



Jefferson Health Plans
2024 Formulary
(List of Covered Drugs)
Special (HMO SNP)
Dual Pearl (HMO SNP)

Jefferson Health Plans

2024 Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 24482, Version 20

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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 Jefferson Health Plans. When it refers to “plan” or “our plan,” it means Jefferson Health Plans Special (SNP HMO) and Dual Pearl (SNP HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Jefferson Health Plans Formulary?

A formulary is a list of covered drugs selected by Jefferson Health 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. Jefferson Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Jefferson Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Jefferson Health Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

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

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

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

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

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

Our print formulary will be updated by reprinting in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 A-7. 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 106. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Jefferson Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Jefferson Health Plans before you fill your prescriptions. If you don't get approval, Jefferson Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Jefferson Health Plans limits the amount of the drug that Jefferson Health Plans will cover. For example, Jefferson Health Plans provides 60 tablets per prescription for atorvastatin 10 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Jefferson Health 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, Jefferson Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Jefferson Health 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain 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 Jefferson Health 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 Jefferson Health Plans’ formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Relations at 1-866-901-8000 (TTY 1-877-454-8477) and ask if your drug is covered.

If you learn that Jefferson Health Plans does not cover your drug, you have two options:

- You can ask Member Relations for a list of similar drugs that are covered by Jefferson Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Jefferson Health Plans.
- You can ask Jefferson Health 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 Jefferson Health Plans’ Formulary?

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

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

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

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

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

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

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

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

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

If you are a current member and have a change in treatment setting due to a change in the level of care you require, you can ask us to make a formulary exception. Examples of level of care changes might include:

- Discharge from a hospital to home
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan Changing from hospice status and reverting back to standard Medicare Part A and B coverage
- Ending a long-term care stay and returning to the community
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens

For these unplanned transitions, you can ask us to make a formulary exception or appeal for continued coverage of your drug. In addition, we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered are known to have risks.

For more information

For more detailed information about your Jefferson Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Jefferson Health 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>.

Jefferson Health Plans Formulary

The formulary that begins on the page 2 provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

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

The information in the Requirements/Limits column tells you if Jefferson Health Plans has any special requirements for coverage of your drug.

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LEGEND

TIER	NAME	
1	Covered	

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA3	Prior Authorization (Part B vs. Part D)	This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA2	Prior Authorization (New Starts Only)	Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
\$0 CS	\$0 Cost Share	This prescription drug is available at a \$0 Cost Share.
NDS	Non-Extended Day Supply	You cannot obtain an extended day supply for this type of drug. We will cover up to a 30-day supply per prescription only.

JEFFERSON HEALTH PLANS 1 TIER FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>cataflam</i>	1-Covered	
<i>celecoxib</i>	1-Covered	QL (60 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	1-Covered	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1-Covered	
<i>diclofenac sodium 1 % gel</i>	1-Covered	QL (1000 PER 30 DAYS)
<i>diclofenac sodium 1.5 % solution</i>	1-Covered	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	1-Covered	
<i>diclofenac-misoprostol</i>	1-Covered	
<i>diflunisal</i>	1-Covered	
<i>ec-naproxen</i>	1-Covered	
<i>etodolac</i>	1-Covered	
<i>etodolac er</i>	1-Covered	
<i>flurbiprofen</i>	1-Covered	
<i>ibu</i>	1-Covered	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Covered	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1-Covered	PA
<i>indomethacin er</i>	1-Covered	PA
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Covered	
<i>nabumetone</i>	1-Covered	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen dr</i>	1-Covered	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1-Covered	
<i>oxaprozin</i>	1-Covered	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1-Covered	
<i>relafen</i>	1-Covered	
<i>sulindac</i>	1-Covered	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	1-Covered	QL (4 PER 28 DAYS)
<i>fentanyl</i>	1-Covered	QL (10 PER 30 DAYS)
<i>methadone hcl 10 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>methadone hcl 10 mg/5ml solution</i>	1-Covered	QL (1800 PER 30 DAYS)
<i>methadone hcl 5 mg tab</i>	1-Covered	QL (480 PER 30 DAYS)
<i>methadone hcl 5 mg/5ml solution</i>	1-Covered	QL (3600 PER 30 DAYS)
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>tramadol hcl (er biphasic)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1-Covered	QL (30 PER 30 DAYS)
XTAMPZA ER	1-Covered	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	1-Covered	QL (2700 PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	1-Covered	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	1-Covered	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1-Covered	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>butorphanol tartrate 10 mg/ml solution</i>	1-Covered	QL (5 PER 30 DAYS)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	1-Covered	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	1-Covered	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1-Covered	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>hydrocodone-ibuprofen</i>	1-Covered	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
MORPHINE SULFATE (10 MG/5ML SOLUTION, 20 MG/5ML SOLUTION)	1-Covered	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	1-Covered	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>oxymorphone hcl</i>	1-Covered	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	1-Covered	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	1-Covered	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>lidocaine viscous hcl</i>	1-Covered	
<i>lidocaine-prilocaine</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lidocan</i>	1-Covered	PA, QL (90 PER 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1-Covered	
<i>disulfiram</i>	1-Covered	
<i>naltrexone hcl 50 mg tab</i>	1-Covered	
VIVITROL	1-Covered	NDS (Non-Extended Day Supply)
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1-Covered	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>lofexidine hcl</i>	1-Covered	PA, QL (16 PER 1 DAYS), NDS (Non-Extended Day Supply)
LUCEMYRA	1-Covered	PA, QL (16 PER 1 DAYS), NDS (Non-Extended Day Supply)
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid, 4 mg/10ml solution)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPVEE	1-Covered	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	1-Covered	QL (60 PER 30 DAYS)
NICOTROL	1-Covered	
NICOTROL NS	1-Covered	
<i>varenicline tartrate</i>	1-Covered	
<i>varenicline tartrate (starter)</i>	1-Covered	
<i>varenicline tartrate(continue)</i>	1-Covered	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1-Covered	
<i>gentamicin in saline</i>	1-Covered	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	1-Covered	
<i>neomycin sulfate</i>	1-Covered	
<i>streptomycin sulfate</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	1-Covered	
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	1-Covered	
<i>aztreonam</i>	1-Covered	
<i>clindamycin hcl</i>	1-Covered	
<i>clindamycin palmitate hcl</i>	1-Covered	
<i>clindamycin phosphate (1 % swab, 2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1-Covered	
<i>clindamycin phosphate in d5w</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colistimethate sodium (cba)</i>	1-Covered	NDS (Non-Extended Day Supply)
DAPTOMYCIN (, 350 MG RECON SOLN)	1-Covered	NDS (Non-Extended Day Supply)
<i>fosfomycin tromethamine</i>	1-Covered	
<i>linezolid 100 mg/5ml recon susp</i>	1-Covered	QL (1800 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>linezolid 600 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	1-Covered	
<i>methenamine hippurate</i>	1-Covered	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab, 500 mg/100ml solution)</i>	1-Covered	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	1-Covered	
<i>nitrofurantoin monohyd macro</i>	1-Covered	
<i>polymyxin b sulfate</i>	1-Covered	
TIGECYCLINE	1-Covered	NDS (Non-Extended Day Supply)
<i>trimethoprim</i>	1-Covered	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1-Covered	
<i>vancomycin hcl 125 mg cap</i>	1-Covered	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	1-Covered	QL (240 PER 30 DAYS)
XIFAXAN 200 MG TAB	1-Covered	PA
XIFAXAN 550 MG TAB	1-Covered	PA, NDS (Non-Extended Day Supply)

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (250 mg cap, 500 mg cap)</i>	1-Covered	
CEFACLOR ER	1-Covered	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	1-Covered	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1-Covered	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	1-Covered	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1-Covered	
<i>cefotetan disodium</i>	1-Covered	
<i>cefoxitin sodium</i>	1-Covered	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1-Covered	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1-Covered	
<i>ceftazidime</i>	1-Covered	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1-Covered	
<i>ceftriaxone sodium in dextrose</i>	1-Covered	
<i>cefuroxime axetil</i>	1-Covered	
<i>cefuroxime sodium</i>	1-Covered	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	1-Covered	
<i>tazicef</i>	1-Covered	
TEFLARO	1-Covered	NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Covered	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1-Covered	
<i>amoxicillin-pot clavulanate er</i>	1-Covered	
<i>ampicillin</i>	1-Covered	
<i>ampicillin sodium</i>	1-Covered	
<i>ampicillin-sulbactam sodium</i>	1-Covered	
BICILLIN L-A	1-Covered	
<i>dicloxacillin sodium</i>	1-Covered	
<i>nafcillin sodium</i>	1-Covered	
<i>oxacillin sodium</i>	1-Covered	
OXACILLIN SODIUM IN DEXTROSE	1-Covered	
PENICILLIN G POT IN DEXTROSE	1-Covered	
<i>penicillin g potassium</i>	1-Covered	
<i>penicillin g sodium</i>	1-Covered	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1-Covered	
<i>pfizerpen</i>	1-Covered	
<i>piperacillin sod-tazobactam so</i>	1-Covered	
CARBAPENEMS		
<i>ertapenem sodium</i>	1-Covered	
<i>imipenem-cilastatin</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem</i>	1-Covered	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	1-Covered	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1-Covered	
<i>clarithromycin er</i>	1-Covered	
DIFICID (40 MG/ML RECON SUSP, 200 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)
ERYTHROCIN LACTOBIONATE	1-Covered	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1-Covered	
<i>erythromycin base</i>	1-Covered	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1-Covered	
QUINOLONES		
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>ciprofloxacin in d5w</i>	1-Covered	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>levofloxacin in d5w</i>	1-Covered	
<i>levofloxacin oral soln 25 mg/ml</i>	1-Covered	
<i>moxifloxacin hcl 400 mg tab</i>	1-Covered	
<i>moxifloxacin hcl in nacl</i>	1-Covered	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1-Covered	
SULFONAMIDES		
<i>sulfacetamide sodium (acne)</i>	1-Covered	QL (118 PER 30 DAYS)
<i>sulfadiazine</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole-trimethoprim</i> (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	1-Covered	

TETRACYCLINES

<i>demeclocycline hcl</i>	1-Covered	
<i>doxy 100</i>	1-Covered	
<i>doxycycline hyclate</i> (20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab)	1-Covered	
<i>doxycycline monohydrate</i> (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)	1-Covered	
<i>minocycline hcl</i> (50 mg cap, 75 mg cap, 100 mg cap)	1-Covered	
<i>monodoxyne nl</i>	1-Covered	
<i>tetracycline hcl</i> (250 mg cap, 500 mg cap)	1-Covered	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 10 MG/ML SOLUTION	1-Covered	QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 50 MG/5ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
DIACOMIT (250 MG CAP, 250 MG PACKET)	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
DIACOMIT (500 MG CAP, 500 MG PACKET)	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>divalproex sodium</i>	1-Covered	
<i>divalproex sodium er</i>	1-Covered	
EPIDIOLEX	1-Covered	PA2, QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPRONTIA	1-Covered	
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1-Covered	
FINTEPLA	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 0.5 MG/ML SUSPENSION	1-Covered	QL (720 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 2 MG TAB	1-Covered	QL (30 PER 30 DAYS)
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1-Covered	
<i>levetiracetam er</i>	1-Covered	
LEVETIRACETAM IN NACL	1-Covered	
<i>roweepra</i>	1-Covered	
<i>roweepra xr</i>	1-Covered	
SPRITAM	1-Covered	
<i>subvenite</i>	1-Covered	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1-Covered	
<i>valproate sodium</i>	1-Covered	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1-Covered	
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	1-Covered	QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (150 MG TAB, 200 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (250 MG DAILY DOSE)	1-Covered	QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (350 MG DAILY DOSE)	1-Covered	QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	1-Covered	QL (28 PER 28 DAYS)
ZTALMY	1-Covered	PA2, QL (1100 PER 30 DAYS), NDS (Non-Extended Day Supply)

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1-Covered	
<i>methsuximide</i>	1-Covered	

GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1-Covered	QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1-Covered	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1-Covered	
NAYZILAM	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1-Covered	
<i>primidone</i>	1-Covered	
SYMPAZAN (10 MG FILM, 20 MG FILM)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SYMPAZAN 5 MG FILM	1-Covered	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	1-Covered	
VALTOCO 10 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 15 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALTOCO 20 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 5 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigabatrin</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigadrone</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigpoder</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

LIBERVANT	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIGAFYDE	1-Covered	QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
APTIOM (600 MG TAB, 800 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1-Covered	
<i>carbamazepine er</i>	1-Covered	
DILANTIN 30 MG CAP	1-Covered	
<i>epitol</i>	1-Covered	
<i>fosphenytoin sodium</i>	1-Covered	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1-Covered	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	1-Covered	
<i>lacosamide 50 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytek</i>	1-Covered	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1-Covered	
<i>phenytoin infatabs</i>	1-Covered	
<i>phenytoin sodium 50 mg/ml solution</i>	1-Covered	
<i>phenytoin sodium extended</i>	1-Covered	
<i>rufinamide 200 mg tab</i>	1-Covered	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	1-Covered	PA2, QL (2760 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>rufinamide 400 mg tab</i>	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZONISADE	1-Covered	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Covered	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid mesylates</i>	1-Covered	PA
NAMZARIC	1-Covered	

CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide 4 mg/ml solution</i>	1-Covered	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>rivastigmine</i>	1-Covered	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	1-Covered	QL (60 PER 30 DAYS)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (2 mg/ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	1-Covered	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>memantine hcl er</i>	1-Covered	QL (30 PER 30 DAYS)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
<i>chlordiazepoxide-amitriptyline</i>	1-Covered	
LYBALVI	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>mirtazapine (30 mg tab, 30 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl</i>	1-Covered	
<i>perphenazine-amitriptyline</i>	1-Covered	
ZURZUVAE (20 MG CAP, 25 MG CAP)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZURZUVAE 30 MG CAP	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

MONOAMINE OXIDASE INHIBITORS

EMSAM	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
MARPLAN	1-Covered	
<i>phenelzine sulfate</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tranylcypromine sulfate</i>	1-Covered	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Covered	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1-Covered	QL (600 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Covered	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5ml solution</i>	1-Covered	QL (600 PER 30 DAYS)
FETZIMA	1-Covered	QL (30 PER 30 DAYS)
FETZIMA TITRATION	1-Covered	
<i>fluoxetine hcl (10 mg cap, 10 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg cap, 20 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	1-Covered	
<i>fluoxetine hcl 40 mg cap</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	1-Covered	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	1-Covered	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1-Covered	
<i>paroxetine hcl er</i>	1-Covered	
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	1-Covered	QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trazodone hcl</i>	1-Covered	
TRINTELLIX	1-Covered	QL (30 PER 30 DAYS)
VENLAFAXINE BESYLATE ER	1-Covered	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1-Covered	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	1-Covered	QL (30 PER 30 DAYS)

TRICYCLICS

<i>amitriptyline hcl</i>	1-Covered	
<i>amoxapine</i>	1-Covered	
<i>clomipramine hcl</i>	1-Covered	
<i>desipramine hcl</i>	1-Covered	
<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>	1-Covered	
<i>imipramine hcl</i>	1-Covered	
<i>imipramine pamoate</i>	1-Covered	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1-Covered	
<i>protriptyline hcl</i>	1-Covered	
<i>trimipramine maleate</i>	1-Covered	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro</i>	1-Covered	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1-Covered	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1-Covered	
<i>perphenazine</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prochlorperazine</i>	1-Covered	
<i>prochlorperazine edisylate</i>	1-Covered	
<i>prochlorperazine maleate</i>	1-Covered	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	1-Covered	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Covered	PA
<i>promethegan</i>	1-Covered	
<i>scopolamine</i>	1-Covered	QL (10 PER 30 DAYS)

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	1-Covered	PA3
<i>dronabinol</i>	1-Covered	PA, QL (60 PER 30 DAYS)
EMEND 125 MG/5ML RECON SUSP	1-Covered	PA3
<i>granisetron hcl 1 mg tab</i>	1-Covered	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	1-Covered	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	1-Covered	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	1-Covered	
<i>ondansetron hcl 4 mg tab</i>	1-Covered	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	1-Covered	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1-Covered	PA3
SANCUSO	1-Covered	ST, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)

ANTIFUNGALS

ABELCET	1-Covered	PA3
<i>amphotericin b</i>	1-Covered	PA3
<i>amphotericin b liposome</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>caspofungin acetate 50 mg recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>casprofungin acetate 70 mg recon soln</i>	1-Covered	
<i>ciclopirox olamine 0.77 % cream</i>	1-Covered	QL (90 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clotrimazole 1 % cream</i>	1-Covered	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	1-Covered	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	1-Covered	
<i>econazole nitrate</i>	1-Covered	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	1-Covered	
<i>flucytosine</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1-Covered	
<i>griseofulvin ultramicrosize</i>	1-Covered	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1-Covered	
<i>ketoconazole 2 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	1-Covered	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	1-Covered	
<i>klayesta</i>	1-Covered	QL (60 PER 30 DAYS)
<i>miconazole sodium</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>naftifine hcl 1 % cream</i>	1-Covered	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nyamyc</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystop</i>	1-Covered	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	1-Covered	PA, QL (93 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>posaconazole 40 mg/ml suspension</i>	1-Covered	PA, QL (630 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>terbinafine hcl 250 mg tab</i>	1-Covered	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1-Covered	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1-Covered	
<i>voriconazole 200 mg recon soln</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>voriconazole 40 mg/ml recon susp</i>	1-Covered	NDS (Non-Extended Day Supply)

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Covered	
<i>colchicine 0.6 mg tab</i>	1-Covered	
<i>colchicine-probenecid</i>	1-Covered	
<i>febuxostat</i>	1-Covered	ST
MITIGARE	1-Covered	
<i>probenecid</i>	1-Covered	

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

AIMOVIG	1-Covered	PA, QL (1 PER 28 DAYS)
AJOVY	1-Covered	PA, QL (1.5 PER 28 DAYS)
EMGALITY	1-Covered	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	1-Covered	PA, QL (3 PER 28 DAYS)
NURTEC	1-Covered	ST, QL (16 PER 30 DAYS), NDS (Non-Extended Day Supply)

CALCITONIN GENE-RELATED PEPTIDE (CRGP) RECEPTOR

UBRELVY	1-Covered	ST, QL (16 PER 30 DAYS), NDS (Non-Extended Day Supply)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1-Covered	PA, QL (8 PER 30 DAYS), NDS (Non-Extended Day Supply)
ERGOTAMINE-CAFFEINE	1-Covered	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl</i>	1-Covered	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	1-Covered	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1-Covered	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1-Covered	QL (6 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	1-Covered	QL (6 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1-Covered	QL (9 PER 30 DAYS)
<i>zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)</i>	1-Covered	QL (9 PER 30 DAYS)
<i>zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)</i>	1-Covered	QL (9 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	1-Covered	
<i>pyridostigmine bromide er</i>	1-Covered	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1-Covered	
<i>rifabutin</i>	1-Covered	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1-Covered	
PRETOMANID	1-Covered	QL (30 PER 30 DAYS)
PRIFTIN	1-Covered	
<i>pyrazinamide</i>	1-Covered	
<i>rifampin</i>	1-Covered	
SIRTURO	1-Covered	NDS (Non-Extended Day Supply)
TRECTOR	1-Covered	

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>busulfan</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>carboplatin</i>	1-Covered	PA3
<i>cisplatin</i>	1-Covered	PA3
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1-Covered	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	1-Covered	
GLEOSTINE 100 MG CAP	1-Covered	NDS (Non-Extended Day Supply)
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	1-Covered	
LEUKERAN	1-Covered	
MATULANE	1-Covered	NDS (Non-Extended Day Supply)
<i>melphalan hcl</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1-Covered	PA3
<i>paraplatin</i>	1-Covered	PA3
VALCHLOR	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YONDELIS	1-Covered	NDS (Non-Extended Day Supply)
ZANOSAR	1-Covered	PA3

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>abiraterone acetate 500 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bicalutamide</i>	1-Covered	
ERLEADA 240 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ERLEADA 60 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>flutamide</i>	1-Covered	
<i>nilutamide</i>	1-Covered	NDS (Non-Extended Day Supply)
NUBEQA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORSERDU 345 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORSERDU 86 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
XTANDI (40 MG CAP, 40 MG TAB)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XTANDI 80 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
YONSA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTIANGIOGENIC AGENTS

<i>lenalidomide</i>	1-Covered	PA2, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
POMALYST	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
REVLIMID	1-Covered	PA2, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
THALOMID (150 MG CAP, 200 MG CAP)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID (50 MG CAP, 100 MG CAP)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ANTIESTROGENS/MODIFIERS		
EMCYT	1-Covered	NDS (Non-Extended Day Supply)
<i>fulvestrant</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
SOLTAMOX	1-Covered	NDS (Non-Extended Day Supply)
<i>tamoxifen citrate</i>	1-Covered	
<i>toremifene citrate</i>	1-Covered	NDS (Non-Extended Day Supply)
ANTIMETABOLITES		
<i>adrucil</i>	1-Covered	PA3
<i>azacitidine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>cladribine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>clofarabine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>cytarabine</i>	1-Covered	PA3
<i>cytarabine (pf)</i>	1-Covered	PA3
<i>decitabine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
DROXIA	1-Covered	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1-Covered	PA3
<i>gemcitabine hcl 1 gm recon soln</i>	1-Covered	PA3
<i>hydroxyurea</i>	1-Covered	
INQOVI	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>mercaptopurine</i>	1-Covered	
NIPENT	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PURIXAN	1-Covered	NDS (Non-Extended Day Supply)
TABLOID	1-Covered	
VYXEOS	1-Covered	PA3, NDS (Non-Extended Day Supply)
ANTINEOPLASTICS, OTHER		
AKEEGA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>arsenic trioxide 10 mg/10ml solution</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
AUGTYRO 40 MG CAP	1-Covered	PA2, NDS (Non-Extended Day Supply)
AYVAKIT	1-Covered	PA2, NDS (Non-Extended Day Supply)
BESREMI	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>bleomycin sulfate</i>	1-Covered	PA3
BRUKINSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>dacarbazine 200 mg recon soln</i>	1-Covered	
<i>dactinomycin</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
DOCETAXEL	1-Covered	PA3, NDS (Non-Extended Day Supply)
EXKIVITY	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>fludarabine phosphate 50 mg recon soln</i>	1-Covered	
FOTIVDA	1-Covered	PA2, NDS (Non-Extended Day Supply)
HALAVEN	1-Covered	NDS (Non-Extended Day Supply)
IDHIFA	1-Covered	PA2, NDS (Non-Extended Day Supply)
IWILFIN	1-Covered	PA2, NDS (Non-Extended Day Supply)
JAYPIRCA 100 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAYPIRCA 50 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (200 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KISQALI FEMARA (400 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KISQALI FEMARA (600 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KRAZATI	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	1-Covered	
<i>levoleucovorin calcium</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i>	1-Covered	NDS (Non-Extended Day Supply)
LONSURF	1-Covered	PA2, NDS (Non-Extended Day Supply)
LUMAKRAS 120 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
LUMAKRAS 320 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1-Covered	
<i>mitoxantrone hcl</i>	1-Covered	
<i>mutamycin</i>	1-Covered	
NINLARO	1-Covered	PA2, NDS (Non-Extended Day Supply)
ONUREG	1-Covered	PA2, NDS (Non-Extended Day Supply)
QINLOCK	1-Covered	PA2, NDS (Non-Extended Day Supply)
RETEVMO (40 MG CAP, 80 MG CAP)	1-Covered	PA2, NDS (Non-Extended Day Supply)
TABRECTA	1-Covered	PA2, NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZVERIK	1-Covered	PA2, NDS (Non-Extended Day Supply)
VANFLYTA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>vinblastine sulfate</i>	1-Covered	PA3
<i>vincristine sulfate</i>	1-Covered	PA3
<i>vinorelbine tartrate 50 mg/5ml solution</i>	1-Covered	
WELIREG	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (60 MG TWICE WEEKLY)	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, NDS (Non-Extended Day Supply)
XPOVIO (80 MG TWICE WEEKLY)	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZALTRAP 100 MG/4ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
ZOLINZA	1-Covered	PA2, NDS (Non-Extended Day Supply)

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole</i>	1-Covered	
<i>exemestane</i>	1-Covered	
<i>letrozole</i>	1-Covered	

ENZYME INHIBITORS

<i>adriamycin 2 mg/ml solution</i>	1-Covered	
DAUNORUBICIN HCL	1-Covered	PA3
<i>doxorubicin hcl 2 mg/ml solution</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxorubicin hcl liposomal</i>	1-Covered	PA3
<i>epirubicin hcl</i>	1-Covered	PA3
<i>etoposide</i>	1-Covered	
<i>idarubicin hcl</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>irinotecan hcl</i>	1-Covered	PA3
OJEMDA 100 MG TAB	1-Covered	PA2, QL (24 PER 28 DAYS), NDS (Non-Extended Day Supply)
OJEMDA 25 MG/ML RECON SUSP	1-Covered	PA2, QL (96 PER 28 DAYS), NDS (Non-Extended Day Supply)
OJJAARA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>romidepsin 10 mg recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>topotecan hcl 4 mg recon soln</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRUQAP	1-Covered	PA2, NDS (Non-Extended Day Supply)

MOLECULAR TARGET INHIBITORS

ALECENSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
ALIQOPA	1-Covered	PA3, NDS (Non-Extended Day Supply)
ALUNBRIG	1-Covered	PA2, NDS (Non-Extended Day Supply)
BALVERSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>bortezomib 3.5 mg recon soln</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
BOSULIF	1-Covered	PA2, NDS (Non-Extended Day Supply)
BRAFTOVI	1-Covered	PA2, NDS (Non-Extended Day Supply)
CABOMETYX	1-Covered	PA2, NDS (Non-Extended Day Supply)
CALQUENCE	1-Covered	PA2, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPRELSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
COMETRIQ (100 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
COMETRIQ (140 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
COMETRIQ (60 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
COPIKTRA	1-Covered	PA2, NDS (Non-Extended Day Supply)
COTELLIC	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>dasatinib</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
DAURISMO	1-Covered	PA2, NDS (Non-Extended Day Supply)
ERIVEDGE	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>erlotinib hcl</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
FRUZAQLA	1-Covered	PA2, NDS (Non-Extended Day Supply)
GAVRETO	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>gefitinib</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
GILOTRIF	1-Covered	PA2, NDS (Non-Extended Day Supply)
IBRANCE	1-Covered	PA2, NDS (Non-Extended Day Supply)
ICLUSIG	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>imatinib mesylate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	1-Covered	PA2, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLYTA	1-Covered	PA2, NDS (Non-Extended Day Supply)
INREBIC	1-Covered	PA2, NDS (Non-Extended Day Supply)
ITOVEBI 3 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ITOVEBI 9 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAKAFI	1-Covered	PA2, NDS (Non-Extended Day Supply)
JEVTANA	1-Covered	NDS (Non-Extended Day Supply)
KISQALI (200 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KISQALI (400 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KISQALI (600 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KOSELUGO	1-Covered	PA2, NDS (Non-Extended Day Supply)
KYPROLIS	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>lapatinib ditosylate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
LAZCLUZE 240 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
LAZCLUZE 80 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
LENVIMA (10 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (12 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (14 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (18 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (20 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (24 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (4 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (8 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LORBRENA	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYNPARZA	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYTGOBI (12 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYTGOBI (16 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYTGOBI (20 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	1-Covered	PA2, NDS (Non-Extended Day Supply)
MEKTOVI	1-Covered	PA2, NDS (Non-Extended Day Supply)
NERLYNX	1-Covered	PA2, NDS (Non-Extended Day Supply)
ODOMZO	1-Covered	PA2, NDS (Non-Extended Day Supply)
OGSIVEO	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>paclitaxel</i>	1-Covered	PA3
<i>paclitaxel protein-bound part</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>pazopanib hcl</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
PEMAZYRE	1-Covered	PA2, NDS (Non-Extended Day Supply)
PIQRAY (200 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
PIQRAY (250 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PIQRAY (300 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETEVMO 40 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
REZLIDHIA	1-Covered	PA2, NDS (Non-Extended Day Supply)
ROZLYTREK	1-Covered	PA2, NDS (Non-Extended Day Supply)
RUBRACA	1-Covered	PA2, NDS (Non-Extended Day Supply)
RYDAPT	1-Covered	PA2, NDS (Non-Extended Day Supply)
SCEMBLIX 100 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 20 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 40 MG TAB	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>sorafenib tosylate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
SPRYCEL	1-Covered	PA2, NDS (Non-Extended Day Supply)
STIVARGA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>sunitinib malate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
SYNRIBO	1-Covered	PA3, NDS (Non-Extended Day Supply)
TAFINLAR	1-Covered	PA2, NDS (Non-Extended Day Supply)
TAGRISO	1-Covered	PA2, NDS (Non-Extended Day Supply)
TALZENNA	1-Covered	PA2, NDS (Non-Extended Day Supply)
TASIGNA	1-Covered	PA2, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temsirolimus</i>	1-Covered	NDS (Non-Extended Day Supply)
TEPMETKO	1-Covered	PA2, NDS (Non-Extended Day Supply)
TIBSOVO	1-Covered	PA2, NDS (Non-Extended Day Supply)
TRUSELTIQ (100MG DAILY DOSE)	1-Covered	
TRUSELTIQ (125MG DAILY DOSE)	1-Covered	
TRUSELTIQ (50MG DAILY DOSE)	1-Covered	
TRUSELTIQ (75MG DAILY DOSE)	1-Covered	
TUKYSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
TURALIO	1-Covered	PA2, NDS (Non-Extended Day Supply)
VENCLEXTA (50 MG TAB, 100 MG TAB)	1-Covered	PA2, NDS (Non-Extended Day Supply)
VENCLEXTA 10 MG TAB	1-Covered	PA2
VENCLEXTA STARTING PACK	1-Covered	PA2, NDS (Non-Extended Day Supply)
VERZENIO	1-Covered	PA2, NDS (Non-Extended Day Supply)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	1-Covered	PA2, NDS (Non-Extended Day Supply)
VIZIMPRO	1-Covered	PA2, NDS (Non-Extended Day Supply)
VONJO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VORANIGO 10 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VORANIGO 40 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VOTRIENT	1-Covered	PA2, NDS (Non-Extended Day Supply)
XALKORI	1-Covered	PA2, NDS (Non-Extended Day Supply)
XOSPATA	1-Covered	PA2, NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEJULA	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZELBORAF	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZYDELIG	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZYKADIA	1-Covered	PA2, NDS (Non-Extended Day Supply)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

ALYMSYS	1-Covered	PA3, NDS (Non-Extended Day Supply)
AVASTIN	1-Covered	PA3, NDS (Non-Extended Day Supply)
BAVENCIO	1-Covered	PA3, NDS (Non-Extended Day Supply)
CYRAMZA	1-Covered	PA3, NDS (Non-Extended Day Supply)
DARZALEX	1-Covered	PA3, NDS (Non-Extended Day Supply)
EMPLICITI	1-Covered	PA3, NDS (Non-Extended Day Supply)
ERBITUX 100 MG/50ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
HERCEPTIN HYLECTA	1-Covered	PA3, NDS (Non-Extended Day Supply)
HERZUMA	1-Covered	PA3, NDS (Non-Extended Day Supply)
IMFINZI	1-Covered	PA3, NDS (Non-Extended Day Supply)
KADCYLA	1-Covered	PA3, NDS (Non-Extended Day Supply)
KANJINTI	1-Covered	PA3, NDS (Non-Extended Day Supply)
KEYTRUDA	1-Covered	PA3, NDS (Non-Extended Day Supply)
MVASI	1-Covered	PA3, NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYLOTARG	1-Covered	PA3, NDS (Non-Extended Day Supply)
OGIVRI	1-Covered	PA3, NDS (Non-Extended Day Supply)
ONTRUZANT	1-Covered	PA3, NDS (Non-Extended Day Supply)
OPDIVO	1-Covered	PA3, NDS (Non-Extended Day Supply)
PERJETA	1-Covered	NDS (Non-Extended Day Supply)
RIABNI	1-Covered	PA3, NDS (Non-Extended Day Supply)
RITUXAN HYCELA	1-Covered	PA3, NDS (Non-Extended Day Supply)
RUXIENCE	1-Covered	PA3, NDS (Non-Extended Day Supply)
TECENTRIQ	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRAZIMERA	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRUXIMA	1-Covered	PA3, NDS (Non-Extended Day Supply)
VECTIBIX 100 MG/5ML SOLUTION	1-Covered	PA3, NDS (Non-Extended Day Supply)
YERVOY 50 MG/10ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
ZIRABEV	1-Covered	PA3, NDS (Non-Extended Day Supply)

RETINOIDS

<i>bexarotene 1 % gel</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bexarotene 75 mg cap</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
PANRETIN	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tretinoin 10 mg cap</i>	1-Covered	NDS (Non-Extended Day Supply)

TREATMENT ADJUNCTS

<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1-Covered	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesna</i>	1-Covered	
MESNEX 400 MG TAB	1-Covered	NDS (Non-Extended Day Supply)

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>ivermectin 3 mg tab</i>	1-Covered	
<i>praziquantel</i>	1-Covered	

ANTIPROTOZOALS

<i>atovaquone</i>	1-Covered	
<i>atovaquone-proguanil hcl</i>	1-Covered	
BENZNIDAZOLE	1-Covered	
<i>chloroquine phosphate</i>	1-Covered	
COARTEM	1-Covered	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1-Covered	
<i>mefloquine hcl</i>	1-Covered	
<i>nitazoxanide</i>	1-Covered	QL (6 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1-Covered	PA3
<i>pentamidine isethionate for soln 300 mg</i>	1-Covered	
<i>primaquine phosphate</i>	1-Covered	
<i>pyrimethamine</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>quinine sulfate</i>	1-Covered	

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Covered	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1-Covered	
<i>carbidopa-levodopa-entacapone</i>	1-Covered	
<i>entacapone</i>	1-Covered	
<i>tolcapone</i>	1-Covered	NDS (Non-Extended Day Supply)
DOPAMINE AGONISTS		
<i>apomorphine hcl</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bromocriptine mesylate</i>	1-Covered	
NEUPRO	1-Covered	
<i>pramipexole dihydrochloride</i>	1-Covered	
<i>pramipexole dihydrochloride er</i>	1-Covered	
<i>ropinirole hcl</i>	1-Covered	
<i>ropinirole hcl er</i>	1-Covered	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	1-Covered	
<i>carbidopa-levodopa</i>	1-Covered	
<i>carbidopa-levodopa er</i>	1-Covered	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	1-Covered	
<i>selegiline hcl</i>	1-Covered	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1-Covered	
<i>fluphenazine decanoate</i>	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1-Covered	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>haloperidol decanoate</i>	1-Covered	
<i>haloperidol lactate</i>	1-Covered	
<i>loxapine succinate</i>	1-Covered	
<i>molindone hcl</i>	1-Covered	
<i>pimozide</i>	1-Covered	
<i>thioridazine hcl</i>	1-Covered	
<i>thiothixene</i>	1-Covered	
<i>trifluoperazine hcl</i>	1-Covered	

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1-Covered	QL (2.4 PER 56 DAYS), NDS (Non-Extended Day Supply)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1-Covered	QL (3.2 PER 56 DAYS), NDS (Non-Extended Day Supply)
ABILIFY MAINTENA	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1-Covered	
ARISTADA 1064 MG/3.9ML PRSYR	1-Covered	QL (3.9 PER 56 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 441 MG/1.6ML PRSYR	1-Covered	QL (1.6 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 662 MG/2.4ML PRSYR	1-Covered	QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 882 MG/3.2ML PRSYR	1-Covered	QL (3.2 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA INITIO	1-Covered	NDS (Non-Extended Day Supply)
<i>asenapine maleate</i>	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPLYTA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
COBENFY	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
COBENFY STARTER PACK	1-Covered	QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
FANAPT TITRATION PACK	1-Covered	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1-Covered	QL (3.5 PER 180 DAYS), NDS (Non-Extended Day Supply)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1-Covered	QL (5 PER 180 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1-Covered	QL (0.75 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1-Covered	QL (1.5 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1-Covered	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1-Covered	QL (0.5 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1-Covered	QL (0.88 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1-Covered	QL (1.32 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1-Covered	QL (1.75 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1-Covered	QL (2.63 PER 84 DAYS), NDS (Non-Extended Day Supply)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
LATUDA 80 MG TAB	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lurasidone hcl 80 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
NUPLAZID	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>olanzapine</i>	1-Covered	
<i>paliperidone er 1.5 mg tab er 24h</i>	1-Covered	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
PERSERIS	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>quetiapine fumarate</i>	1-Covered	
<i>quetiapine fumarate er</i>	1-Covered	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
RISPERDAL CONSTA (12.5 MG, 25 MG)	1-Covered	QL (2 PER 28 DAYS)
RISPERDAL CONSTA (37.5 MG, 50 MG)	1-Covered	QL (2 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1-Covered	
SECUADO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
UZEDY 100 MG/0.28ML SUSP PRSYR	1-Covered	QL (0.28 PER 28 DAYS), NDS (Non-Extended Day Supply)
UZEDY 125 MG/0.35ML SUSP PRSYR	1-Covered	QL (0.35 PER 28 DAYS), NDS (Non-Extended Day Supply)
UZEDY 150 MG/0.42ML SUSP PRSYR	1-Covered	QL (0.42 PER 56 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY 200 MG/0.56ML SUSP PRSYR	1-Covered	QL (0.56 PER 56 DAYS), NDS (Non-Extended Day Supply)
UZEDY 250 MG/0.7ML SUSP PRSYR	1-Covered	QL (0.7 PER 56 DAYS), NDS (Non-Extended Day Supply)
UZEDY 50 MG/0.14ML SUSP PRSYR	1-Covered	QL (0.14 PER 28 DAYS), NDS (Non-Extended Day Supply)
UZEDY 75 MG/0.21ML SUSP PRSYR	1-Covered	QL (0.21 PER 28 DAYS), NDS (Non-Extended Day Supply)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VRAYLAR 1.5 & 3 MG CAP THPK	1-Covered	
<i>ziprasidone hcl</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1-Covered	
ZYPREXA RELPREVV	1-Covered	

TREATMENT-RESISTANT

<i>clozapine</i>	1-Covered	
VERSACLOZ	1-Covered	NDS (Non-Extended Day Supply)

ANTISPASTICITY AGENTS

<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>dantrolene sodium</i>	1-Covered	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1-Covered	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

PREVYMIS (240 MG TAB, 480 MG TAB)	1-Covered	QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>valganciclovir hcl 450 mg tab</i>	1-Covered	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)

ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil</i>	1-Covered	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BARACLUDE 0.05 MG/ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
<i>entecavir</i>	1-Covered	
EPIVIR HBV 5 MG/ML SOLUTION	1-Covered	
<i>lamivudine 100 mg tab</i>	1-Covered	
VEMLIDY	1-Covered	NDS (Non-Extended Day Supply)

ANTI-HEPATITIS C (HCV) AGENTS

EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
MAVYRET 100-40 MG TAB	1-Covered	PA, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
MAVYRET 50-20 MG PACKET	1-Covered	PA, QL (140 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>ribavirin</i>	1-Covered	
SOFOSBUVIR-VELPATASVIR	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

APRETUDE	1-Covered	NDS (Non-Extended Day Supply)
BIKTARVY	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DOVATO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
GENVOYA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
ISENTRESS 25 MG CHEW TAB	1-Covered	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISENTRESS HD	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JULUCA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
STRIBILD	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TIVICAY (25 MG TAB, 50 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TIVICAY 10 MG TAB	1-Covered	QL (60 PER 30 DAYS)
TIVICAY PD	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DELSTRIGO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
EDURANT	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>efavirenz 200 mg cap</i>	1-Covered	QL (90 PER 30 DAYS)
<i>efavirenz 50 mg cap</i>	1-Covered	QL (240 PER 30 DAYS)
<i>efavirenz 600 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>efavirenz-lamivudine-tenofovir</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>etravirine</i>	1-Covered	NDS (Non-Extended Day Supply)
INTELENCE 25 MG TAB	1-Covered	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5ml suspension</i>	1-Covered	
<i>nevirapine er</i>	1-Covered	QL (30 PER 30 DAYS)
ODEFSEY	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIFELTRO	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	1-Covered	
<i>abacavir sulfate 300 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine</i>	1-Covered	QL (30 PER 30 DAYS)
CIMDUO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DESCOVY 120-15 MG TAB	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DESCOVY 200-25 MG TAB	1-Covered	NDS (Non-Extended Day Supply)
<i>emtricitabine</i>	1-Covered	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1-Covered	
EMTRIVA 10 MG/ML SOLUTION	1-Covered	
<i>lamivudine 10 mg/ml solution</i>	1-Covered	
<i>lamivudine 150 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1-Covered	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1-Covered	QL (30 PER 30 DAYS)
TRIUMEQ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRIUMEQ PD	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRIZIVIR	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIREAD 40 MG/GM POWDER	1-Covered	NDS (Non-Extended Day Supply)
<i>zidovudine 100 mg cap</i>	1-Covered	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, OTHER		
CABENUVA	1-Covered	NDS (Non-Extended Day Supply)
FUZEON	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>maraviroc</i>	1-Covered	NDS (Non-Extended Day Supply)
RUKOBIA	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)
SELZENTRY 25 MG TAB	1-Covered	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION)	1-Covered	NDS (Non-Extended Day Supply)
TROGARZO	1-Covered	NDS (Non-Extended Day Supply)
TYBOST	1-Covered	QL (30 PER 30 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>darunavir</i>	1-Covered	NDS (Non-Extended Day Supply)
EVOTAZ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fosamprenavir calcium</i>	1-Covered	NDS (Non-Extended Day Supply)
LEXIVA 50 MG/ML SUSPENSION	1-Covered	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	1-Covered	
NORVIR 100 MG PACKET	1-Covered	
PREZCOBIX	1-Covered	NDS (Non-Extended Day Supply)
PREZISTA (75 MG TAB, 150 MG TAB)	1-Covered	
PREZISTA 100 MG/ML SUSPENSION	1-Covered	NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYATAZ 50 MG PACKET	1-Covered	
<i>ritonavir</i>	1-Covered	
SYMTUZA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIRACEPT 250 MG TAB	1-Covered	QL (270 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIRACEPT 625 MG TAB	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	1-Covered	
RELENZA DISKHALER	1-Covered	
<i>rimantadine hcl</i>	1-Covered	

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1-Covered	
<i>acyclovir sodium</i>	1-Covered	PA3
<i>famciclovir</i>	1-Covered	QL (90 PER 30 DAYS)
<i>trifluridine</i>	1-Covered	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)

ANTIVIRAL, CORONAVIRUS AGENTS

PAXLOVID (150/100)	1-Covered	QL (40 PER 30 DAYS), \$0 CS (\$0 Cost Share)
PAXLOVID (300/100)	1-Covered	QL (60 PER 30 DAYS), \$0 CS (\$0 Cost Share)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl</i>	1-Covered	
<i>hydroxyzine pamoate</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	1-Covered	QL (150 PER 30 DAYS)
<i>chlordiazepoxide hcl 10 mg cap</i>	1-Covered	QL (300 PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg cap</i>	1-Covered	QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl 5 mg cap</i>	1-Covered	QL (240 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	1-Covered	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	1-Covered	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	1-Covered	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	1-Covered	QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	1-Covered	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	1-Covered	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	1-Covered	QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	1-Covered	QL (150 PER 30 DAYS)
<i>oxazepam</i>	1-Covered	QL (120 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1-Covered
<i>lamotrigine er</i>	1-Covered

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium</i>	1-Covered	
<i>lithium carbonate</i>	1-Covered	
<i>lithium carbonate er</i>	1-Covered	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	1-Covered	QL (90 PER 30 DAYS)
<i>alogliptin benzoate</i>	1-Covered	QL (30 PER 30 DAYS)
<i>alogliptin-metformin hcl</i>	1-Covered	QL (60 PER 30 DAYS)
<i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>alogliptin-pioglitazone 12.5-45 mg tab</i>	1-Covered	
BYDUREON BCISE	1-Covered	QL (3.4 PER 28 DAYS)
BYETTA 10 MCG PEN	1-Covered	QL (2.4 PER 30 DAYS)
BYETTA 5 MCG PEN	1-Covered	QL (1.2 PER 30 DAYS)
CYCLOSET	1-Covered	
FARXIGA	1-Covered	QL (30 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>glipizide (5 mg tab, 10 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>glipizide xl 10 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glipizide xl 5 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glyburide</i>	1-Covered	QL (120 PER 30 DAYS)
GLYBURIDE MICRONIZED	1-Covered	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glyburide-metformin</i>	1-Covered	QL (120 PER 30 DAYS)
GLYXAMBI	1-Covered	QL (30 PER 30 DAYS)
JANUMET	1-Covered	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
JANUVIA	1-Covered	QL (30 PER 30 DAYS)
JARDIANCE	1-Covered	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1-Covered	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
KERENDIA	1-Covered	PA, QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1-Covered	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	1-Covered	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>miglitol</i>	1-Covered	QL (90 PER 30 DAYS)
MOUNJARO	1-Covered	QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1-Covered	QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1-Covered	QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	1-Covered	QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	1-Covered	QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	1-Covered	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pioglitazone hcl-metformin hcl</i>	1-Covered	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
RYBELSUS	1-Covered	QL (30 PER 30 DAYS)
SOLIQUA	1-Covered	QL (18 PER 30 DAYS)
SYMLINPEN 120	1-Covered	QL (10.8 PER 30 DAYS), NDS (Non-Extended Day Supply)
SYMLINPEN 60	1-Covered	QL (6 PER 30 DAYS), NDS (Non-Extended Day Supply)
SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TAB	1-Covered	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
TRADJENTA	1-Covered	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
TRULICITY	1-Covered	QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	1-Covered	
BAQSIMI TWO PACK	1-Covered	
<i>diazoxide</i>	1-Covered	
GLUCAGEN HYPOKIT	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	1-Covered	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1-Covered	
GVOKE HYPOPEN 1-PACK	1-Covered	
GVOKE HYPOPEN 2-PACK	1-Covered	
GVOKE KIT	1-Covered	
GVOKE PFS	1-Covered	

INSULINS

ADMELOG	1-Covered	
ADMELOG SOLOSTAR	1-Covered	
BASAGLAR KWIKPEN	1-Covered	
FIASP	1-Covered	
FIASP FLEXTOUCH	1-Covered	
FIASP PENFILL	1-Covered	
FIASP PUMPCART	1-Covered	
HUMALOG	1-Covered	
HUMALOG JUNIOR KWIKPEN	1-Covered	
HUMALOG KWIKPEN	1-Covered	
HUMALOG MIX 50/50	1-Covered	
HUMALOG MIX 50/50 KWIKPEN	1-Covered	
HUMALOG MIX 75/25	1-Covered	
HUMALOG MIX 75/25 KWIKPEN	1-Covered	
HUMULIN 70/30	1-Covered	
HUMULIN 70/30 KWIKPEN	1-Covered	
HUMULIN N	1-Covered	
HUMULIN N KWIKPEN	1-Covered	
HUMULIN R	1-Covered	
HUMULIN R U-500 (CONCENTRATED)	1-Covered	
HUMULIN R U-500 KWIKPEN	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO	1-Covered	
INSULIN LISPRO (1 UNIT DIAL)	1-Covered	
INSULIN LISPRO JUNIOR KWIKPEN	1-Covered	
INSULIN LISPRO PROT & LISPRO	1-Covered	
LANTUS	1-Covered	
LANTUS SOLOSTAR	1-Covered	
LEVEMIR	1-Covered	
LEVEMIR FLEXPEN	1-Covered	
LEVEMIR FLEXTOUCH	1-Covered	
LYUMJEV	1-Covered	
LYUMJEV KWIKPEN	1-Covered	
NOVOLIN 70/30	1-Covered	
NOVOLIN 70/30 FLEXPEN	1-Covered	
NOVOLIN N	1-Covered	
NOVOLIN N FLEXPEN	1-Covered	
NOVOLIN R	1-Covered	
NOVOLIN R FLEXPEN	1-Covered	
NOVOLOG	1-Covered	
NOVOLOG FLEXPEN	1-Covered	
NOVOLOG MIX 70/30	1-Covered	
NOVOLOG MIX 70/30 FLEXPEN	1-Covered	
NOVOLOG PENFILL	1-Covered	
TOUJEO MAX SOLOSTAR	1-Covered	
TOUJEO SOLOSTAR	1-Covered	
TRESIBA	1-Covered	
TRESIBA FLEXTOUCH	1-Covered	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

ELIQUIS	1-Covered
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS DVT/PE STARTER PACK	1-Covered	
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	1-Covered	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1-Covered	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1-Covered	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1-Covered	
<i>jantoven</i>	1-Covered	
<i>warfarin sodium</i>	1-Covered	
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	1-Covered	
XARELTO STARTER PACK	1-Covered	
ZONTIVITY	1-Covered	

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl</i>	1-Covered	
LEUKINE	1-Covered	NDS (Non-Extended Day Supply)
NYVEPRIA	1-Covered	PA, NDS (Non-Extended Day Supply)
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	1-Covered	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	1-Covered	PA3, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA (12.5 MG TAB, 25 MG TAB)	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PROMACTA (50 MG TAB, 75 MG TAB)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
PROMACTA 12.5 MG PACKET	1-Covered	PA, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
PROMACTA 25 MG PACKET	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETACRIT	1-Covered	PA3
ZARXIO	1-Covered	PA, NDS (Non-Extended Day Supply)
ZIEXTENZO	1-Covered	PA, NDS (Non-Extended Day Supply)

HEMOSTASIS AGENTS

<i>tranexamic acid 650 mg tab</i>	1-Covered	
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PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er</i>	1-Covered	
BRILINTA	1-Covered	
<i>cilostazol</i>	1-Covered	
<i>clopidogrel bisulfate</i>	1-Covered	
<i>dipyridamole</i>	1-Covered	PA
<i>prasugrel hcl</i>	1-Covered	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine</i>	1-Covered	QL (4 PER 28 DAYS)
<i>clonidine hcl</i>	1-Covered	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>droxidopa 100 mg cap</i>	1-Covered	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>guanfacine hcl</i>	1-Covered	PA
<i>midodrine hcl</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1-Covered	
<i>phenoxybenzamine hcl</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>prazosin hcl</i>	1-Covered	
<i>terazosin hcl</i>	1-Covered	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1-Covered	
<i>irbesartan</i>	1-Covered	
<i>losartan potassium</i>	1-Covered	
<i>olmesartan medoxomil</i>	1-Covered	
<i>telmisartan</i>	1-Covered	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1-Covered	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	1-Covered	
<i>captopril</i>	1-Covered	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>fosinopril sodium</i>	1-Covered	
<i>lisinopril</i>	1-Covered	
<i>moexipril hcl</i>	1-Covered	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	1-Covered	
<i>quinapril hcl</i>	1-Covered	
<i>ramipril</i>	1-Covered	
<i>trandolapril</i>	1-Covered	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1-Covered	
<i>disopyramide phosphate</i>	1-Covered	PA
<i>dofetilide</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flecainide acetate</i>	1-Covered	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1-Covered	
MULTAQ	1-Covered	
<i>pacerone</i>	1-Covered	
<i>propafenone hcl</i>	1-Covered	
<i>propafenone hcl er</i>	1-Covered	
<i>quinidine sulfate</i>	1-Covered	
<i>sorine</i>	1-Covered	
<i>sotalol hcl</i>	1-Covered	
<i>sotalol hcl (af)</i>	1-Covered	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl</i>	1-Covered	
<i>atenolol</i>	1-Covered	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1-Covered	
<i>bisoprolol fumarate</i>	1-Covered	
<i>carvedilol</i>	1-Covered	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1-Covered	
<i>metoprolol succinate er</i>	1-Covered	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Covered	
<i>nadolol</i>	1-Covered	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>nebivolol hcl 20 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pindolol</i>	1-Covered	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1-Covered	
<i>propranolol hcl er</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	1-Covered	
<i>felodipine er</i>	1-Covered	
<i>isradipine</i>	1-Covered	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1-Covered	
<i>nifedipine er</i>	1-Covered	
<i>nifedipine er osmotic release</i>	1-Covered	
<i>nimodipine</i>	1-Covered	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt</i>	1-Covered	
<i>dilt-xr</i>	1-Covered	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1-Covered	
<i>diltiazem hcl er</i>	1-Covered	
<i>diltiazem hcl er beads</i>	1-Covered	
<i>diltiazem hcl er coated beads</i>	1-Covered	
<i>matzim la</i>	1-Covered	
<i>taztia xt</i>	1-Covered	
<i>tiadyt er</i>	1-Covered	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Covered	
<i>verapamil hcl er</i>	1-Covered	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide</i>	1-Covered	
<i>aliskiren fumarate</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	1-Covered	
<i>amlodipine besy-benazepril hcl</i>	1-Covered	
<i>amlodipine besylate-valsartan</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine-atorvastatin</i>	1-Covered	
<i>amlodipine-olmesartan</i>	1-Covered	
<i>amlodipine-valsartan-hctz</i>	1-Covered	
<i>atenolol-chlorthalidone</i>	1-Covered	
<i>benazepril-hydrochlorothiazide</i>	1-Covered	
<i>bisoprolol-hydrochlorothiazide</i>	1-Covered	
<i>candesartan cilexetil-hctz</i>	1-Covered	
CORLANOR (5 MG TAB, 7.5 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	1-Covered	QL (450 PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1-Covered	
<i>enalapril-hydrochlorothiazide</i>	1-Covered	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	1-Covered	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Covered	
<i>irbesartan-hydrochlorothiazide</i>	1-Covered	
<i>lisinopril-hydrochlorothiazide</i>	1-Covered	
<i>losartan potassium-hctz</i>	1-Covered	
<i>metoprolol-hydrochlorothiazide</i>	1-Covered	
<i>metyrosine</i>	1-Covered	NDS (Non-Extended Day Supply)
NEXLETOL	1-Covered	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Covered	
<i>olmesartan-amlodipine-hctz</i>	1-Covered	
<i>pentoxifylline er</i>	1-Covered	
<i>ranolazine er</i>	1-Covered	
<i>spironolactone-hctz</i>	1-Covered	
<i>telmisartan-amlodipine</i>	1-Covered	
<i>telmisartan-hctz</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril-verapamil hcl er</i>	1-Covered	
<i>triamterene-hctz</i>	1-Covered	
<i>valsartan-hydrochlorothiazide</i>	1-Covered	
VERQUVO	1-Covered	QL (30 PER 30 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Covered	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Covered	
<i>torseamide</i>	1-Covered	

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl 5 mg tab</i>	1-Covered	
<i>eplerenone</i>	1-Covered	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	

DIURETICS, THIAZIDE

<i>chlorthalidone</i>	1-Covered	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Covered	
<i>indapamide</i>	1-Covered	
<i>metolazone</i>	1-Covered	

DYSLIPIDEMICS, 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>	1-Covered	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	1-Covered	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1-Covered	
<i>gemfibrozil</i>	1-Covered	

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atorvastatin calcium 20 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
LIVALO	1-Covered	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pitavastatin calcium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Covered	QL (30 PER 30 DAYS)

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1-Covered	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1-Covered	
<i>colesevelam hcl</i>	1-Covered	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1-Covered	
<i>ezetimibe</i>	1-Covered	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1-Covered	QL (30 PER 30 DAYS)
NEXLIZET	1-Covered	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	1-Covered	
<i>omega-3-acid ethyl esters</i>	1-Covered	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1-Covered	
REPATHA	1-Covered	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	1-Covered	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	1-Covered	PA, QL (3 PER 28 DAYS)
VASCEPA	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1-Covered	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1-Covered	
<i>isosorbide mononitrate</i>	1-Covered	
<i>isosorbide mononitrate er</i>	1-Covered	
NITRO-BID	1-Covered	
<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, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1-Covered	
<i>nitroglycerin 0.4 % ointment</i>	1-Covered	QL (30 PER 30 DAYS)
RECTIV	1-Covered	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er</i>	1-Covered	QL (120 PER 30 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 18 mg cap</i>	1-Covered	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	1-Covered	QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	1-Covered	QL (1800 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	1-Covered	QL (90 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO 6 MG TAB	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 24 MG TAB ER 24H)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1-Covered	PA, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>bac</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1-Covered	PA, QL (180 PER 30 DAYS)
INGREZZA (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA 40 & 80 MG CAP THPK	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
NUDEXTA	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>riluzole</i>	1-Covered	
<i>tetrabenazine 12.5 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tetrabenazine 25 mg tab</i>	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE	1-Covered	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>pregabalin er 330 mg tab er 24h</i>	1-Covered	PA, QL (60 PER 30 DAYS)
SAVELLA	1-Covered	
SAVELLA TITRATION PACK	1-Covered	

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
AVONEX PEN	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
AVONEX PREFILLED	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
BETASERON	1-Covered	QL (14 PER 28 DAYS), NDS (Non-Extended Day Supply)
COPAXONE 20 MG/ML SOLN PRSYR	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPAXONE 40 MG/ML SOLN PRSYR	1-Covered	QL (12 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>dalfampridine er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fingolimod hcl</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
KESIMPTA	1-Covered	PA, NDS (Non-Extended Day Supply)
PLEGRIDY	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
PLEGRIDY STARTER PACK	1-Covered	NDS (Non-Extended Day Supply)
TECFIDERA (120 MG CAP DR, 240 MG CAP DR)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TECFIDERA 120 & 240 MG CPDR THPK	1-Covered	NDS (Non-Extended Day Supply)
VUMERITY	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	1-Covered
<i>chlorhexidine gluconate</i>	1-Covered
<i>kourzeq</i>	1-Covered
<i>oralone</i>	1-Covered
<i>paroex</i>	1-Covered
<i>periogard</i>	1-Covered
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1-Covered
<i>triamcinolone acetonide 0.1 % paste</i>	1-Covered

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	1-Covered	
<i>acitretin</i>	1-Covered	PA2
<i>amnesteam</i>	1-Covered	
<i>benzoyl peroxide-erythromycin</i>	1-Covered	QL (46.6 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>claravis</i>	1-Covered	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1-Covered	QL (50 PER 30 DAYS)
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1-Covered	QL (45 PER 30 DAYS)
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1-Covered	
<i>myorisan</i>	1-Covered	
<i>tazarotene 0.1 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	1-Covered	QL (60 PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	1-Covered	PA, QL (45 PER 30 DAYS)
<i>zenatane</i>	1-Covered	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	1-Covered	
<i>alclometasone dipropionate</i>	1-Covered	
<i>ammonium lactate</i>	1-Covered	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1-Covered	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	1-Covered	
<i>clobetasol prop emollient base</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	1-Covered	QL (118 PER 30 DAYS)
<i>clobetasol propionate 0.05 % liquid</i>	1-Covered	QL (125 PER 30 DAYS)
<i>clobetasol propionate e</i>	1-Covered	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate emulsion</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clodan</i>	1-Covered	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1-Covered	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1-Covered	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1-Covered	
<i>fluocinolone acetonide body</i>	1-Covered	
<i>fluocinolone acetonide scalp</i>	1-Covered	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1-Covered	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1-Covered	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1-Covered	
<i>hydrocortisone (perianal)</i>	1-Covered	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1-Covered	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate</i>	1-Covered	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1-Covered	
<i>procto-med hc</i>	1-Covered	
<i>proctosol hc</i>	1-Covered	
<i>proctozone-hc</i>	1-Covered	
<i>selenium sulfide 2.5 % lotion</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>tovet</i>	1-Covered	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1-Covered	
<i>triderm</i>	1-Covered	

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>calcitrene</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1-Covered	QL (45 PER 30 DAYS)
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1-Covered	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	1-Covered	QL (20 PER 30 DAYS)
<i>fluorouracil 0.5 % cream</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fluorouracil 5 % cream</i>	1-Covered	QL (80 PER 30 DAYS)
<i>imiquimod 5 % cream</i>	1-Covered	QL (24 PER 30 DAYS)
<i>methoxsalen rapid</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>nystatin-triamcinolone</i>	1-Covered	QL (60 PER 30 DAYS)
<i>podofilox 0.5 % solution</i>	1-Covered	
REGRANEX	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
SANTYL	1-Covered	QL (90 PER 30 DAYS)
<i>silver sulfadiazine</i>	1-Covered	
<i>ssd</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDICULICIDES/SCABICIDES		
<i>lindane</i>	1-Covered	
<i>malathion</i>	1-Covered	
<i>permethrin</i>	1-Covered	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	1-Covered	QL (30 PER 30 DAYS)
<i>ciclodan</i>	1-Covered	QL (13.2 PER 30 DAYS)
<i>ciclopirox 0.77 % gel</i>	1-Covered	QL (100 PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	1-Covered	QL (120 PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	1-Covered	QL (13.2 PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel</i>	1-Covered	QL (75 PER 30 DAYS)
<i>ery</i>	1-Covered	QL (60 PER 30 DAYS)
<i>erythromycin 2 % gel</i>	1-Covered	QL (60 PER 30 DAYS)
<i>erythromycin 2 % solution</i>	1-Covered	QL (120 PER 30 DAYS)
<i>mupirocin 2 % ointment</i>	1-Covered	QL (66 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
CLINIMIX E/DEXTROSE (2.75/5)	1-Covered	PA3
CLINIMIX E/DEXTROSE (4.25/10)	1-Covered	PA3
CLINIMIX E/DEXTROSE (4.25/5)	1-Covered	PA3
CLINIMIX E/DEXTROSE (5/15)	1-Covered	PA3
CLINIMIX E/DEXTROSE (5/20)	1-Covered	PA3
CLINIMIX/DEXTROSE (4.25/10)	1-Covered	PA3
CLINIMIX/DEXTROSE (4.25/5)	1-Covered	PA3
CLINIMIX/DEXTROSE (5/15)	1-Covered	PA3
CLINIMIX/DEXTROSE (5/20)	1-Covered	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clinisol sf</i>	1-Covered	PA3
<i>dextrose</i>	1-Covered	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	1-Covered	
FREAMINE III	1-Covered	PA3
INTRALIPID	1-Covered	PA3
ISOLYTE-P IN D5W	1-Covered	
ISOLYTE-S	1-Covered	
ISOLYTE-S PH 7.4	1-Covered	
KCL (0.149%) IN NACL	1-Covered	
<i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>	1-Covered	
KCL-LACTATED RINGERS-D5W	1-Covered	
<i>klor-con</i>	1-Covered	
<i>klor-con 10</i>	1-Covered	
<i>klor-con m10</i>	1-Covered	
<i>klor-con m15</i>	1-Covered	
<i>klor-con m20</i>	1-Covered	
<i>klor-con sprinkle</i>	1-Covered	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1-Covered	
<i>levocarnitine sf</i>	1-Covered	
<i>magnesium sulfate 50 % solution</i>	1-Covered	
MULTIPLE ELECTRO TYPE 1 PH 5.5	1-Covered	
<i>multiple electro type 1 ph 7.4</i>	1-Covered	
NUTRILIPID	1-Covered	PA3
PLASMA-LYTE A	1-Covered	
<i>plenamine</i>	1-Covered	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	1-Covered	
<i>potassium chloride crys er</i>	1-Covered	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1-Covered	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1-Covered	
POTASSIUM CHLORIDE IN NACL (, 20-0.45 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1-Covered	
<i>potassium citrate er</i>	1-Covered	
PREMASOL	1-Covered	PA3
PROSOL	1-Covered	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	1-Covered	
<i>sodium chloride (pf)</i>	1-Covered	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1-Covered	
TPN ELECTROLYTES	1-Covered	PA3
TRAVASOL	1-Covered	PA3
TROPHAMINE	1-Covered	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	1-Covered	
<i>deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox (90 mg tab, 125 mg tab sol)</i>	1-Covered	PA
<i>deferasirox granules</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>deferiprone</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
FERRIPROX 100 MG/ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
<i>trientine hcl 250 mg cap</i>	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>trientine hcl 500 mg cap</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

PHOSPHATE BINDERS

<i>calcium acetate</i>	1-Covered	
<i>calcium acetate (phos binder)</i>	1-Covered	
<i>sevelamer carbonate</i>	1-Covered	

POTASSIUM BINDERS

<i>kionex</i>	1-Covered	
LOKELMA	1-Covered	
<i>sodium polystyrene sulfonate</i>	1-Covered	
<i>sps (sodium polystyrene sulf)</i>	1-Covered	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	1-Covered	

VITAMINS

PRENATAL VITAMIN ORAL TABLET	1-Covered	
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GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

CLENPIQ	1-Covered	
<i>constulose</i>	1-Covered	
<i>enulose</i>	1-Covered	
<i>gavilyte-n with flavor pack</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>generlac</i>	1-Covered	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1-Covered	
<i>lactulose encephalopathy</i>	1-Covered	
LINZESS	1-Covered	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	1-Covered	QL (60 PER 30 DAYS)
MOVANTIK	1-Covered	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1-Covered	
<i>loperamide hcl 2 mg cap</i>	1-Covered	
VIBERZI	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
XERMELO	1-Covered	PA, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)

ANTISPASMODICS, GASTROINTESTINAL

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

GASTROINTESTINAL AGENTS, OTHER

GATTEX	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>gavilyte-c</i>	1-Covered	
<i>gavilyte-g</i>	1-Covered	
MYALEPT	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>na sulfate-k sulfate-mg sulf</i>	1-Covered	
OICALIVA	1-Covered	PA, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Covered	
<i>peg-3350/electrolytes</i>	1-Covered	
<i>peg-3350/electrolytes/ascorbat</i>	1-Covered	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1-Covered	
SKYRIZI 180 MG/1.2ML SOLN CART	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1-Covered	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine</i>	1-Covered	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1-Covered	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	1-Covered	

PROTECTANTS

<i>misoprostol</i>	1-Covered	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1-Covered	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	1-Covered	QL (30 PER 30 DAYS)

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

ARALAST NP	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>betaine</i>	1-Covered	NDS (Non-Extended Day Supply)
CREON	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cromolyn sodium 100 mg/5ml conc</i>	1-Covered	
CYSTAGON	1-Covered	
CYSTARAN	1-Covered	PA, QL (60 PER 28 DAYS), NDS (Non-Extended Day Supply)
ENDARI	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
GLASSIA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>javygtor</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>l-glutamine</i>	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>miglustat</i>	1-Covered	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>nitisinone</i>	1-Covered	NDS (Non-Extended Day Supply)
NITYR	1-Covered	NDS (Non-Extended Day Supply)
PROLASTIN-C	1-Covered	PA, NDS (Non-Extended Day Supply)
RAVICTI	1-Covered	PA, QL (525 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sapropterin dihydrochloride</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>yargesa</i>	1-Covered	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZEMAIRA	1-Covered	PA, NDS (Non-Extended Day Supply)
ZENPEP	1-Covered	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>flavoxate hcl</i>	1-Covered	
GEMTESA	1-Covered	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	1-Covered	QL (300 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1-Covered	
<i>oxybutynin chloride er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>solifenacin succinate</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	1-Covered	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	1-Covered	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	1-Covered	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>dutasteride</i>	1-Covered	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl</i>	1-Covered	QL (30 PER 30 DAYS)
<i>finasteride</i>	1-Covered	QL (30 PER 30 DAYS)
<i>silodosin</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1-Covered	QL (60 PER 30 DAYS)

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride</i>	1-Covered	
ELMIRON	1-Covered	
<i>penicillamine 250 mg tab</i>	1-Covered	NDS (Non-Extended Day Supply)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1-Covered	
CORTROPHIN	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone sod phos +rfid</i>	1-Covered	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1-Covered	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	1-Covered	
<i>fludrocortisone acetate</i>	1-Covered	
KORLYM	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>methylprednisolone</i>	1-Covered	
<i>methylprednisolone acetate</i>	1-Covered	
<i>methylprednisolone sodium succ</i>	1-Covered	
<i>prednisolone 15 mg/5ml solution</i>	1-Covered	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	1-Covered	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1-Covered	
PREDNISONE INTENSOL	1-Covered	
SOLU-MEDROL 2 GM RECON SOLN	1-Covered	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig</i>	1-Covered	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	1-Covered	
<i>desmopressin acetate pf</i>	1-Covered	
<i>desmopressin acetate spray</i>	1-Covered	
INCRELEX	1-Covered	NDS (Non-Extended Day Supply)
NORDITROPIN FLEXPRO	1-Covered	PA, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol</i>	1-Covered	
<i>depo-testosterone</i>	1-Covered	PA2
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	1-Covered	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate</i>	1-Covered	PA2
<i>testosterone enanthate</i>	1-Covered	PA2
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	1-Covered	PA, QL (150 PER 30 DAYS)
ESTROGENS		
<i>afirmelle</i>	1-Covered	
<i>altavera</i>	1-Covered	
<i>alyacen 1/35</i>	1-Covered	
<i>alyacen 7/7/7</i>	1-Covered	
<i>amabelz</i>	1-Covered	
<i>amethyst</i>	1-Covered	
<i>apri</i>	1-Covered	
<i>aranelle</i>	1-Covered	
<i>aubra eq</i>	1-Covered	
<i>aurovela 1.5/30</i>	1-Covered	
<i>aurovela 1/20</i>	1-Covered	
<i>aurovela 24 fe</i>	1-Covered	
<i>aurovela fe 1.5/30</i>	1-Covered	
<i>aurovela fe 1/20</i>	1-Covered	
<i>aviane</i>	1-Covered	
<i>ayuna</i>	1-Covered	
<i>azurette</i>	1-Covered	
<i>balziva</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bekyree</i>	1-Covered	
<i>blisovi 24 fe</i>	1-Covered	
<i>blisovi fe 1.5/30</i>	1-Covered	
<i>blisovi fe 1/20</i>	1-Covered	
<i>briellyn</i>	1-Covered	
<i>camrese lo</i>	1-Covered	
<i>chateal eq</i>	1-Covered	
<i>cryselle-28</i>	1-Covered	
<i>cyred eq</i>	1-Covered	
<i>dasetta 1/35</i>	1-Covered	
<i>dasetta 7/7/7</i>	1-Covered	
<i>delyla</i>	1-Covered	
<i>desogestrel-ethinyl estradiol</i>	1-Covered	
<i>dolishale</i>	1-Covered	
<i>dotti</i>	1-Covered	
<i>drospirenone-ethinyl estradiol</i>	1-Covered	
<i>elinest</i>	1-Covered	
<i>eluryng</i>	1-Covered	
<i>emoquette</i>	1-Covered	
<i>enilloring</i>	1-Covered	
<i>enpresse-28</i>	1-Covered	
<i>enskyce</i>	1-Covered	
<i>estarylla</i>	1-Covered	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	1-Covered	
<i>estradiol valerate</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol-norethindrone acet</i>	1-Covered	
ESTRING	1-Covered	
<i>ethynodiol diac-eth estradiol</i>	1-Covered	
<i>etonogestrel-ethinyl estradiol</i>	1-Covered	
<i>falmina</i>	1-Covered	
<i>femynor</i>	1-Covered	
<i>hailey 1.5/30</i>	1-Covered	
<i>hailey 24 fe</i>	1-Covered	
<i>hailey fe 1.5/30</i>	1-Covered	
<i>hailey fe 1/20</i>	1-Covered	
<i>haloette</i>	1-Covered	
<i>iclevia</i>	1-Covered	
<i>introvale</i>	1-Covered	
<i>isibloom</i>	1-Covered	
<i>jasmiel</i>	1-Covered	
<i>jolessa</i>	1-Covered	
<i>juleber</i>	1-Covered	
<i>junel 1.5/30</i>	1-Covered	
<i>junel 1/20</i>	1-Covered	
<i>junel fe 1.5/30</i>	1-Covered	
<i>junel fe 1/20</i>	1-Covered	
<i>junel fe 24</i>	1-Covered	
<i>kalliga</i>	1-Covered	
<i>kariva</i>	1-Covered	
<i>kelnor 1/35</i>	1-Covered	
<i>kelnor 1/50</i>	1-Covered	
<i>kurvelo</i>	1-Covered	
<i>larin 1.5/30</i>	1-Covered	
<i>larin 1/20</i>	1-Covered	
<i>larin 24 fe</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>larin fe 1.5/30</i>	1-Covered	
<i>larin fe 1/20</i>	1-Covered	
<i>leena</i>	1-Covered	
<i>lessina</i>	1-Covered	
<i>levonest</i>	1-Covered	
<i>levonorg-eth estrad triphasic</i>	1-Covered	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	1-Covered	
<i>levonorgestrel-ethinyl estrad</i>	1-Covered	
<i>levora 0.15/30 (28)</i>	1-Covered	
<i>lo-zumandimine</i>	1-Covered	
<i>loestrin 1.5/30 (21)</i>	1-Covered	
<i>loestrin 1/20 (21)</i>	1-Covered	
<i>loestrin fe 1.5/30</i>	1-Covered	
<i>loestrin fe 1/20</i>	1-Covered	
<i>lojaimiess</i>	1-Covered	
<i>loryna</i>	1-Covered	
<i>low-ogestrel</i>	1-Covered	
<i>lutra</i>	1-Covered	
<i>lyllana</i>	1-Covered	
<i>marlissa</i>	1-Covered	
<i>microgestin 1.5/30</i>	1-Covered	
<i>microgestin 1/20</i>	1-Covered	
<i>microgestin 24 fe</i>	1-Covered	
<i>microgestin fe 1.5/30</i>	1-Covered	
<i>microgestin fe 1/20</i>	1-Covered	
<i>mili</i>	1-Covered	
<i>mimvey</i>	1-Covered	
<i>mono-linyah</i>	1-Covered	
<i>necon 0.5/35 (28)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nikki</i>	1-Covered	
<i>norelgestromin-eth estradiol</i>	1-Covered	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	1-Covered	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1-Covered	
<i>norethindron-ethinyl estrad-fe</i>	1-Covered	
<i>norethindrone acet-ethinyl est</i>	1-Covered	
<i>norgestim-eth estrad triphasic</i>	1-Covered	
<i>norgestimate-eth estradiol</i>	1-Covered	
<i>nortrel 0.5/35 (28)</i>	1-Covered	
<i>nortrel 1/35 (21)</i>	1-Covered	
<i>nortrel 1/35 (28)</i>	1-Covered	
<i>nortrel 7/7/7</i>	1-Covered	
<i>nylia 1/35</i>	1-Covered	
<i>nylia 7/7/7</i>	1-Covered	
<i>nymyo</i>	1-Covered	
<i>ocella</i>	1-Covered	
<i>philith</i>	1-Covered	
<i>pimtrea</i>	1-Covered	
<i>pirmella 1/35</i>	1-Covered	
<i>portia-28</i>	1-Covered	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	1-Covered	
PREMPHASE	1-Covered	
PREMPRO	1-Covered	
<i>previfem</i>	1-Covered	
<i>reclipsen</i>	1-Covered	
<i>setlakin</i>	1-Covered	
<i>simliya</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sprintec 28</i>	1-Covered	
<i>sronyx</i>	1-Covered	
<i>syeda</i>	1-Covered	
<i>tarina 24 fe</i>	1-Covered	
<i>tarina fe 1/20 eq</i>	1-Covered	
<i>tilia fe</i>	1-Covered	
<i>tri femynor</i>	1-Covered	
<i>tri-estarylla</i>	1-Covered	
<i>tri-legest fe</i>	1-Covered	
<i>tri-linyah</i>	1-Covered	
<i>tri-lo-estarylla</i>	1-Covered	
<i>tri-lo-marzia</i>	1-Covered	
<i>tri-lo-mili</i>	1-Covered	
<i>tri-lo-sprintec</i>	1-Covered	
<i>tri-mili</i>	1-Covered	
<i>tri-nymyo</i>	1-Covered	
<i>tri-sprintec</i>	1-Covered	
<i>tri-vylibra</i>	1-Covered	
<i>tri-vylibra lo</i>	1-Covered	
<i>trivora (28)</i>	1-Covered	
<i>turqoz</i>	1-Covered	
<i>velivet</i>	1-Covered	
<i>vestura</i>	1-Covered	
<i>vienva</i>	1-Covered	
<i>viorele</i>	1-Covered	
<i>volnea</i>	1-Covered	
<i>vyfemla</i>	1-Covered	
<i>vylibra</i>	1-Covered	
<i>wera</i>	1-Covered	
<i>wymzya fe</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>xulane</i>	1-Covered	
<i>yuvafem</i>	1-Covered	
<i>zafemy</i>	1-Covered	
<i>zarah</i>	1-Covered	
<i>zovia 1/35 (28)</i>	1-Covered	
<i>zumandimine</i>	1-Covered	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER

<i>lopreeza</i>	1-Covered
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PROGESTINS

<i>camila</i>	1-Covered
<i>deblitane</i>	1-Covered
DEPO-SUBQ PROVERA 104	1-Covered
<i>emzahh</i>	1-Covered
<i>errin</i>	1-Covered
<i>gallifrey</i>	1-Covered
<i>heather</i>	1-Covered
<i>incassia</i>	1-Covered
<i>jencycla</i>	1-Covered
<i>lyleq</i>	1-Covered
<i>lyza</i>	1-Covered
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1-Covered
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	1-Covered
<i>nora-be</i>	1-Covered
<i>norethindrone</i>	1-Covered
<i>norethindrone acetate</i>	1-Covered

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norlyda</i>	1-Covered	
<i>norlyroc</i>	1-Covered	
<i>progesterone (100 mg cap, 200 mg cap)</i>	1-Covered	
<i>sharobel</i>	1-Covered	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

DUAVEE	1-Covered	
<i>raloxifene hcl</i>	1-Covered	QL (30 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>euthyrox</i>	1-Covered	
<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-Covered	
<i>levoxyl</i>	1-Covered	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1-Covered	
SYNTHROID	1-Covered	
<i>unithroid</i>	1-Covered	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>lanreotide acetate</i>	1-Covered	NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>mifepristone</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>octreotide acetate (50 mcg/ml soln prsyr, 100 mcg/ml soln prsyr, 500 mcg/ml soln prsyr)</i>	1-Covered	
SOMATULINE DEPOT	1-Covered	NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	1-Covered	NDS (Non-Extended Day Supply)
RECORLEV	1-Covered	PA, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1-Covered	
ELIGARD	1-Covered	PA3
FIRMAGON	1-Covered	PA3
FIRMAGON (240 MG DOSE)	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>leuprolide acetate</i>	1-Covered	PA3
LEUPROLIDE ACETATE (3 MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (1-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (3-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (4-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (6-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (6-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1-Covered	
ORGOVYX	1-Covered	PA2, NDS (Non-Extended Day Supply)
SIGNIFOR	1-Covered	NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOMAVERT	1-Covered	NDS (Non-Extended Day Supply)
SYNAREL	1-Covered	NDS (Non-Extended Day Supply)
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 22.5 MG RECON SUSP)	1-Covered	PA3
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1-Covered	PA3, NDS (Non-Extended Day Supply)

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	1-Covered
<i>propylthiouracil</i>	1-Covered

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

CINRYZE	1-Covered	PA, NDS (Non-Extended Day Supply)
HAEGARDA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>icatibant acetate</i>	1-Covered	PA, QL (27 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sajazir</i>	1-Covered	PA, QL (27 PER 30 DAYS), NDS (Non-Extended Day Supply)

IMMUNOGLOBULINS

ATGAM	1-Covered	PA3, NDS (Non-Extended Day Supply)
BIVIGAM	1-Covered	PA, NDS (Non-Extended Day Supply)
FLEBOGAMMA DIF	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAGARD	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAGARD S/D LESS IGA	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAKED	1-Covered	PA, NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAPLEX	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMUNEX-C	1-Covered	PA, NDS (Non-Extended Day Supply)
OCTAGAM	1-Covered	PA, NDS (Non-Extended Day Supply)
PANZYGA	1-Covered	PA, NDS (Non-Extended Day Supply)
PRIVIGEN	1-Covered	PA, NDS (Non-Extended Day Supply)
THYMOGLOBULIN	1-Covered	PA3, NDS (Non-Extended Day Supply)

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	1-Covered	PA, NDS (Non-Extended Day Supply)
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	1-Covered	PA, NDS (Non-Extended Day Supply)
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	1-Covered	PA, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
DUPIXENT	1-Covered	PA, NDS (Non-Extended Day Supply)
OTEZLA	1-Covered	PA, NDS (Non-Extended Day Supply)
RIDAURA	1-Covered	NDS (Non-Extended Day Supply)
SKYRIZI (150 MG/ML SOLN PRSYR, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	1-Covered	PA, NDS (Non-Extended Day Supply)
SKYRIZI PEN	1-Covered	PA, NDS (Non-Extended Day Supply)
STELARA	1-Covered	PA, NDS (Non-Extended Day Supply)
TALTZ	1-Covered	PA, NDS (Non-Extended Day Supply)
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	1-Covered	PA, NDS (Non-Extended Day Supply)
XELJANZ XR	1-Covered	PA, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	1-Covered	PA, NDS (Non-Extended Day Supply)

IMMUNOSTIMULANTS

ACTIMMUNE	1-Covered	PA, NDS (Non-Extended Day Supply)
PEGASYS	1-Covered	NDS (Non-Extended Day Supply)

IMMUNOSUPPRESSANTS

ADALIMUMAB-AACF (2 PEN)	1-Covered	PA, NDS (Non-Extended Day Supply)
ADALIMUMAB-AACF (2 SYRINGE)	1-Covered	PA, NDS (Non-Extended Day Supply)
ADALIMUMAB-AACF(CD/UC/HS STRT)	1-Covered	PA, NDS (Non-Extended Day Supply)
ADALIMUMAB-AACF(PS/UV STARTER)	1-Covered	PA, NDS (Non-Extended Day Supply)
AVSOLA	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>azathioprine 50 mg tab</i>	1-Covered	PA3
AZATHIOPRINE SODIUM	1-Covered	PA3
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	1-Covered	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1-Covered	PA3
ENBREL	1-Covered	PA, NDS (Non-Extended Day Supply)
ENBREL MINI	1-Covered	PA, NDS (Non-Extended Day Supply)
ENBREL SURECLICK	1-Covered	PA, NDS (Non-Extended Day Supply)
ENVARUSUS XR	1-Covered	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus 0.25 mg tab</i>	1-Covered	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1-Covered	PA3
HUMIRA	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 PEN)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 SYRINGE)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-CD/UC/HS STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-PED<40KG CROHNS STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-PED>/=40KG CROHNS START	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-PED>/=40KG UC STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-PS/UV/ADOL HS STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-PSORIASIS/UVEIT STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO FOR CROHNS DISEASE/UC	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO FOR PLAQUE PSORIASIS	1-Covered	PA, NDS (Non-Extended Day Supply)
INFLECTRA	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>leflunomide 10 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	1-Covered	QL (150 PER 30 DAYS)
<i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1-Covered	
<i>methotrexate sodium (pf)</i>	1-Covered	
<i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i>	1-Covered	PA3

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>mycophenolate mofetil hcl</i>	1-Covered	PA3
<i>mycophenolate sodium</i>	1-Covered	PA3
<i>mycophenolic acid</i>	1-Covered	PA3
NULOJIX	1-Covered	PA3, NDS (Non-Extended Day Supply)
OTREXUP	1-Covered	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	1-Covered	PA3
RASUVO	1-Covered	
RENFLEXIS	1-Covered	PA3, NDS (Non-Extended Day Supply)
REZUROCK	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
RINVOQ	1-Covered	PA, NDS (Non-Extended Day Supply)
RINVOQ LQ	1-Covered	PA, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
SANDIMMUNE 100 MG/ML SOLUTION	1-Covered	PA3
SIMULECT 20 MG RECON SOLN	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Covered	PA3
<i>sirolimus 1 mg/ml solution</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1-Covered	PA3
TREXALL	1-Covered	
XATMEP	1-Covered	
VACCINES		
ABRYSVO	1-Covered	
ACTHIB	1-Covered	
ADACEL	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AREXVY	1-Covered	
BCG VACCINE	1-Covered	
BEXSERO	1-Covered	
BOOSTRIX	1-Covered	
DAPTACEL	1-Covered	
DIPHTHERIA-TETANUS TOXOIDS DT	1-Covered	
ENGERIX-B	1-Covered	PA3
GARDASIL 9	1-Covered	
HAVRIX	1-Covered	
HEPLISAV-B	1-Covered	PA3
HIBERIX	1-Covered	
IMOVAX RABIES	1-Covered	
INFANRIX	1-Covered	
IPOL	1-Covered	
IXCHIQ	1-Covered	
IXIARO	1-Covered	
JYNNEOS	1-Covered	PA3
KINRIX	1-Covered	
M-M-R II	1-Covered	
MENACTRA	1-Covered	
MENQUADFI	1-Covered	
MENVEO (RECON SOLN, SOLUTION)	1-Covered	
MRESVIA	1-Covered	
PEDIARIX	1-Covered	
PEDVAX HIB	1-Covered	
PENTACEL	1-Covered	
PREHEVBRIO	1-Covered	PA3
PRIORIX	1-Covered	
PROQUAD	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUADRACEL	1-Covered	
RABAVERT	1-Covered	
RECOMBIVAX HB	1-Covered	PA3
ROTARIX	1-Covered	
ROTATEQ	1-Covered	
SHINGRIX	1-Covered	
TDVAX	1-Covered	
TENIVAC	1-Covered	
TICOVAC	1-Covered	
TRUMENBA	1-Covered	
TWINRIX	1-Covered	
TYPHIM VI	1-Covered	
VAQTA	1-Covered	
VARIVAX	1-Covered	
YF-VAX	1-Covered	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	1-Covered	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr)</i>	1-Covered	
<i>mesalamine er 0.375 gm cap er 24h</i>	1-Covered	
<i>mesalamine-cleanser</i>	1-Covered	
<i>sulfasalazine</i>	1-Covered	

GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	1-Covered	
<i>budesonide er</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	1-Covered	
<i>calcitonin (salmon) 200 unit/act solution</i>	1-Covered	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1-Covered	
<i>calcitriol oral soln 1 mcg/ml</i>	1-Covered	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	1-Covered	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	1-Covered	PA3, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1-Covered	
FORTEO	1-Covered	PA, QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>ibandronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 30 DAYS)
NATPARA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1-Covered	
PROLIA	1-Covered	QL (1 PER 180 DAYS)
RAYALDEE	1-Covered	NDS (Non-Extended Day Supply)
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 28 DAYS)
<i>teriparatide</i>	1-Covered	PA, QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1-Covered	PA, QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1-Covered	PA, QL (2.48 PER 28 DAYS), NDS (Non-Extended Day Supply)
XGEVA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	1-Covered	PA3

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	1-Covered	
CLINOLIPID	1-Covered	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	1-Covered	
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVI DIA)	1-Covered	
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	1-Covered	
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	1-Covered	
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	1-Covered	
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	1-Covered	
NEEDLES, INSULIN DISP., SAFETY	1-Covered	
PENBRAYA	1-Covered	
<i>sterile water for irrigation</i>	1-Covered	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	1-Covered	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atropine sulfate 1 % solution</i>	1-Covered	
<i>bacitra-neomycin-polymyxin-hc</i>	1-Covered	
<i>bacitracin-polymyxin b</i>	1-Covered	
COMBIGAN	1-Covered	
<i>cyclopentolate hcl</i>	1-Covered	
<i>dorzolamide hcl-timolol mal</i>	1-Covered	
<i>dorzolamide hcl-timolol mal pf</i>	1-Covered	
<i>neo-polycin</i>	1-Covered	
<i>neo-polycin hc</i>	1-Covered	
<i>neomycin-bacitracin zn-polymyx</i>	1-Covered	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1-Covered	
<i>neomycin-polymyxin-gramicidin</i>	1-Covered	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1-Covered	
OXERVATE	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>polycin</i>	1-Covered	
<i>proparacaine hcl</i>	1-Covered	
RESTASIS	1-Covered	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	1-Covered	QL (5.5 PER 28 DAYS)
ROCKLATAN	1-Covered	
<i>sulfacetamide-prednisolone</i>	1-Covered	
TOBRADEX 0.3-0.1 % OINTMENT	1-Covered	
<i>tobramycin-dexamethasone</i>	1-Covered	
XIIDRA	1-Covered	QL (60 PER 30 DAYS)
ZYLET	1-Covered	

OPHTHALMIC ANTI-ALLERGY AGENTS

ALOMIDE	1-Covered	
<i>azelastine hcl 0.05 % solution</i>	1-Covered	
<i>cromolyn sodium 4 % solution</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epinastine hcl</i>	1-Covered	
<i>olopatadine hcl 0.1 % solution</i>	1-Covered	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	1-Covered	
<i>bacitracin 500 unit/gm ointment</i>	1-Covered	
<i>erythromycin 5 mg/gm ointment</i>	1-Covered	
<i>gatifloxacin</i>	1-Covered	
<i>gentak</i>	1-Covered	
<i>gentamicin sulfate 0.3 % solution</i>	1-Covered	
<i>levofloxacin 0.5 % solution</i>	1-Covered	
<i>moxifloxacin hcl (2x day)</i>	1-Covered	
<i>moxifloxacin hcl 0.5 % solution</i>	1-Covered	
NATACYN	1-Covered	
<i>ofloxacin 0.3 % solution</i>	1-Covered	
<i>polymyxin b-trimethoprim</i>	1-Covered	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1-Covered	
<i>tobramycin 0.3 % solution</i>	1-Covered	
ZIRGAN	1-Covered	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily)</i>	1-Covered	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1-Covered	
<i>diclofenac sodium 0.1 % solution</i>	1-Covered	
<i>difluprednate</i>	1-Covered	
FLAREX	1-Covered	
<i>fluorometholone</i>	1-Covered	
<i>flurbiprofen sodium</i>	1-Covered	
ILEVRO	1-Covered	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1-Covered	
<i>prednisolone acetate</i>	1-Covered	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1-Covered	
PROLENSA	1-Covered	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % solution</i>	1-Covered	
<i>carteolol hcl</i>	1-Covered	
<i>levobunolol hcl</i>	1-Covered	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1-Covered	
<i>timolol maleate (once-daily)</i>	1-Covered	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er</i>	1-Covered	
ALPHAGAN P 0.1 % SOLUTION	1-Covered	
<i>apraclonidine hcl</i>	1-Covered	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1-Covered	
<i>brinzolamide</i>	1-Covered	
<i>dorzolamide hcl</i>	1-Covered	
<i>methazolamide</i>	1-Covered	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1-Covered	
RHOPRESSA	1-Covered	
SIMBRINZA	1-Covered	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost</i>	1-Covered	
<i>latanoprost</i>	1-Covered	
LUMIGAN	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>travoprost (bak free)</i>	1-Covered	

OTIC AGENTS

CIPRODEX	1-Covered	
<i>ciprofloxacin hcl 0.2 % solution</i>	1-Covered	
<i>ciprofloxacin-dexamethasone</i>	1-Covered	
<i>flac</i>	1-Covered	
<i>fluocinolone acetonide 0.01 % oil</i>	1-Covered	
<i>hydrocortisone-acetic acid</i>	1-Covered	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	1-Covered	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	1-Covered	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1-Covered	PA3
<i>flunisolide</i>	1-Covered	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	1-Covered	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	1-Covered	QL (240 PER 30 DAYS)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	1-Covered	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	1-Covered	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	1-Covered	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	1-Covered	QL (2 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1-Covered	
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1-Covered	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1-Covered	
<i>desloratadine 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	1-Covered	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1-Covered	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1-Covered	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	1-Covered	
<i>promethazine hcl 6.25 mg/5ml solution</i>	1-Covered	PA
ANTILEUKOTRIENES		
<i>montelukast sodium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zafirlukast 10 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>zafirlukast 20 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	1-Covered	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	1-Covered	QL (30 PER 30 DAYS)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1-Covered	
<i>ipratropium bromide 0.02 % solution</i>	1-Covered	PA3
SPIRIVA HANDHALER	1-Covered	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	1-Covered	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate</i>	1-Covered	QL (30 PER 30 DAYS)
YUPELRI	1-Covered	PA3, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	1-Covered	PA3
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i>	1-Covered	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	1-Covered	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	1-Covered	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	1-Covered	QL (36 PER 30 DAYS)
<i>arformoterol tartrate</i>	1-Covered	PA3
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1-Covered	
<i>formoterol fumarate</i>	1-Covered	PA3
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1-Covered	PA3
<i>levalbuterol tartrate</i>	1-Covered	QL (30 PER 30 DAYS)
SEREVENT DISKUS	1-Covered	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT	1-Covered	QL (4 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1-Covered	

CYSTIC FIBROSIS AGENTS

BRONCHITOL	1-Covered	PA, NDS (Non-Extended Day Supply)
CAYSTON	1-Covered	PA, NDS (Non-Extended Day Supply)
KALYDECO	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORKAMBI 100-125 MG TAB	1-Covered	PA, QL (112 PER 28 DAYS), NDS (Non-Extended Day Supply)
ORKAMBI 200-125 MG TAB	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
PULMOZYME	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>tobramycin 300 mg/5ml nebu soln</i>	1-Covered	PA3, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	1-Covered	PA, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1-Covered	PA3
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

DALIRESP	1-Covered	
<i>elixophyllin</i>	1-Covered	
<i>roflumilast</i>	1-Covered	
<i>theophylline</i>	1-Covered	
<i>theophylline er</i>	1-Covered	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>alyq</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ambrisentan</i>	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bosentan</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
OPSUMIT	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sildenafil citrate 20 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tadalafil (pah)</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRACLEER 32 MG TAB SOL	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
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)	1-Covered	PA, NDS (Non-Extended Day Supply)
VENTAVIS	1-Covered	PA, NDS (Non-Extended Day Supply)

PULMONARY FIBROSIS AGENTS

OFEV	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	1-Covered	PA, QL (270 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	1-Covered	PA3
ADVAIR HFA	1-Covered	QL (12 PER 30 DAYS)
ANORO ELLIPTA	1-Covered	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	1-Covered	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	1-Covered	QL (60 PER 30 DAYS)
<i>breynd</i>	1-Covered	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	1-Covered	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	1-Covered	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	1-Covered	QL (4 PER 30 DAYS)
DULERA	1-Covered	QL (13 PER 30 DAYS)
FASENRA	1-Covered	PA, NDS (Non-Extended Day Supply)
FASENRA PEN	1-Covered	PA, NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1-Covered	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	1-Covered	PA, NDS (Non-Extended Day Supply)
TRELEGY ELLIPTA	1-Covered	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1-Covered	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

BOTOX	1-Covered	PA
<i>carisoprodol 350 mg tab</i>	1-Covered	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl 10 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1-Covered	PA
XEOMIN	1-Covered	PA

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	1-Covered	PA, QL (30 PER 30 DAYS)
HETLIOZ	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
HETLIOZ LQ	1-Covered	PA, QL (158 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ramelteon</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>temazepam (15 mg cap, 30 mg cap)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zaleplon</i>	1-Covered	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate 10 mg tab</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	1-Covered	PA, QL (30 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	1-Covered	PA, QL (60 PER 30 DAYS)
XYREM	1-Covered	PA, QL (540 PER 30 DAYS), NDS (Non-Extended Day Supply)
XYWAV	1-Covered	PA, QL (540 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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bisoprolol-hydrochlorothiazide.....	59	BYDUREON BCISE.....	49
BIVIGAM.....	87	BYETTA 10 MCG PEN.....	49
bleomycin sulfate.....	26	BYETTA 5 MCG PEN.....	49
blisovi 24 fe.....	79		
blisovi fe 1.5/30.....	79	C	
blisovi fe 1/20.....	79	CABENUVA.....	46

cabergoline	86	cefpodoxime proxetil	8
CABOMETYX	29	cefprozil	8
calcipotriene	68	ceftazidime	8
calcitonin (salmon)	94	ceftriaxone sodium	8
calcitrene	68	ceftriaxone sodium in dextrose	8
calcitriol	94	cefuroxime axetil	8
calcitriol oral soln 1 mcg/ml	94	cefuroxime sodium	8
calcium acetate	72	celecoxib	2
calcium acetate (phos binder)	72	cephalexin	8
CALQUENCE	29	cetirizine hcl	100
camila	84	cevimeline hcl	65
camrese lo	79	chateal eq	79
candesartan cilexetil	56	CHEMET	71
candesartan cilexetil-hctz	59	chlordiazepoxide hcl	48
CAPLYTA	40	chlordiazepoxide-amitriptyline	16
CAPRELSA	30	chlorhexidine gluconate	65
captopril	56	chloroquine phosphate	37
carbamazepine	14	chlorpromazine hcl	38
carbamazepine er	14	chlorthalidone	60
carbidopa	38	cholestyramine	61
carbidopa-levodopa	38	cholestyramine light	61
carbidopa-levodopa er	38	ciclodan	69
carbidopa-levodopa-entacapone	38	ciclopirox	69
carboplatin	23	ciclopirox olamine	20
carglumic acid	69	cilostazol	55
carisoprodol	104	CIMDUO	45
carteolol hcl	98	cimetidine	74
cartia xt	58	cinacalcet hcl	94
carvedilol	57	CINRYZE	87
caspofungin acetate	19,20	CIPRODEX	99
cataflam	2	ciprofloxacin hcl	10,99
CAYSTON	101	ciprofloxacin in d5w	10
cefaclor	7	ciprofloxacin-dexamethasone	99
CEFACLOR ER	7	cisplatin	23
cefadroxil	7	citalopram hydrobromide	17
cefazolin sodium	8	cladribine	25
cefdinir	8	claravis	66
cefepime hcl	8	clarithromycin	10
cefixime	8	clarithromycin er	10
cefotetan disodium	8	CLENPIQ	72
cefoxitin sodium	8	clindamycin hcl	6

clindamycin palmitate hcl	6	COMBIVENT RESPIMAT	103
clindamycin phos-benzoyl perox	66	COMETRIQ (100 MG DAILY DOSE)	30
clindamycin phosphate	6,69	COMETRIQ (140 MG DAILY DOSE)	30
clindamycin phosphate in d5w	6	COMETRIQ (60 MG DAILY DOSE)	30
CLINIMIX E/DEXTROSE (2.75/5)	69	COMPLERA	44
CLINIMIX E/DEXTROSE (4.25/10)	69	compro	18
CLINIMIX E/DEXTROSE (4.25/5)	69	constulose	72
CLINIMIX E/DEXTROSE (5/15)	69	COPAXONE	64,65
CLINIMIX E/DEXTROSE (5/20)	69	COPIKTRA	30
CLINIMIX/DEXTROSE (4.25/10)	69	CORLANOR	59
CLINIMIX/DEXTROSE (4.25/5)	69	CORTROPHIN	76
CLINIMIX/DEXTROSE (5/15)	69	COTELLIC	30
CLINIMIX/DEXTROSE (5/20)	69	CREON	74
clinisol sf	70	cromolyn sodium	75,96,102
CLINOLIPID	95	cryselle-28	79
clobazam	13	cyclobenzaprine hcl	104
clobetasol prop emollient base	66	cyclopentolate hcl	96
clobetasol propionate	66	CYCLOPHOSPHAMIDE	23
clobetasol propionate e	66	CYCLOSET	49
clobetasol propionate emulsion	67	cyclosporine	89
clodan	67	cyclosporine modified	89
clofarabine	25	cyproheptadine hcl	100
clomipramine hcl	18	CYRAMZA	35
clonazepam	48	cyred eq	79
clonidine	55	CYSTAGON	75
clonidine hcl	55	CYSTARAN	75
clopidogrel bisulfate	55	cytarabine	25
clorazepate dipotassium	48	cytarabine (pf)	25
clotrimazole	20		
clotrimazole-betamethasone	68	D	
CLOTRIMAZOLE-BETAMETHASONE	68	dacarbazine	26
clozapine	42	dactinomycin	26
COARTEM	37	dalfampridine er	65
COBENFY	40	DALIRESP	102
COBENFY STARTER PACK	40	danazol	78
colchicine	21	dantrolene sodium	42
colchicine-probenecid	21	dapsone	22
colesevelam hcl	61	DAPTACEL	92
colestipol hcl	61	DAPTOMYCIN	7
colistimethate sodium (cba)	7	darifenacin hydrobromide er	75
COMBIGAN	96	darunavir	46

DARZALEX.....	35	diclofenac sodium.....	2,97
dasatinib.....	30	diclofenac sodium er.....	2
dasetta 1/35.....	79	diclofenac-misoprostol.....	2
dasetta 7/7/7.....	79	dicloxacillin sodium.....	9
DAUNORUBICIN HCL.....	28	dicyclomine hcl.....	73
DAURISMO.....	30	DIFICID.....	10
deblitane.....	84	diflunisal.....	2
decitabine.....	25	difluprednate.....	97
deferasirox.....	71,72	digoxin.....	59
deferasirox granules.....	72	dihydroergotamine mesylate.....	22
deferiprone.....	72	DILANTIN.....	14
DELSTRIGO.....	44	dilt-xr.....	58
delyla.....	79	diltiazem hcl.....	58
demeclocycline hcl.....	11	diltiazem hcl er.....	58
DEPO-SUBQ PROVERA 104.....	84	diltiazem hcl er beads.....	58
depo-testosterone.....	78	diltiazem hcl er coated beads.....	58
DESCOVY.....	45	diphenhydramine hcl.....	100
desipramine hcl.....	18	diphenoxylate-atropine.....	73
desloratadine.....	100	DIPHThERIA-TETANUS TOXOIDS DT.....	92
desmopressin ace spray refrig.....	77	dipyridamole.....	55
desmopressin acetate.....	77	disopyramide phosphate.....	56
desmopressin acetate pf.....	77	disulfiram.....	5
desmopressin acetate spray.....	77	divalproex sodium.....	11
desogestrel-ethinyl estradiol.....	79	divalproex sodium er.....	11
desonide.....	67	DOCETAXEL.....	26
desoximetasone.....	67	dofetilide.....	56
desvenlafaxine succinate er.....	17	dolishale.....	79
dexamethasone.....	76	donepezil hcl.....	15
dexamethasone sod phos +rfid.....	77	dorzolamide hcl.....	98
dexamethasone sod phosphate pf.....	77	dorzolamide hcl-timolol mal.....	96
dexamethasone sodium phosphate.....	77,97	dorzolamide hcl-timolol mal pf.....	96
dexmethylphenidate hcl.....	63	dotti.....	79
dextroamphetamine sulfate.....	62	DOVATO.....	43
dextroamphetamine sulfate er.....	62	doxazosin mesylate.....	56
dextrose.....	70	doxepin hcl.....	18,104
dextrose-sodium chloride.....	70	doxercalciferol.....	94
DIACOMIT.....	11	doxorubicin hcl.....	28
diazepam.....	13,48	doxorubicin hcl liposomal.....	29
diazepam intensol.....	48	doxy 100.....	11
diazoxide.....	51	doxycycline hyclate.....	11
diclofenac potassium.....	2	doxycycline monohydrate.....	11

DRIZALMA SPRINKLE.....	64	ENBREL SURECLICK.....	89
dronabinol.....	19	ENDARI.....	75
drospirenone-ethinyl estradiol.....	79	endocet.....	4
DROXIA.....	25	ENGERIX-B.....	92
droxidopa.....	55	enilloring.....	79
DUAVEE.....	85	enoxaparin sodium.....	54
DULERA.....	103	enpresse-28.....	79
duloxetine hcl.....	64	enskyce.....	79
DUPIXENT.....	88	entacapone.....	38
dutasteride.....	76	entecavir.....	43
dutasteride-tamsulosin hcl.....	76	ENTRESTO.....	59
E		enulose.....	72
ec-naproxen.....	2	ENVARUSUS XR.....	89
econazole nitrate.....	20	EPCLUSA.....	43
EDURANT.....	44	EPIDIOLEX.....	11
efavirenz.....	44	epinastine hcl.....	97
efavirenz-emtricitab-tenofo df.....	44	epinephrine.....	101
efavirenz-lamivudine-tenofovir.....	44	epirubicin hcl.....	29
ELIGARD.....	86	epitol.....	14
elinest.....	79	EPIVIR HBV.....	43
ELIQUIS.....	53	eplerenone.....	60
ELIQUIS DVT/PE STARTER PACK.....	54	EPRONTIA.....	12
elixophyllin.....	102	ERBITUX.....	35
ELMIRON.....	76	ergoloid mesylates.....	15
eluryng.....	79	ERGOTAMINE-CAFFEINE.....	22
EMCYT.....	25	ERIVEDGE.....	30
EMEND.....	19	ERLEADA.....	24
EMGALITY.....	21	erlotinib hcl.....	30
EMGALITY (300 MG DOSE).....	21	errin.....	84
emoquette.....	79	ertapenem sodium.....	9
EMPLICITI.....	35	ery.....	69
EMSAM.....	16	ERYTHROCIN LACTOBIONATE.....	10
emtricitabine.....	45	erythromycin.....	10,69,97
emtricitabine-tenofovir df.....	45	erythromycin base.....	10
EMTRIVA.....	45	erythromycin ethylsuccinate.....	10
emzahn.....	84	escitalopram oxalate.....	17
enalapril maleate.....	56	esomeprazole magnesium.....	74
enalapril-hydrochlorothiazide.....	59	estarylla.....	79
ENBREL.....	89	estradiol.....	79
ENBREL MINI.....	89	estradiol valerate.....	79
		estradiol-norethindrone acet.....	80

ESTRING.....	80	FIASP PENFILL.....	52
eszopiclone.....	104	FIASP PUMPCART.....	52
ethambutol hcl.....	22	finasteride.....	76
ethosuximide.....	13	fingolimod hcl.....	65
ethynodiol diac-eth estradiol.....	80	FINTEPLA.....	12
etodolac.....	2	FIRMAGON.....	86
etodolac er.....	2	FIRMAGON (240 MG DOSE).....	86
etonogestrel-ethinyl estradiol.....	80	flac.....	99
etoposide.....	29	FLAREX.....	97
etravirine.....	44	flavoxate hcl.....	75
euthyrox.....	85	FLEBOGAMMA DIF.....	87
everolimus.....	30,89,90	flecainide acetate.....	57
EVOTAZ.....	46	fluconazole.....	20
exemestane.....	28	fluconazole in sodium chloride.....	20
EXKIVITY.....	26	flucytosine.....	20
ezetimibe.....	61	fludarabine phosphate.....	26
ezetimibe-simvastatin.....	61	fludrocortisone acetate.....	77
F		flunisolide.....	99
falmina.....	80	fluocinolone acetonide.....	67,99
famciclovir.....	47	fluocinolone acetonide body.....	67
famotidine.....	74	fluocinolone acetonide scalp.....	67
FANAPT.....	40	fluocinonide.....	67
FANAPT TITRATION PACK.....	40	fluocinonide emulsified base.....	67
FARXIGA.....	49	fluorometholone.....	97
FASENRA.....	103	fluorouracil.....	25,68
FASENRA PEN.....	103	fluoxetine hcl.....	17
febuxostat.....	21	fluphenazine decanoate.....	38
felbamate.....	12	fluphenazine hcl.....	39
felodipine er.....	58	flurbiprofen.....	2
femynor.....	80	flurbiprofen sodium.....	97
fenofibrate.....	60	flutamide.....	24
fenofibrate micronized.....	60	fluticasone propionate.....	67,99
fenofibric acid.....	60	fluticasone propionate diskus.....	99
fentanyl.....	3	fluticasone propionate hfa.....	99
FERRIPROX.....	72	fluticasone-salmeterol.....	104
fesoterodine fumarate er.....	75	fluvoxamine maleate.....	17
FETZIMA.....	17	fluvoxamine maleate er.....	17
FETZIMA TITRATION.....	17	fondaparinux sodium.....	54
FIASP.....	52	formoterol fumarate.....	101
FIASP FLEXTOUCH.....	52	FORTEO.....	94
		fosamprenavir calcium.....	46

fosfomycin tromethamine	7	GILOTRIF	30
fosinopril sodium	56	GLASSIA	75
fosinopril sodium-hctz	59	GLEOSTINE	23
fosphenytoin sodium	14	glimepiride	49
FOTIVDA	26	glipizide	49
FREAMINE III	70	glipizide er	49
FRUZAQLA	30	glipizide xl	49
fulvestrant	25	glipizide-metformin hcl	49
furosemide	60	GLUCAGEN HYPOKIT	51
FUZEON	46	GLUCAGON EMERGENCY	52
FYCOMPA	12	GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	52
G		glyburide	49
gabapentin	13	GLYBURIDE MICRONIZED	49
galantamine hydrobromide	15	glyburide-metformin	50
galantamine hydrobromide er	15	glycopyrrolate	73
gallifrey	84	GLYXAMBI	50
GAMMAGARD	87	granisetron hcl	19
GAMMAGARD S/D LESS IGA	87	griseofulvin microsize	20
GAMMAKED	87	griseofulvin ultramicrosize	20
GAMMAPLEX	88	guanfacine hcl	55
GAMUNEX-C	88	guanfacine hcl er	63
GARDASIL 9	92	GVOKE HYPOPEN 1-PACK	52
gatifloxacin	97	GVOKE HYPOPEN 2-PACK	52
GATTEX	73	GVOKE KIT	52
GAUZE PADS & DRESSINGS - PADS 2 X 2	95	GVOKE PFS	52
gavilyte-c	73	H	
gavilyte-g	73	HAEGARDA	87
gavilyte-n with flavor pack	72	hailey 1.5/30	80
GAVRETO	30	hailey 24 fe	80
gefitinib	30	hailey fe 1.5/30	80
gemcitabine hcl	25	hailey fe 1/20	80
gemfibrozil	60	HALAVEN	26
GEMTESA	75	halobetasol propionate	67
generlac	73	haloette	80
gengraf	90	haloperidol	39
gentak	97	haloperidol decanoate	39
gentamicin in saline	6	haloperidol lactate	39
gentamicin sulfate	6,97	HARVONI	43
GENVOYA	43	HAVRIX	92

heather.....	84	hydrocortisone-acetic acid.....	99
heparin sodium (porcine).....	54	hydromorphone hcl.....	4
heparin sodium (porcine) pf.....	54	hydroxychloroquine sulfate.....	37
HEPLISAV-B.....	92	hydroxyurea.....	25
HERCEPTIN HYLECTA.....	35	hydroxyzine hcl.....	100
HERZUMA.....	35	hydroxyzine pamoate.....	47
HETLIOZ.....	104		
HETLIOZ LQ.....	104		
HIBERIX.....	92	ibandronate sodium.....	94
HUMALOG.....	52	IBRANCE.....	30
HUMALOG JUNIOR KWIKPEN.....	52	ibu.....	2
HUMALOG KWIKPEN.....	52	ibuprofen.....	2
HUMALOG MIX 50/50.....	52	icatibant acetate.....	87
HUMALOG MIX 50/50 KWIKPEN.....	52	iclevia.....	80
HUMALOG MIX 75/25.....	52	ICLUSIG.....	30
HUMALOG MIX 75/25 KWIKPEN.....	52	IDACIO.....	90
HUMIRA.....	90	IDACIO FOR CROHNS DISEASE/UC.....	90
HUMIRA (2 PEN).....	90	IDACIO FOR PLAQUE PSORIASIS.....	90
HUMIRA (2 SYRINGE).....	90	idarubicin hcl.....	29
HUMIRA-CD/UC/HS STARTER.....	90	IDHIFA.....	26
HUMIRA-PED<40KG CROHNS STARTER.....	90	ifosfamide.....	23
HUMIRA-PED>/=40KG CROHNS START.....	90	ILEVRO.....	97
HUMIRA-PED>/=40KG UC STARTER.....	90	imatinib mesylate.....	30
HUMIRA-PS/UV/ADOL HS STARTER.....	90	IMBRUVICA.....	30
HUMIRA-PSORIASIS/UEVIT STARTER.....	90	IMFINZI.....	35
HUMULIN 70/30.....	52	imipenem-cilastatin.....	9
HUMULIN 70/30 KWIKPEN.....	52	imipramine hcl.....	18
HUMULIN N.....	52	imipramine pamoate.....	18
HUMULIN N KWIKPEN.....	52	imiquimod.....	68
HUMULIN R.....	52	IMOVAX RABIES.....	92
HUMULIN R U-500 (CONCENTRATED).....	52	incassia.....	84
HUMULIN R U-500 KWIKPEN.....	52	INCRELEX.....	77
hydralazine hcl.....	62	INCRUSE ELLIPTA.....	100
hydrochlorothiazide.....	60	indapamide.....	60
hydrocodone-acetaminophen.....	4	indomethacin.....	2
hydrocodone-ibuprofen.....	4	indomethacin er.....	2
hydrocortisone.....	67,93	INFANRIX.....	92
hydrocortisone (perianal).....	67	INFLECTRA.....	90
HYDROCORTISONE BUTYRATE.....	67	INGREZZA.....	63,64
hydrocortisone butyrate.....	67	INLYTA.....	31
hydrocortisone valerate.....	67	INQOVI.....	25

INREBIC.....	31	ivermectin.....	37
INSULIN LISPRO.....	53	IWILFIN.....	26
INSULIN LISPRO (1 UNIT DIAL).....	53	IXCHIQ.....	92
INSULIN LISPRO JUNIOR KWIKPEN.....	53	IXIARO.....	92
INSULIN LISPRO PROT & LISPRO.....	53		
INSULIN PEN NEEDLE		J	
(NOVO/BD/ULTIMED/OWEN/TRIVIDIA)...	95	JAKAFI.....	31
INSULIN SYRINGE (DISP) U-100 0.3 ML		jantoven.....	54
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC)...	95	JANUMET.....	50
INSULIN SYRINGE (DISP) U-100 1 ML		JANUMET XR.....	50
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC)...	95	JANUVIA.....	50
INSULIN SYRINGE (DISP) U-100 1/2 ML		JARDIANCE.....	50
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC)...	95	jasmiel.....	80
INTELENCE.....	44	javygtor.....	75
INTRALIPID.....	70	JAYPIRCA.....	26,27
introvale.....	80	jencycla.....	84
INVEGA HAFYERA.....	40	JENTADUETO.....	50
INVEGA SUSTENNA.....	40	JENTADUETO XR.....	50
INVEGA TRINZA.....	40	JEVTANA.....	31
IPOL.....	92	jolessa.....	80
ipratropium bromide.....	100	juleber.....	80
ipratropium-albuterol.....	104	JULUCA.....	44
irbesartan.....	56	junel 1.5/30.....	80
irbesartan-hydrochlorothiazide.....	59	junel 1/20.....	80
irinotecan hcl.....	29	junel fe 1.5/30.....	80
ISENTRESS.....	43	junel fe 1/20.....	80
ISENTRESS HD.....	44	junel fe 24.....	80
isibloom.....	80	JYNNEOS.....	92
ISOLYTE-P IN D5W.....	70		
ISOLYTE-S.....	70	K	
ISOLYTE-S PH 7.4.....	70	KADCYLA.....	35
isoniazid.....	23	kalliga.....	80
ISOPROPYL ALCOHOL 0.7 ML/ML		KALYDECO.....	101
MEDICATED PAD.....	95	KANJINTI.....	35
isosorbide dinitrate.....	62	kariva.....	80
isosorbide mononitrate.....	62	KCL (0.149%) IN NACL.....	70
isosorbide mononitrate er.....	62	kcl in dextrose-nacl.....	70
isotretinoin.....	66	KCL-LACTATED RINGERS-D5W.....	70
isradipine.....	58	kelnor 1/35.....	80
ITOVEBI.....	31	kelnor 1/50.....	80
itraconazole.....	20	KERENDIA.....	50

KESIMPTA.....	65	larin 1.5/30.....	80
ketoconazole.....	20	larin 1/20.....	80
ketorolac tromethamine.....	97	larin 24 fe.....	80
KEYTRUDA.....	35	larin fe 1.5/30.....	81
KINRIX.....	92	larin fe 1/20.....	81
kionex.....	72	latanoprost.....	98
KISQALI (200 MG DOSE).....	31	LATUDA.....	40
KISQALI (400 MG DOSE).....	31	LAZCLUZE.....	31
KISQALI (600 MG DOSE).....	31	leena.....	81
KISQALI FEMARA (200 MG DOSE).....	27	leflunomide.....	90
KISQALI FEMARA (400 MG DOSE).....	27	lenalidomide.....	24
KISQALI FEMARA (600 MG DOSE).....	27	LENVIMA (10 MG DAILY DOSE).....	31
klayesta.....	20	LENVIMA (12 MG DAILY DOSE).....	31
klor-con.....	70	LENVIMA (14 MG DAILY DOSE).....	31
klor-con 10.....	70	LENVIMA (18 MG DAILY DOSE).....	31
klor-con m10.....	70	LENVIMA (20 MG DAILY DOSE).....	31
klor-con m15.....	70	LENVIMA (24 MG DAILY DOSE).....	32
klor-con m20.....	70	LENVIMA (4 MG DAILY DOSE).....	32
klor-con sprinkle.....	70	LENVIMA (8 MG DAILY DOSE).....	32
KORLYM.....	77	lessina.....	81
KOSELUGO.....	31	letrozole.....	28
kourzeq.....	65	leucovorin calcium.....	27,36
KRAZATI.....	27	LEUKERAN.....	23
kurvelo.....	80	LEUKINE.....	54
KYPROLIS.....	31	leuprolide acetate.....	86
L		LEUPROLIDE ACETATE (3 MONTH).....	86
l-glutamine.....	75	levalbuterol hcl.....	101
labetalol hcl.....	57	levalbuterol tartrate.....	101
lacosamide.....	14	LEVEMIR.....	53
lactulose.....	73	LEVEMIR FLEXPEN.....	53
lactulose encephalopathy.....	73	LEVEMIR FLEXTOUCH.....	53
lamivudine.....	43,45	levetiracetam.....	12
lamivudine-zidovudine.....	45	levetiracetam er.....	12
lamotrigine.....	12,48	LEVETIRACETAM IN NACL.....	12
lamotrigine er.....	48	levobunolol hcl.....	98
lanreotide acetate.....	85	levocarnitine.....	70
lansoprazole.....	74	levocarnitine sf.....	70
LANTUS.....	53	levocetirizine dihydrochloride.....	100
LANTUS SOLOSTAR.....	53	levofloxacin.....	10,97
lapatinib ditosylate.....	31	levofloxacin in d5w.....	10
		levofloxacin oral soln 25 mg/ml.....	10

levoleucovorin calcium	27	losartan potassium	56
levoleucovorin calcium pf	27	losartan potassium-hctz	59
levonest	81	loteprednol etabonate	98
levonorg-eth estrad triphasic	81	lovastatin	61
levonorgest-eth estrad 91-day	81	low-ogestrel	81
levonorgestrel-ethinyl estrad	81	loxapine succinate	39
levora 0.15/30 (28)	81	lubiprostone	73
levothyroxine sodium	85	LUCEMYRA	5
levoxyl	85	LUMAKRAS	27
LEXIVA	46	LUMIGAN	98
LIBERVANT	14	LUPRON DEPOT (1-MONTH)	86
lidocaine	5	LUPRON DEPOT (3-MONTH)	86
lidocaine viscous hcl	5	LUPRON DEPOT (4-MONTH)	86
lidocaine-prilocaine	5	LUPRON DEPOT (6-MONTH)	86
lidocan	5	LUPRON DEPOT-PED (1-MONTH)	85,86
lindane	69	LUPRON DEPOT-PED (3-MONTH)	85,86
linezolid	7	LUPRON DEPOT-PED (6-MONTH)	86
LINZESS	73	lurasidone hcl	41
liothyronine sodium	85	lutera	81
lisinopril	56	LYBALVI	16
lisinopril-hydrochlorothiazide	59	lyleq	84
lithium	49	lyllana	81
lithium carbonate	49	LYNPARZA	32
lithium carbonate er	49	LYSODREN	86
LIVALO	61	LYTGOBI (12 MG DAILY DOSE)	32
lo-zumandimine	81	LYTGOBI (16 MG DAILY DOSE)	32
loestrin 1.5/30 (21)	81	LYTGOBI (20 MG DAILY DOSE)	32
loestrin 1/20 (21)	81	LYUMJEV	53
loestrin fe 1.5/30	81	LYUMJEV KWIKPEN	53
loestrin fe 1/20	81	lyza	84
lofexidine hcl	5		
lojaimiess	81	M	
LOKELMA	72	M-M-R II	92
LONSURF	27	magnesium sulfate	70
loperamide hcl	73	malathion	69
lopinavir-ritonavir	46	maraviroc	46
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zolpidem tartrate	105
zolpidem tartrate er	105
zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)	22
zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)	22
ZONISADE	15
zonisamide	15
ZONTIVITY	54

zovia 1/35 (28)	84
ZTALMY	13
zumandimine	84
ZURZUVAE	16
ZYDELIG	35
ZYKADIA	35
ZYLET	96
ZYPREXA RELPREVV	42

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit www.JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

Jefferson Health Plans contracts with Medicare to offer HMO, HMO-DSNP, and PPO plans. Our HMO-DSNP also has a contract with the Pennsylvania State Medicaid program. Enrollment in our plans depends on contract renewal.

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12/01/2024

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