2024

UCare Medicare Group Plans Formulary (List of Covered Drugs)

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 09/29/2023.

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

For more recent information or other questions, please contact:

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

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

All lines answered 8am-8pm, seven days a week, or visit **ucare.org**

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ucare®

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, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (**መስማት ለተሳናቸው**: 612-676-6810/1-800-688-2534).

ဟ်သူဉ်ဟ်သး–နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤနှ် ကျိာ်အတၢ်မၤစၢၤလၢ တလာ်ဘူဉ်လာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ.
ကိး 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៖ បើសិនជាអ្នកនិយា ភាសារ៉ែខ្មរ, រសវាជំនួយរ័ផ្តកភាសា ដោយមិនគិតឈ្លួល គឺអាចមានសំរាប់បំរីអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

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

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

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

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

Form Approved
OMB# 0938-1421

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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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 quí vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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ございます。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 09/29/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the UCare Medicare Group Plans Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

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

The enclosed formulary is current as of 09/29/2023. To get updated information about the drugs covered by UCare Medicare Group Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Group Plans Formulary are available on our website, **ucare.org/member-documents**. 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 169. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

UCare Medicare Group Plans Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Group Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 169.

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

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

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from UCare before we'll cover it
PA[2]	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA[3]	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug covered per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a $35 copay per one-month supply
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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
amikacin sulfate 500 mg/2ml solution	3	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	3	
GENTAMICIN SULFATE 10 MG/ML SOLUTION	1	
gentamicin sulfate 40 mg/ml solution	3	
neomycin sulfate	1	
paromomycin sulfate	3	
STREPTOMYCIN SULFATE	3	
tobramycin 300 mg/4ml nebu soln	4	QL 224 ML / 28 OVER TIME PA NDS Non-Extended Day Supply
tobramycin 300 mg/5ml nebu soln	4	QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA (HUMIRA 10 MG/0.1ML PREF SY KT, HUMIRA 20 MG/0.2ML PREF SY KT)	4	QL 2 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (HUMIRA 40 MG/0.4ML PREF SY KT, HUMIRA 40 MG/0.8ML PREF SY KT)	4	QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	4	QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEN (HUMIRA PEN 40 MG/0.4ML PEN KIT, HUMIRA PEN 40 MG/0.8ML PEN KIT)	4	QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA PEN 80 MG/0.8ML PEN KIT	4	QL 2 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	4	QL 6 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	4	QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-PEDIATRIC UC START	4	QL 4 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEN-PS/UV/ADOL HS START	4	QL 4 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA PEN-PSOR/UVEIT STARTER	4	QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	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)	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	4	QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ 1 MG/ML SOLUTION	4	QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ XR	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
GOLD COMPOUNDS		
RIDAURA	4	NDS Non-Extended Day Supply
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA NDS Non-Extended Day Supply LA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ACTEMRA ACTPEN	4	QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
KEVZARA	4	QL 2.28 ML / 28 DAYS PA NDS Non-Extended Day Supply
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib	1	
diclofenac potassium 50 mg tab	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)	1	
diclofenac sodium er	3	
ec-naproxen	1	
etodolac	1	
flurbiprofen 100 mg tab	1	
ibuprofen (motrin)	1	
indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)	1	
ketorolac tromethamine 10 mg tab	1	
meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)	1	
nabumetone	1	
naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)	1	
naproxen dr	1	
oxaprozin	3	
piroxicam	1	
sulindac	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL 55 EA / 180 OVER TIME PA NDS Non-Extended Day Supply LA
OTEZLA 30 MG TAB	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	4	QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	QL 2.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA CLICKJECT	4	QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL MINI	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL SURECLICK	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - NONNARCOTIC		
SALICYLATES		
diflunisal	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
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)	3	QL 10 EA / 30 DAYS PA
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)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
fentanyl citrate 200 mcg loz handle	3	QL 120 EA / 30 DAYS PA
hydromorphone hcl 1 mg/ml liquid	3	QL 2400 ML / 30 OVER TIME
hydromorphone hcl 2 mg tab	2	QL 450 EA / 30 DAYS
hydromorphone hcl 4 mg tab	2	QL 240 EA / 30 DAYS
hydromorphone hcl 8 mg tab	2	QL 120 EA / 30 DAYS
hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)	3	QL 240 ML / 30 OVER TIME PA³
methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)	3	QL 360 EA / 30 DAYS PA
methadone hcl 10 mg/5ml solution	3	QL 1800 ML / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
methadone hcl 5 mg/5ml solution	3	QL 3600 ML / 30 DAYS PA
morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)	2	QL 180 EA / 30 DAYS
morphine sulfate (concentrate) 10 mg/0.5ml solution	2	
morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)	2	QL 180 EA / 30 DAYS
morphine sulfate 10 mg/5ml solution	2	QL 1800 ML / 30 DAYS
morphine sulfate 20 mg/5ml solution	2	QL 900 ML / 30 DAYS
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)	2	QL 120 EA / 30 DAYS PA
morphine sulfate er 200 mg tab er	3	QL 120 EA / 30 DAYS PA
oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)	2	QL 180 EA / 30 DAYS
oxycodone hcl 100 mg/5ml conc	3	QL 270 EA / 30 DAYS
oxycodone hcl 5 mg cap	2	QL 360 EA / 30 OVER TIME
oxycodone hcl 5 mg tab	2	QL 360 EA / 30 DAYS
oxycodone hcl 5 mg/5ml solution	2	QL 5400 ML / 30 DAYS
tramadol hcl 50 mg tab	2	QL 240 EA / 30 DAYS
OPIOID COMBINATIONS		
acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)	2	QL 390 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
acetaminophen-codeine 120-12 mg/5ml solution	2	QL 4980 ML / 30 DAYS
endocet	2	QL 360 EA / 30 DAYS
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)	3	QL 5400 ML / 30 DAYS
hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)	2	QL 360 EA / 30 DAYS
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)	2	QL 360 EA / 30 DAYS
tramadol-acetaminophen	2	QL 360 EA / 30 DAYS
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL 60 EA / 30 OVER TIME PA
buprenorphine	2	QL 4 EA / 28 DAYS PA
buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)	2	QL 90 EA / 30 DAYS
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)	1	QL 90 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
buprenorphine hcl-naloxone hcl 12-3 mg film	1	QL 60 EA / 30 DAYS
butorphanol tartrate 10 mg/ml solution	3	QL 10 ML / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol	3	
testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)	3	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)	3	QL 300 GM / 30 DAYS PA
testosterone 10 mg/act (2%) gel	3	QL 120 GM / 30 DAYS PA
testosterone 20.25 mg/1.25gm (1.62%) gel	3	QL 75 GM / 30 DAYS PA
testosterone 30 mg/act solution	3	QL 180 GM / 30 DAYS PA
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE, TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION)	1	PA
TESTOSTERONE ENANTHATE	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide 2 mg foam	3	PA
hydrocortisone 100 mg/60ml enema	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECTAL STEROIDS		
hydrocortisone (perianal)	1	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
VASODILATING AGENTS		
RECTIV	2	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	4	NDS Non-Extended Day Supply
BENZNIDAZOLE	3	LA
ivermectin 3 mg tab	2	PA
praziquantel	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
baciim	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)	1	
metronidazole 500 mg/100ml solution	3	
pentamidine isethionate for injection solution	3	
pentamidine isethionate for nebulization solution	3	QL 1 EA / 28 DAYS PA[3]
tinidazole	1	
trimethoprim	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
daptomycin	4	NDS Non-Extended Day Supply
GLYCOPEPTIDES		
DALVANCE	4	NDS Non-Extended Day Supply
vancomycin hcl (vancomycin hcl 1 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)	3	
vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)	3	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	QL 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NACL (VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NACL 500-0.9 MG/100ML-% SOLUTION, VANCOMYCIN HCL IN NACL 750-0.9 MG/150ML-% SOLUTION)	2	
LEPROSTATICS		
dapsone (dapsone 25 mg tab, dapsone 100 mg tab)	1	
LINCOSAMIDES		
clindamycin hcl	1	
clindamycin palmitate hcl	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)	3	
clindamycin phosphate in d5w	3	
CLINDAMYCIN PHOSPHATE IN NACL	3	
lincomycin hcl	1	
MONOBACTAMS		
aztreonam	3	
CAYSTON	4	QL 84 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
OXAZOLIDINONES		
linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)	3	
linezolid 100 mg/5ml recon susp	4	NDS Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	3	
SIVEXTRO 200 MG TAB	4	QL 6 EA / 6 OVER TIME PA NDS Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POLYMYXINS		
colistimethate sodium (cba)	3	
polymyxin b sulfate	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	3	
methenamine hippurate	1	
methenamine mandelate	1	
nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)	1	
nitrofurantoin monohyd macro	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er	1	
NITRATES		
isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)	1	
ISOSORBIDE MONONITRATE	1	
isosorbide mononitrate er	1	
NITRO-BID	3	
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)	1	
nitroglycerin 0.4 mg/spray solution	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl	1	
hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)	3	
BENZODIAZEPINES		
alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)	1	QL 120 EA / 30 DAYS PA²
alprazolam 2 mg tab	1	QL 150 EA / 30 DAYS PA²
clorazepate dipotassium	3	QL 180 EA / 30 DAYS PA²
diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)	1	QL 120 EA / 30 DAYS PA²
diazepam 5 mg/5ml solution	1	QL 1200 ML / 30 DAYS PA²
diazepam 5 mg/ml conc	1	QL 240 ML / 30 DAYS PA²
diazepam intensol	1	QL 240 ML / 30 DAYS PA²
lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)	1	QL 150 EA / 30 DAYS PA²
lorazepam 2 mg/ml conc	1	QL 150 ML / 30 DAYS PA²
lorazepam intensol	1	QL 150 ML / 30 DAYS PA²
oxazepam	3	QL 120 EA / 30 DAYS PA²

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate	3	
quinidine gluconate er	3	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate	1	
propafenone hcl	1	
propafenone hcl er	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)	3	
amiodarone hcl 200 mg tab	1	
dofetilide	3	
pacerone (pacerone 100 mg tab, pacerone 400 mg tab)	3	
pacerone 200 mg tab	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	4	PA³ NDS Non-Extended Day Supply
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FASENRA PEN	4	PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG RECON SOLN	4	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN PRSYR	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	2	QL 30 EA / 30 DAYS
ipratropium bromide 0.02 % solution	1	PA³
SPIRIVA HANDIHALER	2	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	2	QL 4 GM / 30 DAYS
LEUKOTRIENE MODULATORS		
montelukast sodium	1	
zafirlukast	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	2	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX HFA	2	QL 13 GM / 30 DAYS
budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)	3	QL 120 ML / 30 DAYS PA³
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	3	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 DAYS
SYMPATHOMIMETICS		
ADVAIR HFA	2	QL 12 GM / 30 DAYS
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)	1	PA³
albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
albuterol sulfate 2 mg/5ml syrup	1	
albuterol sulfate hfa (proventil equivalent)	1	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
albuterol sulfate hfa 108 (proair equivalent)	1	QL 17 GM / 30 DAYS
ANORO ELLIPTA	2	QL 60 EA / 30 DAYS
arformoterol tartrate	1	QL 120 ML / 30 DAYS PA³
BREO ELLIPTA	2	QL 60 EA / 30 DAYS
BREZTRI AEROSPHERE	2	QL 10.7 GM / 30 DAYS
budesonide-formoterol fumarate	2	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	2	QL 8 GM / 30 DAYS
DULERA	2	QL 26 GM / 30 DAYS
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)	1	QL 60 EA / 30 DAYS
formoterol fumarate	3	QL 120 ML / 30 DAYS PA³
ipratropium-albuterol	1	PA³
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)	3	PA³
LEVALBUTEROL TARTRATE	2	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	2	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	2	QL 4 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)	3	
TRELEGY ELLIPTA	2	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	2	QL 36 GM / 30 DAYS
wixela inhub	1	QL 60 EA / 30 DAYS
XOPENEX HFA	2	QL 30 GM / 30 DAYS
XANTHINES		
theophylline	1	
theophylline er (theophylline er, theophylline er 300 mg tab er 12h)	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven	1	
warfarin sodium	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	
XARELTO STARTER PACK	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEPARINS AND HEPARINOID-LIKE AGENTS		
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)	3	
fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)	4	NDS Non-Extended Day Supply
fondaparinux sodium 2.5 mg/0.5ml solution	3	
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)	1	
THROMBIN INHIBITORS		
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	3	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FYCOMPA 2 MG TAB	3	QL 60 EA / 30 DAYS PA²
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (clobazam 10 mg tab, clobazam 20 mg tab)	3	QL 60 EA / 30 DAYS
clobazam 2.5 mg/ml suspension	3	QL 480 ML / 30 DAYS
clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)	3	QL 90 EA / 30 DAYS PA²
clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)	1	QL 90 EA / 30 DAYS PA²
clonazepam 2 mg tab	1	QL 300 EA / 30 DAYS PA²
clonazepam 2 mg tab disp	3	QL 300 EA / 30 DAYS PA²
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	3	QL 10 EA / 30 OVER TIME
NAYZILAM	3	QL 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
SYMPAZAN 5 MG FILM	3	QL 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 15 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 5 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
ANTICONVULSANTS - MISC.		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	3	QL 60 EA / 30 DAYS
APTIOM 200 MG TAB	3	QL 180 EA / 30 DAYS
APTIOM 400 MG TAB	3	QL 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	4	QL 600 ML / 30 DAYS NDS Non-Extended Day Supply
carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)	1	
carbamazepine 100 mg/5ml suspension	3	
carbamazepine er	3	
DIACOMIT	4	PA² NDS Non-Extended Day Supply LA
EPIDIOLEX	3	PA² LA
epitol	1	
EPRONTIA	3	
FINTEPLA	4	QL 360 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)	1	
gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)	3	
lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)	1	
lacosamide 10 mg/ml solution	2	
lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)	3	
lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)	1	
lamotrigine er	3	
levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)	1	
levetiracetam er	1	
oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)	1	
oxcarbazepine 300 mg/5ml suspension	3	
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)	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
roweepra 500 mg tab	1	
rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)	4	PA² NDS Non-Extended Day Supply
rufinamide 200 mg tab	3	PA²
SPRITAM	3	
topiramate	1	
ZONISADE	3	
zonisamide	1	
ZTALMY	4	QL 1100 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
CARBAMATES		
felbamate (felbamate 400 mg tab, felbamate 600 mg tab)	3	
felbamate 600 mg/5ml suspension	4	NDS Non-Extended Day Supply
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
XCOPRI (350 MG DAILY DOSE)	4	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)	3	QL 28 EA / 28 DAYS PA²

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GABA MODULATORS		
tiagabine hcl	3	
vigabatrin	4	PA² NDS Non-Extended Day Supply LA
vigadrone	4	PA² NDS Non-Extended Day Supply LA
HYDANTOINS		
DILANTIN 30 MG CAP	2	
phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)	1	
phenytoin infatabs	1	
phenytoin sodium extended	1	
SUCCINIMIDES		
ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)	1	
methsuximide	3	
VALPROIC ACID		
divalproex sodium	1	
divalproex sodium er	1	
valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	3	QL 60 EA / 30 DAYS
ANTIDEPRESSANTS - MISC.		
bupropion hcl	1	
bupropion hcl er (smoking det)	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	4	NDS Non-Extended Day Supply
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	3	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)	1	
escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)	1	
fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUOXETINE HCL 90 MG CAP DR	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)	1	
paroxetine hcl 10 mg/5ml suspension	3	
paroxetine hcl er	3	
sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	3	
trazodone hcl	1	
TRINTELLIX	3	QL 30 EA / 30 DAYS
vilazodone hcl	3	QL 30 EA / 30 DAYS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er	1	
duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)	1	
FETZIMA	3	QL 30 EA / 30 DAYS
FETZIMA TITRATION	3	QL 28 EA / 180 OVER TIME
venlafaxine hcl	1	
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)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRICYCLIC AGENTS		
amitriptyline hcl	1	
amoxapine	3	
clomipramine hcl	3	
desipramine hcl	3	
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)	3	
imipramine hcl	3	
imipramine pamoate	3	
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)	1	
protriptyline hcl	3	
trimipramine maleate	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
MIGLITOL	3	
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl	1	
GLYXAMBI	2	QL 30 EA / 30 DAYS
INVOKAMET	2	QL 60 EA / 30 DAYS
INVOKAMET XR	2	QL 60 EA / 30 DAYS
JANUMET	2	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIABETIC OTHER		
diazoxide	3	
glucagon emergency 1 mg kit	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
KORLYM	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	QL 30 EA / 30 DAYS
TRADJENTA	2	QL 30 EA / 30 DAYS
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	3	QL 180 EA / 30 DAYS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	2	QL 4 ML / 28 DAYS PA
MOUNJARO	2	QL 2 ML / 28 DAYS PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ML / 28 DAYS PA
OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 3 ML / 28 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OZEMPIC (2 MG/DOSE)	2	QL 3 ML / 28 DAYS PA
RYBELSUS	2	QL 30 EA / 30 DAYS PA
TRULICITY	2	QL 2 ML / 28 DAYS PA
VICTOZA	2	QL 9 ML / 30 DAYS PA
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	2	PA³ INS
HUMULIN R U-500 KWIKPEN	2	INS
INSULIN ASP PROT & ASP FLEXPEN	2	INS
INSULIN ASPART	2	PA³ INS
INSULIN ASPART FLEXPEN	2	INS
INSULIN ASPART PENFILL	2	INS
INSULIN ASPART PROT & ASPART	2	INS
LANTUS	2	INS
LANTUS SOLOSTAR	2	INS
NOVOLIN 70/30	2	INS
NOVOLIN 70/30 FLEXPEN	2	INS
NOVOLIN 70/30 FLEXPEN RELION	2	INS
NOVOLIN 70/30 RELION	2	INS
NOVOLIN N	2	INS
NOVOLIN N FLEXPEN	2	INS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN N FLEXPEN RELION	2	INS
NOVOLIN N RELION	2	INS
NOVOLIN R	2	INS
NOVOLIN R FLEXPEN	2	INS
NOVOLIN R FLEXPEN RELION	2	INS
NOVOLIN R RELION	2	INS
NOVOLOG	2	PA³ INS
NOVOLOG 70/30 FLEXPEN RELION	2	INS
NOVOLOG FLEXPEN	2	INS
NOVOLOG FLEXPEN RELION	2	INS
NOVOLOG MIX 70/30	2	INS
NOVOLOG MIX 70/30 FLEXPEN	2	INS
NOVOLOG MIX 70/30 RELION	2	INS
NOVOLOG PENFILL	2	INS
NOVOLOG RELION	2	PA³ INS
TOUJEO MAX SOLOSTAR	2	INS
TOUJEO SOLOSTAR	2	INS
INSULIN SENSITIZING AGENTS		
pioglitazone hcl	1	
MEGLITINIDE ANALOGUES		
nateglinide	1	
repaglinide	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
naltrexone hcl	1	
OPVEE	2	
VIVITROL	4	NDS Non-Extended Day Supply
ZIMHI	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	3	QL 60 EA / 30 DAYS PA³
ondansetron 4 mg tab disp	1	PA³
ondansetron 8 mg tab disp	1	PA³
ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)	1	PA³
ondansetron hcl 4 mg/5ml solution	3	PA³
ANTIEMETICS - ANTICHOLINERGIC		
meclizine	1	
scopolamine	3	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine	3	
dronabinol	3	QL 60 EA / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)	3	QL 3 EA / 2 OVER TIME PA³
aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc, aprepitant 80 mg cap)	3	QL 6 EA / 4 OVER TIME PA³
VARUBI (180 MG DOSE)	3	QL 4 EA / 28 OVER TIME PA³
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
caspofungin acetate 50 mg recon soln	4	NDS Non-Extended Day Supply
caspofungin acetate 70 mg recon soln	3	
micafungin sodium	4	NDS Non-Extended Day Supply
ANTIFUNGALS		
ABELCET	3	PA³
AMPHOTERICIN B	3	PA³
flucytosine	4	NDS Non-Extended Day Supply
griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)	3	
griseofulvin ultramicrosize	3	
nystatin 500000 unit tab	1	
terbinafine hcl 250 mg tab	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)	1	
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)	3	
itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)	3	PA
ketoconazole 200 mg tab	1	
posaconazole 100 mg tab dr	4	PA NDS Non-Extended Day Supply
VORICONAZOLE (VORICONAZOLE 40 MG/ML RECON SUSP, VORICONAZOLE 200 MG RECON SOLN)	4	PA NDS Non-Extended Day Supply
voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)	3	PA
ANTIHISTAMINES		
ANTIHISTAMINES - NON-SEDATING		
cetirizine (zyrtec)	1	
desloratadine 5 mg tab	1	
levocetirizine (xyzal)	3	
ANTIHISTAMINES - PHENOTHIAZINES		
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)	3	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
clonidine weekly patch	1	
doxazosin mesylate	1	
guanfacine hcl	1	
prazosin hcl	1	
terazosin hcl	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
candesartan cilexetil-hctz	1	
enalapril-hydrochlorothiazide	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
TELMISARTAN-AMLODIPINE	1	
telmisartan-hctz	1	
valsartan-hydrochlorothiazide	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	
VASODILATORS		
hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)	1	
minoxidil	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl	3	
COARTEM	3	
ANTIMALARIALS		
chloroquine phosphate	3	
hydroxychloroquine sulfate 200 mg tab	1	
mefloquine hcl	1	
primaquine phosphate	2	
pyrimethamine	4	PA NDS Non-Extended Day Supply LA
quinine sulfate	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA NDS Non-Extended Day Supply
pyridostigmine bromide 60 mg tab	1	
pyridostigmine bromide 60 mg/5ml solution	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
pyridostigmine bromide er	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION, ISONIAZID 300 MG TAB)	1	
isoniazid 50 mg/5ml syrup	3	
PASER	2	
PRIFTIN	3	
pyrazinamide	3	
rifabutin	3	
rifampin (rifampin 150 mg cap, rifampin 300 mg cap)	1	
rifampin 600 mg recon soln	3	
SIRTURO	4	PA NDS Non-Extended Day Supply LA
TRECATOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	1	PA³
GLEOSTINE	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LEUKERAN	3	
ANTIMETABOLITES		
mercaptopurine	1	
methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)	1	
methotrexate sodium (pf) 50 mg/2ml solution	1	
ONUREG	4	QL 14 ML / 28 DAYS PA² NDS Non-Extended Day Supply
PURIXAN	4	NDS Non-Extended Day Supply LA
TABLOID	3	
XATMEP	3	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA 1 MG TAB	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
INLYTA 5 MG TAB	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (10 MG DAILY DOSE)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (12 MG DAILY DOSE)	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (14 MG DAILY DOSE)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (18 MG DAILY DOSE)	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (20 MG DAILY DOSE)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (24 MG DAILY DOSE)	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (4 MG DAILY DOSE)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (8 MG DAILY DOSE)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	QL 60 EA / 30 DAYS PA² LA
VENCLEXTA 100 MG TAB	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA 50 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA STARTING PACK	4	QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
erlotinib hcl 25 mg tab	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EXKIVITY	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
gefitinib	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GILOTRIF	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TAGRISSO	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VIZIMPRO	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	4	PA² NDS Non-Extended Day Supply LA
ERIVEDGE	4	PA² NDS Non-Extended Day Supply LA
ODOMZO	4	PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
abiraterone acetate 500 mg tab	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
anastrozole	1	
bicalutamide	1	
ELIGARD 22.5 MG KIT	3	QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	3	QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	3	QL 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	3	QL 1 EA / 28 DAYS
EMCYT	4	NDS Non-Extended Day Supply
ERLEADA 240 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ERLEADA 60 MG TAB	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
exemestane	3	
FIRMAGON	3	PA²
FIRMAGON (240 MG DOSE)	3	PA²

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
letrozole	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	QL 1 EA / 84 OVER TIME
LYSODREN	4	NDS Non-Extended Day Supply LA
megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)	1	PA²
megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)	3	PA
nilutamide	4	PA² NDS Non-Extended Day Supply
NUBEQA	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ORGOVYX	4	QL 30 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLTAMOX	4	NDS Non-Extended Day Supply
tamoxifen citrate	1	
toremifene citrate	4	NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	QL 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	QL 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XTANDI 80 MG TAB	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	4	QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG TWICE WEEKLY)	4	QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG TWICE WEEKLY)	4	QL 32 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	4	QL 5 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI FEMARA (400 MG DOSE)	4	QL 70 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA (600 MG DOSE)	4	QL 91 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA(200 MG DOSE)	4	QL 49 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
LONSURF	4	PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	4	QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ALUNBRIG 30 MG TAB	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BALVERSA 5 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 100 MG TAB	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BRAFTOVI 75 MG CAP	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRUKINSA	4	PA², NDS Non-Extended Day Supply, LA
CABOMETYX	4	QL 30 EA / 30 DAYS, PA², NDS Non-Extended Day Supply, LA
CALQUENCE 100 MG CAP	4	QL 60 EA / 30 DAYS, PA², NDS Non-Extended Day Supply
CALQUENCE 100 MG TAB	4	QL 60 EA / 30 DAYS, PA², NDS Non-Extended Day Supply, LA
CAPRELSA 100 MG TAB	4	QL 60 EA / 30 DAYS, PA², NDS Non-Extended Day Supply, LA
CAPRELSA 300 MG TAB	4	QL 30 EA / 30 DAYS, PA², NDS Non-Extended Day Supply, LA
COMETRIQ (100 MG DAILY DOSE)	4	PA², NDS Non-Extended Day Supply, LA
COMETRIQ (140 MG DAILY DOSE)	4	PA², NDS Non-Extended Day Supply, LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMETRIQ (60 MG DAILY DOSE)	4	PA² NDS Non-Extended Day Supply LA
COPIKTRA	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
COTELLIC	4	QL 63 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
everolimus 2 mg tab sol	4	QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply
everolimus 3 mg tab sol	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
everolimus 5 mg tab sol	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FOTIVDA	4	QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GAVRETO	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IBRANCE	4	QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply LA
ICLUSIG	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IDHIFA	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
imatinib mesylate 100 mg tab	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
imatinib mesylate 400 mg tab	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	4	QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
INREBIC	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAKAFI	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 100 MG TAB	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 50 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI (200 MG DOSE)	4	QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (400 MG DOSE)	4	QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KOSELUGO 10 MG CAP	4	QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KOSELUGO 25 MG CAP	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KRAZATI	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
lapatinib ditosylate	4	PA² NDS Non-Extended Day Supply
LORBRENA 100 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LORBRENA 25 MG TAB	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LUMAKRAS 120 MG TAB	4	QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYNPARZA	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYTGOBI (12 MG DAILY DOSE)	4	QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (16 MG DAILY DOSE)	4	QL 112 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (20 MG DAILY DOSE)	4	QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.05 MG/ML RECON SOLN	4	QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.5 MG TAB	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 2 MG TAB	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKTOVI	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NINLARO	4	QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
pazopanib hcl	4	PA² NDS Non-Extended Day Supply
PEMAZYRE	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
PIQRAY (200 MG DAILY DOSE)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (300 MG DAILY DOSE)	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
QINLOCK	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG CAP	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETEVMO 80 MG CAP	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZLIDHIA	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 100 MG CAP	4	QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 200 MG CAP	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RUBRACA	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RYDAPT	4	QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 40 MG TAB	4	QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
sorafenib tosylate	4	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)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SPRYCEL 20 MG TAB	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
STIVARGA	4	QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
sunitinib malate	4	PA² NDS Non-Extended Day Supply
TABRECTA	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	4	QL 840 ML / 28 DAYS PA² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TALZENNA 0.25 MG CAP	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TASIGNA	4	PA² NDS Non-Extended Day Supply
TAZVERIK	4	QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TEPMETKO	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TIBSOVO	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TURALIO 125 MG CAP	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITRAKVI 100 MG CAP	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 20 MG/ML SOLUTION	4	QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 25 MG CAP	4	QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VONJO	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 200 MG CAP	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 250 MG CAP	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XOSPATA	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
ZEJULA 100 MG CAP	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZELBORAF	4	QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZOLINZA	4	PA² NDS Non-Extended Day Supply
ZYDELIG	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZYKADIA	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA² NDS Non-Extended Day Supply LA
BESREMI	4	QL 2 ML / 28 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
bexarotene 75 mg cap	4	PA², NDS Non-Extended Day Supply
hydroxyurea	1	
MATULANE	4	NDS Non-Extended Day Supply, LA
SYNRIBO	4	PA², NDS Non-Extended Day Supply, LA
tretinoin 10 mg cap	4	NDS Non-Extended Day Supply
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)	1	
MESNEX 400 MG TAB	4	NDS Non-Extended Day Supply
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa	3	
NOURIANZ	4	QL 30 EA / 30 DAYS, PA, NDS Non-Extended Day Supply, LA
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone	3	
tolcapone	4	PA NDS Non-Extended Day Supply
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)	1	
bromocriptine mesylate	3	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	3	
carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)	1	
carbidopa-levodopa er	1	
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)	3	
pramipexole dihydrochloride	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ropinirole hcl	1	
ropinirole hcl er	3	
RYTARY	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate	3	
selegiline hcl	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate (lithium carbonate, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)	1	
lithium carbonate er	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	3	QL 30 EA / 30 DAYS PA²
lurasidone hcl	3	
NUPLAZID	4	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)	3	QL 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 7 EA / 180 OVER TIME
ziprasidone hcl	1	
ziprasidone mesylate	3	QL 60 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BENZISOXAZOLES		
FANAPT	3	QL 60 EA / 30 DAYS PA²
FANAPT TITRATION PACK	3	QL 8 EA / 180 OVER TIME PA²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL 0.75 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL 1 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL 1.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL 0.25 ML / 28 DAYS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL 0.5 ML / 28 DAYS NDS Non-Extended Day Supply
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL 0.88 ML / 90 OVER TIME NDS Non-Extended Day Supply
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	QL 1.32 ML / 90 OVER TIME NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	QL 1.75 ML / 90 OVER TIME NDS Non-Extended Day Supply
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	QL 2.63 ML / 90 OVER TIME NDS Non-Extended Day Supply
paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)	3	QL 30 EA / 30 DAYS
paliperidone er 6 mg tab er 24h	3	QL 60 EA / 30 DAYS
PERSERIS	4	QL 1 EA / 30 DAYS NDS Non-Extended Day Supply
RISPERDAL CONSTA (RISPERDAL CONSTA 12.5 MG SRER, RISPERDAL CONSTA 25 MG SRER)	2	QL 2 EA / 28 DAYS
RISPERDAL CONSTA (RISPERDAL CONSTA 37.5 MG SRER, RISPERDAL CONSTA 50 MG SRER)	4	QL 2 EA / 28 DAYS NDS Non-Extended Day Supply
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)	3	
risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)	1	
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL 0.28 ML / 30 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	4	QL 0.35 ML / 30 DAYS NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY 150 MG/0.42ML SUSP PRSYR	4	QL 0.42 ML / 60 OVER TIME
UZEDY 200 MG/0.56ML SUSP PRSYR	4	QL 0.56 ML / 60 OVER TIME
UZEDY 250 MG/0.7ML SUSP PRSYR	4	QL 0.7 ML / 60 OVER TIME
UZEDY 50 MG/0.14ML SUSP PRSYR	4	QL 0.14 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL 0.21 ML / 30 DAYS NDS Non-Extended Day Supply
BUTYROPHENONES		
haloperidol	1	
haloperidol decanoate	3	
haloperidol lactate 2 mg/ml conc	1	
haloperidol lactate 5 mg/ml solution	3	
DIBENZAPINES		
asenapine maleate	3	QL 60 EA / 30 DAYS
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)	3	
clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)	1	
loxapine succinate	1	
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)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)	3	
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)	1	
quetiapine fumarate er	3	
SECUADO	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
VERSACLOZ	4	NDS Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL 2 EA / 28 DAYS
DIHYDROINDOLONES		
MOLINDONE HCL	3	
PHENOTHIAZINES		
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)	3	
compro	3	
fluphenazine decanoate	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)	3	
perphenazine	3	
prochlorperazine	3	
prochlorperazine maleate	3	
thioridazine hcl	3	
trifluoperazine hcl	2	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	QL 2.4 ML / 56 OVER TIME
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL 3.2 ML / 56 OVER TIME
ABILIFY MAINTENA	4	QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
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)	1	
aripiprazole 1 mg/ml solution	3	
ARISTADA 1064 MG/3.9ML PRSYR	4	QL 3.9 ML / 56 OVER TIME NDS Non-Extended Day Supply
ARISTADA 441 MG/1.6ML PRSYR	4	QL 1.6 ML / 28 DAYS NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARISTADA 662 MG/2.4ML PRSYR	4	QL 2.4 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA 882 MG/3.2ML PRSYR	4	QL 3.2 ML / 28 DAYS NDS Non-Extended Day Supply
ARISTADA INITIO	4	QL 4.8 ML / 365 OVER TIME NDS Non-Extended Day Supply
REXULTI	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
THIOXANTHENES		
thiothixene	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	3	
abacavir sulfate 300 mg tab	2	
abacavir sulfate-lamivudine	3	
abacavir-lamivudine-zidovudine	4	NDS Non-Extended Day Supply
APRETUDE	4	NDS Non-Extended Day Supply
APTIVUS 250 MG CAP	4	NDS Non-Extended Day Supply
atazanavir sulfate	3	
BIKTARVY	4	NDS Non-Extended Day Supply
CABENUVA	4	NDS Non-Extended Day Supply
CIMDUO	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMPLERA	3	
darunavir	4	NDS Non-Extended Day Supply
DELSTRIGO	4	NDS Non-Extended Day Supply
DESCOVY	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	4	NDS Non-Extended Day Supply
EDURANT	4	NDS Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	3	
efavirenz-emtricitab-tenofo df	4	NDS Non-Extended Day Supply
efavirenz-lamivudine-tenofovir	4	NDS Non-Extended Day Supply
emtricitabine	3	
emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
emtricitabine-tenofovir df 200-300 mg tab	3	QL 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	2	
etravirine	4	NDS Non-Extended Day Supply
EVOTAZ	4	NDS Non-Extended Day Supply
fosamprenavir calcium	4	NDS Non-Extended Day Supply
FUZEON	4	NDS Non-Extended Day Supply
GENVOYA	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTELENCE 25 MG TAB	2	
INVIRASE	4	NDS Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	4	NDS Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS HD	4	NDS Non-Extended Day Supply
JULUCA	4	NDS Non-Extended Day Supply
lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)	3	
lamivudine-zidovudine	3	
LEXIVA 50 MG/ML SUSPENSION	3	
lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)	1	
lopinavir-ritonavir 400-100 mg/5ml solution	3	
maraviroc	4	NDS Non-Extended Day Supply
nevirapine 200 mg tab	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	3	
nevirapine er (nevirapine er, nevirapine er 100 mg tab er 24h)	3	
NORVIR 100 MG PACKET	2	
ODEFSEY	4	NDS Non-Extended Day Supply
PIFELTRO	4	NDS Non-Extended Day Supply
PREZCOBIX	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	3	
PREZISTA 100 MG/ML SUSPENSION	4	NDS Non-Extended Day Supply
REYATAZ 50 MG PACKET	4	NDS Non-Extended Day Supply
ritonavir	1	
RUKOBIA	4	NDS Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	4	NDS Non-Extended Day Supply
SELZENTRY 25 MG TAB	2	
STRIBILD	4	NDS Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	4	NDS Non-Extended Day Supply
SYMTUZA	3	
TEMIXYS	4	NDS Non-Extended Day Supply
tenofovir disoproxil fumarate	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	4	NDS Non-Extended Day Supply
TIVICAY 10 MG TAB	2	
TIVICAY PD	4	NDS Non-Extended Day Supply
TRIUMEQ	4	NDS Non-Extended Day Supply
TRIUMEQ PD	4	NDS Non-Extended Day Supply
TRIZIVIR	4	NDS Non-Extended Day Supply
TROGARZO	4	NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIRACEPT	4	NDS Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	4	NDS Non-Extended Day Supply
zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QL 20 EA / 1 FILL
PAXLOVID (300/100)	2	QL 30 EA / 1 FILL
CMV AGENTS		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
valganciclovir hcl 450 mg tab	1	
valganciclovir hcl 50 mg/ml recon soln	4	NDS Non-Extended Day Supply
HEPATITIS AGENTS		
adefovir dipivoxil	3	
BARACLUDE 0.05 MG/ML SOLUTION	4	NDS Non-Extended Day Supply
entecavir	3	QL 30 EA / 30 DAYS
lamivudine 100 mg tab	3	
LEDIPASVIR-SOFOSBUVIR	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 100-40 MG TAB	4	QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVYRET 50-20 MG PACKET	4	QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply
PEGASYS	4	PA NDS Non-Extended Day Supply
ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)	1	
SOFOSBUVIR-VELPATASVIR	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	4	NDS Non-Extended Day Supply
VOSEVI	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
HERPES AGENTS		
acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)	1	
acyclovir 200 mg/5ml suspension	3	
acyclovir sodium	3	PA³
famciclovir	1	
valacyclovir hcl	1	
INFLUENZA AGENTS		
oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)	2	QL 42 EA / 180 OVER TIME
oseltamivir phosphate 30 mg cap	2	QL 84 EA / 180 OVER TIME
oseltamivir phosphate 6 mg/ml recon susp	2	QL 540 ML / 180 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
MISC. ANTIVIRALS		
LAGEVRIO	2	QL 40 EA / 180 OVER TIME
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol	1	
labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl	1	
atenolol	1	
betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)	1	
bisoprolol fumarate	1	
metoprolol succinate er	1	
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)	1	
nebivolol hcl	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol	1	
pindolol	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)	1	
propranolol hcl er	1	
sorine	1	
sotalol hcl (af)	1	
sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)	1	
timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)	3	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	1	
cartia xt	1	
dilt-xr	1	
diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
felodipine er	1	
isradipine	1	
matzim la	1	
nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nimodipine	3	
taztia xt	1	
tiadylt er	1	
verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)	1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN (DIGOXIN 0.05 MG/ML SOLUTION, DIGOXIN 125 MCG TAB, DIGOXIN 250 MCG TAB)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine-atorvastatin	1	
ENTRESTO	2	QL 60 EA / 30 DAYS
IMPOTENCE AGENTS		
CAVERJECT	3*	
CAVERJECT IMPULSE	3*	
EDEX	3*	
MUSE	3*	
sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)	1*	
tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)	1*	
TRI-MIX	2*	
vardenafil hcl	1*	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		

ambrisentan	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
DRUG NAME	**DRUG TIER**	**REQUIREMENTS / LIMITS**
bosentan	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OPSUMIT	4	PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	4	PA NDS Non-Extended Day Supply
sildenafil citrate 20 mg tab	1	PA
tadalafil (pah)	4	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)	4	PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		

ADEMPAS	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SINUS NODE INHIBITORS		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 7.5 MG TAB)	2	QL 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	2	QL 450 ML / 30 DAYS
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	3	QL 30 EA / 30 DAYS PA LA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	2	QL 30 EA / 30 DAYS
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)	1	
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)	1	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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)	3	
ceftriaxone sodium (ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)	1	
CEFTRIAXONE SODIUM IN DEXTROSE	3	
CEFTRIAXONE SODIUM-DEXTROSE	3	
TAZICEF (TAZICEF 1 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 6 GM RECON SOLN)	3	
CEPHALOSPORINS - 4TH GENERATION		
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)	3	
CEFEPIME-DEXTROSE	3	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO	4	NDS Non-Extended Day Supply
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
altavera	1	
alyacen 1/35	1	
apri	1	
aranelle	1	
aubra	1	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
levora 0.15/30 (28)	1	
loryna	1	
low-ogestrel	1	
lutera	1	
marlissa	1	
melodetta 24 fe	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
nikki	3	
norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg tab, norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab)	1	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	1	
norgestim-eth estrad triphasic	1	
norgestimate-eth estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
pimtrea	3	
pirmella 1/35	1	
portia-28	1	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SLYND	3	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	2	
budesonide er	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)	1	
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)	1	
DEXAMETHASONE INTENSOL	1	
dexamethasone sodium phosphate 4 mg/ml solution	1	
hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)	1	
methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)	1	PA³
methylprednisolone 4 mg tab thpk	1	
prednisolone 15 mg/5ml solution	2	PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
prednisolone sodium phosphate 15 mg/5ml solution	2	PA³
prednisolone sodium phosphate 20 mg/5ml solution	3	PA³
PREDNISONE (PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG TAB, PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)	1	PA³
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)	1	
PREDNISONE INTENSOL	3	PA³
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate	1*	
hydrocodone bit-homatrop mbr (hydrocodone bit-homatrop mbr 5-1.5 mg tab, hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution)	1*	
hydromet	1*	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm	1*	
CAPCOF	2*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CODITUSSIN AC	2*	
CODITUSSIN DAC	2*	
g tussin ac	1*	
guaiatussin ac	1*	
guaifenesin ac	1*	
guaifenesin dac	1*	
guaifenesin-codeine	1*	
HISTEX-AC	2*	
HYDROCOD POLI-CHLORPHE POLI ER	2*	
hydrocod poli-chlorphe poli er	1*	
LORTUSS EX	2*	
M-CLEAR WC	2*	
M-END PE	2*	
MAR-COF BP	2*	
MAR-COF CG EXPECTORANT	2*	
maxi-tuss ac	1*	
MAXI-TUSS CD	2*	
NINJACOF-XG	2*	
POLY-TUSSIN AC	2*	
PRO-RED AC	2*	
PROMETHAZINE VC/CODEINE	2*	
promethazine-codeine	1*	
promethazine-dm	1*	
promethazine-phenyleph-codeine	1*	
pseudoeph-bromphen-dm	1*	
RYDEX	2*	
TUSSICAPS	2*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TUXARIN ER	2*	
TUZISTRA XR	2*	
virtussin a/c	1*	
virtussin ac w/alc	1*	
VIRTUSSIN DAC	2*	
Z-TUSS AC	2*	
MUCOLYTICS		
acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)	1	PA[3]
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane	3	
amnesteem	3	
avita 0.025 % cream	3	QL 45 GM / 30 DAYS PA
claravis	3	
clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)	1	QL 60 ML / 30 DAYS
clindamycin phosphate 1 % gel	1	QL 75 GM / 30 DAYS
ERY	2	QL 60 EA / 30 DAYS
erythromycin 2 % solution	1	QL 60 ML / 30 DAYS
isotretinoin	3	
sulfacetamide sodium (acne)	3	QL 118 ML / 30 DAYS
tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)	2	QL 45 GM / 30 DAYS PA
tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)	3	QL 45 GM / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
zenatane	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac 1% gel	1	QL 1000 GM / 30 DAYS
ANTIBIOTICS - TOPICAL		
gentamicin sulfate 0.1 % cream	1	QL 30 GM / 30 DAYS
gentamicin sulfate 0.1 % ointment	1	QL 120 GM / 30 DAYS
mupirocin 2% ointment	1	QL 220 GM / 30 DAYS
ANTIFUNGALS - TOPICAL		
ciclopirox 0.77 % gel	1	QL 100 GM / 30 DAYS
ciclopirox 1 % shampoo	1	QL 120 ML / 30 DAYS
ciclopirox 8 % solution	1	QL 13.2 ML / 30 DAYS
ciclopirox olamine 0.77 % cream	1	QL 90 GM / 30 DAYS
ciclopirox olamine 0.77 % suspension	1	QL 60 ML / 30 DAYS
clotrimazole (lotrimin)	1	QL 30 ML / 28 OVER TIME
clotrimazole-betamethasone 1-0.05 % cream	1	QL 90 GM / 30 DAYS
econazole nitrate	3	QL 85 GM / 30 DAYS
ketoconazole 2 % cream	1	QL 120 GM / 30 DAYS
ketoconazole 2 % shampoo	1	QL 240 ML / 30 DAYS
nyamyc	1	QL 60 GM / 30 DAYS
nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)	1	QL 30 GM / 30 DAYS
nystatin 100000 unit/gm powder	1	QL 60 GM / 30 DAYS
nystatin-triamcinolone	2	QL 60 GM / 30 DAYS
nystop	1	QL 60 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	4	QL 60 GM / 30 DAYS PA² NDS Non-Extended Day Supply
diclofenac sodium 3 % gel	3	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
fluorouracil 5 % cream	1	QL 40 GM / 30 DAYS
PANRETIN	4	PA² NDS Non-Extended Day Supply
VALCHLOR	4	QL 240 GM / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTIPSORIATICS		
acitretin	3	
calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)	3	QL 120 GM / 30 DAYS
calcipotriene 0.005 % solution	2	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	
METHOXSALEN RAPID	4	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKYRIZI PEN	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)	3	QL 60 GM / 30 DAYS PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide 2.5 % lotion	1	
ANTIVIRALS - TOPICAL		
acyclovir 5 % ointment	3	QL 30 GM / 30 DAYS
penciclovir	3	QL 5 GM / 7 OVER TIME
BURN PRODUCTS		
silver sulfadiazine	1	
ssd	1	
SULFAMYLON 85 MG/GM CREAM	2	QL 453.6 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CORTICOSTEROIDS - TOPICAL		
betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)	1	QL 90 GM / 30 DAYS
betamethasone dipropionate 0.05 % lotion	1	QL 120 ML / 30 DAYS
betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)	1	QL 100 GM / 30 DAYS
betamethasone dipropionate aug 0.05 % lotion	1	QL 120 ML / 30 DAYS
betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)	1	QL 180 GM / 30 DAYS
betamethasone valerate 0.1 % lotion	1	QL 120 ML / 30 DAYS
clobetasol prop emollient base	3	QL 120 GM / 30 DAYS
clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)	3	QL 120 GM / 30 DAYS
clobetasol propionate 0.05 % foam	3	QL 100 GM / 30 DAYS
clobetasol propionate 0.05 % lotion	3	QL 118 ML / 30 DAYS
clobetasol propionate 0.05 % shampoo	3	QL 236 ML / 30 DAYS
clobetasol propionate 0.05 % solution	3	QL 100 ML / 30 DAYS
clobetasol propionate e	3	QL 120 GM / 30 DAYS
clodan 0.05 % shampoo	3	QL 236 ML / 30 DAYS
desonide (desonide 0.05 % cream, desonide 0.05 % ointment)	3	QL 120 GM / 30 DAYS
fluocinolone acetonide 0.01 % solution	3	QL 90 ML / 30 DAYS
fluocinolone acetonide 0.025 % ointment	3	QL 120 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
fluocinolone acetonide body	3	QL 120 ML / 30 DAYS
fluocinolone acetonide scalp	3	QL 120 ML / 30 DAYS
fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment)	1	QL 60 GM / 30 DAYS
fluocinonide 0.05 % solution	1	QL 60 ML / 30 DAYS
halobetasol propionate 0.05 % cream	1	
halobetasol propionate 0.05 % ointment	3	QL 50 GM / 30 DAYS
hydrocortisone	1	QL 240 GM / 30 DAYS
mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)	1	QL 180 GM / 30 DAYS
mometasone furoate 0.1 % solution	1	QL 180 ML / 30 DAYS
triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)	1	QL 454 GM / 30 DAYS
triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)	1	QL 120 ML / 30 DAYS
triamcinolone acetonide 0.5 % ointment	1	QL 120 GM / 30 DAYS
triderm	1	QL 454 GM / 30 DAYS
ECZEMA AGENTS		
ADBRY	4	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	4	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply
EMOLLIENTS		
ammonium lactate (amlactin)	1	
ENZYMES - TOPICAL		
SANTYL	2	QL 180 GM / 30 OVER TIME
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 5 % cream	1	QL 24 EA / 30 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus	3	QL 100 GM / 30 DAYS
tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)	3	QL 100 GM / 30 DAYS
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX	1	QL 7 ML / 30 DAYS
LOCAL ANESTHETICS - TOPICAL		
lidocaine hcl 4 % solution	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
lidocaine patches	3	QL 107 EA / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
lidocaine-prilocaine 2.5-2.5 % cream	1	QL 30 GM / 30 DAYS
ROSACEA AGENTS		
azelaic acid	3	QL 50 GM / 30 DAYS
ivermectin 1 % cream	1	QL 60 GM / 30 OVER TIME
metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)	3	QL 45 GM / 30 DAYS
metronidazole 0.75 % lotion	3	QL 59 ML / 30 DAYS
metronidazole 1 % gel	3	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	3	
malathion	3	
permethrin (nix)	2	
WOUND CARE PRODUCTS		
REGRANEX	4	NDS Non-Extended Day Supply
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA STRIP	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	
SUCRAID	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1	
acetazolamide er	1	
methazolamide	3	
DIURETIC COMBINATIONS		
amiloride-hydrochlorothiazide	1	
spironolactone-hctz	1	
triamterene-hctz	1	
LOOP DIURETICS		
bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)	1	
ethacrynic acid	3	
furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)	1	
torsemide	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	
spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	1	
hydrochlorothiazide	1	
indapamide	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
metolazone	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)	1	
alendronate sodium 70 mg/75ml solution	3	
calcitonin (salmon) 200 unit/act solution	2	
ibandronate sodium 150 mg tab	1	QL 1 EA / 30 DAYS
risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)	1	
risedronate sodium 35 mg tab dr	3	
TERIPARATIDE (RECOMBINANT)	4	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
XGEVA	4	QL 1.7 ML / 28 DAYS PA NDS Non-Extended Day Supply
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	PA NDS Non-Extended Day Supply LA
GROWTH HORMONES		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	4	PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKYTROFA	4	PA, NDS Non-Extended Day Supply, LA
HORMONE RECEPTOR MODULATORS		
OSPHENA	3	
raloxifene hcl	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA, NDS Non-Extended Day Supply, LA
METABOLIC MODIFIERS		
betaine	4	NDS Non-Extended Day Supply, LA
calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)	1	
calcitriol 1 mcg/ml solution	3	
carglumic acid	4	PA, NDS Non-Extended Day Supply, LA
cinacalcet hcl	3	PA
doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)	3	
levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)	1	
levocarnitine sf	1	
NEXVIAZYME	4	PA, NDS Non-Extended Day Supply, LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
nitisinone	4	PA NDS Non-Extended Day Supply
paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)	3	
sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)	4	PA NDS Non-Extended Day Supply LA
sodium phenylbutyrate 500 mg tab	4	PA NDS Non-Extended Day Supply
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	3	QL 30 EA / 30 DAYS PA
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig	3	
desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)	1	
desmopressin acetate spray	3	
PROLACTIN INHIBITORS		
cabergoline	2	
SOMATOSTATIC AGENTS		
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)	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol-norethindrone acet	3	
fyavolv	3	
jinteli	3	
norethindrone-eth estradiol	3	
ESTROGENS		
dotti	3	
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)	3	
estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)	1	
estradiol valerate	3	
lyllana	3	
MENEST	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)	1	
CIPROFLOXACIN HCL 100 MG TAB	3	
ciprofloxacin in d5w	1	
levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
mesalamine (mesalamine 1.2 gm tab dr, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)	2	
mesalamine 4 gm enema	3	
mesalamine er 0.375 gm cap er 24h	2	
mesalamine er 500 mg cap er	3	
mesalamine-cleanser	3	
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL 1.2 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL 2.4 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
sulfasalazine	1	
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose encephalopathy	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl	4	NDS Non-Extended Day Supply
LINZESS	2	QL 30 EA / 30 DAYS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	4	QL 18 ML / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RELISTOR 8 MG/0.4ML SOLUTION	4	QL 12 ML / 30 DAYS PA NDS Non-Extended Day Supply
PHOSPHATE BINDER AGENTS		
calcium acetate (phos binder)	1	
calcium acetate 667 mg tab	1	
lanthanum carbonate	4	NDS Non-Extended Day Supply
sevelamer carbonate	3	
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	2	
ALKALINIZERS		
potassium citrate er	1	
CYSTINOSIS AGENTS		
CYSTAGON	3	PA LA
GENITOURINARY IRRIGANTS		
acetic acid 0.25 % solution	1	
RENACIDIN	2	
sodium chloride 0.9 % solution	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	1	
dutasteride	1	
dutasteride-tamsulosin hcl	1	
finasteride 5 mg tab	1	
silodosin	1	
tamsulosin hcl	1	
URINARY STONE AGENTS		
LITHOSTAT	3	
tiopronin	4	PA NDS Non-Extended Day Supply LA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	2	
GOUT AGENTS		
allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)	1	
colchicine 0.6 mg tab	1	
febuxostat	1	
URICOSURICS		
probenecid	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)	3	
prasugrel hcl	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
miglustat	4	PA NDS Non-Extended Day Supply LA
yargesa	4	PA NDS Non-Extended Day Supply LA
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	2	
ENDARI	4	QL 180 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
COBALAMINS		
cyanocobalmin (vitamin b12)	1*	
HYDROXOCOBALAMIN ACETATE	2*	
METHYLCOBALAMIN 10000 MCG RECON SOLN	2*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOLIC ACID/FOLATES		
folic acid	1*	
HEMATOPOIETIC GROWTH FACTORS		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	4	PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	PA
RETACRIT 40000 UNIT/ML SOLUTION	4	PA NDS Non-Extended Day Supply
UDENYCA	4	NDS Non-Extended Day Supply
ZARXIO	4	NDS Non-Extended Day Supply
ZIEXTENZO	4	NDS Non-Extended Day Supply
HEMATOPOIETIC MIXTURES		
folic acid / vitamin b6 / vitamin b12	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650 mg tab	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
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)	3	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)	1	QL 30 EA / 30 DAYS
NON-BARBITURATE HYPNOTICS		
eszopiclone	3	QL 30 EA / 30 DAYS
temazepam (temazepam 15 mg cap, temazepam 30 mg cap)	1	QL 30 EA / 30 DAYS PA²
zaleplon	3	QL 30 EA / 30 DAYS
zolpidem tartrate 10 mg tab	1	QL 30 EA / 30 DAYS
zolpidem tartrate 5 mg tab	1	QL 60 EA / 30 DAYS
zolpidem tartrate er	3	QL 30 EA / 30 DAYS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	QL 30 EA / 30 DAYS
DAYVIGO	3	QL 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ramelteon	2	QL 30 EA / 30 DAYS
tasimelteon	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C	1	
gavilyte-g	1	
gavilyte-n with flavor pack	1	
GOLYTELY 236 GM RECON SOLN	1	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbat	3	
peg-kcl-nacl-nasulf-na asc-c	3	
LAXATIVES - MISCELLANEOUS		
constulose	1	
lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MACROLIDES		
AZITHROMYCIN		
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)	1	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	3	
clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)	1	
clarithromycin er	3	
ERYTHROMYCINS		
ery-tab	3	
erythrocin stearate	3	
erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)	3	
erythromycin base (erythromycin base, erythromycin base 250 mg cp dr part)	3	
erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL 20 EA / 10 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIFICID 40 MG/ML RECON SUSP	2	QL 136 ML / 10 OVER TIME
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	2	
gauze pads and dressings	2	
DIABETIC SUPPLIES		
blood glucose monitoring supplies	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	QL 1 EA / 274 OVER TIME PA
DEXCOM G6 SENSOR	Part B Covered	QL 3 EA / 30 OVER TIME PA
DEXCOM G6 TRANSMITTER	Part B Covered	QL 1 EA / 68 OVER TIME PA
DEXCOM G7 RECEIVER	Part B Covered	QL 1 EA / 275 OVER TIME PA
DEXCOM G7 SENSOR	Part B Covered	QL 3 EA / 30 OVER TIME PA
FREESTYLE LIBRE 14 DAY READER	Part B Covered	QL 1 EA / 274 OVER TIME PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	QL 2 EA / 28 OVER TIME PA
FREESTYLE LIBRE 2 READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE 2 SENSOR	Part B Covered	QL 2 EA / 28 OVER TIME PA
FREESTYLE LIBRE READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	QL 2 EA / 20 DAYS PA
OMNIPOD 5 G6 INTRO (GEN 5)	3	QL 1 EA / 275 OVER TIME PA
OMNIPOD 5 G6 POD (GEN 5)	3	QL 15 EA / 30 OVER TIME PA
OMNIPOD 5 PACK	3	QL 15 EA / 30 OVER TIME PA
OMNIPOD CLASSIC PDM (GEN 3)	3	QL 1 EA / 275 OVER TIME PA
OMNIPOD DASH INTRO (GEN 4)	3	QL 1 EA / 275 OVER TIME PA
OMNIPOD DASH PODS (GEN 4)	3	QL 15 EA / 30 OVER TIME PA
MISC. DEVICES		
alcohol swabs	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALCOHOL SWABS 1X1	2	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
needles and syringes	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	QL 1 ML / 30 DAYS PA
AJOVY	2	QL 1.5 ML / 30 DAYS PA
EMGALITY	2	QL 2 ML / 30 DAYS PA
EMGALITY (300 MG DOSE)	2	QL 3 ML / 30 DAYS PA
NURTEC	3	QL 16 EA / 30 DAYS PA
MIGRAINE COMBINATIONS		
ergotamine-caffeine	1	
MIGERGOT	3	
sumatriptan-naproxen sodium	3	QL 18 EA / 30 OVER TIME
MIGRAINE PRODUCTS		
dihydroergotamine mesylate 4 mg/ml solution	3	QL 16 ML / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SEROTONIN AGONISTS		
eletriptan hydrobromide	3	QL 18 EA / 30 OVER TIME
naratriptan hcl	1	QL 18 EA / 30 OVER TIME
rizatriptan benzoate	1	QL 36 EA / 28 OVER TIME
sumatriptan	3	QL 12 EA / 30 OVER TIME
sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)	1	QL 18 EA / 30 OVER TIME
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)	3	QL 5 ML / 30 OVER TIME
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	3	QL 8 ML / 28 OVER TIME
sumatriptan succinate refill 4 mg/0.5ml soln cart	3	QL 5 ML / 30 OVER TIME
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	3	QL 8 ML / 28 DAYS
zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)	3	QL 18 EA / 30 OVER TIME
MINERALS ELECTROLYTES		
CALCIUM		
calcium gluconate 10 % solution	1	
ELECTROLYTE MIXTURES		
DEXTROSE-NACL (DEXTROSE-NACL 10-0.2 % SOLUTION, DEXTROSE-NACL 10-0.45 % SOLUTION)	3	PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
dextrose-nacl (dextrose-nacl 2.5-0.45 % solution, dextrose-nacl 5-0.2 % solution, dextrose-nacl 5-0.45 % solution, dextrose-nacl 5-0.9 % solution)	3	
dextrose-sodium chloride (dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)	3	
KCL (0.149%) IN NACL	3	
KCL (0.298%) IN NACL	3	
kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)	3	
KCL-LACTATED RINGERS-D5W	3	
lactated ringers	1	
potassium chloride in dextrose 20-5 meq/l-% solution	3	
POTASSIUM CHLORIDE IN NACL (POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	3	
FLUORIDE		
sodium fluoride	1*	
sodium fluoride 2.2 mg	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAGNESIUM		
magnesium sulfate 50 % solution	3	
PHOSPHATE		
K-PHOS	2	
POTASSIUM		
klor-con 10	1	
klor-con 20 meq packet	3	
klor-con 8 meq tab er	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
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)	1	
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)	3	
potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 15 meq tab er, potassium chloride er 20 meq tab er)	1	
SODIUM		
sodium chloride	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine 250 mg tab	4	PA NDS Non-Extended Day Supply
trientine hcl 250 mg cap	4	PA NDS Non-Extended Day Supply
IMMUNOMODULATORS		
lenalidomide	4	QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
REVLIMID	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZUROCK	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tab	1	PA³
cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)	3	PA³
cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)	3	PA³
ENVARSUS XR (ENVARSUS XR 0.75 MG TAB ER 24H, ENVARSUS XR 1 MG TAB ER 24H)	3	PA³
ENVARSUS XR 4 MG TAB ER 24H	4	PA³ NDS Non-Extended Day Supply
everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)	4	PA³ NDS Non-Extended Day Supply
gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)	3	PA³
mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)	1	PA³
mycophenolate mofetil 200 mg/ml recon susp	4	PA³ NDS Non-Extended Day Supply
mycophenolate sodium	2	PA³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	3	PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)	3	PA³
sirolimus 1 mg/ml solution	4	PA³ NDS Non-Extended Day Supply
tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)	1	PA³
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
POTASSIUM REMOVING AGENTS		
LOKELMA	3	
sodium polystyrene sulfonate powder	1	
SPS	1	
VELTASSA	2	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	4	QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
lidocaine viscous hcl	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	1	
nystatin 100000 unit/ml suspension	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	1	
periogard	1	
DENTAL PRODUCTS		
denta 5000 plus	1	
dentagel	1	
sf	1	
sf 5000 plus	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	1	
triamcinolone acetonide 0.1 % paste	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl	2	
pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
vitamin b complex	1*	
B-COMPLEX W/ FOLIC ACID		
vitamin b complex / vitamin c / biotin / minerals / folic acid	2*	
vitamin b complex / vitamin c / folic acid	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRENATAL VITAMINS		
OBTREX DHA 29-1 & 387 MG MISC	2*	
PRENATABS RX	2*	
prenatal vitamin	2*	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)	1	
chlorzoxazone 500 mg tab	3	
cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)	3	
tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)	1	
olopatadine hcl 0.6 % solution	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NASAL STEROIDS		
flunisolide	1	QL 50 ML / 30 DAYS
fluticasone propionate 50 mcg/act suspension	1	QL 32 GM / 30 DAYS
mometasone furoate 50 mcg/act suspension	1	QL 34 GM / 30 DAYS
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	4	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	4	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
riluzole	3	PA
NUTRIENTS		
CARBOHYDRATES		
dextrose 10 % solution	3	PA³
dextrose 5 % solution	3	
glucose 5 % solution	3	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	3	PA³
CLINIMIX/DEXTROSE (4.25/5)	3	PA³
CLINIMIX/DEXTROSE (5/15)	3	PA³
CLINIMIX/DEXTROSE (5/20)	3	PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
plenamine	3	PA³
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
brimonidine tartrate-timolol	2	
CARTEOLOL HCL	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	2	
LEVOBUNOLOL HCL	1	
timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)	1	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1 % solution	1	
MIOTICS		
PHOSPHOLINE IODIDE	4	NDS Non-Extended Day Supply
pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	2	
brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)	2	
brimonidine tartrate 0.2 % solution	1	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	QL 7 GM / 7 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BACITRACIN 500 UNIT/GM OINTMENT	1	
bacitracin-polymyxin b	1	QL 7 GM / 7 OVER TIME
ciprofloxacin hcl 0.3 % solution	1	QL 60 ML / 30 OVER TIME
erythromycin 5 mg/gm ointment	1	QL 7 GM / 7 OVER TIME
gatifloxacin	3	QL 5 ML / 7 OVER TIME
gentamicin sulfate 0.3 % solution	1	QL 10 ML / 7 OVER TIME
levofloxacin 0.5 % solution	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
moxifloxacin hcl 0.5 % solution	1	QL 6 ML / 7 OVER TIME
NATACYN	3	QL 15 ML / 7 OVER TIME
neomycin-bacitracin zn-polymyx	1	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
ofloxacin 0.3 % solution	1	QL 60 ML / 30 OVER TIME
polymyxin b-trimethoprim	1	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
sulfacetamide sodium 10 % solution	1	QL 15 ML / 7 OVER TIME
tobramycin 0.3 % solution	1	QL 60 ML / 30 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
ZIRGAN	3	
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine 0.05 % emulsion	1	QL 60 EA / 30 DAYS
RESTASIS	2	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	2	QL 5.5 ML / 30 DAYS
VERKAZIA	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	QL 60 EA / 30 DAYS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	3	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	QL 112 ML / 365 OVER TIME PA NDS Non-Extended Day Supply LA
OPHTHALMIC STEROIDS		
bacitra-neomycin-polymyxin-hc	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
fluorometholone	1	
loteprednol etabonate 0.5 % gel	2	
loteprednol etabonate 0.5 % suspension	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
tobramycin-dexamethasone	1	
OPHTHALMICS - MISC.		
azelastine hcl 0.05 % solution	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	4	QL 60 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
diclofenac sodium 0.1 % solution	1	QL 20 ML / 365 OVER TIME
dorzolamide hcl	1	
epinastine hcl	3	
FLURBIPROFEN SODIUM	1	
ketorolac tromethamine 0.4 % solution	1	QL 20 ML / 365 OVER TIME
ketorolac tromethamine 0.5 % solution	1	
olopatadine	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost	3	QL 5 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
latanoprost	1	QL 5 ML / 30 DAYS
LUMIGAN	3	
travoprost (bak free)	1	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc	1	
OTIC STEROIDS		
flac	3	
fluocinolone acetonide 0.01 % oil	3	
hydrocortisone-acetic acid	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
GAMUNEX-C 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	4	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	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	
AMPICILLIN	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	3	
AMPICILLIN SODIUM 2 GM RECON SOLN	1	
NATURAL PENICILLINS		
BICILLIN L-A	3	
penicillin g potassium	3	
PENICILLIN G PROCAINE	3	
PENICILLIN G SODIUM	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)	1	
PFIZERPEN	1	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB)	1	
AMOXICILLIN-POT CLAVULANATE ER	3	
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)	3	
piperacillin sod-tazobactam so	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	
nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)	3	
nafcillin sodium 10 gm recon soln	4	NDS Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	3	
oxacillin sodium	3	
OXACILLIN SODIUM IN DEXTROSE	3	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)	1	
megestrol acetate 625 mg/5ml suspension	3	PA
norethindrone acetate	1	
progesterone (progesterone 100 mg cap, progesterone 200 mg cap)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium	3	
disulfiram	1	
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE	4	QL 540 ML / 30 DAYS PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XYWAV	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
ANTIDEMENTIA AGENTS		
donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)	1	QL 30 EA / 30 DAYS
donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)	1	
donepezil hcl 23 mg tab	3	QL 30 EA / 30 DAYS
galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
galantamine hydrobromide er	2	
memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)	3	
memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)	1	
memantine hcl er	3	
rivastigmine	3	
rivastigmine tartrate	2	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
tetrabenazine	4	PA NDS Non-Extended Day Supply
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
AVONEX PREFILLED	4	QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
dalfampridine er	2	QL 60 EA / 30 DAYS PA
dimethyl fumarate 120 mg cap dr	4	QL 14 EA / 30 DAYS PA NDS Non-Extended Day Supply
dimethyl fumarate 240 mg cap dr	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
dimethyl fumarate starter pack	4	QL 120 EA / 180 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
fingolimod hcl	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
glatiramer acetate 20 mg/ml soln prsyr	4	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
glatiramer acetate 40 mg/ml soln prsyr	4	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
glatopa 20 mg/ml soln prsyr	4	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
glatopa 40 mg/ml soln prsyr	4	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
KESIMPTA	4	QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
PLEGRIDY	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
REBIF	4	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE	4	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF REBIDOSE TITRATION PACK	4	QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
REBIF TITRATION PACK	4	QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
teriflunomide	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VUMERITY	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
VUMERITY (STARTER)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	4	PA NDS Non-Extended Day Supply
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
SMOKING DETERRENTS		
NICOTROL INHALER	2	
NICOTROL NASAL SPRAY	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
varenicline tartrate	1	
varenicline tartrate (starter)	1	
varenicline tartrate(continue)	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	4	QL 560 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHITOL TOLERANCE TEST	4	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)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 13.4 MG PACKET	4	QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI 75-94 MG PACKET	4	QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMOZYME	4	QL 150 ML / 30 DAYS PA[3] NDS Non-Extended Day Supply
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	4	QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMONARY FIBROSIS AGENTS		
OFEV	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)	4	QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole	1	
propylthiouracil	1	
THYROID HORMONES		
euthyrox	1	
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)	1	
levoxyl	1	
liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)	1	
SYNTHROID	2	
unithroid	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHTHERIA-TETANUS TOXOIDS DT	1	PA[3]

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA³ VAC
TENIVAC	1	PA³ VAC
TETANUS-DIPHTHERIA TOXOIDS TD	1	PA³ VAC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)	1	
dicyclomine hcl 10 mg/5ml solution	3	
glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)	3	
H-2 ANTAGONISTS		
cimetidine	1	
famotidine (pepcid)	1	
MISC. ANTI-ULCER		
sucralfate 1 gm tab	1	
sucralfate 1 gm/10ml suspension	3	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
lansoprazole (prevacid)	2	
omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)	1	
pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)	1	
rabeprazole sodium 20 mg tab dr	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol	1	
UNCATEGORIZED		
UNCLASSIFIED		
ABRYSVO	1	VAC
AREXVY	1	VAC
AUSTEDO XR PATIENT TITRATION	4	QL 42 EA / 28 DAYS PA NDS Non-Extended Day Supply
BEYFORTUS	1	
COVID-19 VACCINES	Part B Covered	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er	1	
oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)	1	
oxybutynin chloride er	1	
solifenacin succinate	1	
tolterodine tartrate	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
tolterodine tartrate er	2	
trospium chloride	1	
trospium chloride er	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	PA
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	3	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BCG VACCINE	1	VAC
BEXSERO	1	VAC
HIBERIX	1	
MENACTRA	1	VAC
MENQUADFI	1	VAC
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC
PEDVAX HIB	1	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC
VAXNEUVANCE	Part B Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIRAL VACCINES		
ENGERIX-B	1	PA³ VAC
GARDASIL 9	1	VAC-
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA³ VAC
IMOVAX RABIES	1	PA³ VAC
IPOL	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
PREHEVBRIO	1	PA³ VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA³ VAC
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	PA³ VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA³ VAC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA³ VAC
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL 2 EA / 365 OVER TIME VAC
STAMARIL	1	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	VAC
TWINRIX	1	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	VAC
VARIVAX	1	VAC
YF-VAX	1	VAC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate 2 % cream	1	
metronidazole vaginal 0.75% gel	1	
terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)	1	
VANDAZOLE	1	
VAGINAL ESTROGENS		
estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
yuvafem	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)	1	QL 2 EA / 30 OVER TIME MFG
SYMJEPI	2	QL 2 EA / 30 OVER TIME
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa	4	PA NDS Non-Extended Day Supply
midodrine hcl	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)	1*	
vitamin a	2*	
vitamin d	1*	
vitamin k1	1*	
WATER SOLUBLE VITAMINS		
POTABA	2*	
pyridoxine (vitamin b6)	2*	
thiamine (vitamin b1)	1*	
vitamin c	2*	

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Explanation of Requirements/Limits	
*** (drugs with asterisk)**	Additional drugs covered for select plans. Refer to your Evidence of Coverage for more details.
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.

This formulary was updated on 09/29/2023.

For more recent information or other questions, please contact:

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

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**.

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