

2025

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

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 08/26/2024.

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

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

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

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

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

## **Notice of Nondiscrimination**

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

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

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

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

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

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

### Oral grievance

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

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

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

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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

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

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

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

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

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမုဂ်ကတိံ ကညိ ကျိဂ်အယိ, နမနုဂ် ကျိဂ်အတိံမဇာလၢ တလၢဂ်ဘုဂ်လၢဂ်စူ နိတမံဘၣ်သုနုဂ်လိံ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

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

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

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

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

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

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This document includes a Drug List (formulary) for our plan which is current as of 08/26/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

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

In this document, we use the terms Drug List and formulary to mean the same thing. 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 change?**

Most changes in drug coverage happen on January 1, but UCare Medicare Group Plans may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [ucare.org/member-documents](https://ucare.org/member-documents).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
  - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/26/2024. To get updated information about the drugs covered by UCare Medicare Group Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Group Plans Formulary are available on our website, [ucare.org/member-documents](https://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 14. 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 14. 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 116. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **What are original biological products and how are they related to biosimilars?**

---

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state



laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## 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 prescriber 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 JANUVIA. 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 14. 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 10 for information about how to request an exception.

## What are the over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. UCare Medicare Group Plans pays for certain OTC drugs. UCare Medicare Group Plans will provide these OTC drugs at no cost to you. The cost to UCare Medicare Group Plans of these OTC drugs will not count toward your total Part D drug costs.

## 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 waive coverage restrictions including prior authorization, step therapy, or a quantity limit 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier (Tier 5). If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tier or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## **What can I do if my drug is not on the formulary or has a restriction?**

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 116.

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

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

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

<b>Explanation of Requirements/Limits</b>	
<b>LA</b>	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	4	
<i>amphetamine-dextroamphetamine</i>	2	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	4	
<i>methamphetamine hcl</i>	4	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	2	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tab 12h</i>	2	
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	3	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>methylphenidate hcl 5 mg/5ml, 10 mg/5ml</i>	4	
<i>methylphenidate hcl er (osm) 18 mg tab</i>	4	
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	4	
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PA, QL (60 EA PER 30 DAYS)
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate 1 gm/4ml solution</i>	2	
<i>amikacin sulfate 500 mg/2ml solution</i>	4	
ARIKAYCE	5	PA, QL (252 ML PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	4	
<i>gentamicin sulfate 10 mg/ml solution</i>	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	4	
<i>neomycin sulfate 500 mg tab</i>	2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, QL (300 ML PER 30 DAYS), NDS
TOBRAMYCIN SULFATE TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION	4	

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	5	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	5	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (2.4 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (4.8 ML PER 28 DAYS), NDS
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 EA PER 180 OVER TIME), NDS
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	5	PA, QL (30 EA PER 30 DAYS), NDS
<b>GOLD COMPOUNDS</b>		
RIDAURA	5	NDS
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	5	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	5	PA, QL (2.28 ML PER 28 DAYS), NDS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium 1.5 % solution</i>	2	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	
<i>diclofenac sodium er</i>	4	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen -375 mg tab dr</i>	2	
<i>etodolac</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin 25 mg cap, 50 mg cap</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	
<i>naproxen 375 mg tab dr</i>	2	
<i>oxaprozin</i>	4	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	

## **SELECTIVE COSTIMULATION MODULATORS**

ORENCIA 125 MG/ML SOLN PRSYR	5	PA, QL (4 ML PER 28 DAYS), NDS
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA, QL (1.6 ML PER 28 DAYS), NDS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA, QL (2.8 ML PER 28 DAYS), NDS
ORENCIA CLICKJECT	5	PA, QL (4 ML PER 28 DAYS), NDS

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>fentanyl citrate 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	3	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	3	QL (240 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>hydromorphone hcl 8 mg tab</i>	3	QL (120 EA PER 30 DAYS)
METHADONE HCL 10 MG/5ML SOLUTION	4	PA, QL (1800 ML PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	4	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL 5 MG/5ML SOLUTION	4	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	3	QL (180 ML PER 30 DAYS)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	3	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	3	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er 200 mg tab</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er</i>	3	PA, QL (120 EA PER 30 DAYS)
MORPHINE SULFATE MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE 10 MG/5ML SOLUTION	3	QL (1800 ML PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine -120-12 mg/5ml solution</i>	3	QL (4980 ML PER 30 DAYS)
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	3	QL (390 EA PER 30 DAYS)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	3	QL (4980 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>endocet</i>	3	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	4	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	3	QL (360 EA PER 30 DAYS)

## **OPIOID PARTIAL AGONISTS**

BELBUCA	3	PA, QL (60 EA PER 30 OVER TIME)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	3	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	3	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	2	QL (60 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg film, -2-0.5 mg sl tab, -4-1 mg film, -8-2 mg film, -8-2 mg sl tab</i>	2	QL (90 EA PER 30 DAYS)

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	4	
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	4	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 12.5 mg/act (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	4	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	PA, QL (180 ML PER 30 DAYS)
<i>testosterone 50 mg/5gm (1%) gel</i>	4	PA, QL (300 GM PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml solution</i>	2	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	PA
<i>testosterone cypionate 200 mg/ml solution</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	4	PA, QL (120 GM PER 30 DAYS)

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

<i>budesonide 2 mg, 2 mg/act</i>	4	PA
<i>hydrocortisone 100 mg/60ml enema</i>	2	

### **RECTAL STEROIDS**

<i>hydrocortisone (perianal) 1 % cream</i>	2	QL (240 GM PER 30 DAYS)
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

### **VASODILATING AGENTS**

<i>nitroglycerin 0.4 % ointment</i>	3	
-------------------------------------	---	--

### **ANTHELMINTICS**

<i>albendazole 200 mg tab</i>	5	NDS
BENZNIDAZOLE	4	LA
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	4	

### **ANTI-INFECTIVE AGENTS - MISC.**

<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	
<i>aztreonam</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>baciim</i>	2	
<i>bacitracin 50000 unit recon soln</i>	2	
<i>cefepime hcl cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	4	
CEFEPIME-DEXTROSE	4	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	4	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	2	
<i>clarithromycin er</i>	4	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>colistimethate sodium (cba)</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	NDS
DAPTOMYCIN DAPTOMYCIN, DAPTOMYCIN 500 MG RECON SOLN	5	NDS
DIFICID 200 MG TAB	3	QL (20 EA PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	3	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	4	
ERYTHROCIN STEARATE	4	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	4	
<i>lincomycin hcl 300 mg/ml solution</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	5	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE	4	
<i>metronidazole 250 mg tab, 500 mg tab</i>	2	
<i>metronidazole 500 mg/100ml solution</i>	4	
<i>pentamidine isethionate for injection solution</i>	4	
<i>pentamidine isethionate for nebulization solution</i>	4	QL (1 EA PER 28 DAYS), PA <sup>3</sup>
TEFLARO	5	NDS
<i>tigecycline 50 mg recon soln</i>	5	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	
<i>trimethoprim 100 mg tab</i>	2	
TRIMETHOPRIM 100 MG TAB	2	
VANCOMYCIN HCL 100 GM RECON SOLN	4	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	4	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	3	
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 750 mg recon soln</i>	4	
XIFAXAN 200 MG TAB	4	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	5	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 3 OVER TIME), NDS
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	2	
MEROPENEM-SODIUM CHLORIDE	4	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	2	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	4	

## **ANTIANSXIETY AGENTS**

### **ANTIANSXIETY AGENTS - MISC.**

<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	4	

### **BENZODIAZEPINES**

<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>alprazolam 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>clorazepate dipotassium</i>	4	QL (180 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 EA PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>diazepam intensol</i>	2	QL (240 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 EA PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>lorazepam intensol</i>	2	QL (150 ML PER 30 DAYS), PA <sup>2</sup>
<i>oxazepam</i>	4	QL (120 EA PER 30 DAYS), PA <sup>2</sup>

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	4	
<i>amiodarone hcl 200 mg tab</i>	2	
<i>dofetilide</i>	4	
<i>pacerone 100 mg tab, 400 mg tab</i>	4	
<i>pacerone 200 mg tab</i>	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	PA <sup>3</sup>
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR	5	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	5	PA, LA, NDS
FASENRA PEN	5	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	5	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, LA, QL (2 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (1 ML PER 28 DAYS), NDS

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA	3	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA <sup>3</sup>
SPIRIVA HANDIHALER	3	QL (90 EA PER 90 DAYS)
SPIRIVA RESPIMAT	3	QL (4 GM PER 30 DAYS)

### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium 10 mg tab</i>	1	
<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab</i>	2	
<i>zafirlukast</i>	4	

### **STEROID INHALANTS**

ARNUITY ELLIPTA	3	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 EA PER 30 DAYS)
ASMANEX HFA	3	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	4	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	4	QL (21.2 GM PER 30 DAYS)
QVAR REDIHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
QVAR REDIHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	3	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	4	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	2	PA <sup>3</sup>
<i>albuterol sulfate hfa (proventil equivalent)</i>	2	QL (13.4 GM PER 30 DAYS)
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	2	QL (17 GM PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	2	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
BREO ELLIPTA	3	QL (60 EA PER 30 DAYS)
<i>breyana</i>	2	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 GM PER 30 DAYS)
DULERA	3	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	2	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250- 50 mcg/act, -500-50 mcg/act</i>	2	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL (120 ML PER 30 DAYS), PA <sup>3</sup>
<i>ipratropium-albuterol</i>	2	PA <sup>3</sup>
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	4	PA <sup>3</sup>
LEVALBUTEROL TARTRATE	3	QL (30 GM PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	4	
TRELEGY ELLIPTA	3	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 EA PER 30 DAYS)

## **ANTICOAGULANTS**

### **ANTICOAGULANTS - MISC.**

<i>dabigatran etexilate mesylate</i>	2	
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO	3	
XARELTO STARTER PACK	3	

### **COUMARIN ANTICOAGULANTS**

<i>jantoven</i>	1	
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	4	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	NDS
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2	

## **ANTICONSULSANTS**

### **ANTICONSULSANTS - BENZODIAZEPINES**

<i>clobazam 10 mg tab, 20 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	4	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 0.5 mg tab, 1 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab</i>	2	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
<i>clonazepam 2 mg tab disp</i>	4	QL (300 EA PER 30 DAYS), PA <sup>2</sup>
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	4	QL (10 EA PER 30 OVER TIME)
LIBERVANT	4	QL (10 EA PER 30 DAYS), PA <sup>2</sup>
NAYZILAM	4	QL (10 EA PER 30 OVER TIME)
SYMPAZAN 10 MG FILM, 20 MG FILM	5	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	4	QL (60 EA PER 30 DAYS)
VALTOCO 10 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	5	QL (10 EA PER 30 OVER TIME), NDS
<b>ANTICONSULSANTS - MISC.</b>		
APTIOM 200 MG TAB, 400 MG TAB	5	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 200 mg tab</i>	2	
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	4	
<i>carbamazepine er</i>	4	
DIACOMIT	5	LA, PA <sup>2</sup> , NDS
DILANTIN 30 MG CAP	3	
EPIDIOLEX	5	LA, PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>epitol</i>	2	
EPRONTIA	4	
FINTEPLA	5	LA, QL (360 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA <sup>2</sup> , NDS
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA <sup>2</sup>
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	2	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	4	
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	3	
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	
<i>lamotrigine 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	
<i>lamotrigine 5 mg chew tab, 25 mg chew tab</i>	2	
<i>lamotrigine er</i>	4	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	2	
<i>levetiracetam er</i>	2	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	4	
<i>phenytek</i>	2	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	2	
<i>roweepra 500 mg tab</i>	2	
<i>rufinamide 200 mg tab</i>	4	PA <sup>2</sup>
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	5	PA <sup>2</sup> , NDS
SPRITAM	4	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
ZONISADE	4	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
ZTALMY	5	LA, QL (1100 ML PER 30 DAYS), PA <sup>2</sup> , NDS
<b>CARBAMATES</b>		
<i>felbamate</i>	4	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XCOPRI 150 MG TAB, 200 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	4	QL (28 EA PER 28 DAYS), PA <sup>2</sup>
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	4	
<i>vigabatrin</i>	5	LA, PA <sup>2</sup> , NDS
<i>vigadrone</i>	5	LA, PA <sup>2</sup> , NDS
<i>vigpoder</i>	5	LA, PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	2	
<i>methsuximide</i>	4	
<b>VALPROIC ACID</b>		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>valproic acid 250 mg cap, 250 mg/5ml solution</i>	2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS - MISC.</b>		
AUVELITY	4	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	2	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	1	
ZURZUVAE 20 MG CAP, 25 MG CAP	5	QL (28 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS
ZURZUVAE 30 MG CAP	5	QL (14 EA PER 14 OVER TIME), PA <sup>2</sup> , NDS
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	5	NDS
MARPLAN	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate</i>	4	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
<b>FLUOXETINE HCL 90 MG CAP DR</b>	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4	
<i>paroxetine hcl er</i>	4	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>SEROTONIN MODULATORS</b>		
<b>NEFAZODONE HCL</b>	4	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	
<b>TRINTELLIX</b>	4	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 EA PER 30 DAYS)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	2	
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
<b>FETZIMA</b>	4	QL (30 EA PER 30 DAYS)
<b>FETZIMA TITRATION</b>	4	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine</i>	4	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	4	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	4	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	4	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	4	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	

## **ANTIDIABETICS**

### **ANTIDIABETIC COMBINATIONS**

<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	3	QL (30 EA PER 30 DAYS)
JANUMET	3	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	3	QL (90 ML PER 30 DAYS), INS
SYNJARDY	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
<b>DIABETIC OTHER</b>		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
CYCLOSET	4	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
GLUCAGON EMERGENCY	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>repaglinide</i>	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	3	QL (30 EA PER 30 DAYS)
TRADJENTA	3	QL (30 EA PER 30 DAYS)
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	3	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	3	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	3	PA, QL (30 EA PER 30 DAYS)
TRULICITY	3	PA, QL (2 ML PER 28 DAYS)
<b>INSULIN</b>		
HUMULIN R U-500 (CONCENTRATED)	3	PA <sup>3</sup> , INS
HUMULIN R U-500 KWIKPEN	3	INS
INSULIN ASP PROT & ASP FLEXPEN	3	INS
INSULIN ASPART	3	PA <sup>3</sup> , INS
INSULIN ASPART FLEXPEN	3	INS
INSULIN ASPART PENFILL	3	INS
INSULIN ASPART PROT & ASPART	3	INS
LANTUS	3	INS
LANTUS SOLOSTAR	3	INS
NOVOLIN 70/30	3	INS
NOVOLIN 70/30 FLEXPEN	3	INS
NOVOLIN 70/30 FLEXPEN RELION	3	INS
NOVOLIN 70/30 RELION	3	INS
NOVOLIN N	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NOVOLIN N FLEXPEN	3	INS
NOVOLIN N FLEXPEN RELION	3	INS
NOVOLIN N RELION	3	INS
NOVOLIN R	3	INS
NOVOLIN R FLEXPEN	3	INS
NOVOLIN R FLEXPEN RELION	3	INS
NOVOLIN R RELION	3	INS
NOVOLOG	3	PA <sup>3</sup> , INS
NOVOLOG 70/30 FLEXPEN RELION	3	INS
NOVOLOG FLEXPEN	3	INS
NOVOLOG FLEXPEN RELION	3	INS
NOVOLOG MIX 70/30	3	INS
NOVOLOG MIX 70/30 FLEXPEN	3	INS
NOVOLOG MIX 70/30 RELION	3	INS
NOVOLOG PENFILL	3	INS
NOVOLOG RELION	3	PA <sup>3</sup> , INS
TOUJEO MAX SOLOSTAR	3	INS
TOUJEO SOLOSTAR	3	INS

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

FARXIGA	3	QL (30 EA PER 30 DAYS)
JARDIANCE	3	QL (30 EA PER 30 DAYS)

### **SULFONYLUREAS**

<i>glimepiride</i>	1	
<i>glipizide 5 mg tab, 10 mg tab</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	

### **ANTIDIARRHEALS**

#### **ANTIDIARRHEAL AGENTS - MISC.**

<i>alosetron hcl 1 mg tab</i>	5	NDS
-------------------------------	---	-----

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4	
<i>loperamide (immodium)</i>	2	
XERMELO	5	PA, LA, QL (84 EA PER 28 DAYS), NDS

## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **OPIOID ANTAGONISTS**

KLOXXADO	3	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID	2	
NALOXONE HCL NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/10ML SOLUTION	1	
<i>naltrexone hcl 50 mg tab</i>	2	
OPVEE	3	
VIVITROL	5	NDS
ZIMHI	2	

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl 1 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA <sup>3</sup>
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA <sup>3</sup>
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA <sup>3</sup>

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine</i>	2	
<i>scopolamine</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>aprepitant 40 mg cap, 125 mg cap</i>	4	QL (3 EA PER 2 OVER TIME), PA <sup>3</sup>
<i>aprepitant 80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap</i>	4	QL (6 EA PER 4 OVER TIME), PA <sup>3</sup>
<i>dronabinol</i>	4	PA, QL (60 EA PER 30 DAYS)
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate caspofungin acetate, caspofungin acetate</i>	4	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	4	
ABELCET	4	PA <sup>3</sup>
AMPHOTERICIN B 50 MG RECON SOLN	4	PA <sup>3</sup>
<i>flucytosine 250 mg cap, 500 mg cap</i>	5	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>nystatin 500000 unit tab</i>	2	
<i>terbinafine hcl 250 mg tab</i>	2	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	5	NDS
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole in sodium chloride fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	4	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	4	PA
<i>ketoconazole 200 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>posaconazole 100 mg tab dr</i>	5	PA, NDS
<i>voriconazole 200 mg recon soln</i>	5	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	5	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	4	PA

## **ANTIHYPERLIPIDEMICS**

### **ANTIHYPERLIPIDEMICS - MISC.**

<i>ezetimibe</i>	2	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	4	
<i>niacin er (antihyperlipidemic)</i>	4	
<i>omega-3-acid ethyl esters</i>	2	
REPATHA	3	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	3	QL (2 ML PER 28 DAYS)

### **BILE ACID SEQUESTRANTS**

<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl</i>	4	
<i>prevalite</i>	3	

### **FIBRIC ACID DERIVATIVES**

<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	2	
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	2	
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	4	
<i>gemfibrozil 600 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<i>fluvastatin sodium</i>	2	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>perindopril erbumine perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>telmisartan</i>	1	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	

## **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	2	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	
<i>guanfacine hcl</i>	2	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	
<i>terazosin hcl</i>	1	

## **ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	
<i>atenolol-chlorthalidone</i>	2	
<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>	2	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
TELMISARTAN-AMLODIPINE	2	
<i>telmisartan-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>aliskiren fumarate</i>	4	
<i>eplerenone</i>	2	
<i>metyrosine</i>	5	PA, NDS
<b>VASODILATORS</b>		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	4	
COARTEM	4	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>pyrimethamine 25 mg tab</i>	5	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	4	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	5	PA, NDS
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	4	
<i>pyridostigmine bromide er</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>dapsone 25 mg tab, 100 mg tab</i>	2	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	
ISONIAZID 100 MG TAB, 100 MG/ML SOLUTION	2	
<i>isoniazid 300mg tab</i>	2	
<i>isoniazid 50 mg/5ml syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifabutin</i>	4	
<i>rifampin 150 mg cap, 300 mg cap</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO	5	PA, LA, NDS
TRECTOR	4	

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### ALKYLATING AGENTS

<i>cyclophosphamide 25 mg cap</i>	2	PA <sup>3</sup>
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	2	PA <sup>3</sup>
<i>cyclophosphamide 50 mg cap</i>	2	PA <sup>3</sup>
GLEOSTINE 10 MG CAP	4	
GLEOSTINE 40 MG CAP, 100 MG CAP	5	NDS
LEUKERAN	4	
<i>temozolomide</i>	Part B Covered	

### ANTIMETABOLITES

<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine 50 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	2	
<i>methotrexate sodium 2.5 mg tab, 50 mg/2ml solution</i>	2	
ONUREG	5	QL (14 EA PER 28 DAYS), PA <sup>2</sup> , NDS
PURIXAN	5	LA, NDS
TABLOID	5	NDS

### **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**

FRUZAQLA 1 MG CAP	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
FRUZAQLA 5 MG CAP	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
INLYTA 1 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
INLYTA 5 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (10 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (12 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (14 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (18 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (20 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (24 MG DAILY DOSE)	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (4 MG DAILY DOSE)	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LENVIMA (8 MG DAILY DOSE)	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTINEOPLASTIC - EGFR INHIBITORS**

<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>erlotinib hcl 25 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>gefitinib</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
GILOTRIF	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAGRISO	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VIZIMPRO	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

DAURISMO 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
DAURISMO 25 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERIVEDGE	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ODOMZO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate 250 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>abiraterone acetate 500 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AKEEGA	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>anastrozole 1 mg tab</i>	2	
<i>bicalutamide</i>	2	
ELIGARD 22.5 MG KIT	4	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	4	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	4	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	4	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ERLEADA 60 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>exemestane</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
FIRMAGON	4	PA <sup>2</sup>
FIRMAGON (240 MG DOSE)	4	PA <sup>2</sup>
<i>letrozole 2.5 mg tab</i>	2	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	5	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	5	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	5	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	PA <sup>2</sup>
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	4	PA
<i>nilutamide</i>	5	PA <sup>2</sup> , NDS
NUBEQA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORGOVYX	5	LA, QL (30 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ORSERDU 345 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ORSERDU 86 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	
<i>toremifene citrate</i>	5	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XTANDI 80 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	5	LA, QL (5 EA PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
KISQALI FEMARA (200 MG DOSE)	5	QL (49 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (400 MG DOSE)	5	QL (70 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI FEMARA (600 MG DOSE)	5	QL (91 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 15-6.14 MG TAB	5	LA, QL (100 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LONSURF 20-8.19 MG TAB	5	LA, QL (80 EA PER 28 DAYS), PA <sup>2</sup> , NDS

## **ANTINEOPLASTIC ENZYME INHIBITORS**

ALECENSA	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 30 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
AUGTYRO	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 3 MG TAB, 4 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BALVERSA 5 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG CAP	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 100 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 400 MG TAB, 500 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BOSULIF 50 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRAFTOVI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BRUKINSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CABOMETYX	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CALQUENCE 100 MG CAP	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CALQUENCE 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
CAPRELSA 300 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (100 MG DAILY DOSE)	5	LA, QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (140 MG DAILY DOSE)	5	LA, QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COMETRIQ (60 MG DAILY DOSE)	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
COPIKTRA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
COTELLIC	5	LA, QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FOTIVDA	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
GAVRETO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IBRANCE	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
ICLUSIG	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IDHIFA	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (324 ML PER 30 DAYS), PA <sup>2</sup> , NDS
INREBIC	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAKAFI	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 100 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
JAYPIRCA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KISQALI (200 MG DOSE)	5	QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (400 MG DOSE)	5	QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KISQALI (600 MG DOSE)	5	QL (63 EA PER 28 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 10 MG CAP	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KOSELUGO 25 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
KRAZATI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>lapatinib ditosylate</i>	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 100 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LORBRENA 25 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 120 MG TAB	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LUMAKRAS 320 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
LYNPARZA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (12 MG DAILY DOSE)	5	QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (16 MG DAILY DOSE)	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
LYTGOBI (20 MG DAILY DOSE)	5	QL (140 EA PER 28 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 ML PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 0.5 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKINIST 2 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
MEKTOVI	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NERLYNX	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
NINLARO	5	LA, QL (3 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OGSIVEO 50 MG TAB	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
OJEMDA 100 MG TAB	5	QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 ML PER 28 DAYS), PA <sup>2</sup> , NDS
OJJAARA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>pazopanib hcl</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PEMAZYRE	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (200 MG DAILY DOSE)	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
PIQRAY (250 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
PIQRAY (300 MG DAILY DOSE)	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
QINLOCK	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 40 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
REZLIDHIA	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 100 MG CAP	5	LA, QL (150 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 200 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ROZLYTREK 50 MG PACKET	5	QL (336 EA PER 28 DAYS), PA <sup>2</sup> , NDS
RUBRACA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
RYDAPT	5	QL (224 EA PER 28 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 100 MG TAB	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>sorafenib tosylate</i>	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SPRYCEL 20 MG TAB	5	QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
SPRYCEL 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
STIVARGA	5	LA, QL (84 EA PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>sunitinib malate</i>	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TABRECTA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 10 MG TAB SOL	5	QL (840 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TAFINLAR 50 MG CAP, 75 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.25 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TASIGNA 150 MG CAP, 200 MG CAP	5	QL (112 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TASIGNA 50 MG CAP	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TAZVERIK	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TEPMETKO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TIBSOVO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>torpenz</i>	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
TRUQAP	5	QL (64 EA PER 28 DAYS), PA <sup>2</sup> , NDS
TURALIO 125 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 17.7 MG TAB	5	QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VANFLYTA 26.5 MG TAB	5	QL (56 EA PER 28 DAYS), PA <sup>2</sup> , NDS
VERZENIO	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 100 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VITRAKVI 20 MG/ML SOLUTION	5	LA, QL (300 ML PER 30 DAYS), PA <sup>2</sup> , NDS
VITRAKVI 25 MG CAP	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VONJO	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 150 MG CAP SPRINK	5	QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XALKORI 250 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XOSPATA	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZELBORAF	5	LA, QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZOLINZA	5	QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYDELIG	5	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
ZYKADIA	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	5	LA, PA <sup>2</sup> , NDS
AYVAKIT	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
BESREMI	5	LA, QL (2 ML PER 28 DAYS), PA <sup>2</sup> , NDS
<i>bexarotene 75 mg cap</i>	5	QL (300 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>hydroxyurea 500 mg cap</i>	2	
MATULANE	5	LA, NDS
POMALYST	5	LA, QL (21 EA PER 28 DAYS), PA <sup>2</sup> , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tretinoin 10 mg cap</i>	5	NDS
TUKYSA	5	LA, QL (120 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 10 MG TAB	3	LA, QL (60 EA PER 30 DAYS), PA <sup>2</sup>
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VENCLEXTA STARTING PACK	5	LA, QL (42 EA PER 28 DAYS), PA <sup>2</sup> , NDS
WELIREG	5	LA, QL (90 EA PER 30 DAYS), PA <sup>2</sup> , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	LA, QL (4 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (60 MG TWICE WEEKLY)	5	LA, QL (24 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	LA, QL (8 EA PER 28 DAYS), PA <sup>2</sup> , NDS
XPOVIO (80 MG TWICE WEEKLY)	5	LA, QL (32 EA PER 28 DAYS), PA <sup>2</sup> , NDS
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	5	QL (240 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	2	
MESNEX 400 MG TAB	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa 25 mg tab</i>	4	
<i>entacapone</i>	4	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	2	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	2	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	4	
<i>carbidopa-levodopa -10-100 mg tab, -25-100 mg tab, -25-250 mg tab</i>	2	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	4	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	4	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
RYTARY	4	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	4	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	2	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	2	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP	2	
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab</i>	2	
LITHIUM CARBONATE 600 MG CAP	2	
<i>lithium carbonate er</i>	2	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	4	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	4	
<i>lurasidone hcl</i>	2	
MOLINDONE HCL	4	
NUPLAZID	5	LA, QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
<i>thiothixene</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	QL (60 EA PER 30 DAYS)
<b>BENZISOXAZOLES</b>		
FANAPT	5	QL (60 EA PER 30 DAYS), PA <sup>2</sup> , NDS
FANAPT TITRATION PACK	4	QL (8 EA PER 180 OVER TIME), PA <sup>2</sup>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	4	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	4	QL (30 EA PER 30 DAYS)
PERSERIS	5	QL (1 EA PER 30 DAYS), NDS
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	3	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	QL (2 EA PER 28 DAYS), NDS
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	4	
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 ML PER 30 DAYS), NDS
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 ML PER 30 DAYS), NDS
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 ML PER 60 OVER TIME), NDS
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 ML PER 60 OVER TIME), NDS
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 ML PER 60 OVER TIME), NDS
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 ML PER 30 DAYS), NDS
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 ML PER 30 DAYS), NDS
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	4	QL (60 EA PER 30 DAYS)
CLOZAPINE 12.5 MG TAB DISP	4	
<i>clozapine 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
<i>clozapine clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp, clozapine 150 mg tab disp</i>	4	
<i>loxapine succinate</i>	2	
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	4	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>quetiapine fumarate er</i>	4	
SECUADO	5	QL (30 EA PER 30 DAYS), PA <sup>2</sup> , NDS
VERSACLOZ	5	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS)

## **PHENOTHIAZINES**

<i>chlorpromazine hcl chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc</i>	4	
<i>compro</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc</i>	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	4	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	4	
<i>trifluoperazine hcl</i>	3	

## **QUINOLINONE DERIVATIVES**

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 OVER TIME), NDS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	5	QL (1 EA PER 28 DAYS), NDS
<i>aripiprazole 1 mg/ml solution</i>	4	
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	4	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	2	
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	5	QL (4.8 ML PER 365 OVER TIME), NDS
REXULTI	5	QL (30 EA PER 30 DAYS), NDS

## **ANTIVIRALS**

### **ANTIRETROVIRALS**

<i>abacavir sulfate 20 mg/ml solution</i>	4	
<i>abacavir sulfate 300 mg tab</i>	3	
<i>abacavir sulfate-lamivudine</i>	4	
APTIVUS 250 MG CAP	5	NDS
<i>atazanavir sulfate</i>	4	
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
<i>darunavir</i>	5	NDS
DELSTRIGO	5	NDS
DESCOVY	5	NDS
DOVATO	5	NDS
EDURANT	5	NDS
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir</i>	5	NDS
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>emtricitabine-tenofovir df -200-300 mg</i>	4	
EMTRIVA 10 MG/ML SOLUTION	3	
<i>etravirine</i>	5	NDS
EVOTAZ	5	NDS
<i>fosamprenavir calcium</i>	5	NDS
FUZEON	5	NDS
GENVOYA	5	NDS
INTELENCE 25 MG TAB	3	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	5	NDS
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD	5	NDS
JULUCA	5	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	4	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir -100-25 mg tab, -200-50 mg tab</i>	2	
<i>lopinavir-ritonavir -400-100 mg/5ml solution</i>	4	
<i>maraviroc</i>	5	NDS
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine er 400 mg tab 24h</i>	4	
NORVIR 100 MG PACKET	3	
ODEFSEY	5	NDS
PIFELTRO	5	NDS
PREZCOBIX	5	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	5	NDS
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ritonavir</i>	2	
RUKOBIA	5	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	5	NDS
SELZENTRY 25 MG TAB	3	
STRIBILD	5	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB, 50 MG TAB	5	NDS
TIVICAY PD	5	NDS
TRIUMEQ	5	NDS
TRIUMEQ PD	4	
VIRACEPT	5	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	5	NDS
<i>zidovudine</i>	2	
<b>CMV AGENTS</b>		
LIVTENCITY	5	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	NDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	NDS
<i>entecavir</i>	4	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (28 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
MAVYRET 100-40 MG TAB	5	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	5	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	5	PA, NDS
RIBAVIRIN 200 MG CAP	2	
RIBAVIRIN 200 MG TAB	2	
SOFOSBUVIR-VELPATASVIR	5	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	5	NDS
VOSEVI	5	PA, QL (28 EA PER 28 DAYS), NDS

### **HERPES AGENTS**

<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	
<i>acyclovir 200 mg/5ml suspension</i>	4	
<i>acyclovir sodium</i>	4	PA <sup>3</sup>
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	2	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	3	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	3	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	3	

### **MISC. ANTIVIRALS**

PAXLOVID (150/100)	3	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	3	QL (30 EA PER 5 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	2	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nebivolol hcl</i>	2	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 20 mg/5ml solution</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>cartia xt</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>dilt-xr</i>	2	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	4	
<i>tiadylt er</i>	2	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	4	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	2	

## **CARDIOVASCULAR AGENTS**

### **ALPHA-ADRENERGIC AGONISTS**

<i>droxidopa</i>	5	PA, NDS
<i>midodrine hcl</i>	2	

### **CARDIOVASCULAR AGENTS, OTHER**

<i>amlodipine-atorvastatin</i>	2	
CORLANOR 5 MG TAB, 7.5 MG TAB	3	QL (60 EA PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	3	QL (450 ML PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
DIGOXIN 0.05 MG/ML SOLUTION	4	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	3	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
VERQUVO	3	QL (30 EA PER 30 DAYS)
VYNDAMAX	5	PA, LA, QL (30 EA PER 30 DAYS), NDS

## **CARDIOVASCULAR AGENTS - MISC.**

### **IMPOTENCE AGENTS**

CAVERJECT	4*	
CAVERJECT IMPULSE	4*	
EDEX	4*	
MUSE	4*	
<i>sildenafil citrate 25 mg tab, 50 mg tab, 100 mg tab</i>	2*	
<i>tadalafil 10 mg tab, 20 mg tab</i>	2*	
TRI-MIX	4*	
<i>vardeafil hcl 2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab</i>	2*	

## **CEPHALOSPORINS**

### **CEPHALOSPORINS - 1ST GENERATION**

CEFADROXIL CEFADROXIL 500 MG/5ML RECON SUSP, CEFADROXIL 1 GM TAB, CEFADROXIL 250 MG/5ML RECON SUSP, CEFADROXIL 500 MG CAP	2	
CEFAZOLIN SODIUM 100 GM RECON SOLN	2	
CEFAZOLIN SODIUM 2 GM RECON SOLN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CEFAZOLIN SODIUM 300 GM RECON SOLN	2	
<i>cefazolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln</i>	2	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM-%(50ML) RECON SOLN, -1-4 GM/50ML-% SOLUTION, -2-3 GM-%(50ML) RECON SOLN	2	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR 250 MG CAP, 500 MG CAP	2	
<i>cefotetan disodium</i>	4	
CEFOTETAN DISODIUM-DEXTROSE	4	
<i>cefoxitin sodium</i>	4	
CEFOXITIN SODIUM-DEXTROSE	4	
<i>cefprozil</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir</i>	2	
<i>cefixime</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime 2 gm soln, 6 gm soln</i>	4	
CEFTAZIDIME AND DEXTROSE	4	
<i>ceftriaxone sodium 250 mg soln, 500 mg soln</i>	2	
<i>ceftriaxone sodium ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 100 gm recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 10 gm recon soln</i>	4	
CEFTRIAZONE SODIUM IN DEXTROSE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
CEFTRIAXONE SODIUM-DEXTROSE	4	
<i>tazicef 1 gm recon soln</i>	4	
<i>tazicef 2 gm recon soln</i>	4	
TAZICEF 6 GM RECON SOLN	4	

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide 3 mg cp dr part</i>	3	
<i>budesonide er</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	2	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>methylprednisolone 4 mg tab thpk</i>	2	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	PA <sup>3</sup>
<i>prednisolone 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	2	PA <sup>3</sup>
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	PA <sup>3</sup>
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	1	
PREDNISON 5 MG/5ML SOLUTION	2	PA <sup>3</sup>
PREDNISON INTENSOL	4	PA <sup>3</sup>
SOLU-CORTEF	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
SOLU-MEDROL	4	
SOLU-MEDROL (PF)	4	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	2*	
<i>hydrocodone bit-homatrop mbr</i>	2*	
<i>hydromet</i>	2*	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	2*	
<i>g tussin ac</i>	2*	
<i>guaiaatussin ac</i>	2*	
<i>guaifenesin ac</i>	2*	
<i>guaifenesin dac</i>	2*	
<i>guaifenesin-codeine</i>	2*	
<i>hydrocod poli-chlorphe poli er</i>	2*	
<i>maxi-tuss ac</i>	2*	
<i>promethazine-codeine</i>	2*	
<i>promethazine-dm</i>	2*	
<i>promethazine-phenyleph-codeine</i>	2*	
<i>pseudoeph-bromphen-dm</i>	2*	
<i>virtussin a/c</i>	2*	
<i>virtussin ac w/alc</i>	2*	
<b>MUCOLYTICS</b>		
<i>acetylcysteine 10 %, 20 %</i>	2	PA <sup>3</sup>
<b>DENTAL AND ORAL AGENTS</b>		
<i>cavarest</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole 10 mg troche</i>	2	
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	
<i>fluoridex</i>	2	
<i>fluoridex enhanced whitening</i>	2	
<i>fluorimax 5000</i>	2	
<i>just right 5000</i>	2	
<i>kourzeq</i>	2	
LIDOCAINE HCL 4 % SOLUTION	2	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2	
<i>nystatin 100000 unit/ml suspension</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 SENSITIVE	2	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sod fluoride-potassium nitrate</i>	2	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	2	
<i>sodium fluoride 5000 enamel</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 sensitive</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	4	
<i>amnesteam</i>	4	
<i>avita 0.025 % cream</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>claravis</i>	4	
<i>clindamycin phosphate 1 % gel</i>	2	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	2	QL (60 ML PER 30 DAYS)
ERY	3	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	4	
<i>sulfacetamide sodium (acne)</i>	4	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	4	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	4	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate 0.1 % cream</i>	2	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	2	QL (220 GM PER 30 DAYS)
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox 0.77 % gel</i>	2	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	2	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	2	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	2	QL (85 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	2	QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>ketoconazole 2 % shampoo</i>	2	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	2	QL (60 GM PER 30 DAYS)
<i>nyamyc</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3	QL (60 GM PER 30 DAYS)
<i>nystop</i>	2	QL (60 GM PER 30 DAYS)

### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>bexarotene 1 % gel</i>	5	QL (60 GM PER 30 DAYS), PA <sup>2</sup> , NDS
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	2	QL (40 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	2	QL (10 ML PER 30 DAYS)
PANRETIN	5	PA <sup>2</sup> , NDS
VALCHLOR	5	LA, QL (240 GM PER 30 DAYS), PA <sup>2</sup> , NDS

### **ANTIPSORIATICS**

<i>acitretin</i>	4	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	3	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	4	
COSENTYX (300 MG DOSE)	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
COSENTYX SENSOREADY PEN	5	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	5	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALLEN RAPID	5	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, LA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 30 MG TAB	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	5	PA, QL (2 ML PER 28 DAYS), NDS
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	5	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	4	PA, QL (60 GM PER 30 DAYS)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % ointment</i>	2	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	2	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2	QL (120 ML PER 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>	2	QL (100 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	2	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % cream, 0.05 % gel, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	4	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	4	QL (118 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>clobetasol propionate 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	4	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	4	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	4	QL (236 ML PER 30 DAYS)
<i>desonide 0.05 % cream, 0.05 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	4	
<i>fluocinolone acetonide 0.01 % solution</i>	4	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4	QL (120 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream, 0.05 % ointment</i>	2	QL (60 GM PER 30 DAYS)
<b>FLUOCINONIDE 0.05 % GEL</b>	2	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	2	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	2	
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	4	QL (50 GM PER 30 DAYS)
<i>hydrocortisone</i>	2	QL (240 GM PER 30 DAYS)
<b>HYDROCORTISONE 2.5 % LOTION</b>	2	QL (118 ML PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	2	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	QL (180 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.5 % cream</i>	2	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	2	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.1 % cream, 0.1 % ointment</i>	1	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>triderm</i>	2	QL (454 GM PER 30 DAYS)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	4	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	4	QL (100 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>lidocaine hcl 4 % solution</i>	2	QL (50 ML PER 30 DAYS)
<i>lidocaine patches</i>	4	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS)
<b>MISC. TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	4	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	2	
<i>imiquimod 5 % cream</i>	2	QL (24 EA PER 30 DAYS)
<i>malathion</i>	4	
<i>permethrin (nix)</i>	3	
PODOFILOX 0.5 % SOLUTION	2	QL (7 ML PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid 15 % gel</i>	4	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	4	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	4	QL (59 ML PER 30 DAYS)
<i>metronidazole 1 % gel</i>	4	QL (60 GM PER 30 DAYS)
<b>WOUND CARE PRODUCTS</b>		
SANTYL	3	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	3	
SUCRAID	5	PA, LA, NDS
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	
<i>acetazolamide er</i>	2	
<i>methazolamide 25 mg tab, 50 mg tab</i>	4	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE- HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>spironolactone-hctz</i>	2	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide</i>	2	
<i>ethacrynic acid</i>	4	
<i>furosemide 10 mg/ml solution</i>	4	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>toremide</i>	2	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	2	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	3	

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **BONE DENSITY REGULATORS**

<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	2	
<i>risedronate sodium 35 mg tab</i>	4	
<i>risedronate sodium 5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab</i>	2	
<i>teriparatide</i>	5	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	5	PA, QL (1.7 ML PER 28 DAYS), NDS

### **GROWTH HORMONES**

OMNITROPE	5	PA, NDS
SKYTROFA	5	PA, LA, NDS

### **METABOLIC MODIFIERS**

<i>betaine</i>	5	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>carglumic acid</i>	5	PA, LA, NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cinacalcet hcl</i>	4	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	4	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	2	
<i>levocarnitine sf</i>	2	
NEXVIAZYME	5	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	4	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	5	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	5	PA, NDS

## **SOMATOSTATIC AGENTS**

<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	4	PA
SIGNIFOR	5	PA, LA, QL (60 ML PER 30 DAYS), NDS

## **ENDOCRINE MEDICATIONS**

### **OTHER ENDOCRINE DRUGS**

<i>cabergoline</i>	3	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	
<i>desmopressin acetate spray</i>	4	
INCRELEX	5	PA, LA, NDS
KERENDIA	3	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	5	PA, LA, NDS

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>amethia</i>	2	
<i>amethia lo</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acet</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	4	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	2	
<i>levora 0.15/30 (28)</i>	2	
<i>lillow</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30 (21)</i>	2	
<i>loestrin 1/20 (21)</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luteru</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est</i>	2	
<i>norethindrone-eth estradiol</i>	4	
<i>norgestim-eth estrad triphasic</i>	2	
<i>norgestimate-eth estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora (28)</i>	2	
<i>turqoz</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35 (28)</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zumandimine</i>	2	
<i>dotti</i>	3	
<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	3	
<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i>	4	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>lyllana</i>	3	
MENEST	4	

## **FLUOROQUINOLONES**

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	
<i>levofloxacin in d5w in 250 mg/50ml solution</i>	2	
<i>levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml</i>	4	
MOXIFLOXACIN HCL IN NAACL	4	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	4	

## **GASTROINTESTINAL AGENTS**

### **GASTROINTESTINAL AGENTS, OTHER**

<i>cromolyn sodium 100 mg/5ml conc</i>	4	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose encephalopathy</i>	2	
<i>metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution</i>	2	
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	
VOWST	5	PA, QL (12 EA PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	4	
<i>mesalamine 1.2 gm tab dr, 400 mg cap dr, 1000 mg suppos</i>	3	
<i>mesalamine 4 gm enema</i>	4	
MESALAMINE 800 MG TAB DR	3	
<i>mesalamine er 0.375 gm cap 24h</i>	3	
<i>mesalamine er 500 mg cap</i>	4	
<i>mesalamine-cleanser</i>	4	
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	

## **GENITOURINARY AGENTS**

### **GENITOURINARY AGENTS, OTHER**

<i>acetic acid 0.25 % solution</i>	2	
CYSTAGON	4	PA, LA
ELMIRON	3	
<i>potassium citrate er</i>	2	
RENACIDIN	3	
<i>sodium chloride 0.9 % solution</i>	4	

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl er</i>	2	
<i>dutasteride 0.5 mg cap</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	2	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	2	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	1	

## **GOUT AGENTS**

<i>allopurinol 100 mg tab, 300 mg tab</i>	1	
<i>colchicine 0.6 mg tab</i>	2	
<i>colchicine-probenecid</i>	3	
<i>febuxostat</i>	2	
<i>probenecid</i>	3	

## **HEMATOLOGICAL AGENTS - MISC.**

### **PLATELET AGGREGATION INHIBITORS**

<i>anagrelide hcl</i>	2	
<i>aspirin-dipyridamole er</i>	4	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	4	
<i>prasugrel hcl</i>	3	

## **HEMATOPOIETIC AGENTS**

### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA	3	
<i>l-glutamine -glutamine 5 gm packet</i>	5	PA, LA, QL (180 EA PER 30 DAYS), NDS

### **COBALAMINS**

<i>cyanocobalmin (vitamin b12)</i>	2*	
------------------------------------	----	--

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid</i>	2*	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NYVEPRIA	5	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	5	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	5	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
RETACRIT	3	PA
UDENYCA	5	NDS
ZARXIO	5	NDS
<b>HEMATOPOIETIC MIXTURES</b>		
<i>folic acid / vitamin b6 / vitamin b12</i>	2*	
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	2	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
BELSOMRA	4	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap, 30 mg cap</i>	2	QL (30 EA PER 30 DAYS), PA <sup>2</sup>
<i>zaleplon 10 mg cap</i>	4	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	4	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>zolpidem tartrate er</i>	4	QL (30 EA PER 30 DAYS)
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA (HAE) AGENTS</b>		
HAEGARDA	5	PA, LA, NDS
<i>icatibant acetate</i>	5	PA, LA, NDS
<i>sajazir</i>	5	PA, LA, NDS
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GOLYTELY	2	
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
SUFLAVE	3	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	2	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	2	
LINZESS	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	2	
MOVANTIK	3	QL (30 EA PER 30 DAYS)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BANDAGES-DRESSINGS-TAPE</b>		
GAUZE PADS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>gauze pads and dressings</i>	3	
<b>DIABETIC SUPPLIES</b>		
<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	PA, QL (1 EA PER 274 OVER TIME)
DEXCOM G6 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	Part B Covered	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	Part B Covered	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	Part B Covered	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	Part B Covered	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	Part B Covered	PA, QL (1 EA PER 274 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	PA, QL (2 EA PER 20 DAYS)
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	4	QL (15 EA PER 30 DAYS)
OMNIPOD 5 PACK	4	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH INTRO (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	4	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	4	QL (15 EA PER 30 DAYS)
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	3	
ALCOHOL SWABS 1X1	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN PEN NEEDLE INSULIN PEN NEEDLE, INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
<i>needles and syringes needles and syringes, needles and syringes</i>	3	
<b>MIGRAINE PRODUCTS</b>		
AIMOVIG	3	PA, QL (1 ML PER 30 DAYS)
AJOVY	3	PA, QL (1.5 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	PA, QL (16 ML PER 30 DAYS)
EMGALITY	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	3	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	4	
NURTEC	3	PA, QL (16 EA PER 30 DAYS)

## **SEROTONIN AGONISTS**

<i>eletriptan hydrobromide</i>	4	QL (18 EA PER 30 OVER TIME)
<i>naratriptan hcl</i>	2	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	2	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	4	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	4	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	4	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	4	QL (18 EA PER 30 OVER TIME)
<i>zomig 2.5 mg tab, 5 mg tab</i>	4	QL (18 EA PER 30 OVER TIME)

## **MINERALS ELECTROLYTES**

### **CALCIUM**

<i>calcium gluconate 10 % solution</i>	2	
--	---	--

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ELECTROLYTE MIXTURES</b>		
<i>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 20-5-0.45 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, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	4	
<i>lactated ringers lactated ringers, lactated ringers</i>	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	2	
<i>sodium fluoride chewable tablet</i>	2	
<b>MAGNESIUM</b>		
<i>magnesium sulfate 50 % solution</i>	4	
<b>PHOSPHATE</b>		
<i>K-PHOS</i>	3	
<b>POTASSIUM</b>		
<i>klor-con -20 meq packet</i>	4	
<i>klor-con -8 meq tab er</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride 10 %, 10 meq/50ml, 20 meq/15ml (10%), 20 meq/50ml, 40 meq/15ml (20%)</i>	2	
<i>potassium chloride 2 meq/ml solution</i>	4	
<i>potassium chloride 20 meq packet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	2	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	2	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	4	
<b>SODIUM</b>		
<i>sodium chloride</i>	4	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
CHEMET	3	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	3	PA
<i>penicillamine 250 mg tab</i>	5	PA, NDS
<i>trientine hcl 250 mg cap</i>	5	PA, NDS
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	5	LA, QL (28 EA PER 28 DAYS), PA <sup>2</sup> , NDS
REZUROCK	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	5	LA, QL (60 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP, 100 MG CAP	5	LA, QL (30 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ARCALYST	5	PA, LA, NDS
<i>azathioprine 50 mg tab</i>	2	PA <sup>3</sup>
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, LA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	4	PA <sup>3</sup>
<i>cyclosporine modified</i>	4	PA <sup>3</sup>
ENVARSUS XR	4	PA <sup>3</sup>
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA <sup>3</sup> , NDS
<i>gengraf</i>	4	PA <sup>3</sup>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA <sup>3</sup> , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	PA <sup>3</sup>
<i>mycophenolate sodium</i>	3	PA <sup>3</sup>
<i>mycophenolic acid</i>	3	PA <sup>3</sup>
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA <sup>3</sup>
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA <sup>3</sup>
<i>sirolimus 1 mg/ml solution</i>	5	PA <sup>3</sup> , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PA <sup>3</sup>
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	2	
LOKELMA	4	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps</i>	2	
VELTASSA	3	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	2*	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2*	
<i>vitamin b complex / vitamin c / folic acid</i>	2*	
<b>PRENATAL VITAMINS</b>		
OBTREX DHA 29-1 & 387 MG MISC	3*	
PRENATABS RX	3*	
<i>prenatal vitamin</i>	4	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>chlorzoxazone 500 mg tab</i>	4	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	4	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	4	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	4	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	2	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
RADICAVA ORS STARTER KIT	5	PA, LA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	4	PA
<b>NUTRIENTS</b>		
<b>PROTEINS</b>		
<i>plenamine</i>	4	PA <sup>3</sup>
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	2	
<i>brimonidine tartrate-timolol</i>	3	
CARTEOLOL HCL	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	3	
LEVOBUNOLOL HCL	2	
<i>timolol maleate 0.25 %, 0.5 %</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
APRACLONIDINE HCL APRACLONIDINE HCL, APRACLONIDINE HCL	3	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
SIMBRINZA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	2	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>bacitracin-polymyxin b</i>	2	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	2	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	4	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	2	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	2	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	2	
MOXIFLOXACIN HCL (2X DAY)	2	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (6 ML PER 7 OVER TIME)
NATACYN	4	QL (15 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	2	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	2	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	2	
<i>sulfacetamide sodium 10 % solution</i>	2	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	2	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	2	QL (15 ML PER 7 OVER TIME)
XDEMVY	5	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	4	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	3	
ROCKLATAN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>fluorometholone</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	3	
<i>loteprednol etabonate 0.5 % suspension</i>	4	
<i>neomycin-polymyxin-dexameth</i>	2	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	2	
<b>OPHTHALMICS - MISC.</b>		
<i>atropine sulfate 1 % solution</i>	2	
ATROPINE SULFATE 1 % SOLUTION	2	
<i>azelastine hcl 0.05 % solution</i>	2	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
CYSTARAN	5	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>epinastine hcl</i>	4	
FLURBIPROFEN SODIUM	2	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
XIIDRA	3	QL (60 EA PER 30 DAYS)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost 0.03 % solution</i>	4	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	1	QL (5 ML PER 30 DAYS)
LUMIGAN	4	QL (5 ML PER 30 DAYS)
<i>travoprost (bak free)</i>	2	QL (5 ML PER 30 DAYS)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	2	
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	2	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc --3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
GAMMAKED 1 GM/10ML SOLUTION	5	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	5	PA, NDS
VARIZIG	1	VAC
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium 1 gm recon soln</i>	4	
<i>ampicillin sodium 10 gm recon soln</i>	4	
AMPICILLIN SODIUM 125 MG RECON SOLN	4	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
BICILLIN L-A	4	
<i>penicillin g potassium</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE - 200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	2	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	2	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	2	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	2	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	4	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	4	
<i>piperacillin sod-tazobactam so</i>	4	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 10 gm recon soln</i>	5	NDS
NAFCILLIN SODIUM IN DEXTROSE	4	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	4	
<i>oxacillin sodium</i>	4	
OXACILLIN SODIUM IN DEXTROSE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PROGESTINS</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA (52 MG)	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	2	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4	PA
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>progesterone 100 mg cap, 200 mg cap</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
-----------	-----------	-----------------------

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

### AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium</i>	4	
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	

### ANTIDEMENTIA AGENTS

<i>donepezil hcl 23 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab disp, 10 mg tab disp</i>	2	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	2	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	3	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	4	
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	
<i>memantine hcl er</i>	4	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	3	

### MOVEMENT DISORDER DRUG THERAPY

AUSTEDO 6 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	5	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
INGREZZA 40 & 80 MG CAP THPK	5	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	5	NDS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	5	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	3	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	5	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	5	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	5	PA, QL (120 EA PER 180 DAYS), NDS
<i>fingolimod hcl</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	5	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	5	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	5	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	5	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	5	PA, QL (30 EA PER 30 DAYS), NDS
VUMERITY	5	PA, LA, QL (120 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NUDEXTA	5	PA, NDS
PIMOZIDE	4	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL NASAL SPRAY	3	
<i>varenicline tartrate (starter)</i>	2	
<i>varenicline tartrate 0.5 mg tab</i>	2	
<i>varenicline tartrate 1 mg tab</i>	2	QL (56 EA PER 28 DAYS)
<i>varenicline tartrate(continue)</i>	2	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	5	PA, LA, QL (84 ML PER 28 DAYS), NDS
KALYDECO 13.4 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	5	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	5	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	5	QL (150 ML PER 30 DAYS), PA <sup>3</sup> , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	5	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	5	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	5	PA, LA, QL (56 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS), NDS
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-HISTAMINES</b>		
<i>cetirizine (zyrtec)</i>	2	
<i>desloratadine 5 mg tab</i>	2	
<i>levocetirizine (xyzal)</i>	4	
<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	4	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
<i>alyq</i>	5	PA, NDS
<i>ambrisentan</i>	5	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	5	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	5	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	2	PA
<i>tadalafil (pah)</i>	5	PA, NDS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	5	PA, LA, NDS
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>theophylline er theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	2	

## **SLEEP DISORDER AGENTS**

### **SLEEP DISORDERS, OTHER**

SODIUM OXYBATE	5	PA, LA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	3	PA, QL (30 EA PER 30 DAYS)

## **SULFONAMIDES**

SULFADIAZINE SULFADIAZINE 500 MG TAB, SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension</i>	2	
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	1	

## **TETRACYCLINES**

<i>demeclocycline hcl</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate 100 mg recon soln</i>	4	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab</i>	2	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4	
<i>doxycycline monohydrate 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	1	VAC
BOOSTRIX	1	VAC
DAPTACEL	1	
DIPHtheria-TETANUS TOXOIDS DT	1	PA <sup>3</sup>
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA <sup>3</sup> , VAC
TENIVAC	1	PA <sup>3</sup> , VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	4	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>famotidine (pepcid)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	3	
<i>lansoprazole (prevacid)</i>	3	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	2	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	2	
<i>fesoterodine fumarate er</i>	3	
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>flavoxate hcl</i>	4	
GEMTESA	3	
<i>mirabegron er</i>	3	
MYRBETRIQ 8 MG/ML SRER	3	

## **VACCINES**

### **BACTERIAL VACCINES**

ACTHIB	1	
BCG VACCINE	1	VAC
BEXSERO	1	VAC
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC
MENQUADFI	1	VAC
MENVEO	1	VAC
PEDVAX HIB	1	
PENBRAYA	1	VAC
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC
TYPHIM VI	1	VAC
VAXCHORA	1	
VAXNEUVANCE	Part B Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>VIRAL VACCINES</b>		
ABRYSVO	1	VAC
AREXVY	1	VAC
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA <sup>3</sup> , VAC
ERVEBO	1	
GARDASIL 9	1	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	PA <sup>3</sup> , VAC
IMOVAX RABIES	1	PA <sup>3</sup> , VAC
IPOL	1	VAC
IXCHIQ	1	VAC
IXIARO	1	VAC
JYNNEOS	1	VAC
M-M-R II	1	VAC
MRESVIA	1	
PREHEVBRIO	1	PA <sup>3</sup> , VAC
PRIORIX	1	VAC
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	PA <sup>3</sup> , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	PA <sup>3</sup> , VAC
ROTARIX	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
ROTATEQ	1	
SHINGRIX	1	QL (2 EA PER 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>	2	
<i>metronidazole vaginal 0.75% gel</i>	2	
<i>terconazole</i>	2	

### **VAGINAL ESTROGENS**

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

## **VITAMINS**

### **OIL SOLUBLE VITAMINS**

<i>phytonadione 1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution</i>	2*	
<i>vitamin d</i>	2*	
<i>vitamin k1 1 mg/0.5ml, 10 mg/ml</i>	2*	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
<b>WATER SOLUBLE VITAMINS</b>		
<i>thiamine (vitamin b1)</i>	2*	
<i>vitamin c</i>	2*	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

# Index

<b>A</b>			
abacavir sulfate	61	alcohol swabs	92
abacavir sulfate-lamivudine	61	ALCOHOL SWABS 1x1	92
ABELCET	39	ALECENSA	48
ABILIFY ASIMTUFII	60	alendronate sodium	78
ABILIFY MAINTENA	60	alfuzosin hcl er	87
abiraterone acetate	46	aliskiren fumarate	43
ABRYSVO	113	allopurinol	88
acamprosate calcium	105	alosetron hcl	37
acarbose	35	alprazolam	24
accutane	72	altavera	79
acebutolol hcl	65	ALUNBRIG	48
acetaminophen-codeine	18	alyacen 1/35	79
ACETAMINOPHEN-CODEINE		alyacen 7/7/7	79
120-12 MG/5ML SOLUTION	18	alyq	108
acetazolamide	77	amantadine hcl	56
acetazolamide er	77	ambrisentan	108
acetic acid	87,101	amethia	80
acetylcysteine	70	amethia lo	80
acitretin	73	amikacin sulfate	14
ACTEMRA	16	amiloride hcl	77
ACTEMRA ACTPEN	16	AMILORIDE-	
ACTHIB	112	HYDROCHLOROTHIAZIDE 5-	
ACTIMMUNE	54	50 MG TAB	77
acyclovir	64,76	amiodarone hcl	25
acyclovir sodium	64	amitriptyline hcl	34
ADACEL	110	amlodipine besy-benazepril	
adefovir dipivoxil	63	amlodipine besyate	65
ADVAIR HFA	27	amlodipine besylate-valsartan	42
afirmelle	79	amlodipine-atorvastatin	66
AIMOVIG	92	amlodipine-olmesartan	42
AJOVY	92	amlodipine-valsartan-hctz	42
ak-poly-bac	99	ammonium lactate	
AKEEGA	46	(AMLACTIN)	76
albendazole	20	amnesteem	72
albuterol sulfate	27	amoxapine	34
albuterol sulfate hfa (Proventil		AMOXICILLIN	102
equivalent)	27	Amoxicillin 125 MG/5ML	
albuterol sulfate hfa 108 (Proair		RECON SUSP	102
equivalent)	27	Amoxicillin 200 MG/5ML	
		RECON SUSP	102
		Amoxicillin 250 MG CAP	102
		Amoxicillin 250 MG/5ML RECON	
		SUSP	102
		Amoxicillin 400 MG/5ML RECON	
		SUSP	102
		Amoxicillin 500 MG CAP	102
		Amoxicillin 500 MG TAB	102
		Amoxicillin 875 MG TAB	102
		AMOXICILLIN-POT	
		CLAVULANATE	103
		Amoxicillin-Pot Clavulanate 200-	
		28.5 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 250-	
		125 MG TAB	103
		Amoxicillin-Pot Clavulanate 250-	
		62.5 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 400-	
		57 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 500-	
		125 MG TAB	103
		Amoxicillin-Pot Clavulanate 600-	
		42.9 MG/5ML RECON SUSP	103
		Amoxicillin-Pot Clavulanate 875-	
		125 MG TAB	103
		AMOXICILLIN-POT	
		CLAVULANATE ER	103
		amphetamine-dextroamphet er	14
		amphetamine-	
		dextroamphetamine	14
		AMPHOTERICIN B	39
		ampicillin	102
		AMPICILLIN SODIUM	102
		ampicillin sodium 1 gm recon	
		soln	102
		ampicillin sodium 10 gm recon	
		soln	102
		ampicillin-sulbactam sodium 1.5	
		(1-0.5) gm recon soln	103
		ampicillin-sulbactam sodium 15	
		(10-5) gm recon soln	103

ampicillin-sulbactam sodium 3 (2-1) gm recon soln.....	103	aubra eq.....	80	benazepril hcl.....	41
anagrelide hcl.....	88	AUGTYRO.....	48	benazepril-hydrochlorothiazide	42
anastrozole.....	46	aurovela 1.5/30.....	80	BENLYSTA.....	96
ANORO ELLIPTA.....	27	aurovela 1/20.....	80	BENZNIDAZOLE.....	20
APRACLONIDINE HCL.....	98	aurovela 24 fe.....	80	benzonatate.....	70
aprepitant.....	39	aurovela fe 1.5/30.....	80	benztropine mesylate.....	56
apri.....	80	aurovela fe 1/20.....	80	BESREMI.....	54
APTIOM.....	29	AUSTEDO.....	105	betaine.....	78
APTIVUS.....	61	AUSTEDO XR.....	105	betamethasone dipropionate	74
aranelle.....	80	AUSTEDO XR PATIENT		betamethasone dipropionate	
ARCALYST.....	96	TITRATION.....	105	aug.....	74
AREXVY.....	113	AUVELITY.....	32	betamethasone valerate.....	74
arformoterol tartrate.....	27	aviane.....	80	betaxolol hcl.....	65
ARIKAYCE.....	14	avita.....	72	BETAXOLOL HCL.....	98
aripiprazole.....	60,61	AVONEX PEN.....	106	bethanechol chloride.....	112
ARISTADA.....	61	AVONEX PREFILLED.....	106	bexarotene.....	54,73
ARISTADA INITIO.....	61	ayuna.....	80	BEXSERO.....	112
armodafinil.....	14	AYVAKIT.....	54	BEYFORTUS.....	101
ARNUITY ELLIPTA.....	26	azathioprine.....	96	bicalutamide.....	46
asenapine maleate.....	59	azelaic acid.....	76	BICILLIN L-A.....	102
ashlyna.....	80	azelastine hcl.....	97,100	BIKTARVY.....	61
ASMANEX (120 METERED		azithromycin.....	20	bimatoprost.....	101
DOSES).....	26	aztreonam.....	20	bisoprolol fumarate.....	65
ASMANEX (30 METERED		azurette.....	80	bisoprolol-hydrochlorothiazide	42
DOSES).....	26	<b>B</b>		blisovi 24 fe.....	80
ASMANEX (60 METERED		baciim.....	21	blisovi fe 1.5/30.....	80
DOSES).....	26	bacitra-neomycin-polymyxin-		blisovi fe 1/20.....	80
ASMANEX HFA.....	26	hc.....	100	blood glucose monitoring	
aspirin-dipyridamole er.....	88	bacitracin.....	21	supplies.....	91
atazanavir sulfate.....	61	BACITRACIN.....	99	BOOSTRIX.....	110
atenolol.....	65	bacitracin-polymyxin b.....	99	bosentan.....	108
atenolol-chlorthalidone.....	42	baclofen.....	97	BOSULIF.....	48
atomoxetine hcl.....	14	balsalazide disodium.....	87	BRAFTOVI.....	48
atorvastatin calcium.....	41	BALVERSA.....	48	BREO ELLIPTA.....	27
atovaquone.....	23	balziva.....	80	breynga.....	27
atovaquone-proguanil hcl.....	43	BARACLUDE.....	63	BREZTRI AEROSPHERE.....	27
atropine sulfate.....	100	BCG VACCINE.....	112	briellyn.....	80
ATROPINE SULFATE.....	100	bekyree.....	80	BRILINTA.....	88
ATROVENT HFA.....	26	BELBUCA.....	19	brimonidine tartrate.....	98
aubra.....	80	BELSOMRA.....	89	brimonidine tartrate-timolol.....	98
				BRIVIACT.....	29

bromfed dm	70	carbamazepine er	29	cefotetan disodium	68
bromocriptine mesylate	56	carbidopa	56	CEFOTETAN DISODIUM- DEXTROSE	68
BRUKINSA	48	carbidopa-levodopa	56	cefoxitin sodium	68
budesonide	20,26,69	CARBIDOPA-LEVODOPA	56	CEFOXITIN SODIUM- DEXTROSE	68
budesonide er	69	carbidopa-levodopa er	56	cefpodoxime proxetil	68
budesonide-formoterol fumarate	27	carbidopa-levodopa-entacapone 12.5-50-200 mg tab	56	cefprozil	68
bumetanide	77	carbidopa-levodopa-entacapone 18.75-75-200 mg tab	56	ceftazidime	68
buprenorphine	19	carbidopa-levodopa-entacapone 25-100-200 mg tab	56	CEFTAZIDIME AND DEXTROSE	68
buprenorphine hcl	19	carbidopa-levodopa-entacapone 31.25-125-200 mg tab	56	ceftriaxone sodium	68
buprenorphine hcl-naloxone hcl	19	carbidopa-levodopa-entacapone 37.5-150-200 mg tab	56	CEFTRIAZONE SODIUM IN DEXTROSE	68
bupropion hcl	32	carbidopa-levodopa-entacapone 50-200-200 mg tab	57	cefuroxime axetil	68
bupropion hcl er (smoking det)	107	carglumic acid	78	cefuroxime sodium	68
bupropion hcl er (sr)	32	CARTEOLOL HCL	98	celecoxib	16
bupropion hcl er (xl)	32	cartia xt	65	cephalexin	68
buspirone hcl	24	carvedilol	65	cetirizine (ZYRTEC)	108
BYDUREON BCISE	36	casprofungin acetate	39	cevimeline hcl	71
<b>C</b>		cavarest	70	charlotte 24 fe	80
cabergoline	79	CAVERJECT	67	chateal	80
CABOMETYX	48	CAVERJECT IMPULSE	67	chateal eq	80
calcipotriene	73	CAYSTON	107	CHEMET	95
CALCIPOTRIENE	73	CEFACLOR	68	CHLORAMPHENICOL SOD SUCCINATE	23
calcitonin (salmon)	78	CEFADROXIL	67	chlorhexidine gluconate	71
CALCITRIOL	73	cefazolin sodium	68	chloroquine phosphate	43
calcitriol	78	CEFAZOLIN SODIUM 100 GM RECON SOLN	67	chlorpromazine hcl	60
calcium gluconate	93	CEFAZOLIN SODIUM 2 GM RECON SOLN	67	chlorthalidone	77
CALQUENCE	49	CEFAZOLIN SODIUM 300 GM RECON SOLN	68	chlorzoxazone	97
camila	104	CEFAZOLIN SODIUM- DEXTROSE	68	cholestyramine	40
camrese	80	cefdinir	68	cholestyramine light	40
camrese lo	80	cefepime hcl	21	ciclopirox	72
candesartan cilexetil	41	CEFEPIME-DEXTROSE	21	ciclopirox olamine	72
candesartan cilexetil-hctz	42	cefixime	68	cilostazol	88
capecitabine	44			CIMDUO	61
CAPLYTA	57			cimetidine	111
CAPRELSA	49			cinacalcet hcl	79
captopril	41				
CAPVAXIVE	112				
carbamazepine	29				

ciprofloxacin hcl.....	86,99	colesevelam hcl.....	40	CYSTAGON.....	87
CIPROFLOXACIN HCL.....	101	colestipol hcl.....	40	CYSTARAN.....	100
ciprofloxacin in d5w.....	86	colistimethate sodium (cba)...	21	<b>D</b>	
ciprofloxacin-		COMBIVENT RESPIMAT.....	27	dabigatran etexilate mesylate..	28
dexamethasone.....	101	COMETRIQ (100 MG DAILY DOSE).....	49	dalfampridine er.....	106
citalopram hydrobromide..	32,33	COMETRIQ (140 MG DAILY DOSE).....	49	danazol.....	19
claravis.....	72	COMETRIQ (60 MG DAILY DOSE).....	49	dantrolene sodium.....	97
CLARITHROMYCIN.....	21	COMPLERA.....	61	dapsone.....	44
clarithromycin.....	21	compro.....	60	DAPTACEL.....	110
clarithromycin er.....	21	constulose.....	90	DAPTOMYCIN.....	21
clindamycin hcl.....	21	COPIKTRA.....	49	darifenacin hydrobromide er..	111
clindamycin palmitate hcl....	21	CORLANOR.....	66	darunavir.....	61
clindamycin		COSENTYX.....	73	dasetta 1/35.....	81
phosphate.....	21,72,114	COSENTYX (300 MG DOSE).....	73	dasetta 7/7/7.....	81
clindamycin phosphate in		COSENTYX SENSOREADY		DAURISMO.....	46
d5w.....	21	(300 MG).....	73	daysee.....	81
CLINDAMYCIN PHOSPHATE		COSENTYX SENSOREADY		deblitane.....	104
IN NACL.....	21	PEN.....	74	decadron.....	69
clinpro 5000.....	71	COSENTYX UNOREADY.....	74	deferasirox.....	95
clobazam.....	28	COTELLIC.....	49	DELSTRIGO.....	61
clobetasol prop emollient		COVID-19 Vaccines.....	113	delyla.....	81
base.....	74	CREON.....	77	demeclocycline hcl.....	109
clobetasol propionate.....	74,75	CRESEMBA.....	39	denta 5000 plus.....	71
clobetasol propionate e.....	75	cromolyn sodium.....	25,86	dentagel.....	71
clodan.....	75	CROMOLYN SODIUM.....	100	DEPO-SUBQ PROVERA.....	104,104
clomipramine hcl.....	34	cryselfe-28.....	80	DESCOVY.....	61
clonazepam.....	29	cyanocobalmin (vitamin B12).....	88	desipramine hcl.....	34
clonidine hcl er.....	14	cyclafem 1/35.....	80	desloratadine.....	108
clonidine tablet.....	42	cyclafem 7/7/7.....	80	desmopressin ace spray refig..	79
clonidine weekly patch.....	42	cyclobenzaprine hcl.....	97	desmopressin acetate.....	79
clopidogrel bisulfate.....	88	CYCLOPHOSPHAMIDE.....	44	desmopressin acetate spray...	79
clorazepate dipotassium....	24	cyclophosphamide 25 mg cap.....	44	desogestrel-ethinyl estradiol..	81
clotrimazole.....	71	cyclophosphamide 50 mg cap.....	44	desonide.....	75
clotrimazole (LOTRIMIN)....	72	CYCLOSET.....	35	desoximetasone.....	75
clotrimazole-betamethasone..	72	cyclosporine.....	96,100	desvenlafaxine succinate er...	33
clozapine.....	59	cyclosporine modified.....	96	dexamethasone.....	69
CLOZAPINE 12.5 MG TAB		cyred.....	80	DEXAMETHASONE	
DISP.....	59	cyred eq.....	81	INTENSOL.....	69
COARTEM.....	43			dexamethasone sodium	
colchicine.....	88			phosphate.....	69
colchicine-probenecid.....	88				

DEXAMETHASONE SODIUM PHOSPHATE.....	100	diphenoxylate-atropine.....	38	elinest.....	81
DEXCOM G5 MOB/G4 PLAT SENSOR.....	91	DIPHThERIA-TETANUS TOXOIDS DT.....	110	ELIQUIS.....	28
DEXCOM G5 MOBILE RECEIVER.....	91	dipyridamole.....	88	ELIQUIS DVT/PE STARTER PACK.....	28
DEXCOM G5 MOBILE TRANSMITTER.....	91	disopyramide phosphate.....	24	ELMIRON.....	87
DEXCOM G5 RECEIVER KIT.....	91	disulfiram.....	105	eluryng.....	81
DEXCOM G6 RECEIVER.....	91	divalproex sodium.....	32	EMGALITY.....	93
DEXCOM G6 SENSOR.....	91	divalproex sodium er.....	32	EMGALITY (300 MG DOSE).....	93
DEXCOM G6 TRANSMITTER.....	91	dofetilide.....	25	emoquette.....	81
DEXCOM G7 RECEIVER.....	91	donepezil hcl.....	105	EMSAM.....	32
DEXCOM G7 SENSOR.....	91	dorzolamide hcl.....	100	emtricitabine.....	61
DIACOMIT.....	29	dorzolamide hcl-timolol mal.....	98	emtricitabine-tenofovir df.....	61,62
diazepam.....	24	dorzolamide hcl-timolol mal pf.....	98	EMTRIVA.....	62
DIAZEPAM.....	29	dotti.....	85	emzahn.....	104
diazepam intensol.....	24	DOVATO.....	61	enalapril maleate.....	41
diazoxide.....	35	doxazosin mesylate.....	42	enalapril-hydrochlorothiazide.....	42
diclofenac potassium.....	16	doxepin hcl.....	34,89	ENBREL.....	15
diclofenac sodium.....	16,73,100	doxercalciferol.....	79	ENBREL MINI.....	15
diclofenac sodium er.....	16	doxy 100.....	109	ENBREL SURECLICK.....	15
dicloxacillin sodium.....	103	doxycycline hyclate.....	109	endocet.....	19
dicyclomine hcl.....	111	doxycycline monohydrate.....	109	ENGERIX-B.....	113
DIFICID.....	21	dronabinol.....	39	enilloring.....	81
diflunisal.....	16	drospirenone-ethinyl estradiol.....	81	enoxaparin sodium.....	28
digoxin.....	66,67	DROXIA.....	88	enpresse-28.....	81
DIGOXIN 0.05 MG/ML SOLUTION.....	67	droxidopa.....	66	enskyce.....	81
dihydroergotamine mesylate.....	93	DULERA.....	27	entacapone.....	56
DILANTIN.....	29	duloxetine hcl.....	33	entecavir.....	63
dilt-xr.....	66	DUPIXENT.....	25	ENTRESTO.....	67
diltiazem hcl.....	66	dutasteride.....	87	enulose.....	86
diltiazem hcl er.....	66	dutasteride-tamsulosin hcl.....	87	ENVARSUS XR.....	96
diltiazem hcl er beads.....	66	<b>E</b>		EPIDIOLEX.....	29
diltiazem hcl er coated beads.....	66	ec-naproxen.....	16	epinastine hcl.....	100
dimethyl fumarate.....	106	econazole nitrate.....	72	Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only).....	27
dimethyl fumarate starter pack.....	106	EDEX.....	67	epitol.....	30
		EDURANT.....	61	eplerenone.....	43
		efavirenz.....	61	EPRONTIA.....	30
		efavirenz-emtricitab-tenofo df.....	61	ERGOTAMINE-CAFFEINE.....	93
		efavirenz-lamivudine-tenofovir.....	61	ERIVEDGE.....	46
		eletriptan hydrobromide.....	93	ERLEADA.....	46
		ELIGARD.....	46		



erlotinib hcl	45	febuxostat	88	fluphenazine hcl	60
errin	104	felbamate	31	flurbiprofen	17
ertapenem sodium	23	felodipine er	66	FLURBIPROFEN SODIUM	100
ERVEBO	113	femynor	81	fluticasone propionate	97
ERY	72	fenofibrate	40	FLUTICASONE PROPIONATE	
ery-tab	21	fenofibrate micronized	40	HFA	26
ERYTHROCIN STEARATE	21	fenofibric acid	40	fluticasone-salmeterol	27
erythromycin	21,72,99	fentanyl	17	fluvastatin sodium	41
erythromycin base	21	fentanyl citrate	17	fluvoxamine maleate	33
erythromycin ethylsuccinate	22	fesoterodine fumarate er	111	fluvoxamine maleate er	33
escitalopram oxalate	33	FETZIMA	33	folic acid	89
esomeprazole magnesium	111	FETZIMA TITRATION	33	folic acid / vitamin B6 / vitamin	
estarylla	81	finasteride	88	B12	89
estradiol	85,114	fingolimod hcl	106	fondaparinux sodium	28
estradiol valerate	85	FINTEPLA	30	formoterol fumarate	27
estradiol-norethindrone acet	81	finzala	81	fosamprenavir calcium	62
ESTRING	114	FIRDAPSE	43	fosfomycin tromethamine	23
eszopiclone	89	FIRMAGON	47	fosinopril sodium	41
ethacrynic acid	77	FIRMAGON (240 MG DOSE)	47	fosinopril sodium-hctz	42
ethambutol hcl	44	flac	101	FOTIVDA	49
ethosuximide	32	flavoxate hcl	112	FREESTYLE LIBRE 14 DAY	
ethynodiol diac-eth estradiol	81	flecainide acetate	25	READER	91
etodolac	16	fluconazole	39	FREESTYLE LIBRE 14 DAY	
etonogestrel-ethinyl estradiol	81	fluconazole in sodium chloride	39	SENSOR	91
etravirine	62	flucytosine	39	FREESTYLE LIBRE 2	
euthyrox	110	fludrocortisone acetate	70	READER	91
everolimus	49,96	flunisolide	97	FREESTYLE LIBRE 2	
EVOTAZ	62	fluocinolone acetonide	75,101	SENSOR	91
exemestane	46	fluocinolone acetonide body	75	FREESTYLE LIBRE 3 PLUS	
ezetimibe	40	fluocinolone acetonide scalp	75	SENSOR	91
ezetimibe-simvastatin	40	fluocinonide	75	FREESTYLE LIBRE 3	
		FLUOCINONIDE 0.05 % GEL	75	READER	91
<b>F</b>		fluoridex	71	FREESTYLE LIBRE 3	
falmina	81	fluoridex enhanced whitening	71	SENSOR	91
famciclovir	64	fluorimax 5000	71	FREESTYLE LIBRE READER	91
famotidine (PEPCID)	111	fluorometholone	100	FREESTYLE LIBRE SENSOR	
FANAPT	58	fluorouracil	73	SYSTEM	92
FANAPT TITRATION PACK	58	FLUOROURACIL	73	FRUZAQLA	45
FARXIGA	37	fluoxetine hcl	33	furosemide	77
FASENRA	25	FLUOXETINE HCL	33	FUROSEMIDE	77
FASENRA PEN	25	fluphenazine decanoate	60	FUZEON	62

fyavolv.....	81	GLYXAMBI.....	34	hydrocodone bit-homatrop mbr.	70
FYCOMPA.....	30	GOLYTELY.....	90	hydrocodone-acetaminophen..	19
<b>G</b>		granisetron hcl.....	38	hydrocortisone.....	20,69,75
g tussin ac.....	70	griseofulvin microsize.....	39	hydrocortisone (perianal).....	20
gabapentin.....	30	griseofulvin ultramicrosize....	39	HYDROCORTISONE 2.5 %	
galantamine hydrobromide..	105	guaiaatussin ac.....	70	LOTION.....	75
GALANTAMINE		guaifenesin ac.....	70	hydrocortisone-acetic acid....	101
HYDROBROMIDE.....	105	guaifenesin dac.....	70	hydromet.....	70
galantamine hydrobromide		guaifenesin-codeine.....	70	hydromorphone hcl.....	17,18
er.....	105	guanfacine hcl.....	42	hydroxychloroquine sulfate....	43
GAMMAKED.....	101	GVOKE HYPOPEN 1-PACK.....	35	hydroxyurea.....	54
GAMUNEX-C.....	101	GVOKE HYPOPEN 2-PACK.....	35	hydroxyzine hcl.....	24
GARDASIL 9.....	113	GVOKE KIT.....	35	hydroxyzine pamoate.....	24
gatifloxacin.....	99	GVOKE PFS.....	35	<b>I</b>	
GAUZE PADS.....	90	<b>H</b>		ibandronate sodium.....	78
gauze pads and dressings...	91	HADLIMA.....	15	IBRANCE.....	49
GAVILYTE-C.....	90	HADLIMA PUSH TOUCH..	15,16	ibuprofen (MOTRIN).....	17
gavilyte-g.....	90	HAEGARDA.....	90	icatibant acetate.....	90
gavilyte-n with flavor pack...	90	hailey 1.5/30.....	81	iclevia.....	81
GAVRETO.....	49	hailey 24 fe.....	81	ICLUSIG.....	49
gefitinib.....	46	hailey fe 1.5/30.....	81	icosapent ethyl.....	40
gemfibrozil.....	40	hailey fe 1/20.....	81	IDHIFA.....	49
GEMTESA.....	112	halobetasol propionate.....	75	imatinib mesylate.....	49,50
generlac.....	86	haloette.....	81	IMBRUVICA.....	50
gengraf.....	96	haloperidol.....	57	imipenem-cilastatin.....	23
GENTAMICIN IN SALINE.....	15	haloperidol decanoate.....	57	imipramine hcl.....	34
gentamicin sulfate.....	15,72,99	haloperidol lactate.....	57	imiquimod.....	76
GENVOYA.....	62	HAVRIX.....	113	IMOVAX RABIES.....	113
gianvi.....	81	heather.....	104	incassia.....	104
GILOTRIF.....	46	heparin sodium (porcine).....	28	INCRELEX.....	79
glatiramer acetate.....	106	heparin sodium (porcine) pf...	28	INCRUSE ELLIPTA.....	26
glatopa.....	106	HEPLISAV-B.....	113	indapamide.....	78
GLEOSTINE.....	44	HIBERIX.....	112	indomethacin.....	17
glimepiride.....	37	HUMULIN R U-500		INFANRIX.....	110
glipizide.....	37	(CONCENTRATED).....	36	INGREZZA.....	106
glipizide er.....	37	HUMULIN R U-500 KWIKPEN36		INLYTA.....	45
glipizide xl.....	37	hydralazine hcl.....	43	INQOVI.....	47
glipizide-metformin hcl.....	34	hydrochlorothiazide.....	78	INREBIC.....	50
GLUCAGON EMERGENCY.....	35	hydrocod poli-chlorphe poli er.	70	INSULIN ASP PROT & ASP	
glycopyrrolate.....	111			FLEXPEN.....	36

INSULIN ASPART.....	36	KISQALI (200 MG DOSE).....	50
INSULIN ASPART FLEXPEN36	<b>J</b>	KISQALI (400 MG DOSE).....	50
INSULIN ASPART PENFILL.	36	KISQALI (600 MG DOSE).....	50
INSULIN ASPART PROT & ASPART.....	36	KISQALI FEMARA (200 MG DOSE).....	48
INSULIN PEN NEEDLE.....	92	KISQALI FEMARA (400 MG DOSE).....	48
INSULIN SYRINGE (DISP) U-100 0.3 ML.....	92	KISQALI FEMARA (600 MG DOSE).....	48
INSULIN SYRINGE (DISP) U-100 1 ML.....	92	jaimiess.....	82
INSULIN SYRINGE (DISP) U-100 1/2 ML.....	92	JAKAFI.....	50
INTELENCE.....	62	jantoven.....	28
introvale.....	81	JANUMET.....	34
INVEGA HAFYERA.....	58	JANUMET XR.....	34
INVEGA SUSTENNA.....	58	JANUVIA.....	36
INVEGA TRINZA.....	58	JARDIANCE.....	37
IPOL.....	113	jasmiel.....	82
ipratropium bromide.....	26,97	JAYPIRCA.....	50
ipratropium-albuterol.....	27	jencycla.....	104
irbesartan.....	41	JENTADUETO.....	34
irbesartan-hydrochlorothiazide.....	42	JENTADUETO XR.....	34
ISENTRESS.....	62	jinteli.....	82
ISENTRESS HD.....	62	jolessa.....	82
isibloom.....	81	juleber.....	82
ISONIAZID.....	44	JULUCA.....	62
isoniazid.....	44	junel 1.5/30.....	82
isoniazid 300mg tab.....	44	junel 1/20.....	82
isosorbide dinitrate.....	23	junel fe 1.5/30.....	82
isosorbide mononitrate.....	23	junel fe 1/20.....	82
isosorbide mononitrate er.....	23	junel fe 24.....	82
isotretinoin.....	72	just right 5000.....	71
isradipine.....	66	JYNNEOS.....	113
itraconazole.....	39	<b>K</b>	
ivabradine hcl.....	67	K-PHOS.....	94
ivermectin.....	20,76	kalliga.....	82
IWILFIN.....	55	KALYDECO.....	107
IXCHIQ.....	113	kariva.....	82
IXIARO.....	113	kcl in dextrose-nacl.....	94
		kelnor 1/35.....	82
		kelnor 1/50.....	82
		KERENDIA.....	79
		KESIMPTA.....	106
		ketoconazole.....	39,72,73
		ketorolac tromethamine... ..	17,100
		KEVZARA.....	16
		KINRIX.....	110
		kionex.....	96
		lactated ringers.....	94
		lactulose.....	90
		lactulose encephalopathy.....	86
		labetalol hcl.....	65
		lacosamide.....	30
		lactated ringers.....	94
		lactulose.....	90
		lactulose encephalopathy.....	86
		lamivudine.....	62,63
		lamivudine-zidovudine.....	62
		lamotrigine.....	30
		lamotrigine er.....	30
		lancet device.....	92
		lancets.....	92
		lansoprazole (PREVACID).....	111
		LANTUS.....	36
		LANTUS SOLOSTAR.....	36
		lapatinib ditosylate.....	50
		larin 1.5/30.....	82
		larin 1/20.....	82
		larin 24 fe.....	82

larin fe 1.5/30	82	levofloxacin in d5w	86	lojaimiess	83
larin fe 1/20	82	levonest	82	LOKELMA	96
larissia	82	levonorg-eth estrad triphasic	82	LONSURF	48
latanoprost	101	levonorgest-eth estrad 91-day	82	loperamide (IMMODIUM)	38
LEDIPASVIR-SOFOSBUVIR	63	levonorgest-eth estradiol-iron	82	lopinavir-ritonavir	62
leena	82	levonorgestrel-ethinyl estrad	82	lorazepam	24
leflunomide	16	levora 0.15/30 (28)	82	lorazepam intensol	24
lenalidomide	95	levothyroxine sodium	110	LORBRENA	50
LENVIMA (10 MG DAILY DOSE)	45	levoxyl	110	loryna	83
LENVIMA (12 MG DAILY DOSE)	45	LIBERVANT	29	losartan potassium	42
LENVIMA (14 MG DAILY DOSE)	45	LIDOCAINE HCL	71	losartan potassium-hctz	42
LENVIMA (18 MG DAILY DOSE)	45	lidocaine hcl	76	loteprednol etabonate	100
LENVIMA (20 MG DAILY DOSE)	45	lidocaine patches	76	lovastatin	41
LENVIMA (24 MG DAILY DOSE)	45	lidocaine viscous hcl	71	low-ogestrel	83
LENVIMA (4 MG DAILY DOSE)	45	lidocaine-prilocaine	76	loxapine succinate	59
LENVIMA (8 MG DAILY DOSE)	45	LILETTA (52 MG)	104	lubiprostone	90
lessina	82	lillow	82	LUMAKRAS	50
letrozole	47	lincomycin hcl	22	LUMIGAN	101
leucovorin calcium	55	linezolid	22	LUPRON DEPOT (1-MONTH)	47
LEUKERAN	44	LINEZOLID IN SODIUM CHLORIDE	22	LUPRON DEPOT (3-MONTH)	47
levabuterol hcl	27	LINZESS	90	lurasidone hcl	57
LEVALBUTEROL TARTRATE	27	liothyronine sodium	110	lutera	83
levetiracetam	30	lisdexamphetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	14	lyleq	104
levetiracetam er	30	lisinopril	41	lyllana	86
LEVOBUNOLOL HCL	98	lisinopril-hydrochlorothiazide	42	LYNPARZA	51
levocarnitine	79	lithium	57	LYSODREN	47
levocarnitine sf	79	LITHIUM CARBONATE	57	LYTGOBI (12 MG DAILY DOSE)	51
levocetirizine (XYZAL)	108	lithium carbonate	57	LYTGOBI (16 MG DAILY DOSE)	51
levofloxacin	86	LITHIUM CARBONATE 600 MG CAP	57	LYTGOBI (20 MG DAILY DOSE)	51
LEVOFLOXACIN	99	lithium carbonate er	57	lyza	104
LEVOFLOXACIN 0.5 % SOLUTION	99	LIVTENCITY	63		
		lo-zumandimine	83		
		loestrin 1.5/30 (21)	83		
		loestrin 1/20 (21)	83		
		loestrin fe 1.5/30	83		
		loestrin fe 1/20	83		

## M

M-M-R II	113
magnesium sulfate	94
malathion	76
maraviroc	62
marlissa	83
MARPLAN	32

MATULANE	54	methimazole	110	mono-linyah	83
matzim la	66	methocarbamol	97	montelukast sodium	26
MAVYRET	64	methotrexate sodium	45	morphine sulfate	18
maxi-tuss ac	70	methotrexate sodium (pf)	45	MORPHINE SULFATE	18
meclizine	38	METHOXSALEN RAPID	74	morphine sulfate (concentrate)	18
medroxyprogesterone acetate	104	methsuximide	32	MORPHINE SULFATE (CONCENTRATE)	18
mefloquine hcl	43	methylphenidate hcl	14	MORPHINE SULFATE 20 MG/5ML SOLUTION	18
megestrol acetate	47	methylphenidate hcl er	14	morphine sulfate er	18
MEGESTROL ACETATE	104	methylphenidate hcl er (osm)	14	MOUNJARO	36
MEKINIST	51	methylprednisolone	69	MOVANTIK	90
MEKTOVI	51	metoclopramide hcl	86	MOXIFLOXACIN HCL	86
melodetta 24 fe	83	metolazone	78	MOXIFLOXACIN HCL (2X DAY)	99
meloxicam	17	metoprolol succinate er	65	MOXIFLOXACIN HCL IN NACL	86
memantine hcl	105	metoprolol tartrate	65	MRESVIA	113
memantine hcl er	105	metoprolol-hydrochlorothiazide	42	mupirocin 2% ointment	72
MENACTRA	112	metronidazole	22,76	MUSE	67
MENEST	86	metronidazole vaginal 0.75% gel	114	mycophenolate mofetil	96
MENQUADFI	112	metyrosine	43	mycophenolate sodium	96
MENVEO	112	mexiletine hcl	25	mycophenolic acid	96
mercaptopurine	44	mibelas 24 fe	83	MYRBETRIQ	112
meropenem	23	micafungin sodium	39	<b>N</b>	
MEROPENEM-SODIUM CHLORIDE	23	microgestin 1.5/30	83	na sulfate-k sulfate-mg sulf	90
mesalamine	87	microgestin 1/20	83	nabumetone	17
MESALAMINE 800 MG TAB DR	87	microgestin 24 fe	83	nadolol	65
mesalamine er	87	microgestin fe 1.5/30	83	nafcillin sodium	103
mesalamine-cleanser	87	microgestin fe 1/20	83	NAFCILLIN SODIUM IN DEXTROSE	103
MESNEX	55	midodrine hcl	66	NALOXONE HCL	38
metformin hcl	35	mifepristone	35	naltrexone hcl	38
metformin hcl er	35	MIGERGOT	93	naproxen	17
methadone hcl	18	mili	83	naratriptan hcl	93
METHADONE HCL 10 MG/5ML SOLUTION	18	minocycline hcl	109	NATACYN	99
METHADONE HCL 5 MG/5ML SOLUTION	18	minoxidil	43	nateglinide	35
methamphetamine hcl	14	mirabegron er	112	NAYZILAM	29
methazolamide	77	mirtazapine	32	nebivolol hcl	65
methenamine hippurate	23	misoprostol	111		
methenamine mandelate	23	modafinil	14		
		moexipril hcl	41		
		MOLINDONE HCL	57		
		mometasone furoate	75,97		

necon 0.5/35 (28).....	83	norethindrone acetate.....	104	NUDEXTA.....	107
NEEDLES AND SYRINGES	92	norethindrone-eth estradiol...	83	NUPLAZID.....	57
NEFAZODONE HCL.....	33	norgestim-eth estrad triphasic	83	NURTEC.....	93
neomycin sulfate.....	15	norgestimate-eth estradiol....	83	nyamyc.....	73
neomycin-bacitracin zn-		norlyda.....	104	nylia 1/35.....	84
polymyx.....	99	norlyroc.....	104	nylia 7/7/7.....	84
neomycin-polymyxin-		nortrel 0.5/35 (28).....	83	nymyo.....	84
dexameth.....	100	nortrel 1/35 (21).....	83	nystatin.....	39,71,73
NEOMYCIN-POLYMYXIN-		nortrel 1/35 (28).....	84	nystatin-triamcinolone.....	73
GRAMICIDIN.....	99	nortrel 7/7/7.....	84	nystop.....	73
NEOMYCIN-POLYMYXIN-		nortriptyline hcl.....	34	NYVEPRIA.....	89
HC.....	100	NORVIR.....	62		
neomycin-polymyxin-hc....	101	NOVOLIN 70/30.....	36	<b>O</b>	
neomycin-polymyxin-hc 3.5-		NOVOLIN 70/30 FLEXPEN... 36	36	OBTREX DHA.....	97
10000-1 suspension.....	101	NOVOLIN 70/30 FLEXPEN		ocella.....	84
NERLYNX.....	51	RELION.....	36	octreotide acetate.....	79
nevirapine.....	62	NOVOLIN 70/30 RELION... 36	36	ODEFSEY.....	62
NEVIRAPINE.....	62	NOVOLIN N.....	36	ODOMZO.....	46
nevirapine er.....	62	NOVOLIN N FLEXPEN.....	37	OFEV.....	108
NEXPLANON.....	104	NOVOLIN N FLEXPEN		OFLOXACIN.....	86
NEXVIAZYME.....	79	RELION.....	37	ofloxacin.....	99
niacin er (antihyperlipidemic)	40	NOVOLIN N RELION.....	37	OGSIVEO.....	51
NICOTROL NASAL SPRAY	107	NOVOLIN R.....	37	OJEMDA.....	51
nifedipine er.....	66	NOVOLIN R FLEXPEN.....	37	OJJAARA.....	51
nifedipine er osmotic release	66	NOVOLIN R FLEXPEN		olanzapine.....	59
nikki.....	83	RELION.....	37	olmesartan medoxomil.....	42
nilutamide.....	47	NOVOLIN R RELION.....	37	olmesartan medoxomil-hctz...	42
nimodipine.....	66	NOVOLOG.....	37	olmesartan-amlodipine-hctz...	42
NINLARO.....	51	NOVOLOG 70/30 FLEXPEN		olopatadine hcl.....	97
nitazoxanide.....	23	RELION.....	37	omega-3-acid ethyl esters....	40
NITRO-BID.....	23	NOVOLOG FLEXPEN.....	37	omeprazole.....	111
nitrofurantoin macrocrystal...	23	NOVOLOG FLEXPEN		OMNIPOD 5 G6 INTRO (GEN	
nitrofurantoin monohyd		RELION.....	37	5).....	92
macro.....	23	NOVOLOG MIX 70/30.....	37	OMNIPOD 5 G6 PODS (GEN	
nitroglycerin.....	20,24	NOVOLOG MIX 70/30		5).....	92
nora-be.....	104	FLEXPEN.....	37	OMNIPOD 5 G7 INTRO (GEN	
norelgestromin-eth estradiol.	83	NOVOLOG MIX 70/30		5).....	92
norethin ace-eth estrad-fe...	83	RELION.....	37	OMNIPOD 5 G7 PODS (GEN	
norethindrone.....	104	NOVOLOG PENFILL.....	37	5).....	92
norethindrone acet-ethinyl		NOVOLOG RELION.....	37	OMNIPOD 5 PACK.....	92
est.....	83	NUBEQA.....	47		

OMNIPOD CLASSIC PDM (GEN 3).....	92		perphenazine.....	60
OMNIPOD DASH INTRO (GEN 4).....	92	<b>P</b>	PERSERIS.....	58
OMNIPOD DASH PDM (GEN 4).....	92	pacerone.....	PHENELZINE SULFATE 15 MG TAB.....	32
OMNIPOD DASH PODS (GEN 4).....	92	paliperidone er.....	phenobarbital.....	30
OMNITROPE.....	78	PANRETIN.....	phenytek.....	30
ondansetron.....	38	pantoprazole sodium.....	phenytoin.....	30
ondansetron hcl.....	38	paricalcitol.....	phenytoin infatabs.....	30
ONETOUCH ULTRA.....	76	paroxetine hcl.....	phenytoin sodium extended.....	30
ONETOUCH ULTRA TEST.....	76	paroxetine hcl er.....	philith.....	84
ONETOUCH VERIO.....	76	PAXLOVID (150/100).....	phytonadione.....	114
ONUREG.....	45	PAXLOVID (300/100).....	PIFELTRO.....	62
OPSUMIT.....	108	pazopanib hcl.....	pilocarpine hcl.....	71,100
OPVEE.....	38	PEDIARIX.....	pimecrolimus.....	75
ORENCIA.....	17	PEDVAX HIB.....	PIMOZIDE.....	107
ORENCIA CLICKJECT.....	17	peg 3350-kcl-na bicarb-nacl.....	pimtrea.....	84
ORGOVYX.....	47	peg-3350/electrolytes.....	pindolol.....	65
ORKAMBI.....	107	peg-3350/electrolytes/ascorbat.....	pioglitazone hcl.....	35
ORSERDU.....	47	peg-kcl-nacl-nasulf-na asc-c.....	pioglitazone hcl-glimepiride.....	34
orsythia.....	84	PEGASYS.....	pioglitazone hcl-metformin hcl.....	35
oseltamivir phosphate.....	64	PEMAZYRE.....	piperacillin sod-tazobactam so.....	103
OTEZLA.....	74	PENBRAYA.....	PIQRAY (200 MG DAILY DOSE).....	51
oxacillin sodium.....	103	penicillamine.....	PIQRAY (250 MG DAILY DOSE).....	51
OXACILLIN SODIUM IN DEXTROSE.....	103	penicillin g potassium.....	PIQRAY (300 MG DAILY DOSE).....	52
oxaprozin.....	17	PENICILLIN G PROCAINE.....	pirfenidone.....	108
oxazepam.....	24	PENICILLIN G SODIUM.....	pirmella 1/35.....	84
oxcarbazepine.....	30	penicillin v potassium.....	pirmella 7/7/7.....	84
oxybutynin chloride.....	111	Penicillin V Potassium 125 MG/5ML RECON SOLN.....	piroxicam.....	17
oxybutynin chloride er.....	111	Penicillin V Potassium 250 MG/5ML RECON SOLN.....	PLEGRIDY.....	106
oxycodone hcl.....	18	PENTACEL.....	plenamine.....	98
oxycodone-acetaminophen.....	19	Pentamidine Isethionate for Injection Solution.....	PNEUMOVAX 23.....	112
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	36	Pentamidine Isethionate for Nebulization Solution.....	PODOFILOX 0.5 % SOLUTION.....	76
OZEMPIC (1 MG/DOSE).....	36	pentoxifylline er.....	polymyxin b-trimethoprim.....	99
OZEMPIC (2 MG/DOSE).....	36	perindopril erbumine.....	POMALYST.....	54
		perindopril erbumine 4 mg tab.....	portia-28.....	84
		perio gard.....	posaconazole.....	40
		permethrin (NIX).....		

potassium chloride.....	94	prevalite.....	40	pseudoeph-bromphen-dm.....	70
POTASSIUM CHLORIDE.....	95	PREVIDENT 5000 ENAMEL		PULMOZYME.....	107
potassium chloride 2 meq/ml		PROTECT.....	71	PURIXAN.....	45
solution.....	94	PREVIDENT 5000		pyrazinamide.....	44
potassium chloride 20 meq		SENSITIVE.....	71	pyridostigmine bromide.....	43
packet.....	94	previfem.....	84	pyridostigmine bromide er.....	43
potassium chloride crys er...	95	PREVNAR 20.....	112	pyrimethamine.....	43
potassium chloride er.....	95	PREVYMIS.....	63		
potassium chloride in		PREZCOBIX.....	62	<b>Q</b>	
dextrose.....	94	PREZISTA.....	62	QINLOCK.....	52
potassium citrate er.....	87	PRIFTIN.....	44	QUADRACEL.....	110
pramipexole dihydrochloride.	57	PRIMAQUINE PHOSPHATE		Quadrivalent Influenza	
prasugrel hcl.....	88	26.3 (15 BASE) MG TAB.....	43	Vaccines.....	113
pravastatin sodium.....	41	PRIMIDONE.....	31	quetiapine fumarate.....	59
praziquantel.....	20	PRIORIX.....	113	quetiapine fumarate er.....	60
prazosin hcl.....	42	PRIVIGEN.....	101	quinapril hcl.....	41
prednisolone.....	69	probenecid.....	88	quinidine gluconate er.....	24
PREDNISOLONE		prochlorperazine.....	60	QUINIDINE SULFATE.....	24
ACETATE.....	100	prochlorperazine maleate.....	60	quinine sulfate.....	43
prednisolone sodium		procto-med hc.....	20	QVAR REDIHALER.....	26,27
phosphate.....	69	proctosol hc.....	20		
PREDNISOLONE SODIUM		proctozone-hc.....	20	<b>R</b>	
PHOSPHATE.....	100	progesterone.....	104	RABAVERT.....	113
prednisolone sodium		PROGRAF.....	96	rabeprazole sodium.....	111
phosphate 25 mg/5ml		PROMACTA.....	89	RADICAVA ORS.....	98
solution.....	69	promethazine hcl (6.25 mg/5ml		RADICAVA ORS STARTER	
prednisolone sodium		sol, 6.25 mg/5ml syrup, 12.5 mg		KIT.....	98
phosphate 6.7 (5 base) mg/5ml		suppos, 12.5 mg tab, 25 mg		raloxifene hcl.....	78
solution.....	69	suppos, 25 mg tab, 50 mg		ramelteon.....	89
prednisone.....	69	tab).....	108	ramipril.....	41
PREDNISONONE.....	69	promethazine-codeine.....	70	ranolazine er.....	67
PREDNISONONE INTENSOL.....	69	promethazine-dm.....	70	rasagiline mesylate.....	57
pregabalin.....	31	promethazine-phenyleph-		reclipsen.....	84
PREHEVBRIO.....	113	codeine.....	70	RECOMBIVAX HB.....	113
PREMARIN.....	114	propafenone hcl.....	25	RENACIDIN.....	87
PRENATABS RX.....	97	propafenone hcl er.....	25	repaglinide.....	36
prenatal vitamin.....	97	propranolol hcl.....	65	REPATHA.....	40
PRENATAL VITAMIN WITH		propranolol hcl er.....	65	REPATHA PUSHTRONEX	
MINERALS AND FOLIC ACID		propylthiouracil.....	110	SYSTEM.....	40
GREATER THAN 0.8 MG		PROQUAD.....	113	REPATHA SURECLICK.....	40
ORAL TABLET.....	97	protriptyline hcl.....	34	RETACRIT.....	89



RETEVMO	52	SCEMBLIX	52	SOLQUA	35
REXULTI	61	scopolamine	38	SOLTAMOX	47
REYATAZ	62	SECUADO	60	SOLU-CORTEF	69
REZLIDHIA	52	selegiline hcl	57	SOLU-MEDROL	70
REZUROCK	95	selenium sulfide	76	SOLU-MEDROL (PF)	70
RHOPRESSA	99	SELZENTRY	63	SOMAVERT	79
RIBAVIRIN 200 MG CAP	64	sertraline hcl	33	sorafenib tosylate	52
RIBAVIRIN 200 MG TAB	64	setlakin	84	sorine	65
RIDAURA	16	sf	71	sotalol hcl	65
rifabutin	44	sf 5000 plus	71	sotalol hcl (af)	65
rifampin	44	sharobel	104	SPIRIVA HANDIHALER	26
riluzole	98	SHINGRIX	114	SPIRIVA RESPIMAT	26
RIMANTADINE HCL	64	SIGNIFOR	79	spironolactone	77
RINVOQ	16	sildenafil citrate	67,108	spironolactone-hctz	77
risedronate sodium	78	silodosin	88	sprintec 28	84
risperidone	58,59	silver sulfadiazine	76	SPRITAM	31
risperidone microspheres er	59	SIMBRINZA	98	SPRYCEL	52
ritonavir	63	simliya	84	sps	96
rivastigmine	105	simpesse	84	sronyx	84
rivastigmine tartrate	105	simvastatin	41	ssd	76
rizatriptan benzoate	93	sirolimus	96	STAMARIL	114
ROCKLATAN	99	SIRTURO	44	STELARA	74
roflumilast	108	SKYRIZI	74,87	STIOLTO RESPIMAT	27
ropinirole hcl	57	SKYRIZI PEN	74	STIVARGA	52
ropinirole hcl er	57	SKYTROFA	78	STREPTOMYCIN SULFATE	15
rosuvastatin calcium	41	sod fluoride-potassium nitrate	71	STRIBILD	63
ROTARIX	113	sodium chloride	87,95	STRIVERDI RESPIMAT	27
ROTATEQ	114	sodium fluoride	71	SUCRAID	77
roweepra	31	Sodium Fluoride	94	sucrafate	111
ROZLYTREK	52	sodium fluoride 5000 enamel	71	SUFLAVE	90
RUBRACA	52	sodium fluoride 5000 plus	71	SULFACETAMIDE SODIUM	99
rufinamide	31	sodium fluoride 5000 ppm	71	sulfacetamide sodium	99
RUKOBIA	63	sodium fluoride 5000 sensitive	71	sulfacetamide sodium (acne)	72
RYBELSUS	36	sodium fluoride chewable		SULFACETAMIDE-	
RYDAPT	52	tablet	94	PREDNISOLONE	100
RYTARY	57	SODIUM OXYBATE	109	SULFADIAZINE	109
		sodium phenylbutyrate	79	sulfamethoxazole-	
		sodium polystyrene sulfonate	96	trimethoprim	109
sajazir	90	SOFOSBUVIR-		sulfasalazine	87
SANTYL	76	VELPATASVIR	64	sulindac	17
sapropterin dihydrochloride	79	solifenacin succinate	111	sumatriptan	93

sumatriptan succinate	93	tenofovir disoproxil fumarate	63	TIVICAY PD	63
sumatriptan succinate refill	93	TEPMETKO	53	tizanidine hcl	97
sunitinib malate	53	terazosin hcl	42	tobramycin	15,99
SUNLENCA	63	terbinafine hcl	39	TOBRAMYCIN SULFATE	15
SUNOSI	109	terbutaline sulfate	27	tobramycin-dexamethasone	100
syeda	84	terconazole	114	tolterodine tartrate	112
SYMPAZAN	29	teriflunomide	106	tolterodine tartrate er	112
SYMTUZA	63	teriparatide	78	topiramate	31
SYNJARDY	35	TERIPARATIDE		toremifene citrate	47
SYNJARDY XR	35	(RECOMBINANT)	78	torpenz	53
SYNTHROID	110	testosterone	19	torseamide	77
		TESTOSTERONE	20	TOUJEO MAX SOLOSTAR	37
		testosterone 12.5 mg/act (1%)		TOUJEO SOLOSTAR	37
		gel	19	TRADJENTA	36
TABLOID	45	testosterone 25 mg/2.5gm (1%)		tramadol hcl	18
TABRECTA	53	gel	19	tramadol-acetaminophen	19
tacrolimus	75,96	testosterone 50 mg/5gm (1%)		trandolapril	41
tadalafil	67,88	gel	19	tranexamic acid	89
tadalafil (pah)	108	TESTOSTERONE		tranylcypromine sulfate	32
TAFINLAR	53	CYPIONATE	19	travoprost (bak free)	101
TAGRISSO	46	testosterone cypionate 100		trazodone hcl	33
TALZENNA	53	mg/ml solution	19	TRECTOR	44
tamoxifen citrate	47	testosterone cypionate 200		TRELEGY ELLIPTA	27
tamsulosin hcl	88	mg/ml solution	19	TRELSTAR MIXJECT	47
tarina 24 fe	84	TESTOSTERONE		tretinoin	55,72
tarina fe 1/20	84	ENANTHATE	20	tri femynor	84
tarina fe 1/20 eq	84	tetrabenazine	106	tri-estarylla	84
TASIGNA	53	tetracycline hcl	109	tri-lynyah	84
tazarotene	74	THALOMID	95	tri-lo-estarylla	84
TAZICEF	69	theophylline er	109	tri-lo-marzia	84
tazicef 1 gm recon soln	69	thiamine (vitamin B1)	115	tri-lo-mili	84
tazicef 2 gm recon soln	69	thioridazine hcl	60	tri-lo-sprintec	84
TAZVERIK	53	thiothixene	57	tri-mili	85
TDVAX	110	tiadylt er	66	TRI-MIX	67
TEFLARO	22	tiagabine hcl	31	tri-nymyo	85
telmisartan	42	TIBSOVO	53	tri-previfem	85
TELMISARTAN-		TICOVAC	114	tri-sprintec	85
AMLODIPINE	43	tigecycline 50 mg recon soln	22	tri-vylibra	85
telmisartan-hctz	43	timolol maleate	65,98	tri-vylibra lo	85
temazepam	89	tinidazole	22	triamcinolone acetonide	71,75
temozolomide	44	TIVICAY	63	triamterene-hctz	77
TENIVAC	110				

triderm.....	75	valsartan-hydrochlorothiazide.....	43	VIREAD.....	63
trientine hcl.....	95	VALTOCO 10 MG DOSE.....	29	virtussin a/c.....	70
trifluoperazine hcl.....	60	VALTOCO 15 MG DOSE.....	29	virtussin ac w/alc.....	70
TRIFLURIDINE.....	99	VALTOCO 20 MG DOSE.....	29	vitamin B complex.....	96
trihexyphenidyl hcl.....	56	VALTOCO 5 MG DOSE.....	29	vitamin B complex / vitamin C /	
TRIHEXYPHENIDYL HCL 0.4		VANCOMYCIN HCL.....	22	biotin / minerals / folic acid.....	97
MG/ML SOLUTION.....	56	vancomycin hcl.....	22	vitamin B complex / vitamin C /	
TRIJARDY XR.....	35	VANCOMYCIN HCL IN NAACL	22	folic acid.....	97
TRIKAFTA.....	107	VANFLYTA.....	53	vitamin C.....	115
trimethoprim.....	22	VAQTA.....	114	vitamin D.....	114
TRIMETHOPRIM.....	22	vardenafil hcl.....	67	vitamin k1.....	114
trimipramine maleate.....	34	varenicline tartrate.....	107	VITRAKVI.....	53,54
TRINTELLIX.....	33	varenicline tartrate (starter).....	107	VIVITROL.....	38
TRIUMEQ.....	63	varenicline tartrate(continue).....	107	VIZIMPRO.....	46
TRIUMEQ PD.....	63	VARIVAX.....	114	volnea.....	85
trivora (28).....	85	VARIZIG.....	101	VONJO.....	54
tropium chloride.....	112	VAXCHORA.....	112	voriconazole.....	40
tropium chloride er.....	112	VAXNEUVANCE.....	112	voriconazole 200 mg recon	
TRULICITY.....	36	VELIVET.....	85	soln.....	40
TRUMENBA.....	112	VELTASSA.....	96	voriconazole 40 mg/ml recon	
TRUQAP.....	53	VEMLIDY.....	64	susp.....	40
TUKYSA.....	55	VENCLEXTA.....	55	VOSEVI.....	64
tulana.....	104	VENCLEXTA STARTING		VOWST.....	86
TURALIO.....	53	PACK.....	55	VRAYLAR.....	58
turqoz.....	85	venlafaxine hcl.....	33	VUMERITY.....	106
TWINRIX.....	114	venlafaxine hcl er.....	33	vyfemla.....	85
TYPHIM VI.....	112	VENTOLIN HFA.....	28	vylibra.....	85
		verapamil hcl.....	66	VYNDAMAX.....	67
		VERAPAMIL HCL ER.....	66		
		verapamil hcl er.....	66	<b>W</b>	
UDENYCA.....	89	VERQUVO.....	67	warfarin sodium.....	28
unithroid.....	110	VERSACLOZ.....	60	WELIREG.....	55
UPTRAVI.....	108	VERZENIO.....	53	wera.....	85
ursodiol.....	86	vestura.....	85	wixela inhub.....	28
UZEDY.....	59	vienna.....	85		
		vigabatrin.....	31	<b>X</b>	
<b>V</b>		vigadrone.....	31	XALKORI.....	54
valacyclovir hcl.....	64	vigpoder.....	31	XARELTO.....	28
VALCHLOR.....	73	vilazodone hcl.....	33	XARELTO STARTER PACK.....	28
valganciclovir hcl.....	63	viorele.....	85	XCOPRI.....	31
valproic acid.....	32	VIRACEPT.....	63		
valsartan.....	42				

XCOPRI (250 MG DAILY DOSE)	31	zarah	85
XCOPRI (350 MG DAILY DOSE)	31	ZARXIO	89
XDEMVI	99	ZEJULA	54
XELJANZ	16	ZELBORAF	54
XELJANZ XR	16	zenatane	72
XERMELO	38	zidovudine	63
XGEVA	78	ZIMHI	38
XIFAXAN	22	ziprasidone hcl	58
XIGDUO XR	35	ziprasidone mesylate	58
XIIDRA	101	ZIRGAN	99
XOFLUZA (40 MG DOSE)	64	ZOLINZA	54
XOFLUZA (80 MG DOSE)	64	zolmitriptan	93
XOLAIR	25,26	zolpidem tartrate	89
XOSPATA	54	zolpidem tartrate er	90
XPOVIO (100 MG ONCE WEEKLY)	55	zomig	93
XPOVIO (40 MG ONCE WEEKLY)	55	ZONISADE	31
XPOVIO (40 MG TWICE WEEKLY)	55	zonisamide	31
XPOVIO (60 MG ONCE WEEKLY)	55	zovia 1/35 (28)	85
XPOVIO (60 MG TWICE WEEKLY)	55	zovia 1/35e (28)	85
XPOVIO (80 MG ONCE WEEKLY)	55	ZTALMY	31
XPOVIO (80 MG TWICE WEEKLY)	55	zumandimine	85
XTANDI	47	ZURZUVAE	32
xulane	85	ZYDELIG	54
		ZYKADIA	54
		ZYPREXA RELPREVV	60
		ZYVOX	22

## Y

YF-VAX	114
yuvafem	114

## Z

zafemy	85
zafirlukast	26
zaleplon	89

This formulary was updated on 08/26/2024.

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

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

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

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



PO Box 52  
Minneapolis, MN 55440-0052

**ucare.org**

U12953 (08/2024)