MG CAP	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZLIDHIA	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 100 MG CAP	5	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 200 MG CAP	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 50 MG PACKET	5	<ul style="list-style-type: none"> QL 336 EA / 28 DAYS PA² NDS Non-Extended Day Supply
RUBRACA	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RYDAPT	5	<ul style="list-style-type: none"> QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SCEMBLIX 40 MG TAB	5	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>sorafenib tosylate</i>	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL (SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL 20 MG TAB	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
STIVARGA	5	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
<i>sunitinib malate</i>	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
TABRECTA	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	5	<ul style="list-style-type: none"> QL 840 ML / 28 DAYS PA² NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TALZENNA 0.25 MG CAP	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TASIGNA	5	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
TAZVERIK	5	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TEPMETKO	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TIBSOVO	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TRUQAP	5	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA² NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TURALIO 125 MG CAP	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VANFLYTA 17.7 MG TAB	5	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VANFLYTA 26.5 MG TAB	5	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VERZENIO	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 100 MG CAP	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 20 MG/ML SOLUTION	5	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 25 MG CAP	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA












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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 150 MG CAP SPRINK	5	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 200 MG CAP	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 250 MG CAP	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XOSPATA	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
ZEJULA 100 MG CAP	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZELBORAF	5	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tretinoin 10 mg cap</i>	5	 Non-Extended Day Supply
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	5	 240 EA / 30 DAYS   Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	2	
MESNEX 400 MG TAB	5	 Non-Extended Day Supply
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	4	
NOURIANZ	5	 30 EA / 30 DAYS   Non-Extended Day Supply 
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	2	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	4	
<i>tolcapone</i>	5	  Non-Extended Day Supply

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	4	
RYTARY	4	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	4	
<i>selegiline hcl</i>	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	2	
<i>lithium carbonate (lithium carbonate, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	2	
<i>lithium carbonate er</i>	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	4	QL 30 EA / 30 DAYS PA²
<i>lurasidone hcl</i>	2	
NUPLAZID	5	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	4	QL 30 EA / 30 DAYS

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VRAYLAR 1.5 & 3 MG CAP THPK	4	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	QL 60 ML / 30 DAYS
BENZISOXAZOLES		
FANAPT	4	QL 60 EA / 30 DAYS PA ²
FANAPT TITRATION PACK	4	QL 8 EA / 180 OVER TIME PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL 1 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL 1.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL 0.25 ML / 28 DAYS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL 0.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL 0.88 ML / 90 OVER TIME NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	4	QL 30 EA / 30 DAYS
<i>paliperidone er 6 mg tab er 24h</i>	4	QL 60 EA / 30 DAYS
PERSERIS	5	<p>QL 1 EA / 30 DAYS</p> <p>NDS Non-Extended Day Supply</p>
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	4	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	3	QL 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	5	<p>QL 2 EA / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL 0.28 ML / 30 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL 0.35 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL 0.42 ML / 60 OVER TIME
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL 0.56 ML / 60 OVER TIME
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL 0.7 ML / 60 OVER TIME
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL 0.14 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL 0.21 ML / 30 DAYS NDS Non-Extended Day Supply
BUTYROPHENONES		
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
DIBENZAPINES		
<i>asenapine maleate</i>	4	QL 60 EA / 30 DAYS
<i>clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)</i>	4	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>loxapine succinate</i>	2	
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	2	
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg recon soln, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	4	
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
VERSACLOZ	5	NDS Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL 2 EA / 28 DAYS
DIHYDROINDOLONES		
MOLINDONE HCL	4	
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>compro</i>	4	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	4	
<i>perphenazine</i>	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate</i>	4	
<i>thioridazine hcl</i>	4	
<i>trifluoperazine hcl</i>	3	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL 2.4 ML / 56 OVER TIME
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL 3.2 ML / 56 OVER TIME
ABILIFY MAINTENA	5	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	5	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	2	
<i>aripiprazole 1 mg/ml solution</i>	4	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL 3.9 ML / 56 OVER TIME NDS Non-Extended Day Supply









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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARISTADA 441 MG/1.6ML PRSYR	5	QL 1.6 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA 662 MG/2.4ML PRSYR	5	QL 2.4 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA 882 MG/3.2ML PRSYR	5	QL 3.2 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA INITIO	5	QL 4.8 ML / 365 OVER TIME NDS Non-Extended Day Supply
REXULTI	5	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
THIOXANTHENES		
<i>thiothixene</i>	4	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	5	NDS Non-Extended Day Supply
APRETUDE	5	NDS Non-Extended Day Supply
APTIVUS 250 MG CAP	5	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS Non-Extended Day Supply












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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CABENUVA	5	NDS Non-Extended Day Supply
CIMDUO	5	NDS Non-Extended Day Supply
COMPLERA	4	
<i>darunavir</i>	5	NDS Non-Extended Day Supply
DELSTRIGO	5	NDS Non-Extended Day Supply
DESCOVY	5	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	5	NDS Non-Extended Day Supply
EDURANT	5	NDS Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS Non-Extended Day Supply
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	5	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	4	QL 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS Non-Extended Day Supply
EVOTAZ	5	NDS Non-Extended Day Supply
















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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NORVIR 100 MG PACKET	3	
ODEFSEY	5	 Non-Extended Day Supply
PIFELTRO	5	 Non-Extended Day Supply
PREZCOBIX	5	 Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	4	
PREZISTA 100 MG/ML SUSPENSION	5	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	5	 Non-Extended Day Supply
<i>ritonavir</i>	2	
RUKOBIA	5	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	5	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	3	
STRIBILD	5	 Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	5	 Non-Extended Day Supply
SYMTUZA	4	
TEMIXYS	5	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	5	 Non-Extended Day Supply
TIVICAY 10 MG TAB	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TIVICAY PD	5	 Non-Extended Day Supply
TRIUMEQ	5	 Non-Extended Day Supply
TRIUMEQ PD	5	 Non-Extended Day Supply
TRIZIVIR	5	 Non-Extended Day Supply
TROGARZO	5	 Non-Extended Day Supply 
VIRACEPT	5	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	5	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	2	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	3	 20 EA / 5 OVER TIME  \$0 Copay
PAXLOVID (300/100)	3	 30 EA / 5 OVER TIME  \$0 Copay
CMV AGENTS		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	5	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	 Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS Non-Extended Day Supply
<i>entecavir</i>	4	QL 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 100-40 MG TAB	5	QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	5	QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply
PEGASYS	5	PA NDS Non-Extended Day Supply
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	2	
SOFOSBUVIR-VELPATASVIR	5	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	5	NDS Non-Extended Day Supply
VOSEVI	5	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	2	
<i>acyclovir 200 mg/5ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA ³
<i>famciclovir</i>	2	
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	2	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	3	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	3	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL 540 ML / 180 OVER TIME
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	
MISC. ANTIVIRALS		
LAGEVRIO	3	QL 40 EA / 5 OVER TIME
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	2	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
<i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)</i>	2	
<i>propranolol hcl er</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	2	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	2	
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads (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>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	4	
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	2	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 125 MCG TAB, DIGOXIN 250 MCG TAB)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i>	2	
ENTRESTO	3	QL 60 EA / 30 DAYS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>bosentan</i>	5	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OPSUMIT	5	PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	5	PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	5	PA NDS Non-Extended Day Supply
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	5	PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	5	PA NDS Non-Extended Day Supply LA
SINUS NODE INHIBITORS		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	3	QL 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	3	QL 450 ML / 30 DAYS
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	QL 30 EA / 30 DAYS PA LA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	3	QL 30 EA / 30 DAYS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	2	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	4	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	4	
<i>ceftazidime</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 100 gm recon soln)</i>	4	
<i>ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	2	
CEFTRIAZONE SODIUM IN DEXTROSE	4	
CEFTRIAZONE SODIUM-DEXTROSE	4	
TAZICEF (TAZICEF 1 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 6 GM RECON SOLN)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	4	
CEFEPIME-DEXTROSE	4	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO	5	 Non-Extended Day Supply
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>blisovi 24 fe</i>	4	
<i>blisovi fe 1.5/30</i>	4	
<i>camrese</i>	2	
<i>camrese lo</i>	4	
<i>cryselle-28</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	4	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>drospirenone-ethinyl estradiol</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 24 fe</i>	4	
<i>introvale</i>	4	
<i>isibloom</i>	2	
<i>jasmiel</i>	4	
<i>joyeaux</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kaitlib fe</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth est & eth est</i>	4	
<i>levonorgest-eth estrad 91-day</i> (<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>)	4	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad</i> (<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab</i>)	2	
<i>levora 0.15/30 (28)</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	

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

You can find information 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>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	4	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	4	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
TYBLUME	4	
<i>tydemy</i>	4	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	4	
<i>vylibra</i>	4	
<i>wymzya fe</i>	4	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	4	
<i>xulane</i>	4	
<i>zafemy</i>	4	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	4	QL 1 EA / 365 OVER TIME
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>etonogestrel-ethinyl estradiol</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>haloette</i>	4	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	2	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>sharobel</i>	2	
SLYND	4	
<i>tulana</i>	2	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i>	2	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	2	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	2	PA ³
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	PA ³
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 6.7 (5 BASE) MG/5ML SOLUTION, PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	3	PA ³
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	4	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg tab, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i>	1	PA ³
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	PA ³
PREDNISONE INTENSOL	4	PA ³
SOLU-CORTEF	4	
SOLU-MEDROL (PF)	4	
SOLU-MEDROL 1000 MG RECON SOLN	4	
SOLU-MEDROL 2 GM RECON SOLN	4	
SOLU-MEDROL 500 MG RECON SOLN	4	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	2	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	2	PA ³
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane</i>	4	
<i>amnestem</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>avita 0.025 % cream</i>	4	QL 45 GM / 30 DAYS PA
<i>claravis</i>	4	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	2	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	2	QL 75 GM / 30 DAYS
ERY	3	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	2	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i>	3	QL 45 GM / 30 DAYS PA
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	4	QL 45 GM / 30 DAYS PA
<i>zenatane</i>	4	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac 1% gel</i>	2	QL 1000 GM / 30 DAYS
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate 0.1 % cream</i>	2	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	2	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	2	QL 220 GM / 30 DAYS
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77 % gel</i>	2	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	2	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	2	QL 13.2 ML / 30 DAYS

You can find information 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>ciclopirox olamine 0.77 % cream</i>	2	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	2	QL 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	4	QL 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	2	QL 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	2	QL 240 ML / 30 DAYS
<i>klayesta</i>	2	QL 60 GM / 30 DAYS
<i>nyamyc</i>	2	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	2	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	2	QL 60 GM / 30 DAYS
<i>nystatin-triamcinolone</i>	3	QL 60 GM / 30 DAYS
<i>nystop</i>	2	QL 60 GM / 30 DAYS

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene 1 % gel</i>	5	QL 60 GM / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	4	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	2	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	2	QL 40 GM / 30 DAYS
PANRETIN	5	PA ² NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALCHLOR	5	<ul style="list-style-type: none"> QL 240 GM / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTIPSORIATICS		
<i>acitretin</i>	4	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	4	<ul style="list-style-type: none"> QL 120 GM / 30 DAYS
<i>calcipotriene 0.005 % solution</i>	3	<ul style="list-style-type: none"> QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	4	
METHOXSALLEN RAPID	5	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	5	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	5	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ	5	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 GM / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	2	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 30 GM / 30 DAYS </div>
<i>penciclovir</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 5 GM / 7 OVER TIME </div>
BURN PRODUCTS		
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SULFAMYLON 85 MG/GM CREAM	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 453.6 GM / 30 DAYS </div>
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 GM / 30 DAYS </div>
<i>betamethasone dipropionate 0.05 % lotion</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 ML / 30 DAYS </div>
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 100 GM / 30 DAYS </div>
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 ML / 30 DAYS </div>
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 180 GM / 30 DAYS </div>
<i>betamethasone valerate 0.1 % lotion</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 ML / 30 DAYS </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobetasol prop emollient base</i>	4	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	4	QL 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	4	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	4	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	4	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	4	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	4	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	4	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	4	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	4	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	4	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	4	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	4	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment)</i>	2	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	2	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	2	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	2	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	2	QL 180 ML / 30 DAYS

You can find information 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>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.5 % cream)</i>	2	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	2	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL 120 GM / 30 DAYS
<i>triderm</i>	2	QL 454 GM / 30 DAYS
ECZEMA AGENTS		
ADBRY	5	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	5	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	5	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENZYMES - TOPICAL		
SANTYL	3	QL 180 GM / 30 OVER TIME
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	2	QL 24 EA / 30 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	4	QL 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	4	QL 100 GM / 30 DAYS
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox 0.5 % solution</i>	2	QL 7 ML / 30 DAYS
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl 4 % solution</i>	2	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	2	QL 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	4	QL 90 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL 30 GM / 30 DAYS
ROSACEA AGENTS		
<i>azelaic acid</i>	4	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	2	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	4	QL 45 GM / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metronidazole 0.75 % lotion</i>	4	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	4	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	4	
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
WOUND CARE PRODUCTS		
REGRANEX	5	NDS Non-Extended Day Supply
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	3	
SUCRAID	5	PA NDS Non-Extended Day Supply LA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i>	2	
<i>acetazolamide er</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methazolamide</i>	4	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide</i>	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>furosemide 10 mg/ml solution</i>	4	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	2	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	2	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	
<i>indapamide</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	3	
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ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	
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<i>alendronate sodium 70 mg/75ml solution</i>	4	
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<i>calcitonin (salmon) 200 unit/act solution</i>	3	
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<i>ibandronate sodium 150 mg tab</i>	2	QL 1 EA / 30 DAYS
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<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)</i>	2	
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<i>risedronate sodium 35 mg tab dr</i>	4	
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<i>teriparatide</i>	5	<ul style="list-style-type: none"> QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
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TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	5	<ul style="list-style-type: none"> QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
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XGEVA	5	<ul style="list-style-type: none"> QL 1.7 ML / 28 DAYS PA NDS Non-Extended Day Supply
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GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT	5	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GROWTH HORMONES		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	5	<div style="display: flex; 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> <div>Non-Extended Day Supply</div> </div>
SKYTROFA	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>Non-Extended Day Supply</div> </div>
HORMONE RECEPTOR MODULATORS		
OSPHENA	4	
<i>raloxifene hcl</i>	2	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div>Non-Extended Day Supply</div> </div>
METABOLIC MODIFIERS		
<i>betaine</i>	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">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>
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	<div style="display: flex; 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>
<i>cinacalcet hcl</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> </div>
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	4	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROLACTIN INHIBITORS		
<i>cabergoline</i>	3	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	4	PA
SIGNIFOR	5	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>estradiol-norethindrone acet</i>	4	
<i>fyavolv</i>	4	
<i>jinteli</i>	4	
<i>norethindrone-eth estradiol</i>	4	
ESTROGENS		
<i>dotti</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk)</i>	4	
<i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	2	
<i>estradiol valerate</i>	4	
<i>lyllana</i>	4	
MENEST	4	
FLUROQUINOLONES		
FLUROQUINOLONES		
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	4	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i>	4	
<i>levofloxacin in d5w 250 mg/50ml solution</i>	2	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	4	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	<ul style="list-style-type: none"> QL 1.2 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	5	<ul style="list-style-type: none"> QL 2.4 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	2	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl</i>	5	NDS Non-Extended Day Supply
LINZESS	3	QL 30 EA / 30 DAYS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	3	QL 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	5	<ul style="list-style-type: none"> QL 18 ML / 30 DAYS PA NDS Non-Extended Day Supply
RELISTOR 8 MG/0.4ML SOLUTION	5	<ul style="list-style-type: none"> QL 12 ML / 30 DAYS PA NDS Non-Extended Day Supply

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	1	
URINARY STONE AGENTS		
LITHOSTAT	4	
<i>tiopronin 100 mg tab</i>	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> Non-Extended Day Supply </div> </div>
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	3	
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	2	
<i>febuxostat</i>	2	
URICOSURICS		
<i>probenecid</i>	3	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> Non-Extended Day Supply </div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>sajazir</i>	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> </div> Non-Extended Day Supply
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COMPLEMENT INHIBITORS

CINRYZE	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> </div> Non-Extended Day Supply
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HAEGARDA	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> </div> Non-Extended Day Supply
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RUCONEST	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> </div> Non-Extended Day Supply
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HEMATORHEOLOGIC AGENTS

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

<i>anagrelide hcl</i>	2
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<i>aspirin-dipyridamole er</i>	4
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BRILINTA	3
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<i>cilostazol</i>	2
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<i>clopidogrel bisulfate 75 mg tab</i>	1
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<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	4
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<i>prasugrel hcl</i>	3
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

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

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

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	3	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	2	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	2	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	2	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	2	
<i>clarithromycin er</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERYTHROMYCINS		
<i>ery-tab</i>	4	
ERYTHROCIN STEARATE	4	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	4	
<i>erythromycin base (erythromycin base, erythromycin base 250 mg cp dr part)</i>	4	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	4	
FIDAXOMICIN		
DIFICID 200 MG TAB	3	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	3	QL 136 ML / 10 OVER TIME
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	3	
<i>gauze pads and dressings</i>	3	
DIABETIC SUPPLIES		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes</i>	3	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
AJOVY	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.5 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
EMGALITY	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
EMGALITY (300 MG DOSE)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
NURTEC	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	4	
<i>sumatriptan-naproxen sodium</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 OVER TIME</div> </div>
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
SEROTONIN AGONISTS		
<i>eletriptan hydrobromide</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 OVER TIME</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naratriptan hcl</i>	2	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	2	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	4	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	4	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	4	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	4	QL 18 EA / 30 OVER TIME

MINERALS ELECTROLYTES

CALCIUM

calcium gluconate 10 % solution 2

ELECTROLYTE MIXTURES

DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION) 4 PA³

dextrose-sodium chloride (dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution) 4

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KCL (0.149%) IN NAACL	4	
KCL (0.298%) IN NAACL	4	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%- solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%- solution)</i>	4	
KCL-LACTATED RINGERS-D5W	4	
<i>lactated ringers</i>	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
POTASSIUM CHLORIDE IN NAACL (POTASSIUM CHLORIDE IN NAACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NAACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NAACL 40-0.9 MEQ/L-% SOLUTION)	4	
FLUORIDE		
<i>sodium fluoride</i>	2	
<i>sodium fluoride 2.2 mg</i>	2	
MAGNESIUM		
<i>magnesium sulfate 50 % solution</i>	4	
PHOSPHATE		
K-PHOS	3	
POTASSIUM		
<i>klor-con 10</i>	2	
<i>klor-con 20 meq packet</i>	4	
<i>klor-con 8 meq tab er</i>	2	
<i>klor-con m10</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/15ml (20%) solution)</i>	2	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ PACKET, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	4	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	2	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	2	
SODIUM		
<i>sodium chloride</i>	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250 mg tab</i>	5	<div data-bbox="1133 1608 1195 1644">PA</div> <div data-bbox="1133 1654 1195 1719">NDS</div> <div data-bbox="1203 1654 1479 1719">Non-Extended Day Supply</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trientine hcl 250 mg cap</i>	5	<div data-bbox="1133 170 1195 212">PA</div> <div data-bbox="1133 222 1479 289">NDS Non-Extended Day Supply</div>
IMMUNOMODULATORS		
<i>lenalidomide</i>	5	<div data-bbox="1133 380 1451 422">QL 28 EA / 28 DAYS</div> <div data-bbox="1133 432 1195 474">PA²</div> <div data-bbox="1133 485 1479 552">NDS Non-Extended Day Supply</div> <div data-bbox="1133 562 1195 604">LA</div>
REVLIMID	5	<div data-bbox="1133 602 1451 644">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 655 1195 697">PA²</div> <div data-bbox="1133 707 1479 774">NDS Non-Extended Day Supply</div> <div data-bbox="1133 785 1195 827">LA</div>
REZUROCK	5	<div data-bbox="1133 833 1451 875">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 886 1195 928">PA</div> <div data-bbox="1133 938 1479 1005">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1016 1195 1058">LA</div>
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	5	<div data-bbox="1133 1064 1451 1106">QL 60 EA / 30 DAYS</div> <div data-bbox="1133 1117 1479 1184">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1194 1195 1236">LA</div>
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	5	<div data-bbox="1133 1253 1451 1295">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 1306 1479 1373">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1383 1195 1425">LA</div>
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	2	<div data-bbox="1133 1518 1195 1560">PA³</div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	4	<div data-bbox="1133 1577 1195 1619">PA³</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	4	PA ³
ENVARBUS XR (ENVARBUS XR 0.75 MG TAB ER 24H, ENVARBUS XR 1 MG TAB ER 24H)	4	PA ³
ENVARBUS XR 4 MG TAB ER 24H	5	PA ³ NDS Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	5	PA ³ NDS Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	4	PA ³
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	2	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA ³ NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	3	PA ³
<i>mycophenolic acid</i>	3	PA ³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	4	PA ³
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	4	PA ³
<i>sirolimus 1 mg/ml solution</i>	5	PA ³ NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	2	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
POTASSIUM REMOVING AGENTS		
LOKELMA	4	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS	2	
VELTASSA	3	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	5	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	2	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	2	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>periogard</i>	2	
DENTAL PRODUCTS		
<i>cavarest</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>just right 5000 1.1 % gel</i>	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel)</i>	2	
STERIODS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	3	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	2	
MULTIVITAMINS		
PRENATAL VITAMINS		
<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL 34 GM / 30 DAYS
NEUROMUSCULAR AGENTS		
ALS AGENTS		
		QL 70 ML / 28 DAYS
		PA
RADICAVA ORS	5	NDS Non-Extended Day Supply LA
		QL 70 ML / 28 DAYS
		PA
RADICAVA ORS STARTER KIT	5	NDS Non-Extended Day Supply LA
<i>riluzole</i>	4	PA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose 10 % solution</i>	4	PA ³
<i>dextrose 5 % solution</i>	4	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	4	PA ³
CLINIMIX/DEXTROSE (4.25/5)	4	PA ³
CLINIMIX/DEXTROSE (5/15)	4	PA ³
CLINIMIX/DEXTROSE (5/20)	4	PA ³
<i>plenamine</i>	4	PA ³

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	2	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % solution</i>	2	
MIOTICS		
PHOSPHOLINE IODIDE	5	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	2	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	3	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	2	 7 GM / 7 OVER TIME

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b</i>	2	QL 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	2	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	4	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	2	QL 10 ML / 7 OVER TIME
<i>levofloxacin 0.5 % solution</i>	2	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL 6 ML / 7 OVER TIME
NATACYN	4	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	2	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	2	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	2	
<i>sulfacetamide sodium 10 % solution</i>	2	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	2	QL 60 ML / 30 OVER TIME

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIFLURIDINE	2	QL 15 ML / 7 OVER TIME
XDEMVI	5	QL 10 ML / 42 DAYS PA
ZIRGAN	4	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 EA / 30 DAYS
RESTASIS	3	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	3	QL 5.5 ML / 30 DAYS
VERKAZIA	5	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	3	QL 60 EA / 30 DAYS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	3	
ROCKLATAN	4	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	5	QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	4	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
OPHTHALMICS - MISC.		
<i>azelastine hcl 0.05 % solution</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	2	
CYSTARAN	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 ML / 28 DAYS</div> <div>PA</div> <div>NDS Non-Extended Day Supply</div> <div>LA</div> </div>
<i>diclofenac sodium 0.1 % solution</i>	2	QL 20 ML / 365 OVER TIME
<i>dorzolamide hcl</i>	2	
<i>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 % solution</i>	2	QL 20 ML / 365 OVER TIME

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ketorolac tromethamine 0.5 % solution</i>	2	
<i>olopatadine</i>	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	4	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	4	
<i>travoprost (bak free)</i>	2	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	2	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	2	
<i>neomycin-polymyxin-hc</i>	2	
OTIC STEROIDS		
<i>flac</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
HYDROCORTISONE-ACETIC ACID	2	
<i>hydrocortisone-acetic acid</i>	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	5	PA NDS Non-Extended Day Supply



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GAMUNEX-C 1 GM/10ML SOLUTION	5	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	5	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC \$0 Part D Adult Vaccine
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	5	PA NDS Non-Extended Day Supply LA
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 125 MG/5ML RECON SUSP, AMOXICILLIN 200 MG/5ML RECON SUSP, AMOXICILLIN 250 MG CAP, AMOXICILLIN 250 MG CHEW TAB, AMOXICILLIN 250 MG/5ML RECON SUSP, AMOXICILLIN 400 MG/5ML RECON SUSP, AMOXICILLIN 500 MG CAP, AMOXICILLIN 500 MG TAB, AMOXICILLIN 875 MG TAB)	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AMPICILLIN SODIUM 2 GM RECON SOLN	2	
NATURAL PENICILLINS		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i>	1	
PFIZERPEN	2	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB)	2	
AMOXICILLIN-POT CLAVULANATE ER	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AMPICILLIN-SULBACTAM SODIUM (AMPICILLIN-SULBACTAM SODIUM, AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN, AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN)	4	
<i>piperacillin sod-tazobactam so</i>	4	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	4	
<i>nafcillin sodium 10 gm recon soln</i>	5	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	2	
<i>megestrol acetate 625 mg/5ml suspension</i>	4	
<i>norethindrone acetate</i>	2	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	4	
DISULFIRAM (DISULFIRAM, DISULFIRAM 500 MG TAB)	2	
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;">QL 540 ML / 30 DAYS</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">NDS Non-Extended Day Supply</div> <div style="margin-bottom: 2px;">LA</div> </div>
XYWAV	5	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 2px;">QL 540 ML / 30 DAYS</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">NDS Non-Extended Day Supply</div> <div style="margin-bottom: 2px;">LA</div> </div>
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)</i>	2	QL 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	2	
<i>donepezil hcl 23 mg tab</i>	4	QL 30 EA / 30 DAYS
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	3	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	4	

You can find information 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>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	3	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO 6 MG TAB	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR PATIENT TITRATION	5	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>tetrabenazine</i>	5	<ul style="list-style-type: none"> NDS Non-Extended Day Supply

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN	5	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AVONEX PREFILLED	5	QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>dalfampridine er</i>	3	QL 60 EA / 30 DAYS PA
<i>dimethyl fumarate 120 mg cap dr</i>	5	QL 14 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate 240 mg cap dr</i>	5	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate starter pack</i>	5	QL 120 EA / 180 DAYS PA NDS Non-Extended Day Supply
<i>fingolimod hcl</i>	5	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 20 mg/ml soln prsy</i>	5	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 40 mg/ml soln prsy</i>	5	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 20 mg/ml soln prsy</i>	5	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatopa 40 mg/ml soln prsyr</i>	5	<ul style="list-style-type: none"> QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
KESIMPTA	5	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
PLEGRIDY	5	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
REBIF	5	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE	5	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE TITRATION PACK	5	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
REBIF TITRATION PACK	5	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
<i>teriflunomide</i>	5	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VUMERITY	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
VUMERITY (STARTER)	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	5	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	4	
PIMOZIDE	4	
SMOKING DETERRENTS		
NICOTROL INHALER	3	
NICOTROL NASAL SPRAY	3	
<i>varenicline tartrate</i>	2	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate(continue)</i>	2	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	5	<ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA


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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRONCHITOL TOLERANCE TEST	5	<ul style="list-style-type: none"> QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 13.4 MG PACKET	5	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 5.8 MG PACKET	5	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	5	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI 75-94 MG PACKET	5	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMOZYME	5	<ul style="list-style-type: none"> QL 150 ML / 30 DAYS PA³ NDS Non-Extended Day Supply
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	5	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMONARY FIBROSIS AGENTS		
OFEV	5	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	5	<ul style="list-style-type: none"> QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>pirfenidone 801 mg tab</i>	5	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE	4	
TETRACYCLINES		
GLYCYLCYCLINES		
TIGECYCLINE	5	 Non-Extended Day Supply
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	2	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	2	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	4	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	4	

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

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

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	2
<i>dicyclomine hcl 10 mg/5ml solution</i>	4
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	4

H-2 ANTAGONISTS

<i>cimetidine</i>	2
<i>famotidine (pepcid)</i>	1

MISC. ANTI-ULCER

<i>sucralfate 1 gm tab</i>	2
<i>sucralfate 1 gm/10ml suspension</i>	4

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	2	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	2	
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	4	
<i>bismuth/metronidaz/tetracyclin</i>	4	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	2	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tropium chloride er</i>	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	4	PA
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	3	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	4	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
VIRAL VACCINES		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA ³ VAC \$0 Part D Adult Vaccine
GARDASIL 9	1	VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45)
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA ³ VAC \$0 Part D Adult Vaccine
IMOVAX RABIES	1	PA ³ 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JYNNEOS	1	VAC \$0 Part D Adult Vaccine
M-M-R II	1	VAC \$0 Part D Adult Vaccine
PREHEVBRIO	1	PA ³ VAC \$0 Part D Adult Vaccine
PRIORIX	1	VAC \$0 Part D Adult Vaccine
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA ³ VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	PA ³ VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA ³ VAC \$0 Part D Adult Vaccine
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA ³ VAC \$0 Part D Adult Vaccine
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL 2 EA / 365 OVER TIME VAC \$0 Part D Adult Vaccine
STAMARIL	1	VAC \$0 Part D Adult Vaccine

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

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

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	2	
<i>metronidazole vaginal 0.75% gel</i>	2	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	2	
VANDAZOLE	2	

VAGINAL ESTROGENS

<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	2	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	2	

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

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

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

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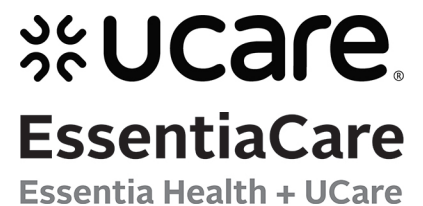
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