

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**

Notice of Nondiscrimination

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

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

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

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

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

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

Oral grievance

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

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

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

ဟံသုဂ်ဟံသး-နမ့်ကတိ၊ ကညိ ကျိအယိ၊ နမန့် ကျိအတိမစာလ၊ တလက်ဘုဂ်လက်စု၊ နီတမံဘုဂ်သုနုဂ်လိ။
ဂီ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

주의: 한국어를 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).

Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 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
PA²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA³	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug covered per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a \$35 copay per one-month supply
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		
<i>amphetamine-dextroamphet er</i>	3	
<i>amphetamine-dextroamphetamine</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	3	
<i>methamphetamine hcl</i>	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	3	
STIMULANTS - MISC.		
<i>armodafinil</i>	1	QL 30 EA / 30 DAYS PA
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	3	
<i>methylphenidate hcl er (la)</i>	3	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	3	
<i>modafinil</i>	1	QL 60 EA / 30 DAYS PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amikacin sulfate 500 mg/2ml solution</i>	3	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	3	
GENTAMICIN SULFATE 10 MG/ML SOLUTION	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
STREPTOMYCIN SULFATE	3	
<i>tobramycin 300 mg/4ml nebu soln</i>	4	QL 224 ML / 28 OVER TIME PA NDS Non-Extended Day Supply
<i>tobramycin 300 mg/5ml nebu soln</i>	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 PA NDS	4 EA / 180 OVER TIME	Non-Extended Day Supply
HUMIRA PEN-PS/UV/ADOL HS START	4	QL PA NDS	4 EA / 180 OVER TIME	Non-Extended Day Supply
HUMIRA PEN-PSOR/UEIT STARTER	4	QL PA NDS	3 EA / 180 OVER TIME	Non-Extended Day Supply
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	QL PA NDS	3 ML / 28 DAYS	Non-Extended Day Supply
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	4	QL PA NDS	0.5 ML / 28 DAYS	Non-Extended Day Supply
ANTIRHEUMATIC - ENZYME INHIBITORS				
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	QL PA NDS	30 EA / 30 DAYS	Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	4	QL PA NDS	84 EA / 180 OVER TIME	Non-Extended Day Supply
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	4	QL PA NDS	60 EA / 30 DAYS	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
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	3	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin</i>	3	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL PA NDS LA 55 EA / 180 OVER TIME Non-Extended Day Supply
OTEZLA 30 MG TAB	4	QL PA NDS LA 60 EA / 30 DAYS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	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		
<i>diflunisal</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	3	QL PA 10 EA / 30 DAYS
<i>fentanyl citrate (fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i>	4	QL PA NDS 120 EA / 30 DAYS Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	3	QL PA 120 EA / 30 DAYS
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	QL 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	2	QL 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	2	QL 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	2	QL 120 EA / 30 DAYS
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	3	QL PA³ 240 ML / 30 OVER TIME
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	3	QL PA 360 EA / 30 DAYS
<i>methadone hcl 10 mg/5ml solution</i>	3	QL PA 1800 ML / 30 DAYS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	2	QL 4980 ML / 30 DAYS
<i>endocet</i>	2	QL 360 EA / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	3	QL 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	2	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	2	QL 360 EA / 30 DAYS
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL 60 EA / 30 OVER TIME PA
<i>buprenorphine</i>	2	QL 4 EA / 28 DAYS PA
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	2	QL 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	QL 90 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	3	QL 10 ML / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	3	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	3	QL 150 GM / 30 DAYS PA
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
<i>testosterone 10 mg/act (2%) gel</i>	3	QL 120 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	QL 75 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	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		
<i>budesonide 2 mg foam</i>	3	PA
<i>hydrocortisone 100 mg/60ml enema</i>	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 PA³	1 EA / 28 DAYS
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		
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	4	NDS Non-Extended Day Supply
<i>nitazoxanide</i>	4	QL 6 EA / 3 OVER TIME NDS Non-Extended Day Supply
CARBAPENEMS		
<i>ertapenem sodium</i>	3	
<i>imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin 250 mg recon soln)</i>	3	
<i>meropenem</i>	3	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	3	QL 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	3	QL 10 EA / 10 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i>	4	 Non-Extended Day Supply
GLYCOPEPTIDES		
DALVANCE	4	 Non-Extended Day Supply
<i>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)</i>	3	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	3	 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	 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		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	3	
<i>clindamycin phosphate in d5w</i>	3	
CLINDAMYCIN PHOSPHATE IN NACL	3	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	3	
CAYSTON	4	QL 84 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
OXAZOLIDINONES		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	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		
<i>colistimethate sodium (cba)</i>	3	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	3	
<i>quinidine gluconate er</i>	3	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	3	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>dofetilide</i>	3	
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	3	
<i>pacerone 200 mg tab</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	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
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	3	QL 120 ML / 30 DAYS PA ³
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 REDHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 30 DAYS
QVAR REDHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 DAYS
SYMPATHOMIMETICS		
ADVAIR HFA	2	QL 12 GM / 30 DAYS
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA ³
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS	
<i>albuterol sulfate 2 mg/5ml syrup</i>	1		
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL	13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL	36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	1	QL	17 GM / 30 DAYS
ANORO ELLIPTA	2	QL	60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL PA ³	120 ML / 30 DAYS
BREO ELLIPTA	2	QL	60 EA / 30 DAYS
BREZTRI AEROSPHERE	2	QL	10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	2	QL	20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	2	QL	8 GM / 30 DAYS
DULERA	2	QL	26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL	60 EA / 30 DAYS
<i>formoterol fumarate</i>	3	QL PA ³	120 ML / 30 DAYS
<i>ipratropium-albuterol</i>	1	PA ³	
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	3	PA ³	
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
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	3	
TRELEGY ELLIPTA	2	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	2	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
XOPENEX HFA	2	QL 30 GM / 30 DAYS
XANTHINES		
<i>theophylline</i>	1	
<i>theophylline er (theophylline er, theophylline er 300 mg tab er 12h)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	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		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	3	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	4	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
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	 60 EA / 30 DAYS   Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	 30 EA / 30 DAYS   Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FYCOMPA 2 MG TAB	3	QL 60 EA / 30 DAYS PA²
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	3	QL 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	3	QL 480 ML / 30 DAYS
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)</i>	3	QL 90 EA / 30 DAYS PA²
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	1	QL 90 EA / 30 DAYS PA²
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 DAYS PA²
<i>clonazepam 2 mg tab disp</i>	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 NDS	10 EA / 30 OVER TIME 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 NDS	60 EA / 30 DAYS Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	4		QL NDS	600 ML / 30 DAYS Non-Extended Day Supply
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1			
<i>carbamazepine 100 mg/5ml suspension</i>	3			
<i>carbamazepine er</i>	3			
DIACOMIT	4		PA² NDS LA	Non-Extended Day Supply
EPIDIOLEX	3		PA² LA	
<i>epitol</i>	1			
EPRONTIA	3			
FINTEPLA	4		QL PA² NDS LA	360 ML / 30 DAYS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	3	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lacosamide 10 mg/ml solution</i>	2	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	3	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine er</i>	3	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS	
<i>roweepra 500 mg tab</i>	1		
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	4	PA ² NDS	Non-Extended Day Supply
<i>rufinamide 200 mg tab</i>	3	PA ²	
SPRITAM	3		
<i>topiramate</i>	1		
ZONISADE	3		
<i>zonisamide</i>	1		
		QL	1100 ML / 30 DAYS
ZTALMY	4	PA ² NDS LA	Non-Extended Day Supply
CARBAMATES			
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	3		
<i>felbamate 600 mg/5ml suspension</i>	4	NDS	Non-Extended Day Supply
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	QL PA ² NDS	56 EA / 28 DAYS Non-Extended Day Supply
XCOPRI (350 MG DAILY DOSE)	4	QL PA ² NDS	56 EA / 28 DAYS 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 PA ²	28 EA / 28 DAYS

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		
<i>tiagabine hcl</i>	3	
<i>vigabatrin</i>	4	PA² NDS Non-Extended Day Supply LA
<i>vigadrone</i>	4	PA² NDS Non-Extended Day Supply LA
HYDANTOINS		
DILANTIN 30 MG CAP	2	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	3	
VALPROIC ACID		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUOXETINE HCL 90 MG CAP DR	3	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	3	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
<i>paroxetine hcl er</i>	3	
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	3	
<i>trazodone hcl</i>	1	
TRINTELLIX	3	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	3	QL 30 EA / 30 DAYS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
FETZIMA	3	QL 30 EA / 30 DAYS
FETZIMA TITRATION	3	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl</i>	3	
<i>desipramine hcl</i>	3	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	3	
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i>	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	3	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	2	QL 30 EA / 30 DAYS
INVOKAMET	2	QL 60 EA / 30 DAYS
INVOKAMET XR	2	QL 60 EA / 30 DAYS
JANUMET	2	QL 60 EA / 30 DAYS
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
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLQUA	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		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIABETIC OTHER		
<i>diazoxide</i>	3	
<i>glucagon emergency 1 mg kit</i>	2	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 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	PA ³ 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	PA ³ INS
TOUJEO MAX SOLOSTAR	2	INS
TOUJEO SOLOSTAR	2	INS
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	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		
<i>naltrexone hcl</i>	1		
OPVEE	2		
VIVITROL	4	NDS	Non-Extended Day Supply
ZIMHI	2		
ANTIEMETICS			
5-HT3 RECEPTOR ANTAGONISTS			
<i>granisetron hcl 1 mg tab</i>	3	QL PA ³	60 EA / 30 DAYS
<i>ondansetron 4 mg tab disp</i>	1	PA ³	
<i>ondansetron 8 mg tab disp</i>	1	PA ³	
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	PA ³	
<i>ondansetron hcl 4 mg/5ml solution</i>	3	PA ³	
ANTIEMETICS - ANTICHOLINERGIC			
<i>meclizine</i>	1		
<i>scopolamine</i>	3		
ANTIEMETICS - MISCELLANEOUS			
<i>doxylamine-pyridoxine</i>	3		
<i>dronabinol</i>	3	QL PA	60 EA / 30 DAYS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	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		
<i>benazepril hcl</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pyridostigmine bromide er</i>	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION, ISONIAZID 300 MG TAB)	1	
<i>isoniazid 50 mg/5ml syrup</i>	3	
PASER	2	
PRIFTIN	3	
<i>pyrazinamide</i>	3	
<i>rifabutin</i>	3	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	1	
<i>rifampin 600 mg recon soln</i>	3	
SIRTURO	4	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		
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
ONUREG	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
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
LENVIMA (14 MG DAILY DOSE)	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
LENVIMA (18 MG DAILY DOSE)	4		QL	90 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
LENVIMA (20 MG DAILY DOSE)	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
LENVIMA (24 MG DAILY DOSE)	4		QL	90 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
LENVIMA (4 MG DAILY DOSE)	4		QL	30 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
LENVIMA (8 MG DAILY DOSE)	4		QL	60 EA / 30 DAYS
			PA ²	
			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		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>erlotinib hcl 25 mg tab</i>	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
<i>gefitinib</i>	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
TAGRISO	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		
<i>abiraterone acetate 250 mg tab</i>	4	QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	4	QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	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
<i>exemestane</i>	3	
FIRMAGON	3	PA²
FIRMAGON (240 MG DOSE)	3	PA²

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLTAMOX	4	NDS Non-Extended Day Supply
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	QL 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	QL 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	4	QL 120 EA / 30 DAYS
		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		PA ²	
			NDS	Non-Extended Day Supply
			LA	
CABOMETYX	4		QL	30 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
CALQUENCE 100 MG CAP	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
CALQUENCE 100 MG TAB	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
CAPRELSA 100 MG TAB	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
CAPRELSA 300 MG TAB	4		QL	30 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
COMETRIQ (100 MG DAILY DOSE)	4		PA ²	
			NDS	Non-Extended Day Supply
			LA	
COMETRIQ (140 MG DAILY DOSE)	4		PA ²	
			NDS	Non-Extended Day Supply
			LA	

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS	
COMETRIQ (60 MG DAILY DOSE)	4		PA ²	
			NDS	Non-Extended Day Supply
			LA	
COPIKTRA	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
COTELLIC	4		QL	63 EA / 28 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	4		QL	30 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	4		QL	150 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	4		QL	90 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
<i>everolimus 5 mg tab sol</i>	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
FOTIVDA	4		QL	21 EA / 28 DAYS
			PA ²	
			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
<i>imatinib mesylate 100 mg tab</i>	4	QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>imatinib mesylate 400 mg tab</i>	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
<i>lapatinib ditosylate</i>	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
		PA ²	
		NDS	Non-Extended Day Supply
		LA	
LYTGOBI (12 MG DAILY DOSE)	4	QL	84 EA / 28 DAYS
		PA ²	
		NDS	Non-Extended Day Supply
LYTGOBI (16 MG DAILY DOSE)	4	QL	112 EA / 28 DAYS
		PA ²	
		NDS	Non-Extended Day Supply
LYTGOBI (20 MG DAILY DOSE)	4	QL	140 EA / 28 DAYS
		PA ²	
		NDS	Non-Extended Day Supply
MEKINIST 0.05 MG/ML RECON SOLN	4	QL	1200 ML / 30 DAYS
		PA ²	
		NDS	Non-Extended Day Supply
MEKINIST 0.5 MG TAB	4	QL	90 EA / 30 DAYS
		PA ²	
		NDS	Non-Extended Day Supply
MEKINIST 2 MG TAB	4	QL	30 EA / 30 DAYS
		PA ²	
		NDS	Non-Extended Day Supply
MEKTOVI	4	QL	180 EA / 30 DAYS
		PA ²	
		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
<i>pazopanib hcl</i>	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
<i>sorafenib tosylate</i>	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
<i>sunitinib malate</i>	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
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
VITRAKVI 20 MG/ML SOLUTION	4		QL	300 ML / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
VITRAKVI 25 MG CAP	4		QL	180 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
VONJO	4		QL	120 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
XALKORI 200 MG CAP	4		QL	60 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
XALKORI 250 MG CAP	4		QL	120 EA / 30 DAYS
			PA ²	
			NDS	Non-Extended Day Supply
			LA	
XOSPATA	4		QL	90 EA / 30 DAYS
			PA ²	
			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
<i>bexarotene 75 mg cap</i>	4	PA ² NDS Non-Extended Day Supply
<i>hydroxyurea</i>	1	
MATULANE	4	NDS Non-Extended Day Supply LA
SYNRIBO	4	PA ² NDS Non-Extended Day Supply LA
<i>tretinoin 10 mg cap</i>	4	NDS Non-Extended Day Supply
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	NDS Non-Extended Day Supply
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	3	
		QL 30 EA / 30 DAYS
NOURIANZ	4	PA NDS Non-Extended Day Supply LA
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	3	
RYTARY	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate (lithium carbonate, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	3	QL PA² 30 EA / 30 DAYS
<i>lurasidone hcl</i>	3	
NUPLAZID	4	QL PA² NDS LA 30 EA / 30 DAYS Non-Extended Day Supply
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
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	3	QL 60 ML / 30 DAYS

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS	
BENZISOXAZOLES				
FANAPT	3		QL PA²	60 EA / 30 DAYS
FANAPT TITRATION PACK	3		QL PA²	8 EA / 180 OVER TIME
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4		QL NDS	3.5 ML / 180 OVER TIME Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4		QL NDS	5 ML / 180 OVER TIME Non-Extended Day Supply
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4		QL NDS	0.75 ML / 28 DAYS Non-Extended Day Supply
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4		QL NDS	1 ML / 28 DAYS Non-Extended Day Supply
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4		QL NDS	1.5 ML / 28 DAYS 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 NDS	0.5 ML / 28 DAYS Non-Extended Day Supply
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4		QL NDS	0.88 ML / 90 OVER TIME Non-Extended Day Supply
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4		QL NDS	1.32 ML / 90 OVER TIME 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
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	3		QL 30 EA / 30 DAYS	
<i>paliperidone er 6 mg tab er 24h</i>	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
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	3			
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1			
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 NDS	0.14 ML / 30 DAYS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL NDS	0.21 ML / 30 DAYS Non-Extended Day Supply
BUTYROPHENONES			
<i>haloperidol</i>	1		
<i>haloperidol decanoate</i>	3		
<i>haloperidol lactate 2 mg/ml conc</i>	1		
<i>haloperidol lactate 5 mg/ml solution</i>	3		
DIBENZAPINES			
<i>asenapine maleate</i>	3	QL	60 EA / 30 DAYS
<i>clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)</i>	3		
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	1		
<i>loxapine succinate</i>	1		
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1		

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	
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	3		
<i>perphenazine</i>	3		
<i>prochlorperazine</i>	3		
<i>prochlorperazine maleate</i>	3		
<i>thioridazine hcl</i>	3		
<i>trifluoperazine hcl</i>	2		
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 NDS	1 EA / 28 DAYS Non-Extended Day Supply
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	4	QL NDS	60 EA / 30 DAYS Non-Extended Day Supply
<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1		
<i>aripiprazole 1 mg/ml solution</i>	3		
ARISTADA 1064 MG/3.9ML PRSYR	4	QL NDS	3.9 ML / 56 OVER TIME Non-Extended Day Supply
ARISTADA 441 MG/1.6ML PRSYR	4	QL NDS	1.6 ML / 28 DAYS 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		
<i>darunavir</i>	4	NDS	Non-Extended Day Supply
DELSTRIGO	4	NDS	Non-Extended Day Supply
DESCOVY	4	QL	30 EA / 30 DAYS
		NDS	Non-Extended Day Supply
DOVATO	4	NDS	Non-Extended Day Supply
EDURANT	4	NDS	Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	3		
<i>efavirenz-emtricitab-tenofo df</i>	4	NDS	Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	4	NDS	Non-Extended Day Supply
<i>emtricitabine</i>	3		
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	4	QL	30 EA / 30 DAYS
		NDS	Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL	30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	2		
<i>etravirine</i>	4	NDS	Non-Extended Day Supply
EVOTAZ	4	NDS	Non-Extended Day Supply
<i>fosamprenavir calcium</i>	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
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	3		
<i>lamivudine-zidovudine</i>	3		
LEXIVA 50 MG/ML SUSPENSION	3		
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1		
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3		
<i>maraviroc</i>	4	NDS	Non-Extended Day Supply
<i>nevirapine 200 mg tab</i>	1		
NEVIRAPINE 50 MG/5ML SUSPENSION	3		
<i>nevirapine er (nevirapine er, nevirapine er 100 mg tab er 24h)</i>	3		
NORVIR 100 MG PACKET	2		
ODEFSEY	4	NDS	Non-Extended Day Supply
PIFELTRO	4	NDS	Non-Extended Day Supply
PREZCOBIX	4	NDS	Non-Extended Day Supply

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
<i>ritonavir</i>	1		
RUKOBIA	4	NDS	Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	4	NDS	Non-Extended Day Supply
SELZENTRY 25 MG TAB	2		
STRIBILD	4	NDS	Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	4	NDS	Non-Extended Day Supply
SYMTUZA	3		
TEMIXYS	4	NDS	Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	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 LA	Non-Extended Day Supply

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
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	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
<i>valganciclovir hcl 450 mg tab</i>	1		
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	NDS	Non-Extended Day Supply
HEPATITIS AGENTS			
<i>adefovir dipivoxil</i>	3		
BARACLUDE 0.05 MG/ML SOLUTION	4	NDS	Non-Extended Day Supply
<i>entecavir</i>	3	QL	30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	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		PA ³	
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		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	1	
<i>pindolol</i>	1	

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

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
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	1	
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		
<i>amlodipine-atorvastatin</i>	1	
ENTRESTO	2	QL 60 EA / 30 DAYS
IMPOTENCE AGENTS		
CAVERJECT	3*	
CAVERJECT IMPULSE	3*	
EDEX	3*	
MUSE	3*	
<i>sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)</i>	1*	
<i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i>	1*	
TRI-MIX	2*	
<i>vardenafil hcl</i>	1*	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		

QL 30 EA / 30 DAYS
PA
NDS Non-Extended Day Supply
LA

ambrisentan 4

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>bosentan</i>	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
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OPSUMIT	4	PA NDS Non-Extended Day Supply LA
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PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>alyq</i>	4	PA NDS Non-Extended Day Supply
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<i>sildenafil citrate 20 mg tab</i>	1	PA
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<i>tadalafil (pah)</i>	4	PA NDS Non-Extended Day Supply
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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
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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
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
<i>cefotetan disodium (cefotetan disodium 1 gm recon soln, cefotetan disodium 2 gm recon soln)</i>	3	
CEFOTETAN DISODIUM-DEXTROSE	3	
<i>cefoxitin sodium</i>	3	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	3	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	3	
<i>ceftazidime</i>	3	
CEFTAZIDIME AND DEXTROSE	3	

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	PA ³
PREDNISONE (PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG TAB, PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)	1	PA ³
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISONE INTENSOL	3	PA ³
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1*	
<i>hydrocodone bit-homatrop mbr (hydrocodone bit-homatrop mbr 5-1.5 mg tab, hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution)</i>	1*	
<i>hydromet</i>	1*	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1*	
CAPCOF	2*	

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

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

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
ketconazole 2 % cream	1	QL 120 GM / 30 DAYS
ketconazole 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		
<i>bexarotene 1 % gel</i>	4	QL 60 GM / 30 DAYS PA² NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	3	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS
PANRETIN	4	PA² NDS Non-Extended Day Supply
VALCHLOR	4	QL 240 GM / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTIPSORIATICS		
<i>acitretin</i>	3	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>calcipotriene 0.005 % solution</i>	2	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	
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		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	QL 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>clobetasol prop emollient base</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	3	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	3	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	3	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	3	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	3	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	3	QL 120 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluocinolone acetonide body</i>	3	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	3	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	3	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	1	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	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 PA NDS	8 ML / 28 DAYS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR		4	QL PA NDS	1.34 ML / 28 DAYS Non-Extended Day Supply
EMOLLIENTS				
<i>ammonium lactate (amlactin)</i>		1		
ENZYMES - TOPICAL				
SANTYL		2	QL	180 GM / 30 OVER TIME
IMMUNOMODULATING AGENTS - TOPICAL				
<i>imiquimod 5 % cream</i>		1	QL	24 EA / 30 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL				
<i>pimecrolimus</i>		3	QL	100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>		3	QL	100 GM / 30 DAYS
KERATOLYTIC/ANTIMITOTIC AGENTS				
PODOFILOX		1	QL	7 ML / 30 DAYS
LOCAL ANESTHETICS - TOPICAL				
<i>lidocaine hcl 4 % solution</i>		1	QL	50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)		1	QL	60 ML / 7 OVER TIME
<i>lidocaine patches</i>		3	QL PA	107 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS
ROSACEA AGENTS		
<i>azelaic acid</i>	3	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	3	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	3	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	3	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	3	
<i>malathion</i>	3	
<i>permethrin (nix)</i>	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		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	3	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	3	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>torsemide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metolazone</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)</i>	1	
<i>risedronate sodium 35 mg tab dr</i>	3	
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 LA	Non-Extended Day Supply
HORMONE RECEPTOR MODULATORS			
OSPHENA	3		
<i>raloxifene hcl</i>	1		
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)			
INCRELEX	4	PA NDS LA	Non-Extended Day Supply
METABOLIC MODIFIERS			
<i>betaine</i>	4	NDS LA	Non-Extended Day Supply
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1		
<i>calcitriol 1 mcg/ml solution</i>	3		
<i>carglumic acid</i>	4	PA NDS LA	Non-Extended Day Supply
<i>cinacalcet hcl</i>	3	PA	
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	3		
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1		
<i>levocarnitine sf</i>	1		
NEXVIAZYME	4	PA NDS LA	Non-Extended Day Supply

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS	
HEMATOLOGICAL AGENTS - MISC.			
BRADYKININ B2 RECEPTOR ANTAGONISTS			
icatibant acetate	4	PA NDS LA	Non-Extended Day Supply
sajazir	4	PA NDS LA	Non-Extended Day Supply
COMPLEMENT INHIBITORS			
CINRYZE	4	PA NDS LA	Non-Extended Day Supply
HAEGARDA	4	PA NDS LA	Non-Extended Day Supply
RUCONEST	4	PA NDS LA	Non-Extended Day Supply
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
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>miglustat</i>	4	PA NDS Non-Extended Day Supply LA
<i>yargesa</i>	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		
<i>cyanocobalmin (vitamin b12)</i>	1*	
HYDROXOCOBALAMIN ACETATE	2*	
METHYLCOBALAMIN 10000 MCG RECON SOLN	2*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOLIC ACID/FOLATES		
<i>folic acid</i>	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		
<i>folic acid / vitamin b6 / vitamin b12</i>	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	3	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone</i>	3	QL 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA ²
<i>zaleplon</i>	3	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	3	QL 30 EA / 30 DAYS
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 PA NDS LA 30 EA / 30 DAYS Non-Extended Day Supply
<i>ramelteon</i>	2	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	4	QL PA NDS 30 EA / 30 DAYS Non-Extended Day Supply
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY 236 GM RECON SOLN	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	3	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	3	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<i>gauze pads and dressings</i>	2	
DIABETIC SUPPLIES		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	QL 1 EA / 274 OVER TIME PA
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 PA	2 EA / 28 OVER TIME
FREESTYLE LIBRE 2 READER	Part B Covered	QL PA	1 EA / 274 OVER TIME
FREESTYLE LIBRE 2 SENSOR	Part B Covered	QL PA	2 EA / 28 OVER TIME
FREESTYLE LIBRE READER	Part B Covered	QL PA	1 EA / 274 OVER TIME
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	QL PA	2 EA / 20 DAYS
OMNIPOD 5 G6 INTRO (GEN 5)	3	QL PA	1 EA / 275 OVER TIME
OMNIPOD 5 G6 POD (GEN 5)	3	QL PA	15 EA / 30 OVER TIME
OMNIPOD 5 PACK	3	QL PA	15 EA / 30 OVER TIME
OMNIPOD CLASSIC PDM (GEN 3)	3	QL PA	1 EA / 275 OVER TIME
OMNIPOD DASH INTRO (GEN 4)	3	QL PA	1 EA / 275 OVER TIME
OMNIPOD DASH PODS (GEN 4)	3	QL PA	15 EA / 30 OVER TIME
MISC. DEVICES			
<i>alcohol swabs</i>	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	
<i>needles and syringes</i>	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		
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	QL 18 EA / 30 OVER TIME
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL 16 ML / 30 DAYS PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextrose-nacl (dextrose-nacl 2.5-0.45 % solution, dextrose-nacl 5-0.2 % solution, dextrose-nacl 5-0.45 % solution, dextrose-nacl 5-0.9 % solution)</i>	3	
<i>dextrose-sodium chloride (dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	3	
KCL (0.149%) IN NACL	3	
KCL (0.298%) IN NACL	3	
<i>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)</i>	3	
KCL-LACTATED RINGERS-D5W	3	
<i>lactated ringers</i>	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	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		
<i>sodium fluoride</i>	1*	
<i>sodium fluoride 2.2 mg</i>	1*	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
SODIUM		
<i>sodium chloride</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250 mg tab</i>	4	PA NDS Non-Extended Day Supply
<i>trientine hcl 250 mg cap</i>	4	PA NDS Non-Extended Day Supply
IMMUNOMODULATORS		
<i>lenalidomide</i>	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	PA ³
cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)	3	PA ³
cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)	3	PA ³
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	3	PA ³
ENVARUSUS 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
engraf (engraf 25 mg cap, engraf 100 mg cap, engraf 100 mg/ml solution)	3	PA ³
mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)	1	PA ³
mycophenolate mofetil 200 mg/ml recon susp	4	PA³ NDS Non-Extended Day Supply
mycophenolate sodium	2	PA ³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	3	PA ³

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NASAL STEROIDS		
<i>flunisolide</i>	1	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 34 GM / 30 DAYS
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
<i>riluzole</i>	3	PA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose 10 % solution</i>	3	PA ³
<i>dextrose 5 % solution</i>	3	
<i>glucose 5 % solution</i>	3	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	3	PA ³
CLINIMIX/DEXTROSE (4.25/5)	3	PA ³
CLINIMIX/DEXTROSE (5/15)	3	PA ³
CLINIMIX/DEXTROSE (5/20)	3	PA ³

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	3	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	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 LA	Non-Extended Day Supply
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
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i>	1	
PFIZERPEN	1	
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	
<i>piperacillin sod-tazobactam so</i>	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 PA LA	540 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XYWAV	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)</i>	1	QL 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	QL 30 EA / 30 DAYS
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	3	
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	
<i>memantine hcl er</i>	3	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	2	
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 PA NDS	60 EA / 30 DAYS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H		4	QL PA NDS	90 EA / 30 DAYS Non-Extended Day Supply
<i>tetrabenazine</i>		4	PA NDS	Non-Extended Day Supply
MULTIPLE SCLEROSIS AGENTS				
AVONEX PEN		4	QL PA NDS	1 EA / 28 DAYS Non-Extended Day Supply
AVONEX PREFILLED		4	QL PA NDS	1 EA / 28 DAYS Non-Extended Day Supply
<i>dalfampridine er</i>		2	QL PA	60 EA / 30 DAYS
<i>dimethyl fumarate 120 mg cap dr</i>		4	QL PA NDS	14 EA / 30 DAYS Non-Extended Day Supply
<i>dimethyl fumarate 240 mg cap dr</i>		4	QL PA NDS	60 EA / 30 DAYS Non-Extended Day Supply
<i>dimethyl fumarate starter pack</i>		4	QL PA NDS	120 EA / 180 DAYS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fingolimod hcl</i>	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL 12 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 20 mg/ml soln prsyr</i>	4	QL 30 ML / 30 DAYS PA NDS Non-Extended Day Supply
<i>glatopa 40 mg/ml soln prsyr</i>	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 PA NDS	4.2 ML / 180 OVER TIME Non-Extended Day Supply
REBIF TITRATION PACK	4		QL PA NDS	4.2 ML / 180 OVER TIME Non-Extended Day Supply
<i>teriflunomide</i>	4		QL PA NDS	30 EA / 30 DAYS Non-Extended Day Supply
VUMERITY	4		QL PA NDS LA	120 EA / 30 DAYS Non-Extended Day Supply
VUMERITY (STARTER)	4		QL PA NDS	120 EA / 30 DAYS 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
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	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	 Non-Extended Day Supply
TETRACYCLINES		
<i>demeclocycline hcl</i>	3	
<i>doxy 100</i>	3	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline hyclate 100 mg recon soln</i>	3	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	3	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	3	
<i>tetracycline hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
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	PA ³ VAC
TENIVAC	1	PA ³ VAC
TETANUS-DIPHTHERIA TOXOIDS TD	1	PA ³ VAC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1	
<i>dicyclomine hcl 10 mg/5ml solution</i>	3	
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	3	
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	
<i>famotidine (pepcid)</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate 1 gm tab</i>	1	
<i>sucralfate 1 gm/10ml suspension</i>	3	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lansoprazole (prevacid)</i>	2	
<i>omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	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)		
<i>darifenacin hydrobromide er</i>	1	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	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		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	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	PA ³ VAC
GARDASIL 9	1	VAC-
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA ³ VAC
IMOVAX RABIES	1	PA ³ VAC
IPOL	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
PREHEVBRIO	1	PA ³ VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA ³ VAC
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	PA ³ VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA ³ VAC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA ³ 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		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole vaginal 0.75% gel</i>	1	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
VANDAZOLE	1	
VAGINAL ESTROGENS		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
yuvaferm	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*	

Index

A	abacavir sulfate	88	albuterol sulfate hfa (Ventolin Equivalent)	33	amphetamine-dextroamphetamine	13
	abacavir sulfate-lamivudine	88	albuterol sulfate hfa 108 (proair equivalent)	33	amphetamine-dextroamphetamine	13
	abacavir-lamivudine-zidovudine	88	alcohol swabs	134	AMPHOTERICIN B	50
	ABELCET	50	ALCOHOL SWABS 1x1	135	AMPICILLIN	150
	ABILIFY ASIMTUFII	87	ALECENSA	66	AMPICILLIN SODIUM	150
	ABILIFY MAINTENA	87	alendronate sodium	119	AMPICILLIN-SULBACTAM SODIUM	151
	abiraterone acetate	62	alfuzosin hcl er	126	anagrelide hcl	127
	ABRYSVO	162	aliskiren fumarate	55	anastrozole	62
	acamprosate calcium	152	allopurinol	126	ANNOVERA	106
	acarbose	43	alosetron hcl	124	ANORO ELLIPTA	33
	accutane	110	alprazolam	29	APRACLOPIDINE HCL	145
	acebutolol hcl	94	altavera	101	aprepitant	50
	acetaminophen-codeine	21,22	ALUNBRIG	67	APRETUDE	88
	acetazolamide	118	alyacen 1/35	101	apri	101
	acetazolamide er	118	alyq	98	APTIOM	37
	acetic acid	125,149	amantadine hcl	81	APTIVUS	88
	acetylcysteine	110	ambrisentan	98	aranelle	101
	acitretin	112	amikacin sulfate	13,14	ARCALYST	17
	ACTEMRA	17	amiloride hcl	118	AREXVY	162
	ACTEMRA ACTPEN	17	amiloride-hydrochlorothiazide	118	arformoterol tartrate	33
	ACTHIB	163	amiodarone hcl	30	aripiprazole	87
	ACTIMMUNE	79	amitriptyline hcl	43	ARISTADA	87,88
	acyclovir	93,113	amlodipine besy-benazepril hcl	55	ARISTADA INITIO	88
	acyclovir sodium	93	amlodipine besylate	95	armodafinil	13
	ADACEL	160	amlodipine besylate-valsartan	55	asenapine maleate	85
	ADBRY	115	amlodipine-atorvastatin	97	ASMANEX (120 METERED DOSES)	32
	adefovir dipivoxil	92	amlodipine-olmesartan	55	ASMANEX (30 METERED DOSES)	32
	ADEMPAS	99	amlodipine-valsartan-hctz	55	ASMANEX (60 METERED DOSES)	32
	ADVAIR HFA	32	ammonium lactate (amlactin)	116	ASMANEX HFA	32
	AIMOVIG	135	amnestem	110	aspirin-dipyridamole er	127
	AJOVY	135	amoxapine	43	atazanavir sulfate	88
	ak-poly-bac	145	AMOXICILLIN	150	atenolol	94
	albendazole	24	AMOXICILLIN-POT CLAVULANATE	151	atenolol-chlorthalidone	55
	albuterol sulfate	32,33	AMOXICILLIN-POT CLAVULANATE ER	151	atomoxetine hcl	13
	ALBUTEROL SULFATE	33			atorvastatin calcium	53
	albuterol sulfate hfa (proventil equivalent)	33			atovaquone	25

atovaquone-proguanil hcl	56	benztropine mesylate	80	budesonide-formoterol	
atropine sulfate	145	BESREMI	79	fumarate	33
ATROVENT HFA	31	betaine	120	bumetanide	118
aubra	101	betamethasone dipropionate	114	buprenorphine	22
aubra eq	102	betamethasone dipropionate		buprenorphine hcl	22
aurovela 1.5/30	102	aug	114	buprenorphine hcl-naloxone	
AUSTEDO	153,154	betamethasone valerate	114	hcl	22,23
AUSTEDO XR	154	betaxolol hcl	94	bupropion hcl	41
AUSTEDO XR PATIENT		BETAXOLOL HCL	145	bupropion hcl er (smoking det)	41
TITRATION	162	bethanechol chloride	163	bupropion hcl er (sr)	41
AUVELITY	41	bexarotene	80,112	bupropion hcl er (xl)	41
aviane	102	BEXSERO	163	buspirone hcl	29
avita	110	BEYFORTUS	162	butorphanol tartrate	23
AVONEX PEN	154	bicalutamide	62	BYDUREON BCISE	45
AVONEX PREFILLED	154	BICILLIN L-A	150		
AYVAKIT	65	BIKTARVY	88	C	
azathioprine	140	bimatoprost	148	CABENUVA	88
azelaic acid	117	bisoprolol fumarate	94	cabergoline	121
azelastine hcl	143,148	bisoprolol-hydrochlorothiazide	55	CABOMETYX	68
azithromycin	132	blisovi 24 fe	102	calcipotriene	112
aztreonam	27	blisovi fe 1.5/30	102	calcitonin (salmon)	119
		blood glucose monitoring		CALCITRIOL	112
		supplies	133	calcitriol	120
B		BOOSTRIX	160	calcium acetate	125
baciim	24	bosentan	98	calcium acetate (phos binder)	125
bacitra-neomycin-polymyxin-hc	147	BOSULIF	67	calcium gluconate	136
BACITRACIN	24,146	BRAFTOVI	67	CALQUENCE	68
bacitracin-polymyxin b	146	BREO ELLIPTA	33	camila	106
baclofen	143	BREZTRI AEROSPHERE	33	camrese	102
balsalazide disodium	123	BRILINTA	127	camrese lo	102
BALVERSA	67	brimonidine tartrate	145	candesartan cilexetil	54
BARACLUDE	92	brimonidine tartrate-timolol	145	candesartan cilexetil-hctz	55
BCG VACCINE	163	BRIVIACT	37	CAPCOF	108
BELBUCA	22	bromfed dm	108	CAPLYTA	82
BELSOMRA	130	bromocriptine mesylate	81	CAPRELSA	68
benazepril hcl	53	BRONCHITOL	157	captopril	54
benazepril-		BRONCHITOL TOLERANCE		carbamazepine	37
hydrochlorothiazide	55	TEST	157	carbamazepine er	37
BENLYSTA	141	BRUKINSA	68	carbidopa	80
BENZNIDAZOLE	24	budesonide	23,32,107	CARBIDOPA-LEVODOPA	81
benzonatate	108	budesonide er	107	carbidopa-levodopa	81

carbidopa-levodopa er.....	81	cetirizine (zyrtec).....	51	CLINIMIX/DEXTROSE (5/15).....	144
CARBIDOPA-LEVODOPA-ENTACAPONE.....	81	cevimeline hcl.....	142	CLINIMIX/DEXTROSE (5/20).....	144
carglumic acid.....	120	CHEMET.....	48	clobazam.....	36
CARTEOLOL HCL.....	145	CHLORAMPHENICOL SOD SUCCINATE.....	26	clobetasol prop emollient base.....	114
cartia xt.....	95	chlorhexidine gluconate.....	142	clobetasol propionate.....	114
carvedilol.....	94	chloroquine phosphate.....	56	clobetasol propionate e.....	114
caspofungin acetate.....	50	chlorpromazine hcl.....	86	clodan.....	114
CAVERJECT.....	97	chlorthalidone.....	118	clomipramine hcl.....	43
CAVERJECT IMPULSE.....	97	chlorzoxazone.....	143	clonazepam.....	36
CAYSTON.....	27	cholestyramine.....	52	clonidine hcl er.....	13
CEFACLOR.....	100	cholestyramine light.....	52	clonidine tablet.....	54
cefadroxil.....	99	ciclopirox.....	111	clonidine weekly patch.....	55
cefazolin sodium.....	99	ciclopirox olamine.....	111	clopidogrel bisulfate.....	127
CEFAZOLIN SODIUM-DEXTROSE.....	99	cilostazol.....	127	clorazepate dipotassium.....	29
cefdinir.....	100	CIMDUO.....	88	clotrimazole.....	142
cefepime hcl.....	101	cimetidine.....	161	clotrimazole (lotrimin).....	111
CEFEPIME-DEXTROSE.....	101	cinacalcet hcl.....	120	clotrimazole-betamethasone.....	111
cefixime.....	100	CINRYZE.....	127	clozapine.....	85
cefotetan disodium.....	100	ciprofloxacin hcl.....	122,146	COARTEM.....	56
CEFOTETAN DISODIUM-DEXTROSE.....	100	CIPROFLOXACIN HCL.....	122,149	CODITUSSIN AC.....	109
cefoxitin sodium.....	100	ciprofloxacin in d5w.....	122	CODITUSSIN DAC.....	109
CEFOXITIN SODIUM-DEXTROSE.....	100	ciprofloxacin-dexamethasone.....	149	colchicine.....	126
cefopodoxime proxetil.....	100	citalopram hydrobromide.....	41	colchicine-probenecid.....	126
cefprozil.....	100	claravis.....	110	colesevelam hcl.....	52
ceftazidime.....	100	CLARITHROMYCIN.....	132	colestipol hcl.....	52
CEFTAZIDIME AND DEXTROSE.....	100	clarithromycin.....	132	colistimethate sodium (cba).....	28
ceftriaxone sodium.....	101	clarithromycin er.....	132	COMBIVENT RESPIMAT.....	33
CEFTRIAZONE SODIUM IN DEXTROSE.....	101	clindamycin hcl.....	26	COMETRIQ (100 MG DAILY DOSE).....	68
CEFTRIAZONE SODIUM-DEXTROSE.....	101	clindamycin palmitate hcl.....	26	COMETRIQ (140 MG DAILY DOSE).....	68
cefuroxime axetil.....	100	clindamycin phosphate.....	27,110,165	COMETRIQ (60 MG DAILY DOSE).....	69
cefuroxime sodium.....	100	CLINDAMYCIN PHOSPHATE IN NACL.....	27	COMPLERA.....	89
celecoxib.....	17	CLINIMIX/DEXTROSE (4.25/10).....	144	compro.....	86
cephalexin.....	100	CLINIMIX/DEXTROSE (4.25/5).....	144	constulose.....	131
CERDELGA.....	128			COPIKTRA.....	69
				CORLANOR.....	99
				COTELLIC.....	69
				COVID-19 Vaccines.....	162

CREON.....	117	desloratadine.....	51	diclofenac sodium er.....	18
CRESEMBA.....	50	desmopressin ace spray		dicloxacillin sodium.....	152
cromolyn sodium.....	30,123	refrig.....	121	dicyclomine hcl.....	161
CROMOLYN SODIUM.....	148	desmopressin acetate.....	121	DIFICID.....	132,133
cryselle-28.....	102	desmopressin acetate spray.....	121	diflunisal.....	20
cyanocobalmin (vitamin		desogestrel-ethinyl estradiol.....	102	DIGOXIN.....	97
b12).....	128	desonide.....	114	dihydroergotamine mesylate.....	135
cyclobenzaprine hcl.....	143	desvenlafaxine succinate er.....	42	DILANTIN.....	40
CYCLOPHOSPHAMIDE.....	57	DEXAMETHASONE.....	107	dilt-xr.....	95
CYCLOSET.....	45	DEXAMETHASONE		diltiazem hcl.....	95
cyclosporine.....	140,147	INTENSOL.....	107	diltiazem hcl er.....	96
cyclosporine modified.....	140	dexamethasone sodium		diltiazem hcl er beads.....	96
cyred.....	102	phosphate.....	107	diltiazem hcl er coated beads.....	96
cyred eq.....	102	DEXAMETHASONE SODIUM		dimethyl fumarate.....	154
CYSTAGON.....	125	PHOSPHATE.....	147	dimethyl fumarate starter	
CYSTARAN.....	148	DEXCOM G5 MOB/G4 PLAT		pack.....	154
		SENSOR.....	133	DIPENTUM.....	123
		DEXCOM G5 MOBILE		diphenoxylate-atropine.....	48
dalfampridine er.....	154	RECEIVER.....	133	DIPHThERIA-TETANUS	
DALVANCE.....	26	DEXCOM G5 MOBILE		TOXOIDS DT.....	160
danazol.....	23	TRANSMITTER.....	133	dipyridamole.....	128
dantrolene sodium.....	143	DEXCOM G5 RECEIVER		disopyramide phosphate.....	30
dapsone.....	26	KIT.....	133	disulfiram.....	152
DAPTACEL.....	160	DEXCOM G6 RECEIVER.....	133	divalproex sodium.....	40
daptomycin.....	26	DEXCOM G6 SENSOR.....	133	divalproex sodium er.....	40
darifenacin hydrobromide er.....	162	DEXCOM G6		dofetilide.....	30
darunavir.....	89	TRANSMITTER.....	133	donepezil hcl.....	153
DAURISMO.....	61	DEXCOM G7 RECEIVER.....	133	dorzolamide hcl.....	148
DAYVIGO.....	130	DEXCOM G7 SENSOR.....	133	dorzolamide hcl-timolol mal.....	145
deblitane.....	106	dextrose.....	144	dorzolamide hcl-timolol mal pf.....	145
decadron.....	107	DEXTROSE-NACL.....	136	dotti.....	122
deferasirox.....	48	dextrose-nacl.....	137	DOVATO.....	89
deferiprone.....	48	dextrose-sodium chloride.....	137	doxazosin mesylate.....	55
DELSTRIGO.....	89	DIACOMIT.....	37	doxepin hcl.....	43,130
demeclocycline hcl.....	159	diazepam.....	29	doxercalciferol.....	120
denta 5000 plus.....	142	DIAZEPAM.....	36	doxy 100.....	159
dentagel.....	142	diazepam intensol.....	29	doxycycline hyclate.....	159
DEPO-SUBQ PROVERA		diazoxide.....	45	doxycycline monohydrate.....	159
104.....	106	diclofenac 1% gel.....	111	doxylamine-pyridoxine.....	49
DESCOVY.....	89	diclofenac potassium.....	17	dronabinol.....	49
desipramine hcl.....	43	diclofenac sodium.....	18,112,148	drosiprenone-ethinyl estradiol.....	102

DROXIA.....	128	enoxaparin sodium.....	35	etodolac.....	18
droxidopa.....	166	enpresse-28.....	102	etonogestrel-ethinyl estradiol.....	106
DULERA.....	33	enskyce.....	102	etravirine.....	89
duloxetine hcl.....	42	entacapone.....	81	euthyrox.....	160
DUPIXENT.....	115,116	entecavir.....	92	everolimus.....	69,140
dutasteride.....	126	ENTRESTO.....	97	EVOTAZ.....	89
dutasteride-tamsulosin hcl.....	126	enulose.....	124	exemestane.....	62
E		ENVARBUS XR.....	140	EXKIVITY.....	61
ec-naproxen.....	18	EPIDIOLEX.....	37	ezetimibe.....	53
econazole nitrate.....	111	epinastine hcl.....	148	ezetimibe-simvastatin.....	52
EDEX.....	97	epinephrine 0.15/3ml, 0.30/3ml		F	
EDURANT.....	89	auto-injector (teva and mylan	166	falmina.....	102
EFAVIRENZ.....	89	only).....	166	famciclovir.....	93
efavirenz-emtricitab-tenofo df	89	epitol.....	37	famotidine (pepcid).....	161
efavirenz-lamivudine-		eplerenone.....	56	FANAPT.....	83
tenofovir.....	89	EPRONTIA.....	37	FANAPT TITRATION PACK.....	83
eletriptan hydrobromide.....	136	ERGOLOID MESYLATES.....	156	FASENRA.....	30
ELIGARD.....	62	ergotamine-caffeine.....	135	FASENRA PEN.....	31
ELIQUIS.....	34	ERIVEDGE.....	61	febuxostat.....	126
ELIQUIS DVT/PE STARTER		ERLEADA.....	62	felbamate.....	39
PACK.....	34	erlotinib hcl.....	60	felodipine er.....	96
ELMIRON.....	126	errin.....	106	femynor.....	102
eluryng.....	106	ertapenem sodium.....	25	fenofibrate.....	52
EMCYT.....	62	ERY.....	110	fenofibrate micronized.....	52
EMGALITY.....	135	ery-tab.....	132	fenofibric acid.....	52
EMGALITY (300 MG		erythrocin stearate.....	132	fenofibril.....	20
DOSE).....	135	erythromycin.....	110,132,146	fentanyl.....	20
EMSAM.....	41	erythromycin base.....	132	fentanyl citrate.....	20
emtricitabine.....	89	erythromycin ethylsuccinate.....	132	FETZIMA.....	42
emtricitabine-tenofovir df.....	89	escitalopram oxalate.....	41	FETZIMA TITRATION.....	42
EMTRIVA.....	89	esomeprazole magnesium.....	161	finasteride.....	126
enalapril maleate.....	54	estarylla.....	102	finbolimod hcl.....	155
enalapril-hydrochlorothiazide.....	55	estradiol.....	122,165	FINTEPLA.....	37
ENBREL.....	19	estradiol valerate.....	122	FIRDAPSE.....	56
ENBREL MINI.....	19	estradiol-norethindrone acet.....	122	FIRMAGON.....	62
ENBREL SURECLICK.....	19	ESTRING.....	166	FIRMAGON (240 MG DOSE).....	62
ENDARI.....	128	eszopiclone.....	130	flac.....	149
endocet.....	22	ethacrynic acid.....	118	flavoxate hcl.....	163
ENERGIX-B.....	164	ethambutol hcl.....	57	flecainide acetate.....	30
enilloring.....	106	ethosuximide.....	40	fluconazole.....	51
		ethynodiol diac-eth estradiol.....	102	fluconazole in sodium chloride.....	51

flucytosine.....	50	FREESTYLE LIBRE 2	GLEOSTINE.....	57
fludrocortisone acetate.....	108	SENSOR.....	glimepiride.....	48
flunisolide.....	144	FREESTYLE LIBRE	glipizide.....	48
fluocinolone acetonide.....	114,149	READER.....	glipizide er.....	48
fluocinolone acetonide body	115	FREESTYLE LIBRE SENSOR	glipizide xl.....	48
fluocinolone acetonide		SYSTEM.....	glipizide-metformin hcl.....	43
scalp.....	115	furosemide.....	glucagon emergency.....	45
fluocinonide.....	115	FUZEON.....	glucose.....	144
fluorometholone.....	147	fyavolv.....	glycopyrrolate.....	161
FLUOROURACIL.....	112	FYCOMPA.....	GLYXAMBI.....	43
fluorouracil.....	112		GOLYTELY.....	131
fluoxetine hcl.....	41	G	granisetron hcl.....	49
FLUOXETINE HCL.....	42	g tussin ac.....	griseofulvin microsize.....	50
fluphenazine decanoate.....	86	gabapentin.....	griseofulvin ultramicrosize.....	50
fluphenazine hcl.....	87	galantamine hydrobromide.....	guaiaatussin ac.....	109
flurbiprofen.....	18	GALANTAMINE	guaifenesin ac.....	109
FLURBIPROFEN SODIUM.....	148	HYDROBROMIDE.....	guaifenesin dac.....	109
fluticasone propionate.....	144	galantamine hydrobromide	guaifenesin-codeine.....	109
FLUTICASONE PROPIONATE		er.....	guanfacine hcl.....	55
HFA.....	32	GAMMAKED.....	GVOKE HYPOPEN 1-PACK.....	45
fluticasone-salmeterol.....	33	GAMUNEX-C.....	GVOKE HYPOPEN 2-PACK.....	45
fluvastatin sodium.....	53	GARDASIL 9.....	GVOKE KIT.....	45
fluvoxamine maleate.....	42	gatifloxacin.....	GVOKE PFS.....	45
fluvoxamine maleate er.....	42	GAUZE PADS.....		
folic acid.....	129	gauze pads and dressings.....	H	
folic acid / vitamin b6 / vitamin		GAVILYTE-C.....	HAEGARDA.....	127
b12.....	129	gavilyte-g.....	hailey 24 fe.....	102
fondaparinux sodium.....	35	gavilyte-n with flavor pack.....	halobetasol propionate.....	115
formoterol fumarate.....	33	GAVRETO.....	haloette.....	106
fosamprenavir calcium.....	89	gefitinib.....	haloperidol.....	85
fosfomycin tromethamine.....	28	gemfibrozil.....	haloperidol decanoate.....	85
fosinopril sodium.....	54	GEMTESA.....	haloperidol lactate.....	85
fosinopril sodium-hctz.....	55	generlac.....	HAVRIX.....	164
FOTIVDA.....	69	gengraf.....	heather.....	106
FREESTYLE LIBRE 14 DAY		GENTAMICIN IN SALINE.....	heparin sodium (porcine).....	35
READER.....	133	GENTAMICIN SULFATE.....	HEPLISAV-B.....	164
FREESTYLE LIBRE 14 DAY		gentamicin sulfate.....	HETLIOZ.....	131
SENSOR.....	134	GENVOYA.....	HIBERIX.....	163
FREESTYLE LIBRE 2		GILOTRIF.....	HISTEX-AC.....	109
READER.....	134	glatiramer acetate.....	HUMIRA.....	15
		glatopa.....		

HUMIRA PEDIATRIC CROHNS START	15	icatibant acetate	127	INVOKAMET XR	43
HUMIRA PEN	15	ICLUSIG	70	INVOKANA	48
HUMIRA PEN-CD/UC/HS STARTER	15	icosapent ethyl	52	IPOL	164
HUMIRA PEN-PEDIATRIC UC START	16	IDHIFA	70	ipratropium bromide	31,143
HUMIRA PEN-PS/UV/ADOL HS START	16	imatinib mesylate	70	ipratropium-albuterol	33
HUMIRA PEN-PSOR/UEIT STARTER	16	IMBRUVICA	70,71	irbesartan	54
HUMULIN R U-500 (CONCENTRATED)	46	imipenem-cilastatin	25	irbesartan-hydrochlorothiazide	55
HUMULIN R U-500 KWIKPEN	46	imipramine hcl	43	ISENTRESS	90
hydralazine hcl	56	imipramine pamoate	43	ISENTRESS HD	90
hydrochlorothiazide	118	imiquimod	116	isibloom	102
HYDROCOD POLI-CHLORPHE POLI ER	109	IMOVAX RABIES	164	ISONIAZID	57
hydrocod poli-chlorphe poli er	109	incassia	106	isoniazid	57
hydrocodone bit-homatrop mbr	108	INCRELEX	120	isosorbide dinitrate	28
hydrocodone-acetaminophen	22	INCRUSE ELLIPTA	31	ISOSORBIDE MONONITRATE	28
hydrocortisone	23,107,115	indapamide	118	isosorbide mononitrate er	28
hydrocortisone (perianal)	24	indomethacin	18	isotretinoin	110
hydrocortisone-acetic acid	149	INFANRIX	161	isradipine	96
hydromet	108	INLYTA	58	itraconazole	51
hydromorphone hcl	20	INQOVI	66	ivermectin	24,117
hydromorphone hcl pf	20	INREBIC	71	IXIARO	164
HYDROXOCOBALAMIN ACETATE	128	INSULIN ASP PROT & ASP FLEXPEN	46	J	
hydroxychloroquine sulfate	56	INSULIN ASPART	46	JAKAFI	71
hydroxyurea	80	INSULIN ASPART FLEXPEN	46	jantoven	34
hydroxyzine hcl	29	INSULIN ASPART PENFILL	46	JANUMET	43
HYQVIA	150	INSULIN ASPART PROT & ASPART	46	JANUMET XR	43,44
		INSULIN PEN NEEDLE	135	JANUVIA	45
		INSULIN SYRINGE (DISP) U-100 0.3 ML	135	JARDIANCE	48
		INSULIN SYRINGE (DISP) U-100 1 ML	135	jasmiel	102
		INSULIN SYRINGE (DISP) U-100 1/2 ML	135	JAYPIRCA	71
		INTELENCE	90	JENTADUETO	44
		introvale	102	JENTADUETO XR	44
		INVEGA HAFYERA	83	jinteli	122
		INVEGA SUSTENNA	83	joyeaux	102
ibandronate sodium	119	INVEGA TRINZA	83,84	juleber	102
IBRANCE	70	INVIRASE	90	JULUCA	90
ibuprofen (motrin)	18	INVOKAMET	43	junel 1.5/30	102
				junel 1/20	103
				junel fe 1.5/30	103
				junel fe 1/20	103
				junel fe 24	103

JYNNEOS..... 164

K

K-PHOS..... 138
K-PHOS NO 2..... 125
kaitlib fe..... 103
KALYDECO..... 157
kariva..... 103
KCL (0.149%) IN NACL..... 137
KCL (0.298%) IN NACL..... 137
kcl in dextrose-nacl..... 137
KCL-LACTATED RINGERS-
D5W..... 137
kelnor 1/35..... 103
kelnor 1/50..... 103
KERENDIA..... 121
KESIMPTA..... 155
ketoconazole..... 51,111
ketorolac tromethamine..... 18,148
KEVZARA..... 17
KINRIX..... 161
KISQALI (200 MG DOSE)..... 71
KISQALI (400 MG DOSE)..... 71
KISQALI (600 MG DOSE)..... 72
KISQALI FEMARA (400 MG
DOSE)..... 66
KISQALI FEMARA (600 MG
DOSE)..... 66
KISQALI FEMARA(200 MG
DOSE)..... 66
klor-con..... 138
klor-con 10..... 138
klor-con m10..... 138
klor-con m15..... 138
klor-con m20..... 138
KLOXXADO..... 48
KORLYM..... 45
KOSELUGO..... 72
kourzeq..... 142
KRAZATI..... 72
kurvelo..... 103

L

labetalol hcl..... 94
lacosamide..... 38
lactated ringers..... 137
lactulose..... 131
lactulose encephalopathy..... 124
LAGEVRIO..... 94
lamivudine..... 90,92
lamivudine-zidovudine..... 90
lamotrigine..... 38
lamotrigine er..... 38
lansoprazole (prevacid)..... 162
lanthanum carbonate..... 125
LANTUS..... 46
LANTUS SOLOSTAR..... 46
lapatinib ditosylate..... 72
larin 1.5/30..... 103
larin 1/20..... 103
larin fe 1.5/30..... 103
larin fe 1/20..... 103
larissia..... 103
latanoprost..... 149
LEDIPASVIR-SOFOSBUVIR..... 92
leflunomide..... 19
lenalidomide..... 139
LENVIMA (10 MG DAILY
DOSE)..... 58
LENVIMA (12 MG DAILY
DOSE)..... 59
LENVIMA (14 MG DAILY
DOSE)..... 59
LENVIMA (18 MG DAILY
DOSE)..... 59
LENVIMA (20 MG DAILY
DOSE)..... 59
LENVIMA (24 MG DAILY
DOSE)..... 59
LENVIMA (4 MG DAILY
DOSE)..... 59

LENVIMA (8 MG DAILY
DOSE)..... 59
lessina..... 103
letrozole..... 63
leucovorin calcium..... 80
LEUKERAN..... 58
levalbuterol hcl..... 33
LEVALBUTEROL TARTRATE..... 33
levetiracetam..... 38
levetiracetam er..... 38
LEVOBUNOLOL HCL..... 145
levocarnitine..... 120
levocarnitine sf..... 120
levocetirizine (xyzal)..... 51
levofloxacin..... 122,146
LEVOFLOXACIN..... 123,146
levofloxacin in d5w..... 123
levonest..... 103
levonorg-eth estrad triphasic..... 103
levonorgest-eth est & eth est..... 103
levonorgest-eth estrad 91-day..... 103
levonorgest-eth estradiol-iron..... 103
levonorgestrel-ethinyl estrad..... 103
levora 0.15/30 (28)..... 104
levothyroxine sodium..... 160
levoxyl..... 160
LEXIVA..... 90
lidocaine hcl..... 116
LIDOCAINE HCL..... 141
LIDOCAINE HCL
URETHRAL/MUCOSAL..... 116
lidocaine patches..... 116
lidocaine viscous hcl..... 141
lidocaine-prilocaine..... 117
lincomycin hcl..... 27
LINDANE..... 117
linezolid..... 27
LINEZOLID IN SODIUM
CHLORIDE..... 27
LINZESS..... 124
liothyronine sodium..... 160

lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap).....	13	LYTGOBI (20 MG DAILY DOSE).....	73	mesalamine er.....	124
lisinopril.....	54	lyza.....	106	mesalamine-cleanser.....	124
lisinopril-hydrochlorothiazide.....	55	M			
lithium carbonate.....	82	M-CLEAR WC.....	109	MESNEX.....	80
lithium carbonate er.....	82	M-END PE.....	109	metformin hcl.....	44
LITHOSTAT.....	126	M-M-R II.....	164	metformin hcl er.....	44
LOKELMA.....	141	magnesium sulfate.....	138	methadone hcl.....	20,21
LONSURF.....	66	malathion.....	117	methamphetamine hcl.....	13
loperamide (immodium).....	48	MAR-COF BP.....	109	methazolamide.....	118
lopinavir-ritonavir.....	90	MAR-COF CG.....	109	methenamine hippurate.....	28
lorazepam.....	29	EXPECTORANT.....	109	methenamine mandelate.....	28
lorazepam intensol.....	29	maraviroc.....	90	methimazole.....	160
LORBRENA.....	72	marlissa.....	104	methotrexate sodium.....	58
LORTUSS EX.....	109	MARPLAN.....	41	methotrexate sodium (pf).....	58
loryna.....	104	MATULANE.....	80	METHOXSALIN RAPID.....	112
losartan potassium.....	54	matzim la.....	96	methsuximide.....	40
losartan potassium-hctz.....	55	MAVYRET.....	92,93	METHYLCOBALAMIN.....	128
loteprednol etabonate.....	147	maxi-tuss ac.....	109	methylphenidate hcl.....	13
lovastatin.....	53	MAXI-TUSS CD.....	109	methylphenidate hcl er.....	13
low-ogestrel.....	104	meclizine.....	49	methylphenidate hcl er (la).....	13
loxapine succinate.....	85	medroxyprogesterone acetate.....	106,152	methylprednisolone.....	107
lubiprostone.....	123	mefloquine hcl.....	56	metoclopramide hcl.....	123
LUMAKRAS.....	72,73	megestrol acetate.....	63,152	metolazone.....	119
LUMIGAN.....	149	MEKINIST.....	73	metoprolol succinate er.....	94
LUPRON DEPOT (1-MONTH).....	63	MEKTOVI.....	73	metoprolol tartrate.....	94
LUPRON DEPOT (3-MONTH).....	63	melodetta 24 fe.....	104	metoprolol-hydrochlorothiazide.....	55
lurasidone hcl.....	82	meloxicam.....	18	metronidazole.....	24,117
lutera.....	104	memantine hcl.....	153	metronidazole vaginal 0.75% gel.....	165
lyleq.....	106	memantine hcl er.....	153	metyrosine.....	54
lyllana.....	122	MENACTRA.....	163	mexiletine hcl.....	30
LYNPARZA.....	73	MENEST.....	122	mibelas 24 fe.....	104
LYSODREN.....	63	MENQUADFI.....	163	micafungin sodium.....	50
LYTGOBI (12 MG DAILY DOSE).....	73	MENVEO.....	163	microgestin 1.5/30.....	104
LYTGOBI (16 MG DAILY DOSE).....	73	mercaptopurine.....	58	microgestin 1/20.....	104
		meropenem.....	25	microgestin fe 1.5/30.....	104
		MEROPENEM-SODIUM CHLORIDE.....	25	microgestin fe 1/20.....	104
		mesalamine.....	124	midodrine hcl.....	166
				MIGERGOT.....	135
				MIGLITOL.....	43
				miglustat.....	128
				mili.....	104

minocycline hcl.....	159	NAYZILAM.....	36	norethindrone acetate.....	152
minoxidil.....	56	nebivolol hcl.....	94	norethindrone-eth estradiol...	122
mirtazapine.....	41	needles and syringes.....	135	norgestim-eth estrad triphasic	104
misoprostol.....	162	NEFAZODONE HCL.....	42	norgestimate-eth estradiol....	104
modafinil.....	13	neomycin sulfate.....	14	norlyda.....	106
moexipril hcl.....	54	neomycin-bacitracin zn-		nortrel 0.5/35 (28).....	104
MOLINDONE HCL.....	86	polymyx.....	146	nortrel 1/35 (21).....	104
mometasone furoate...	115,144	neomycin-polymyxin-		nortrel 1/35 (28).....	104
montelukast sodium.....	31	dexameth.....	148	nortrel 7/7/7.....	104
morphine sulfate.....	21	NEOMYCIN-POLYMYXIN-		nortriptyline hcl.....	43
morphine sulfate		GRAMICIDIN.....	146	NORVIR.....	90
(concentrate).....	21	NEOMYCIN-POLYMYXIN-		NOURIANZ.....	80
morphine sulfate er.....	21	HC.....	148	NOVOLIN 70/30.....	46
MOUNJARO.....	45	neomycin-polymyxin-hc.....	149	NOVOLIN 70/30 FLEXPEN....	46
MOVANTIK.....	124	NERLYNX.....	74	NOVOLIN 70/30 FLEXPEN	
MOXIFLOXACIN HCL.....	123	nevirapine.....	90	RELION.....	46
moxifloxacin hcl.....	146	NEVIRAPINE.....	90	NOVOLIN 70/30 RELION.....	46
MOXIFLOXACIN HCL (2X		nevirapine er.....	90	NOVOLIN N.....	46
DAY).....	146	NEXVIAZYME.....	120	NOVOLIN N FLEXPEN.....	46
MOXIFLOXACIN HCL IN		niacin er (antihyperlipidemic).	53	NOVOLIN N FLEXPEN	
NACL.....	123	nicardipine hcl.....	96	RELION.....	47
mupirocin 2% ointment....	111	NICOTROL INHALER.....	156	NOVOLIN N RELION.....	47
MUSE.....	97	NICOTROL NASAL SPRAY.	156	NOVOLIN R.....	47
mycophenolate mofetil.....	140	nifedipine er.....	96	NOVOLIN R FLEXPEN.....	47
mycophenolate sodium....	140	nifedipine er osmotic release.	96	NOVOLIN R FLEXPEN	
MYRBETRIQ.....	163	nikki.....	104	RELION.....	47
		nilutamide.....	63	NOVOLIN R RELION.....	47
		nimodipine.....	96	NOVOLOG.....	47
N		NINJACOF-XG.....	109	NOVOLOG 70/30 FLEXPEN	
na sulfate-k sulfate-mg sulf.	131	NINLARO.....	74	RELION.....	47
nabumetone.....	18	nitazoxanide.....	25	NOVOLOG FLEXPEN.....	47
nadolol.....	94	nitisinone.....	121	NOVOLOG FLEXPEN RELION	47
nafcillin sodium.....	152	NITRO-BID.....	28	NOVOLOG MIX 70/30.....	47
NAFCILLIN SODIUM IN		nitrofurantoin macrocrystal....	28	NOVOLOG MIX 70/30	
DEXTROSE.....	152	nitrofurantoin monohyd macro	28	FLEXPEN.....	47
NALOXONE HCL.....	49	nitroglycerin.....	28	NOVOLOG MIX 70/30 RELION	47
naltrexone hcl.....	49	nora-be.....	106	NOVOLOG PENFILL.....	47
naproxen.....	18	norethin ace-eth estrad-fe...	104	NOVOLOG RELION.....	47
naproxen dr.....	18	norethindrone.....	106	NUBEQA.....	63
naratriptan hcl.....	136	norethindrone acet-ethinyl		NUDEXTA.....	156
NATACYN.....	146	est.....	104	NUPLAZID.....	82
nateglinide.....	47				

NURTEC.....	135	OPVEE.....	49	peg-3350/electrolytes.....	131
nyamyc.....	111	ORENCIA.....	19	peg-	
nylia 1/35.....	104	ORENCIA CLICKJECT.....	19	3350/electrolytes/ascorbat....	131
nystatin.....	50,111,142	ORGOVYX.....	63	peg-kcl-nacl-nasulf-na asc-c..	131
nystatin-triamcinolone.....	111	ORKAMBI.....	157,158	PEGASYS.....	93
nystop.....	111	ORSERDU.....	63,64	PEMAZYRE.....	74
O		oseltamivir phosphate.....	93	peniclovir.....	113
		OSPHERA.....	120	penicillamine.....	139
		OTEZLA.....	18	penicillin g potassium.....	150
OBTREX DHA.....	143	oxacillin sodium.....	152	PENICILLIN G PROCAINE... ..	150
octreotide acetate.....	121	OXACILLIN SODIUM IN		PENICILLIN G SODIUM.....	150
ODEFSEY.....	90	DEXTROSE.....	152	penicillin v potassium.....	151
ODOMZO.....	61	oxaprozin.....	18	PENTACEL.....	161
OFEV.....	158	oxazepam.....	29	pentamidine isethionate for	
OFLOXACIN.....	123	oxcarbazepine.....	38	injection solution.....	24
ofloxacin.....	146	OXERVATE.....	147	pentamidine isethionate for	
olanzapine.....	85,86	oxybutynin chloride.....	162	nebulization solution.....	24
olmesartan medoxomil.....	54	oxybutynin chloride er.....	162	pentoxifylline er.....	127
olmesartan medoxomil-hctz..	55	oxycodone hcl.....	21	PERINDOPRIL ERBUMINE... ..	54
olmesartan-amlodipine-hctz..	55	oxycodone-acetaminophen... ..	22	periogard.....	142
olopatadine.....	148	OZEMPIC (0.25 OR 0.5		permethrin (nix).....	117
olopatadine hcl.....	143	MG/DOSE).....	45	perphenazine.....	87
omega-3-acid ethyl esters... ..	52	OZEMPIC (1 MG/DOSE).....	45	PERSERIS.....	84
omeprazole.....	162	OZEMPIC (2 MG/DOSE).....	46	PFIZERPEN.....	151
OMNIPOD 5 G6 INTRO (GEN		P		phenelzine sulfate.....	41
5).....	134			phenobarbital.....	130
OMNIPOD 5 G6 POD (GEN		pacerone.....	30	phenoxybenzamine hcl.....	54
5).....	134	paliperidone er.....	84	phenytoin.....	40
OMNIPOD 5 PACK.....	134	PANRETIN.....	112	phenytoin infatabs.....	40
OMNIPOD CLASSIC PDM		pantoprazole sodium.....	162	phenytoin sodium extended... ..	40
(GEN 3).....	134	paricalcitol.....	121	PHOSPHOLINE IODIDE.....	145
OMNIPOD DASH INTRO (GEN		paromomycin sulfate.....	14	phytonadione.....	166
4).....	134	paroxetine hcl.....	42	PIFELTRO.....	90
OMNIPOD DASH PODS (GEN		paroxetine hcl er.....	42	pilocarpine hcl.....	142,145
4).....	134	PASER.....	57	pimecrolimus.....	116
OMNITROPE.....	119	PAXLOVID (150/100).....	92	PIMOZIDE.....	156
ondansetron.....	49	PAXLOVID (300/100).....	92	pimtrex.....	104
ondansetron hcl.....	49	pazopanib hcl.....	74	pindolol.....	94
ONETOUCH ULTRA.....	117	PEDIARIX.....	161	pioglitazone hcl.....	47
ONETOUCH VERIO.....	117	PEDVAX HIB.....	163	pioglitazone hcl-glimepiride... ..	44
ONUREG.....	58	peg 3350-kcl-na bicarb-nacl..	131	pioglitazone hcl-metformin hcl..	44
OPSUMIT.....	98				

piperacillin sod-tazobactam so.....	151	PREDNISOLONE SODIUM PHOSPHATE.....	108,148	PROMETHAZINE VC/CODEINE.....	109
PIQRAY (200 MG DAILY DOSE).....	74	prednisolone sodium phosphate.....	108	promethazine-codeine.....	109
PIQRAY (250 MG DAILY DOSE).....	74	PREDNISONONE.....	108	promethazine-dm.....	109
PIQRAY (300 MG DAILY DOSE).....	74	prednisone.....	108	promethazine-phenyleph-codeine.....	109
pirfenidone.....	158,159	PREDNISONONE INTENSOL..	108	propafenone hcl.....	30
pirmella 1/35.....	104	pregabalin.....	38	propafenone hcl er.....	30
piroxicam.....	18	PREHEVBRIO.....	164	propranolol hcl.....	95
PLEGRIDY.....	155	PREMARIN.....	166	propranolol hcl er.....	95
plenamine.....	145	PRENATABS RX.....	143	propylthiouracil.....	160
PODOFILOX.....	116	prenatal vitamin.....	143	PROQUAD.....	164
POLY-TUSSIN AC.....	109	PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET.....	143	protriptyline hcl.....	43
polymyxin b sulfate.....	28	prevalite.....	52	pseudoeph-bromphen-dm....	109
polymyxin b-trimethoprim...	146	PREVNAR 20.....	163	PULMOZYME.....	158
POMALYST.....	64	PREVYMIS.....	92	PURIXAN.....	58
portia-28.....	104	PREZCOBIX.....	90	pyrazinamide.....	57
posaconazole.....	51	PREZISTA.....	91	pyridostigmine bromide.....	56
POTABA.....	166	PRIFTIN.....	57	pyridostigmine bromide er....	57
potassium chloride.....	138	primaquine phosphate.....	56	pyridoxine (vitamin b6).....	166
POTASSIUM CHLORIDE...	138	PRIMIDONE.....	38	pyrimethamine.....	56
potassium chloride crys er..	138	PRIORIX.....	164	Q	
potassium chloride er.....	139	PRIVIGEN.....	149	QINLOCK.....	74
potassium chloride in dextrose.....	137	PRO-RED AC.....	109	QUADRACEL.....	161
POTASSIUM CHLORIDE IN NACL.....	137	probenecid.....	126	Quadrivalent Influenza Vaccines.....	164
potassium citrate er.....	125	prochlorperazine.....	87	quetiapine fumarate.....	86
PRADAXA.....	35	prochlorperazine maleate....	87	quetiapine fumarate er.....	86
PRALUENT.....	53	procto-med hc.....	24	quinapril hcl.....	54
pramipexole dihydrochloride.	81	proctosol hc.....	24	quinidine gluconate er.....	30
prasugrel hcl.....	128	proctozone-hc.....	24	QUINIDINE SULFATE.....	30
pravastatin sodium.....	53	progesterone.....	152	quinine sulfate.....	56
praziquantel.....	24	PROGRAF.....	140	QVAR REDIHALER.....	32
prazosin hcl.....	55	PROMACTA.....	129	R	
prednisolone.....	107	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).....	51	RABAVERT.....	164
PREDNISOLONE ACETATE.....	148			rabeprazole sodium.....	162
				RADICAVA ORS.....	144
				RADICAVA ORS STARTER KIT.....	144

raloxifene hcl.....	120	risperidone.....	84	sildenafil citrate.....	97,98
ramelteon.....	131	ritonavir.....	91	silodosin.....	126
ramipril.....	54	rivastigmine.....	153	silver sulfadiazine.....	113
ranolazine er.....	28	rivastigmine tartrate.....	153	SIMPONI.....	16
rasagiline mesylate.....	82	rizatriptan benzoate.....	136	simvastatin.....	53
REBIF.....	155	ROCKLATAN.....	147	sirolimus.....	141
REBIF REBIDOSE.....	155	roflumilast.....	31	SIRTURO.....	57
REBIF REBIDOSE TITRATION		ropinirole hcl.....	82	SIVEXTRO.....	27
PACK.....	156	ropinirole hcl er.....	82	SKYRIZI.....	112,124
REBIF TITRATION PACK..	156	rosuvastatin calcium.....	53	SKYRIZI PEN.....	113
reclipsen.....	105	ROTARIX.....	165	SKYTROFA.....	120
RECOMBIVAX HB.....	164,165	ROTATEQ.....	165	SLYND.....	107
RECTIV.....	24	roweepra.....	39	sodium chloride.....	125,139
REGRANEX.....	117	ROZLYTREK.....	75	sodium fluoride.....	137
RELISTOR.....	124,125	RUBRACA.....	75	sodium fluoride 2.2 mg.....	137
RELTONE.....	123	RUCONEST.....	127	SODIUM OXYBATE.....	152
RENACIDIN.....	125	rufinamide.....	39	sodium phenylbutyrate.....	121
repaglinide.....	47	RUKOBIA.....	91	sodium polystyrene sulfonate.....	141
REPATHA.....	53	RYBELSUS.....	46	SOFOSBUVIR-VELPATASVIR	93
REPATHA PUSHTRONEX		RYDAPT.....	75	solifenacin succinate.....	162
SYSTEM.....	53	RYDEX.....	109	SOLQUA.....	44
REPATHA SURECLICK.....	53	RYTARY.....	82	SOLTAMOX.....	64
RESTASIS.....	147			SOLU-CORTEF.....	108
RESTASIS MULTIDOSE...	147	S		SOLU-MEDROL.....	108
RETACRIT.....	129	sajazir.....	127	SOLU-MEDROL (PF).....	108
RETEVMO.....	74,75	SANTYL.....	116	SOMAVERT.....	119
REVLIMID.....	139	sapropterin dihydrochloride.....	121	sorafenib tosylate.....	76
REXULTI.....	88	SCEMBLIX.....	75	sorine.....	95
REYATAZ.....	91	scopolamine.....	49	sotalol hcl.....	95
REZLIDHIA.....	75	SECUADO.....	86	sotalol hcl (af).....	95
REZUROCK.....	139	selegiline hcl.....	82	SPIRIVA HANDIHALER.....	31
RHOPRESSA.....	147	selenium sulfide.....	113	SPIRIVA RESPIMAT.....	31
ribavirin.....	93	SELZENTRY.....	91	spironolactone.....	118
RIDAURA.....	17	sertraline hcl.....	42	spironolactone-hctz.....	118
rifabutin.....	57	setlakin.....	105	sprintec 28.....	105
rifampin.....	57	sevelamer carbonate.....	125	SPRITAM.....	39
riluzole.....	144	sf.....	142	SPRYCEL.....	76
RIMANTADINE HCL.....	94	sf 5000 plus.....	142	SPS.....	141
RINVOQ.....	16	sharobel.....	106	sronyx.....	105
risedronate sodium.....	119	SHINGRIX.....	165	ssd.....	113
RISPERDAL CONSTA.....	84	SIGNIFOR.....	122	STAMARIL.....	165

STELARA.....	113	TESTOSTERONE.....	23
STIOLTO RESPIMAT.....	33	TESTOSTERONE	
STIVARGA.....	76	CYPIONATE.....	23
STREPTOMYCIN SULFATE.....	14	TESTOSTERONE	
STRIBILD.....	91	ENANTHATE.....	23
STRIVERDI RESPIMAT.....	33	TETANUS-DIPHTHERIA	
SUCRAID.....	117	TOXOIDS TD.....	161
sucralfate.....	161	tetrabenazine.....	154
SULFACETAMIDE		tetracycline hcl.....	159
SODIUM.....	146	THALOMID.....	140
sulfacetamide sodium.....	146	theophylline.....	34
sulfacetamide sodium		theophylline er.....	34
(acne).....	110	thiamine (vitamin b1).....	166
SULFACETAMIDE-		thioridazine hcl.....	87
PREDNISOLONE.....	148	thiothixene.....	88
SULFADIAZINE.....	159	tiadylt er.....	96
sulfamethoxazole-		tiagabine hcl.....	40
trimethoprim.....	25	TIBSOVO.....	77
SULFAMYLON.....	113	TICOVAC.....	165
sulfasalazine.....	124	TIGECYCLINE.....	159
sulfatrim pediatric.....	25	tilia fe.....	105
sulindac.....	18	timolol maleate.....	95,145
sumatriptan.....	136	tinidazole.....	24
sumatriptan succinate.....	136	tiopronin.....	126
SUMATRIPTAN SUCCINATE		TIVICAY.....	91
REFILL.....	136	TIVICAY PD.....	91
sumatriptan succinate refill.....	136	tizanidine hcl.....	143
sumatriptan-naproxen		tobramycin.....	14,146
sodium.....	135	TOBRAMYCIN SULFATE.....	14
sunitinib malate.....	76	tobramycin-dexamethasone.....	148
SUNLENCA.....	91	tolcapone.....	81
syeda.....	105	tolterodine tartrate.....	162
SYMJEPI.....	166	tolterodine tartrate er.....	163
SYMPAZAN.....	36	topiramate.....	39
SYMTUZA.....	91	toremifene citrate.....	64
SYNJARDY.....	44	torsemide.....	118
SYNJARDY XR.....	44	TOUJEO MAX SOLOSTAR.....	47
SYNRIBO.....	80	TOUJEO SOLOSTAR.....	47
SYNTHROID.....	160	TRADJENTA.....	45
		tramadol hcl.....	21
		tramadol-acetaminophen.....	22
		testosterone.....	23

trandolapril.....	54	TURALIO.....	77	VELTASSA.....	141
tranexamic acid.....	130	TUSSICAPS.....	109	VEMLIDY.....	93
tranylcypromine sulfate.....	41	TUXARIN ER.....	110	VENCLEXTA.....	60
travoprost (bak free).....	149	TUZISTRA XR.....	110	VENCLEXTA STARTING	
trazodone hcl.....	42	TWINRIX.....	165	PACK.....	60
TRECTOR.....	57	TYBLUME.....	105	venlafaxine hcl.....	42
TRELEGY ELLIPTA.....	34	tydemy.....	105	venlafaxine hcl er.....	42
TRELSTAR MIXJECT.....	64	TYPHIM VI.....	163	VENTOLIN HFA.....	34
tretinoin.....	80,110			verapamil hcl.....	96
tri femynor.....	105	U		VERAPAMIL HCL ER.....	96
tri-estarylla.....	105	UDENYCA.....	129	verapamil hcl er.....	97
tri-legest fe.....	105	unithroid.....	160	VERKAZIA.....	147
tri-lo-estarylla.....	105	UPTRAVI.....	98	VERQUVO.....	99
tri-lo-sprintec.....	105	ursodiol.....	123	VERSACLOZ.....	86
tri-mili.....	105	UZEDY.....	84,85	VERZENIO.....	78
TRI-MIX.....	97	V		vestura.....	105
tri-sprintec.....	105	valacyclovir hcl.....	93	VICTOZA.....	46
tri-vylibra.....	105	VALCHLOR.....	112	vienva.....	105
triamcinolone		valganciclovir hcl.....	92	vigabatrin.....	40
acetonide.....	115,142	valproic acid.....	40	vigadrone.....	40
triamterene-hctz.....	118	valsartan.....	54	VIJOICE.....	141
triderm.....	115	valsartan-hydrochlorothiazide.....	55	vilazodone hcl.....	42
trientine hcl.....	139	VALTOCO 10 MG DOSE.....	36	VIRACEPT.....	92
trifluoperazine hcl.....	87	VALTOCO 15 MG DOSE.....	36	VIREAD.....	92
TRIFLURIDINE.....	147	VALTOCO 20 MG DOSE.....	37	virtussin a/c.....	110
trihexyphenidyl hcl.....	81	VALTOCO 5 MG DOSE.....	37	virtussin ac w/alcl.....	110
TRIJARDY XR.....	44	vancomycin hcl.....	26	VIRTUSSIN DAC.....	110
TRIKAFTA.....	158	VANCOMYCIN HCL.....	26	vitamin a.....	166
trimethoprim.....	24	VANCOMYCIN HCL IN NACL.....	26	vitamin b complex.....	142
trimipramine maleate.....	43	VANDAZOLE.....	165	vitamin b complex / vitamin c /	
TRINTELLIX.....	42	VAQTA.....	165	biotin / minerals / folic acid.....	142
TRIUMEQ.....	91	vardenafil hcl.....	97	vitamin b complex / vitamin c /	
TRIUMEQ PD.....	91	varenciline tartrate.....	157	folic acid.....	142
trivora (28).....	105	varenciline tartrate (starter).....	157	vitamin c.....	166
TRIZIVIR.....	91	varenciline tartrate(continue).....	157	vitamin d.....	166
TROGARZO.....	91	VARIVAX.....	165	vitamin k1.....	166
tropium chloride.....	163	VARIZIG.....	149	VITRAKVI.....	78
tropium chloride er.....	163	VARUBI (180 MG DOSE).....	50	VIVITROL.....	49
TRULICITY.....	46	VAXNEUVANCE.....	163	VIZIMPRO.....	61
TRUMENBA.....	163	VELIVET.....	105	VONJO.....	78
TUKYSA.....	60			VORICONAZOLE.....	51

voriconazole.....	51	XPOVIO (40 MG TWICE WEEKLY).....	65	zovia 1/35e (28).....	105
VOSEVI.....	93	XPOVIO (60 MG ONCE WEEKLY).....	65	ZTALMY.....	39
VRAYLAR.....	82	XPOVIO (60 MG TWICE WEEKLY).....	65	ZYDELIG.....	79
VUMERITY.....	156	XPOVIO (80 MG ONCE WEEKLY).....	66	ZYKADIA.....	79
VUMERITY (STARTER)....	156			ZYPREXA RELPREVV.....	86
vyfemla.....	105			ZYVOX.....	27
vylibra.....	105				
VYNDAMAX.....	99				
W					
warfarin sodium.....	34	XPOVIO (80 MG TWICE WEEKLY).....	66		
WELIREG.....	64	XTANDI.....	64		
wixela inhub.....	34	xulane.....	106		
wymzya fe.....	105	XYWAV.....	153		
X					
XALKORI.....	78	yargesa.....	128		
XARELTO.....	34	YF-VAX.....	165		
XARELTO STARTER PACK.	34	yuvaferm.....	166		
XATMEP.....	58	Z			
XCOPRI.....	39,40	Z-TUSS AC.....	110		
XCOPRI (250 MG DAILY DOSE).....	39	zafemy.....	106		
XCOPRI (350 MG DAILY DOSE).....	39	zafirlukast.....	31		
XELJANZ.....	16,17	zaleplon.....	130		
XELJANZ XR.....	17	ZARXIO.....	129		
XERMELO.....	125	ZEJULA.....	79		
XGEVA.....	119	ZELBORAF.....	79		
XIFAXAN.....	25	zenatane.....	111		
XIIDRA.....	147	zidovudine.....	92		
XOFLUZA (40 MG DOSE)...	94	ZIEXTENZO.....	129		
XOFLUZA (80 MG DOSE)...	94	ZIMHI.....	49		
XOLAIR.....	31	ziprasidone hcl.....	82		
XOPENEX HFA.....	34	ziprasidone mesylate.....	82		
XOSPATA.....	78	ZIRGAN.....	147		
XPOVIO (100 MG ONCE WEEKLY).....	65	ZOLINZA.....	79		
XPOVIO (40 MG ONCE WEEKLY).....	65	zolmitriptan.....	136		
		zolpidem tartrate.....	130		
		zolpidem tartrate er.....	130		
		ZONISADE.....	39		
		zonisamide.....	39		
		zovia 1/35 (28).....	105		

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.

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