



# Jefferson Health Plans 2025 Premium Formulary (List of Covered Drugs)

Special (HMO SNP) | Dual Pearl (HMO SNP)

# Jefferson Health Plans

## 2025 Premium Formulary

### (List of Covered Drugs or “Drug List”)

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

Formulary ID 25397, Version 10

This formulary was updated on 10/01/2024. 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](https://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 10/01/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

### **What is the Jefferson Health Plans Premium Formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 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. Updates to the formulary are posted monthly to our website at [JeffersonHealthPlans.com/medicare](https://JeffersonHealthPlans.com/medicare).

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Jefferson Health Plans’ Premium Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the 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’ Premium Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. 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 100. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** 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’ Premium 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' Premium 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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 or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can 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 we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum

30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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 Premium 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 100.

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.
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.
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.
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.
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 PREMIUM FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<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	QL (60 PER 30 DAYS)
<i>diclofenac-misoprostol</i>	1-Covered	
<i>diflunisal</i>	1-Covered	QL (90 PER 30 DAYS)
<i>ec-naproxen</i>	1-Covered	
<i>etodolac (200 mg cap, 300 mg cap)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>etodolac (400 mg tab, 500 mg tab)</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>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	
<i>naproxen dr</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen sodium</i>	1-Covered	
<i>oxaprozin</i>	1-Covered	
<i>piroxicam 10 mg cap</i>	1-Covered	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>relafen</i>	1-Covered	
<i>sulindac</i>	1-Covered	QL (60 PER 30 DAYS)

### **OPIOID ANALGESICS, LONG-ACTING**

<i>buprenorphine</i>	1-Covered	QL (4 PER 28 DAYS)
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</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</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>butorphanol tartrate 10 mg/ml solution</i>	1-Covered	QL (5 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fentanyl citrate 200 mcg loz handle</i>	1-Covered	PA, QL (120 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>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	1-Covered	QL (1500 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 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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
OPVEE	1-Covered	
<b>SMOKING CESSATION AGENTS</b>		
<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	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1-Covered	
ARIKAYCE	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>gentamicin in saline</i>	1-Covered	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1-Covered	QL (30 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 (10 mg/ml solution, 80 mg/2ml solution)</i>	1-Covered	
<b>ANTIBACTERIALS, OTHER</b>		
<i>aztreonam</i>	1-Covered	
<i>clindamycin hcl</i>	1-Covered	
<i>clindamycin palmitate hcl</i>	1-Covered	
<i>clindamycin phosphate (2 % cream, 300 mg/2ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1-Covered	
<i>clindamycin phosphate in d5w</i>	1-Covered	
<i>colistimethate sodium (cba)</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>daptomycin 350 mg recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>daptomycin 500 mg recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
<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 % 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	
SIVEXTRO	1-Covered	PA, NDS (Non-Extended Day Supply)
TIGECYCLINE	1-Covered	NDS (Non-Extended Day Supply)
<i>tinidazole</i>	1-Covered	
<i>trimethoprim</i>	1-Covered	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 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	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1-Covered	
<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	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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, 250 mg recon soln, 500 mg recon soln)</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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>amoxicillin-pot clavulanate (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 (1 gm recon soln, 2 gm recon soln)</i>	1-Covered	
<i>nafcillin sodium 10 gm recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>oxacillin sodium</i>	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	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1-Covered	
<i>imipenem-cilastatin</i>	1-Covered	
<i>meropenem</i>	1-Covered	
<b>MACROLIDES</b>		
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clarithromycin er</i>	1-Covered	
DIFICID 200 MG TAB	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
DIFICID 40 MG/ML RECON SUSP	1-Covered	QL (408 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ery-tab</i>	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 (200 mg/5ml recon susp, 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>sulfadiazine</i>	1-Covered	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1-Covered	

## **TETRACYCLINES**

<i>demeclocycline hcl</i>	1-Covered	
<i>doxy 100</i>	1-Covered	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 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>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1-Covered	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1-Covered	
<i>mondoxyne nl</i>	1-Covered	
NUZYRA 100 MG RECON SOLN	1-Covered	PA, NDS (Non-Extended Day Supply)
NUZYRA 150 MG TAB	1-Covered	NDS (Non-Extended Day Supply)
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1-Covered	

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 10 MG/ML SOLUTION	1-Covered	PA2, QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 50 MG/5ML SOLUTION	1-Covered	PA2, 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)
EPRONTIA	1-Covered	PA2, QL (480 PER 30 DAYS)
<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	PA2, 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FYCOMPA 0.5 MG/ML SUSPENSION	1-Covered	PA2, QL (720 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 2 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS)
<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	
<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	ST
<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	

### **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) MODULATING AGENTS**

<i>clobazam (10 mg tab, 20 mg tab)</i>	1-Covered	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1-Covered	PA2, 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, 600 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	1-Covered	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	1-Covered	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	1-Covered	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
LIBERVANT	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
NAYZILAM	1-Covered	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1-Covered	
<i>primidone</i>	1-Covered	
SYMPAZAN	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<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)
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	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigadrone</i>	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIGAFYDE	1-Covered	QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigpoder</i>	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZTALMY	1-Covered	PA2, QL (1100 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
<b>SODIUM CHANNEL AGENTS</b>		
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, 100 MG CAP)	1-Covered	
DILANTIN INFATABS	1-Covered	
<i>epitol</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	
<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)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	1-Covered	PA2, QL (28 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XCOPRI (150 MG TAB, 200 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (250 MG DAILY DOSE)	1-Covered	PA2, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (350 MG DAILY DOSE)	1-Covered	PA2, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	1-Covered	PA2, QL (28 PER 28 DAYS)
ZONISADE	1-Covered	QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
<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
NAMZARIC	1-Covered

### **CHOLINESTERASE INHIBITORS**

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</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 (5 mg tab, 10 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>memantine hcl 2 mg/ml solution</i>	1-Covered	QL (360 PER 30 DAYS)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1-Covered	QL (98 PER 365 DAYS)
<i>memantine hcl er</i>	1-Covered	QL (30 PER 30 DAYS)

## **ANTIDEPRESSANTS**

### **ANTIDEPRESSANTS, OTHER**

AUVELITY	1-Covered	PA2, 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>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>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	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
MARPLAN	1-Covered	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	1-Covered	
<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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	1-Covered	PA2, QL (28 PER 28 DAYS)
<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, 20 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	1-Covered	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>trazodone hcl</i>	1-Covered	
TRINTELLIX	1-Covered	QL (30 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>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	
<i>prochlorperazine</i>	1-Covered	
<i>prochlorperazine edisylate</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>prochlorperazine maleate</i>	1-Covered	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Covered	PA
<i>scopolamine</i>	1-Covered	PA, 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)
<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, QL (900 PER 30 DAYS)
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</i>	1-Covered	
<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	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 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	
<i>miconazole 3</i>	1-Covered	
<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	
<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	QL (120 PER 30 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1-Covered	
<i>voriconazole 200 mg recon soln</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>voriconazole 200 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	1-Covered	QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>voriconazole 50 mg tab</i>	1-Covered	QL (480 PER 30 DAYS)
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Covered	
<i>colchicine 0.6 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>colchicine-probenecid</i>	1-Covered	
<i>febuxostat</i>	1-Covered	ST
MITIGARE	1-Covered	QL (60 PER 30 DAYS)
<i>probenecid</i>	1-Covered	
<b>ANTIMIGRAINE AGENTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>		
AIMOVIG	1-Covered	PA, QL (1 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)
UBRELVY	1-Covered	ST, QL (16 PER 30 DAYS), NDS (Non-Extended Day Supply)
<b>ERGOT ALKALOIDS</b>		
<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	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<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)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sumatriptan succinate refill</i>	1-Covered	QL (6 PER 30 DAYS)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide 60 mg tab</i>	1-Covered	
<i>pyridostigmine bromide er</i>	1-Covered	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1-Covered	
<i>rifabutin</i>	1-Covered	
<b>ANTITUBERCULARS</b>		
<i>ethambutol hcl</i>	1-Covered	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1-Covered	
PRIFTIN	1-Covered	
<i>pyrazinamide</i>	1-Covered	
<i>rifampin</i>	1-Covered	
SIRTURO	1-Covered	PA, NDS (Non-Extended Day Supply)
TRECTOR	1-Covered	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<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	PA2
GLEOSTINE 100 MG CAP	1-Covered	PA2, NDS (Non-Extended Day Supply)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MATULANE	1-Covered	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)

## **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)
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)

## **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)
THALOMID (150 MG CAP, 200 MG CAP)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
THALOMID (50 MG CAP, 100 MG CAP)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	1-Covered	NDS (Non-Extended Day Supply)
<i>fulvestrant</i>	1-Covered	PA3, 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)
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)
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	1-Covered	PA3
<i>azacitidine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1-Covered	PA3
<i>mercaptopurine</i>	1-Covered	
ONUREG	1-Covered	PA2, QL (14 PER 28 DAYS), NDS (Non-Extended Day Supply)
PURIXAN	1-Covered	NDS (Non-Extended Day Supply)
<b>ANTINEOPLASTICS, OTHER</b>		
AKEEGA	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUGTYRO	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
DOCETAXEL	1-Covered	PA3, NDS (Non-Extended Day Supply)
DROXIA	1-Covered	
FRUZAQLA 1 MG CAP	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
FRUZAQLA 5 MG CAP	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>hydroxyurea</i>	1-Covered	
INQOVI	1-Covered	PA2, QL (5 PER 28 DAYS), NDS (Non-Extended Day Supply)
IWILFIN	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	1-Covered	
LONSURF 15-6.14 MG TAB	1-Covered	PA2, QL (100 PER 28 DAYS), NDS (Non-Extended Day Supply)
LONSURF 20-8.19 MG TAB	1-Covered	PA2, QL (80 PER 28 DAYS), NDS (Non-Extended Day Supply)
LYSODREN	1-Covered	NDS (Non-Extended Day Supply)
OJJAARA	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORGOVYX	1-Covered	PA2, QL (32 PER 30 DAYS), NDS (Non-Extended Day Supply)
QINLOCK	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
WELIREG	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZOLINZA	1-Covered	PA2, QL (120 PER 30 DAYS), 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>etoposide</i>	1-Covered	
<i>irinotecan hcl</i>	1-Covered	PA3

### **MOLECULAR TARGET INHIBITORS**

ALECENSA	1-Covered	PA2, QL (240 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ALUNBRIG 30 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
AYVAKIT	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
BALVERSA 3 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
BALVERSA 4 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
BALVERSA 5 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bortezomib 3.5 mg recon soln</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
BOSULIF (100 MG CAP, 100 MG TAB)	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
BOSULIF (400 MG TAB, 500 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
BOSULIF 50 MG CAP	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRAFTOVI	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRUKINSA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
CABOMETYX (20 MG TAB, 60 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
CABOMETYX 40 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CALQUENCE	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CAPRELSA 100 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CAPRELSA 300 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
COMETRIQ (100 MG DAILY DOSE)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
COMETRIQ (140 MG DAILY DOSE)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

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on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COMETRIQ (60 MG DAILY DOSE)	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
COPIKTRA	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
COTELLIC	1-Covered	PA2, QL (63 PER 28 DAYS), NDS (Non-Extended Day Supply)
DAURISMO 100 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DAURISMO 25 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ERIVEDGE	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>erlotinib hcl 25 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>everolimus 2 mg tab sol</i>	1-Covered	PA2, QL (150 PER 30 DAYS), NDS (Non-Extended Day Supply)
FOTIVDA	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
GAVRETO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>gefitinib</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
GILOTRIF	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
IBRANCE	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ICLUSIG 15 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
IDHIFA	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>imatinib mesylate 100 mg tab</i>	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>imatinib mesylate 400 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMBRUVICA 140 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMBRUVICA 70 MG/ML SUSPENSION	1-Covered	PA2, QL (324 PER 30 DAYS), NDS (Non-Extended Day Supply)
INLYTA 1 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
INLYTA 5 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
INREBIC	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAKAFI	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAYPIRCA 100 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAYPIRCA 50 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
KISQALI (200 MG DOSE)	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI (400 MG DOSE)	1-Covered	PA2, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI (600 MG DOSE)	1-Covered	PA2, QL (63 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (200 MG DOSE)	1-Covered	PA2, QL (49 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (400 MG DOSE)	1-Covered	PA2, QL (70 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (600 MG DOSE)	1-Covered	PA2, QL (91 PER 28 DAYS), NDS (Non-Extended Day Supply)
KOSELUGO 10 MG CAP	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
KOSELUGO 25 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KRAZATI	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lapatinib ditosylate</i>	1-Covered	PA2, QL (180 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)
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 100 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
LORBRENA 25 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), 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)
LYNPARZA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
LYTGOBI (12 MG DAILY DOSE)	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
LYTGOBI (16 MG DAILY DOSE)	1-Covered	PA2, QL (112 PER 28 DAYS), NDS (Non-Extended Day Supply)
LYTGOBI (20 MG DAILY DOSE)	1-Covered	PA2, QL (140 PER 28 DAYS), NDS (Non-Extended Day Supply)
MEKINIST 0.05 MG/ML RECON SOLN	1-Covered	PA2, QL (1350 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MEKINIST 0.5 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
MEKINIST 2 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
MEKTOVI	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
NERLYNX	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
NINLARO	1-Covered	PA2, QL (3 PER 28 DAYS), NDS (Non-Extended Day Supply)
ODOMZO	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
OGSIVEO (100 MG TAB, 150 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
OGSIVEO 50 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
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)
<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, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
PEMAZYRE	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIQRAY (200 MG DAILY DOSE)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIQRAY (250 MG DAILY DOSE)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIQRAY (300 MG DAILY DOSE)	1-Covered	PA2, QL (60 PER 30 DAYS), 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 CAP	1-Covered	PA2, QL (180 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RETEVMO 40 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETEVMO 80 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
REZLIDHIA	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ROZLYTREK 100 MG CAP	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
ROZLYTREK 200 MG CAP	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ROZLYTREK 50 MG PACKET	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
RUBRACA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
RYDAPT	1-Covered	PA2, QL (240 PER 30 DAYS), 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, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sorafenib tosylate</i>	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SPRYCEL 140 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
SPRYCEL 20 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
STIVARGA	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>sunitinib malate</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TABRECTA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAFINLAR (50 MG CAP, 75 MG CAP)	1-Covered	PA2, QL (120 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.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TAFINLAR 10 MG TAB SOL	1-Covered	PA2, QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAGRISSEO	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TALZENNA 0.25 MG CAP	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
TASIGNA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAZVERIK	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
TEPMETKO	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TIBSOVO	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRUQAP	1-Covered	PA2, QL (64 PER 28 DAYS), NDS (Non-Extended Day Supply)
TUKYSA 150 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TUKYSA 50 MG TAB	1-Covered	PA2, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
TURALIO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VANFLYTA	1-Covered	PA2, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
VENCLEXTA 10 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
VENCLEXTA 50 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VENCLEXTA STARTING PACK	1-Covered	PA2, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
VERZENIO	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VITRAKVI 100 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VITRAKVI 20 MG/ML SOLUTION	1-Covered	PA2, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
VITRAKVI 25 MG CAP	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIZIMPRO	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VONJO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XALKORI 150 MG CAP SPRINK	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
XOSPATA	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1-Covered	PA2, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (60 MG TWICE WEEKLY)	1-Covered	PA2, QL (24 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (80 MG TWICE WEEKLY)	1-Covered	PA2, QL (32 PER 28 DAYS), NDS (Non-Extended Day Supply)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZELBORAF	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZYDELIG	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZYKADIA	1-Covered	PA2, QL (90 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>		
AVASTIN	1-Covered	PA3, NDS (Non-Extended Day Supply)
HERCEPTIN HYLECTA	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)
OGIVRI	1-Covered	PA3, NDS (Non-Extended Day Supply)
RUXIENCE	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)
ZIRABEV	1-Covered	PA3, NDS (Non-Extended Day Supply)
<b>RETINOIDS</b>		
<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)
<b>TREATMENT ADJUNCTS</b>		
MESNEX 400 MG TAB	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
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTHICS</b>		
<i>albendazole</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>ivermectin 3 mg tab</i>	1-Covered	
<i>praziquantel</i>	1-Covered	
<b>ANTIPROTOZOALS</b>		
<i>atovaquone</i>	1-Covered	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1-Covered	
<i>chloroquine phosphate</i>	1-Covered	
COARTEM	1-Covered	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1-Covered	
IMPAVIDO	1-Covered	QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
<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	PA, NDS (Non-Extended Day Supply)
<i>quinine sulfate</i>	1-Covered	PA
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Covered	PA
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1-Covered	PA

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
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<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	
<b>DOPAMINE AGONISTS</b>		
<i>apomorphine hcl</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bromocriptine mesylate</i>	1-Covered	
<i>pramipexole dihydrochloride</i>	1-Covered	
<i>ropinirole hcl</i>	1-Covered	
<i>ropinirole hcl er</i>	1-Covered	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	1-Covered	
<i>carbidopa-levodopa</i>	1-Covered	
<i>carbidopa-levodopa er</i>	1-Covered	
INBRIJA	1-Covered	PA, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate</i>	1-Covered	
<i>selegiline hcl</i>	1-Covered	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<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	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>aripiprazole (20 mg tab, 30 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
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	QL (4.8 PER 365 DAYS), NDS (Non-Extended Day Supply)
<i>asenapine maleate</i>	1-Covered	QL (60 PER 30 DAYS)
CAPLYTA	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
FANAPT	1-Covered	ST, 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FANAPT TITRATION PACK	1-Covered	ST, QL (16 PER 365 DAYS)
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)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
NUPLAZID	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	1-Covered	QL (90 PER 30 DAYS)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>paliperidone er 9 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	1-Covered	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	1-Covered	ST, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	1-Covered	ST, QL (30 PER 30 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	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	1-Covered	QL (2 PER 28 DAYS)
SECUADO	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VRAYLAR	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ziprasidone hcl</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1-Covered	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP)	1-Covered	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG RECON SUSP	1-Covered	QL (1 PER 28 DAYS)

### **TREATMENT-RESISTANT**

<i>clozapine</i>	1-Covered	
VERSACLOZ	1-Covered	QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)

### **ANTISPASTICITY AGENTS**

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

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY	1-Covered	PA, NDS (Non-Extended Day Supply)
PREVYMIS (240 MG TAB, 480 MG TAB)	1-Covered	PA, 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	
BARACLUDE 0.05 MG/ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
<i>entecavir</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	1-Covered	
VEMLIDY	1-Covered	QL (30 PER 30 DAYS), 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SOFOSBUVIR-VELPATASVIR	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
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)
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)
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
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 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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>efavirenz-lamivudine-tenofovir</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>etravirine 100 mg tab</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>etravirine 200 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), 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	QL (1200 PER 30 DAYS)
<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)

### **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)**

<i>abacavir sulfate 20 mg/ml solution</i>	1-Covered	QL (960 PER 30 DAYS)
<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	1-Covered	QL (30 PER 30 DAYS), 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	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1-Covered	QL (850 PER 30 DAYS)
<i>lamivudine 10 mg/ml solution</i>	1-Covered	QL (960 PER 30 DAYS)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
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	QL (240 PER 30 DAYS), 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	QL (1920 PER 30 DAYS)

### **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 150 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>maraviroc 300 mg tab</i>	1-Covered	QL (120 PER 30 DAYS), 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	1-Covered	QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
SUNLENCA 463.5 MG/1.5ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
SUNLENCA 5 X 300 MG TAB THPK	1-Covered	QL (5 PER 28 DAYS), 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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 600 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>darunavir 800 mg tab</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
EVOTAZ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fosamprenavir calcium</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1-Covered	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1-Covered	QL (480 PER 30 DAYS)
NORVIR 100 MG PACKET	1-Covered	QL (360 PER 30 DAYS)
PREZCOBIX	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREZISTA 100 MG/ML SUSPENSION	1-Covered	QL (400 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREZISTA 150 MG TAB	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREZISTA 75 MG TAB	1-Covered	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ritonavir</i>	1-Covered	QL (360 PER 30 DAYS)
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 (45 mg cap, 75 mg cap)</i>	1-Covered	QL (84 PER 365 DAYS)
<i>oseltamivir phosphate 30 mg cap</i>	1-Covered	QL (168 PER 365 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1-Covered	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	1-Covered	QL (120 PER 365 DAYS)
<i>rimantadine hcl</i>	1-Covered	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	1-Covered	QL (6 PER 365 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	1-Covered	QL (6 PER 365 DAYS)

## **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>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)
PAXLOVID (300/100)	1-Covered	QL (60 PER 30 DAYS)

## **ANXIOLYTICS**

### **ANXIOLYTICS, OTHER**

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

### **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>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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered
<i>lithium</i>	1-Covered
<i>lithium carbonate</i>	1-Covered
<i>lithium carbonate er</i>	1-Covered
<i>subvenite</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)
<b>CYCLOSET</b>	1-Covered	QL (180 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<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)
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)
<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)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MOUNJARO	1-Covered	PA, 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	PA, QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1-Covered	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	1-Covered	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	1-Covered	PA, 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)
<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	PA, QL (30 PER 30 DAYS)
SOLIQUA	1-Covered	QL (18 PER 30 DAYS)
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	PA, 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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK	1-Covered	
BAQSIMI TWO PACK	1-Covered	
<i>diazoxide</i>	1-Covered	NDS (Non-Extended Day Supply)
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	1-Covered	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1-Covered	
ZEGALOGUE	1-Covered	
<b>INSULINS</b>		
BASAGLAR KWIKPEN	1-Covered	
FIASP	1-Covered	
FIASP FLEXTOUCH	1-Covered	
FIASP PENFILL	1-Covered	
FIASP PUMPCART	1-Covered	
HUMULIN R U-500 (CONCENTRATED)	1-Covered	NDS (Non-Extended Day Supply)
HUMULIN R U-500 KWIKPEN	1-Covered	NDS (Non-Extended Day Supply)
LANTUS	1-Covered	
LANTUS SOLOSTAR	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	

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
TOUJEO MAX SOLOSTAR	1-Covered	
TOUJEO SOLOSTAR	1-Covered	
TRESIBA	1-Covered	
TRESIBA FLEXTOUCH	1-Covered	

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TAB	1-Covered	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	1-Covered	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	1-Covered	QL (74 PER 30 DAYS)
<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 (10 MG TAB, 20 MG TAB)	1-Covered	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	1-Covered	QL (620 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XARELTO STARTER PACK	1-Covered	QL (51 PER 30 DAYS)
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
ALVAIZ	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>anagrelide hcl</i>	1-Covered	
FULPHILA	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)
RETACRIT	1-Covered	PA3
ZARXIO	1-Covered	PA, NDS (Non-Extended Day Supply)
<b>HEMOSTASIS AGENTS</b>		
<i>tranexamic acid 650 mg tab</i>	1-Covered	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er</i>	1-Covered	QL (60 PER 30 DAYS)
BRILINTA	1-Covered	
<i>cilostazol</i>	1-Covered	
<i>clopidogrel bisulfate</i>	1-Covered	
<i>dipyridamole</i>	1-Covered	
DOPTELET	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>prasugrel hcl</i>	1-Covered	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine 0.1 mg/24hr patch wk</i>	1-Covered	QL (4 PER 28 DAYS)
<i>clonidine 0.2 mg/24hr patch wk</i>	1-Covered	QL (4 PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clonidine 0.3 mg/24hr patch wk</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	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>droxidopa 100 mg cap</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>midodrine hcl</i>	1-Covered	

### **ALPHA-ADRENERGIC BLOCKING AGENTS**

<i>doxazosin mesylate</i>	1-Covered	
<i>prazosin hcl</i>	1-Covered	
<i>terazosin hcl</i>	1-Covered	

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>irbesartan (75 mg tab, 300 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>irbesartan 150 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1-Covered	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)

### **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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>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>dofetilide</i>	1-Covered	
<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>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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>matzim la</i>	1-Covered	
<i>taztia xt</i>	1-Covered	
<i>tiadylt 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 (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Covered	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1-Covered	
<i>benazepril-hydrochlorothiazide</i>	1-Covered	
<i>bisoprolol-hydrochlorothiazide</i>	1-Covered	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
CORLANOR (5 MG TAB, 7.5 MG TAB)	1-Covered	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	1-Covered	PA, QL (450 PER 30 DAYS)
<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)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fosinopril sodium-hctz</i>	1-Covered	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>isosorb dinitrate-hydralazine</i>	1-Covered	
<i>lisinopril-hydrochlorothiazide</i>	1-Covered	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	1-Covered	
<i>metyrosine</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<b>NEXLETOL</b>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	1-Covered	
<i>ranolazine er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1-Covered	
<i>telmisartan-amlodipine</i>	1-Covered	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er</i>	1-Covered	
<i>triamterene-hctz</i>	1-Covered	
<i>valsartan-hydrochlorothiazide</i>	1-Covered	QL (30 PER 30 DAYS)
<b>VERQUVO</b>	1-Covered	PA, 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>torseamide</i>	1-Covered	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl 5 mg tab</i>	1-Covered	
<i>eplerenone</i>	1-Covered	
<b>DIURETICS, THIAZIDE</b>		
<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	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<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	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<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)
<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</i>	1-Covered	QL (30 PER 30 DAYS)
<i>simvastatin</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
<b>DYSLIPIDEMICS, OTHER</b>		
<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	QL (60 PER 30 DAYS)
<i>omega-3-acid ethyl esters</i>	1-Covered	QL (120 PER 30 DAYS)
<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	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	1-Covered	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
FARXIGA	1-Covered	QL (30 PER 30 DAYS)
JARDIANCE	1-Covered	QL (30 PER 30 DAYS)
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<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	

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
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<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)

## 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)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	QL (90 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 (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 (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	1-Covered	PA, QL (120 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)
FIRDAPSE	1-Covered	PA, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
NUEDEXTA	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 (20 MG CAP DR, 30 MG CAP DR, 60 MG CAP DR)	1-Covered	PA2, 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)

## **MULTIPLE SCLEROSIS AGENTS**

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)
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>dimethyl fumarate</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>dimethyl fumarate starter pack</i>	1-Covered	QL (120 PER 365 DAYS), NDS (Non-Extended Day Supply)
<i>fingolimod hcl</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
KESIMPTA	1-Covered	PA, QL (1.2 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>teriflunomide</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

## **DENTAL AND ORAL AGENTS**

<i>cevimeline hcl</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<i>claravis</i>	1-Covered	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1-Covered	
<i>metronidazole (0.75 % cream, 0.75 % lotion, 1 % gel)</i>	1-Covered	
<i>sulfacetamide sodium (acne)</i>	1-Covered	QL (118 PER 30 DAYS)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1-Covered	PA, QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	1-Covered	PA, 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 dipropionate aug 0.05 % lotion</i>	1-Covered	QL (120 PER 30 DAYS)
<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 (60 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 % shampoo</i>	1-Covered	QL (118 PER 30 DAYS)
<i>clobetasol propionate e</i>	1-Covered	QL (120 PER 30 DAYS)
<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 % ointment)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	1-Covered	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide body</i>	1-Covered	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	1-Covered	QL (118.28 PER 30 DAYS)
<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)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1-Covered	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream</i>	1-Covered	
<i>hydrocortisone valerate 0.2 % ointment</i>	1-Covered	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1-Covered	
<i>pimecrolimus</i>	1-Covered	QL (100 PER 30 DAYS)
<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	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>tovet</i>	1-Covered	
<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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 (10 PER 30 DAYS)
<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)
OTEZLA (20 MG TAB, 30 MG TAB)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	1-Covered	PA, QL (110 PER 365 DAYS), NDS (Non-Extended Day Supply)
<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	

## **PEDICULICIDES/SCABICIDES**

<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel</i>	1-Covered	QL (75 PER 30 DAYS)
<i>ery 2% pad</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/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
<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, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	1-Covered	
FREAMINE III	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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>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	
<i>plenamine</i>	1-Covered	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) 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, 2.2 (1 f) mg chew tab)</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TPN ELECTROLYTES	1-Covered	PA3
TRAVASOL	1-Covered	PA3
TROPHAMINE	1-Covered	PA3

### **ELECTROLYTE/MINERAL/METAL MODIFIERS**

CHEMET	1-Covered	NDS (Non-Extended Day Supply)
<i>deferasirox (90 mg packet, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 360 mg tab)</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)
<i>penicillamine 250 mg tab</i>	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)

### **POTASSIUM BINDERS**

<i>kionex</i>	1-Covered	
LOKELMA	1-Covered	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate</i>	1-Covered	
<i>sps (sodium polystyrene sulf)</i>	1-Covered	

### **VITAMINS**

<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1-Covered	
<i>levocarnitine sf</i>	1-Covered	
PRENATAL VITAMIN ORAL TABLET	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
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
<i>constulose</i>	1-Covered	
<i>enulose</i>	1-Covered	
<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)
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl 0.5 mg tab</i>	1-Covered	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	1-Covered	PA, 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)
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<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	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CLENPIQ	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
GATTEX	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>gavilyte-c</i>	1-Covered	
<i>gavilyte-g</i>	1-Covered	
<i>gavilyte-n with flavor pack</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)
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Covered	
<i>peg-3350/electrolytes</i>	1-Covered	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1-Covered	
VOWST	1-Covered	PA, QL (12 PER 30 DAYS), NDS (Non-Extended Day Supply)

## **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)

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>rabeprazole sodium</i>	1-Covered	QL (30 PER 30 DAYS)
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>betaine</i>	1-Covered	NDS (Non-Extended Day Supply)
CERDELGA	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CREON	1-Covered	
<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)
<i>javygtor</i>	1-Covered	PA, 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	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>nitisinone</i>	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	PA, NDS (Non-Extended Day Supply)
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
SUCRAID	1-Covered	NDS (Non-Extended Day Supply)
<i>yargesa</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZENPEP	1-Covered	

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	1-Covered	QL (30 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.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fesoterodine fumarate er</i>	1-Covered	QL (30 PER 30 DAYS)
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>tadalafil (2.5 mg tab, 5 mg tab)</i>	1-Covered	PA, 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	QL (90 PER 30 DAYS)

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

<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	
<i>dexamethasone sod phos +rfd</i>	1-Covered	
<i>dexamethasone sod phosphate pf 10 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<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	PA, 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
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	1-Covered	
<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)
<b>ESTROGENS</b>		
<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>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	
<i>bekyree</i>	1-Covered	
<i>blisovi 24 fe</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
DEPO-ESTRADIOL	1-Covered	
<i>desogestrel-ethinyl estradiol</i>	1-Covered	
<i>dolishale</i>	1-Covered	
<i>dotti</i>	1-Covered	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol</i>	1-Covered	
<i>elinest</i>	1-Covered	
<i>eluryng</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, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1-Covered	QL (8 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>estradiol (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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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>fyavolv</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>jinteli</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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>larin 24 fe</i>	1-Covered	
<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 &amp; 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	QL (8 PER 28 DAYS)
<i>marlissa</i>	1-Covered	
<b>MENEST</b>	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>mono-linyah</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>necon 0.5/35 (28)</i>	1-Covered	
<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>norethindrone-eth estradiol</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	
<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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	

## **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>heather</i>	1-Covered	
<i>incassia</i>	1-Covered	
<i>jencycla</i>	1-Covered	
LILETTA (52 MG)	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	
NEXPLANON	1-Covered	
<i>nora-be</i>	1-Covered	
<i>norethindrone</i>	1-Covered	
<i>norethindrone acetate</i>	1-Covered	
<i>norlyda</i>	1-Covered	
<i>norlyroc</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>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>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>lanreotide acetate</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>leuprolide acetate</i>	1-Covered	PA3
LEUPROLIDE ACETATE (3 MONTH)	1-Covered	PA3
LUPRON DEPOT (1-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (3-MONTH)	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (3-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (6-MONTH)	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, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	1-Covered	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
RECORLEV	1-Covered	PA, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
SIGNIFOR	1-Covered	PA, NDS (Non-Extended Day Supply)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	1-Covered	PA, NDS (Non-Extended Day Supply)
SOMAVERT	1-Covered	PA, 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
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>propylthiouracil</i>	1-Covered	
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
BERINERT	1-Covered	PA, NDS (Non-Extended Day Supply)
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)
<b>IMMUNOGLOBULINS</b>		
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)
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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
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)
RIDAURA	1-Covered	NDS (Non-Extended Day Supply)
RINVOQ	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
SKYRIZI	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)
TAVNEOS	1-Covered	PA, QL (180 PER 30 DAYS), 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)
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)
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	1-Covered	PA, NDS (Non-Extended Day Supply)
BESREMI	1-Covered	PA, QL (2 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PEGASYS	1-Covered	NDS (Non-Extended Day Supply)
<b>IMMUNOSUPPRESSANTS</b>		
ADALIMUMAB-AACF (2 PEN)	1-Covered	PA, 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 (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<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 UC 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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<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)
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	1-Covered	PA3
RENFLEXIS	1-Covered	PA3, NDS (Non-Extended Day Supply)
REZUROCK	1-Covered	PA, QL (30 PER 30 DAYS), 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
XATMEP	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>VACCINES</b>		
ABRYSVO	1-Covered	
ACTHIB	1-Covered	
ADACEL	1-Covered	
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	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PENTACEL	1-Covered	
PREHEVBRIO	1-Covered	PA3
PRIORIX	1-Covered	
PROQUAD	1-Covered	
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, 1000 mg suppos)</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
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	

## **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	
<i>ibandronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 30 DAYS)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1-Covered	
PROLIA	1-Covered	QL (1 PER 180 DAYS)
<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)
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

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

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	1-Covered
<i>atropine sulfate 1 % solution</i>	1-Covered
<i>bacitra-neomycin-polymyxin-hc</i>	1-Covered
<i>bacitracin-polymyxin b</i>	1-Covered

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	
MIEBO	1-Covered	QL (3 PER 30 DAYS)
<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, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>polycin</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	
XDEMVIY	1-Covered	PA, QL (10 PER 42 DAYS), NDS (Non-Extended Day Supply)
XIIDRA	1-Covered	QL (60 PER 30 DAYS)
ZYLET	1-Covered	

## **OPHTHALMIC ANTI-ALLERGY AGENTS**

<i>azelastine hcl 0.05 % solution</i>	1-Covered
<i>cromolyn sodium 4 % solution</i>	1-Covered
<i>epinastine 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
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
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>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	
<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	
<i>trifluridine</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	QL (90 PER 30 DAYS)
<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	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1-Covered	
<i>prednisolone acetate</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1-Covered	
PROLENSA	1-Covered	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<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	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er</i>	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	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost</i>	1-Covered	
<i>latanoprost</i>	1-Covered	
LUMIGAN	1-Covered	
<i>travoprost (bak free)</i>	1-Covered	
<b>OTIC AGENTS</b>		
<i>acetic acid 2 % solution</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 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 diskus 50 mcg/act aer pow ba</i>	1-Covered	QL (120 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)

### **ANTI-HISTAMINES**

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	1-Covered	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1-Covered	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	QL (30.5 PER 30 DAYS)
<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</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 0.02 % solution</i>	1-Covered	PA3
<i>ipratropium bromide 0.03 % solution</i>	1-Covered	QL (30 PER 28 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	1-Covered	QL (45 PER 30 DAYS)
YUPELRI	1-Covered	PA3, NDS (Non-Extended Day Supply)

### **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)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	1-Covered	QL (13.4 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	QL (4 PER 30 DAYS)
<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)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1-Covered	

## **CYSTIC FIBROSIS AGENTS**

BRONCHITOL	1-Covered	PA, QL (600 PER 30 DAYS), 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)
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)

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
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

<i>elixophyllin</i>	1-Covered	
<i>roflumilast</i>	1-Covered	QL (30 PER 30 DAYS)
<i>theophylline</i>	1-Covered	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</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)
<i>sildenafil citrate 20 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
UPTRAVI 200 & 800 MCG TAB THPK	1-Covered	PA, QL (200 PER 30 DAYS), NDS (Non-Extended Day Supply)
UPTRAVI 200 MCG TAB	1-Covered	PA, QL (150 PER 30 DAYS), NDS (Non-Extended Day Supply)

### PULMONARY FIBROSIS AGENTS

OFEV	1-Covered	PA, QL (60 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
<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>breyna</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)
FASENRA	1-Covered	PA, NDS (Non-Extended Day Supply)
FASENRA PEN	1-Covered	PA, NDS (Non-Extended Day Supply)
<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
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>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	
XEOMIN	1-Covered	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<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 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 10 mg cap</i>	1-Covered	PA, QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<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)
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<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)
SODIUM OXYBATE	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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albuterol sulfate	95	amnestem	62
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)	95	amoxapine	18
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)	96	amoxicillin	8
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)	96	amoxicillin-pot clavulanate	9
		amoxicillin-pot clavulanate er	9
		amphetamine-dextroamphet er	59
		amphetamine-dextroamphetamine	59
		amphotericin b	19
		amphotericin b liposome	19

ampicillin	9	AUSTEDO	60
ampicillin sodium	9	AUSTEDO XR	60
ampicillin-sulbactam sodium	9	AUSTEDO XR PATIENT TITRATION	60
anagrelide hcl	51	AUVELITY	16
anastrozole	25	AVASTIN	34
ANORO ELLIPTA	98	aviane	74
apomorphine hcl	36	AVONEX PEN	61
apraclonidine hcl	93	AVONEX PREFILLED	61
aprepitant	19	ayuna	74
APRETUDE	41	AYVAKIT	26
apri	74	azacitidine	24
APTIOM	14	AZASITE	92
APTIVUS	43	azathioprine	85
aranelle	74	AZATHIOPRINE SODIUM	85
ARCALYST	84	azelastine hcl	91,94
AREXVY	87	azithromycin	9
arformoterol tartrate	96	aztreonam	6
ARIKAYCE	6	azurette	74
aripiprazole	37		
ARISTADA	37	<b>B</b>	
ARISTADA INITIO	37	bac	60
armodafinil	99	bacitra-neomycin-polymyxin-hc	90
ARNUITY ELLIPTA	94	bacitracin	92
asenapine maleate	37	bacitracin-polymyxin b	90
aspirin-dipyridamole er	51	baclofen	39
atazanavir sulfate	44	balsalazide disodium	88
atenolol	53	BALVERSA	26
atenolol-chlorthalidone	55	balziva	74
atomoxetine hcl	59	BAQSIMI ONE PACK	49
atorvastatin calcium	57	BAQSIMI TWO PACK	49
atovaquone	35	BARACLUDE	40
atovaquone-proguanil hcl	35	BASAGLAR KWIKPEN	49
atropine sulfate	90	BCG VACCINE	87
ATROVENT HFA	95	BD ALCOHOL PADS	90
aubra eq	74	bekyree	74
AUGTYRO	24	benazepril hcl	52
aurovela 1.5/30	74	benazepril-hydrochlorothiazide	55
aurovela 1/20	74	BENLYSTA	84
aurovela 24 fe	74	benzoyl peroxide-erythromycin	62
aurovela fe 1.5/30	74	benztropine mesylate	35
aurovela fe 1/20	74	BERINERT	83

BESREMI	84	budesonide-formoterol fumarate	98
betaine	71	bumetanide	56
betamethasone dipropionate	63	buprenorphine	3
betamethasone dipropionate aug	63	buprenorphine hcl	5
betamethasone valerate	63	buprenorphine hcl-naloxone hcl	5
BETASERON	61	bupropion hcl	16
betaxolol hcl	53,93	bupropion hcl er (smoking det)	6
bethanechol chloride	72	bupropion hcl er (sr)	16
BEVESPI AEROSPHERE	98	bupropion hcl er (xl)	16
bexarotene	34	buspironone hcl	45
BEXSERO	87	butalbital-apap-caffeine	60
bicalutamide	23	butalbital-aspirin-caffeine	2
BICILLIN L-A	9	butorphanol tartrate	3
BIKTARVY	41		
bimatoprost	93	<b>C</b>	
bisoprolol fumarate	53	CABENUVA	43
bisoprolol-hydrochlorothiazide	55	cabergoline	81
BIVIGAM	83	CABOMETYX	26
blisovi 24 fe	74	calcipotriene	64,65
blisovi fe 1.5/30	75	calcitonin (salmon)	89
blisovi fe 1/20	75	calcitrene	65
BOOSTRIX	87	calcitriol	89
bortezomib	26	calcitriol oral soln 1 mcg/ml	89
bosentan	97	CALQUENCE	26
BOSULIF	26	camila	80
BOTOX	98	camrese lo	75
BRAFTOVI	26	candesartan cilexetil	52
BREO ELLIPTA	98	candesartan cilexetil-hctz	55
breyna	98	CAPLYTA	37
BREZTRI AEROSPHERE	98	CAPRELSA	26
briellyn	75	captopril	52
BRILINTA	51	carbamazepine	14
brimonidine tartrate	93	carbamazepine er	14
brinzolamide	93	carbidopa	36
BRIVIACT	11	carbidopa-levodopa	36
bromfenac sodium (once-daily)	92	carbidopa-levodopa er	36
bromocriptine mesylate	36	carbidopa-levodopa-entacapone	36
BRONCHITOL	96	carboplatin	22
BRUKINSA	26	carglumic acid	66
budesonide	88,94	carteolol hcl	93
budesonide er	89	cartia xt	54

carvedilol.....	53	cisplatin.....	22
caspofungin acetate.....	19	citalopram hydrobromide.....	16,17
CAYSTON.....	96	claravis.....	62
cefaclor.....	7	clarithromycin.....	9
cefadroxil.....	7	clarithromycin er.....	10
cefazolin sodium.....	7	CLENPIQ.....	69
cefdinir.....	8	clindamycin hcl.....	6
cefepime hcl.....	8	clindamycin palmitate hcl.....	6
cefixime.....	8	clindamycin phosphate.....	6,66
cefotetan disodium.....	8	clindamycin phosphate in d5w.....	6
cefoxitin sodium.....	8	CLINIMIX/DEXTROSE (4.25/10).....	66
cefpodoxime proxetil.....	8	CLINIMIX/DEXTROSE (4.25/5).....	66
cefprozil.....	8	CLINIMIX/DEXTROSE (5/15).....	66
ceftazidime.....	8	CLINIMIX/DEXTROSE (5/20).....	66
ceftriaxone sodium.....	8	clinisol sf.....	66
cefuroxime axetil.....	8	CLINOLIPID.....	90
cefuroxime sodium.....	8	clobazam.....	12
celecoxib.....	2	clobetasol prop emollient base.....	63
cephalexin.....	8	clobetasol propionate.....	63
CERDELGA.....	71	clobetasol propionate e.....	63
cetirizine hcl.....	94	clobetasol propionate emulsion.....	63
cevimeline hcl.....	61	clodan.....	63
chateal eq.....	75	clomipramine hcl.....	18
CHEMET.....	68	clonazepam.....	45
chlorhexidine gluconate.....	62	clonidine 0.1 mg/24hr patch wk.....	51
chloroquine phosphate.....	35	clonidine 0.2 mg/24hr patch wk.....	51
chlorpromazine hcl.....	36	clonidine 0.3 mg/24hr patch wk.....	52
chlorthalidone.....	57	clonidine hcl.....	52
cholestyramine.....	58	clopidogrel bisulfate.....	51
cholestyramine light.....	58	clorazepate dipotassium.....	46
ciclodan.....	65	clotrimazole.....	19
ciclopirox.....	65	clotrimazole-betamethasone.....	65
ciclopirox olamine.....	66	CLOTTRIMAZOLE-BETAMETHASONE.....	65
cilostazol.....	51	clozapine.....	39
CIMDUO.....	42	COARTEM.....	35
cimetidine.....	70	colchicine.....	21
cinacalcet hcl.....	89	colchicine-probenecid.....	21
CINRYZE.....	83	colesevelam hcl.....	58
ciprofloxacin hcl.....	10	colestipol hcl.....	58
ciprofloxacin in d5w.....	10	colistimethate sodium (cba).....	6
ciprofloxacin-dexamethasone.....	94	COMBIGAN.....	91



COMBIVENT RESPIMAT.....	98	deferasirox granules.....	68
COMETRIQ (100 MG DAILY DOSE).....	26	deferiprone.....	68
COMETRIQ (140 MG DAILY DOSE).....	26	DELSTRIGO.....	41
COMETRIQ (60 MG DAILY DOSE).....	27	delyla.....	75
COMPLERA.....	41	demeclocycline hcl.....	10
compro.....	18	DEPO-ESTRADIOL.....	75
constulose.....	69	DEPO-SUBQ PROVERA 104.....	80
COPAXONE.....	61	DESCOVY.....	42
COPIKTRA.....	27	desipramine hcl.....	18
CORLANOR.....	55	desloratadine.....	95
COTELLIC.....	27	desmopressin ace spray refrig.....	73
CREON.....	71	desmopressin acetate.....	73
cromolyn sodium.....	71,91,97	desmopressin acetate pf.....	73
cryselle-28.....	75	desmopressin acetate spray.....	73
cyclobenzaprine hcl.....	98	desogestrel-ethinyl estradiol.....	75
cyclopentolate hcl.....	91	desonide.....	63
CYCLOPHOSPHAMIDE.....	22	desoximetasone.....	63
CYCLOSET.....	46	desvenlafaxine succinate er.....	17
cyclosporine.....	85	dexamethasone.....	72
cyclosporine modified.....	85	dexamethasone sod phos +rfid.....	72
cyproheptadine hcl.....	95	dexamethasone sod phosphate pf.....	72
cyred eq.....	75	dexamethasone sodium phosphate.....	73,92
CYSTAGON.....	71	dexmethylphenidate hcl.....	59
CYSTARAN.....	71	dextroamphetamine sulfate.....	59
		dextroamphetamine sulfate er.....	59
		dextrose.....	66
		dextrose-sodium chloride.....	66
		DIACOMIT.....	11
<b>D</b>		diazepam.....	12,46
dabigatran etexilate mesylate.....	50	diazepam intensol.....	46
dalfampridine er.....	61	diazoxide.....	49
danazol.....	74	diclofenac potassium.....	2
dantrolene sodium.....	40	diclofenac sodium.....	2,92
dapsone.....	22	diclofenac sodium er.....	2
DAPTACEL.....	87	diclofenac-misoprostol.....	2
daptomycin.....	7	dicloxacillin sodium.....	9
daptomycin 350 mg recon soln.....	7	dicyclomine hcl.....	69
darifenacin hydrobromide er.....	71	DIFICID.....	10
darunavir.....	44	diflunisal.....	2
dasetta 1/35.....	75	difluprednate.....	92
dasetta 7/7/7.....	75	digoxin.....	53
DAURISMO.....	27		
deblitane.....	80		
deferasirox.....	68		

dihydroergotamine mesylate	21	dutasteride	72
DILANTIN	14	dutasteride-tamsulosin hcl	72
DILANTIN INFATABS	14	<b>E</b>	
dilt-xr	54	ec-naproxen	2
diltiazem hcl	54	econazole nitrate	19
diltiazem hcl er	54	EDURANT	41
diltiazem hcl er beads	54	efavirenz	41
diltiazem hcl er coated beads	54	efavirenz-emtricitab-tenofo df	41
dimethyl fumarate	61	efavirenz-lamivudine-tenofovir	42
dimethyl fumarate starter pack	61	ELIGARD	81
diphenhydramine hcl	95	elinest	75
diphenoxylate-atropine	69	ELIQUIS	50
DIPHThERIA-TETANUS TOXOIDS DT	87	ELIQUIS DVT/PE STARTER PACK	50
dipyridamole	51	elixophyllin	97
disulfiram	5	ELMIRON	72
divalproex sodium	11	eluryng	75
divalproex sodium er	11	EMCYT	24
DOCETAXEL	24	EMGALITY	21
dofetilide	53	EMGALITY (300 MG DOSE)	21
dolishale	75	EMSAM	16
donepezil hcl	15	emtricitabine	42
DOPTelet	51	emtricitabine-tenofovir df	42
dorzolamide hcl	93	EMTRIVA	42
dorzolamide hcl-timolol mal	91	emzahn	80
dorzolamide hcl-timolol mal pf	91	enalapril maleate	52
dotti	75	enalapril-hydrochlorothiazide	55
DOVATO	41	ENBREL	85
doxazosin mesylate	52	ENBREL MINI	85
doxepin hcl	18,99	ENBREL SURECLICK	85
doxercalciferol	89	endocet	4
doxy 100	10	ENGERIX-B	87
doxycycline hyclate	10	enilloring	75
doxycycline monohydrate	11	enoxaparin sodium	50
DRIZALMA SPRINKLE	60	enpresse-28	75
dronabinol	19	enskyce	75
drospirenone-ethinyl estradiol	75	entacapone	36
DROXIA	24	entecavir	40
droxidopa	52	ENTRESTO	55
DUAVEE	81	enulose	69
duloxetine hcl	61	ENVARsus XR	85
DUPIXENT	84		

EPCLUSA	40
EPIDIOLEX	11
epinastine hcl	91
epinephrine	96
epitol	14
eplerenone	57
EPRONTIA	11
ergoloid mesylates	15
ERGOTAMINE-CAFFEINE	21
ERIVEDGE	27
ERLEADA	23
erlotinib hcl	27
errin	80
ertapenem sodium	9
ery 2% pad	66
ery-tab	10
erythromycin	10,66,92
erythromycin base	10
erythromycin ethylsuccinate	10
escitalopram oxalate	17
esomeprazole magnesium	70
estarylla	75
estradiol	75
estradiol valerate	75
ESTRING	76
eszopiclone	99
ethambutol hcl	22
ethosuximide	12
ethynodiol diac-eth estradiol	76
etodolac	2
etodolac er	2
etonogestrel-ethinyl estradiol	76
etoposide	25
etravirine	42
euthyrox	81
everolimus	27,85
EVOTAZ	44
exemestane	25
ezetimibe	58
ezetimibe-simvastatin	58

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falmina	76
famciclovir	45
famotidine	70
FANAPT	37
FANAPT TITRATION PACK	38
FARXIGA	58
FASENRA	98
FASENRA PEN	98
febuxostat	21
felbamate	11
felodipine er	54
femynor	76
fenofibrate	57
fenofibrate micronized	57
fenofibric acid	57
fentanyl	3
fentanyl citrate	4
fesoterodine fumarate er	72
FETZIMA	17
FETZIMA TITRATION	17
FIASP	49
FIASP FLEXTOUCH	49
FIASP PENFILL	49
FIASP PUMPCART	49
finasteride	72
fingolimod hcl	61
FINTEPLA	11
FIRDAPSE	60
FIRMAGON	81
FIRMAGON (240 MG DOSE)	81
flac	94
FLAREX	92
FLEBOGAMMA DIF	83
flecainide acetate	53
fluconazole	19
fluconazole in sodium chloride	20
flucytosine	20
fludrocortisone acetate	73
flunisolide	94

fluocinolone acetonide	63,94	GAMMAPLEX	83
fluocinolone acetonide body	63	GAMUNEX-C	83
fluocinolone acetonide scalp	63	GARDASIL 9	87
fluocinonide	63	gatifloxacin	92
fluocinonide emulsified base	64	GATTEX	70
fluorometholone	92	GAUZE PADS & DRESSINGS - PADS 2 X	
flurouracil	24,65	2	90
fluoxetine hcl	17	gavilyte-c	70
fluphenazine decanoate	36	gavilyte-g	70
fluphenazine hcl	36	gavilyte-n with flavor pack	70
flurbiprofen	2	GAVRETO	27
flurbiprofen sodium	92	gefitinib	27
flutamide	23	gemfibrozil	57
fluticasone propionate	64,94	generlac	69
fluticasone propionate diskus	94	gengraf	85
fluticasone propionate hfa	94	gentamicin in saline	6
fluticasone-salmeterol	98	gentamicin sulfate	6,92
fluvoxamine maleate	17	GENVOYA	41
fluvoxamine maleate er	17	GILOTRIF	27
fondaparinux sodium	50	GLEOSTINE	22
formoterol fumarate	96	glimepiride	47
fosamprenavir calcium	44	glipizide	47
fosinopril sodium	53	glipizide er	47
fosinopril sodium-hctz	56	glipizide xl	47
FOTIVDA	27	glipizide-metformin hcl	47
FREAMINE III	66	GLUCAGON EMERGENCY	49
FRUZAQLA	24	GLUCAGON EMERGENCY 1 MG KIT	
FULPHILA	51	(GENERIC)	49
fulvestrant	24	glyburide	47
furosemide	56	GLYBURIDE MICRONIZED	47
FUZEON	43	glyburide-metformin	47
fyavolv	76	glycopyrrolate	69
FYCOMPA	11,12	GLYXAMBI	47
		granisetron hcl	19
<b>G</b>		griseofulvin microsize	20
gabapentin	12,13	griseofulvin ultramicrosize	20
galantamine hydrobromide	15	guanfacine hcl er	59
galantamine hydrobromide er	15		
GAMMAGARD	83	<b>H</b>	
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GAMMAKED	83	hailey 1.5/30	76

hailey 24 fe .....	76	IBRANCE .....	27
hailey fe 1.5/30 .....	76	ibu .....	2
hailey fe 1/20 .....	76	ibuprofen .....	2
halobetasol propionate .....	64	icatibant acetate .....	83
haloette .....	76	iclevia .....	76
haloperidol .....	37	ICLUSIG .....	27
haloperidol decanoate .....	37	IDACIO .....	85
haloperidol lactate .....	37	IDACIO FOR CROHNS DISEASE/UC .....	86
HARVONI .....	40	IDACIO FOR PLAQUE PSORIASIS .....	86
HAVRIX .....	87	IDHIFA .....	27
heather .....	80	ILEVRO .....	92
heparin sodium (porcine) .....	50	imatinib mesylate .....	28
heparin sodium (porcine) pf .....	50	IMBRUVICA .....	28
HEPLISAV-B .....	87	imipenem-cilastatin .....	9
HERCEPTIN HYLECTA .....	34	imipramine hcl .....	18
HETLIOZ LQ .....	99	imiquimod .....	65
HIBERIX .....	87	IMOVAX RABIES .....	87
HUMIRA .....	85	IMPAVIDO .....	35
HUMIRA (2 PEN) .....	85	INBRIJA .....	36
HUMIRA (2 SYRINGE) .....	85	incassia .....	80
HUMIRA-CD/UC/HS STARTER .....	85	INCRELEX .....	73
HUMIRA-PED $\geq$ 40KG UC STARTER .....	85	INCRUSE ELLIPTA .....	95
HUMIRA-PSORIASIS/UEVIT STARTER .....	85	indapamide .....	57
HUMULIN R U-500 (CONCENTRATED) .....	49	INFANRIX .....	87
HUMULIN R U-500 KWIKPEN .....	49	INFLECTRA .....	86
hydralazine hcl .....	58	INLYTA .....	28
hydrochlorothiazide .....	57	INQOVI .....	25
hydrocodone-acetaminophen .....	4	INREBIC .....	28
hydrocortisone .....	64,89	INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA) .....	90
hydrocortisone (perianal) .....	64	INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) .....	90
hydrocortisone butyrate .....	64	INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) .....	90
hydrocortisone valerate .....	64	INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) .....	90
hydrocortisone-acetic acid .....	94	INTELENCE .....	42
hydromorphone hcl .....	4	INTRALIPID .....	90
hydroxychloroquine sulfate .....	35	introvale .....	76
hydroxyurea .....	25	INVEGA HAFYERA .....	38
hydroxyzine hcl .....	95	INVEGA SUSTENNA .....	38
hydroxyzine pamoate .....	45		
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ipratropium-albuterol.....	98	JULUCA.....	41
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irbesartan-hydrochlorothiazide.....	56	junel 1/20.....	76
irinotecan hcl.....	25	junel fe 1.5/30.....	76
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ISOLYTE-S PH 7.4.....	66	KADCYLA.....	34
isoniazid.....	22	kalliga.....	76
ISOPROPYL ALCOHOL 0.7 ML/ML		KALYDECO.....	96
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isosorb dinitrate-hydralazine.....	56	kariva.....	76
isosorbide dinitrate.....	59	KCL (0.149%) IN NAACL.....	66
isosorbide mononitrate.....	59	kcl in dextrose-nacl.....	66
isosorbide mononitrate er.....	59	KCL-LACTATED RINGERS-D5W.....	66
isotretinoin.....	62	kelnor 1/35.....	76
isradipine.....	54	kelnor 1/50.....	76
itraconazole.....	20	KERENDIA.....	58
ivermectin.....	35	KESIMPTA.....	61
IWILFIN.....	25	ketoconazole.....	20
IXCHIQ.....	87	ketorolac tromethamine.....	92
IXIARO.....	87	KEYTRUDA.....	34
		KINRIX.....	87
<b>J</b>		kionex.....	68
JAKAFI.....	28	KISQALI (200 MG DOSE).....	28
jantoven.....	50	KISQALI (400 MG DOSE).....	28
JANUMET.....	47	KISQALI (600 MG DOSE).....	28
JANUMET XR.....	47	KISQALI FEMARA (200 MG DOSE).....	28
JANUVIA.....	47	KISQALI FEMARA (400 MG DOSE).....	28
JARDIANCE.....	58	KISQALI FEMARA (600 MG DOSE).....	28
jasmiel.....	76	klayesta.....	20
javygtor.....	71	klor-con.....	67
JAYPIRCA.....	28	klor-con 10.....	67
jencycla.....	80	klor-con m10.....	67
JENTADUETO.....	47	klor-con m15.....	67
JENTADUETO XR.....	47	klor-con m20.....	67

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KOSELUGO.....	28	LEUPROLIDE ACETATE (3 MONTH).....	81
kourzeq.....	62	levalbuterol hcl.....	96
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labetalol hcl.....	53	levocarnitine.....	68
lacosamide.....	14	levocarnitine sf.....	68
lactulose.....	69	levocetirizine dihydrochloride.....	95
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lamivudine-zidovudine.....	42	levofloxacin oral soln 25 mg/ml.....	10
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lamotrigine er.....	12	levonorg-eth estrad triphasic.....	77
lanreotide acetate.....	81	levonorgest-eth estrad 91-day.....	77
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larin 1/20.....	76	lidocaine.....	5
larin 24 fe.....	77	lidocaine viscous hcl.....	5
larin fe 1.5/30.....	77	lidocaine-prilocaine.....	5
larin fe 1/20.....	77	lidocan.....	5
latanoprost.....	93	LILETTA (52 MG).....	80
leena.....	77	linezolid.....	7
leflunomide.....	86	LINZESS.....	69
lenalidomide.....	23	liothyronine sodium.....	81
LENVIMA (10 MG DAILY DOSE).....	29	lisinopril.....	53
LENVIMA (12 MG DAILY DOSE).....	29	lisinopril-hydrochlorothiazide.....	56
LENVIMA (14 MG DAILY DOSE).....	29	lithium.....	46
LENVIMA (18 MG DAILY DOSE).....	29	lithium carbonate.....	46
LENVIMA (20 MG DAILY DOSE).....	29	lithium carbonate er.....	46
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mili	77	naloxone hcl	5
minocycline hcl	11	naltrexone hcl	5
minoxidil	58	NAMZARIC	15
mirtazapine	16	naproxen	2
misoprostol	70	naproxen dr	2
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olopatadine hcl	95	PAXLOVID (150/100)	45
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omeprazole	70	pazopanib hcl	30
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ondansetron hcl	19	PEDVAX HIB	87
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This formulary was updated on 10/01/2024. 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](http://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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