



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

Jefferson Health Plans

2024 Formulary

(List of Covered Drugs)

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

Formulary ID 24482, Version 17

This formulary was updated on 09/01/2024. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Jefferson Health Plans. When it refers to “plan” or “our plan,” it means Jefferson Health Plans Special (SNP HMO) and Dual Pearl (SNP HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 09/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Jefferson Health Plans Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

The enclosed formulary is current as of 09/01/2024. 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 105. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Jefferson Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Jefferson Health Plans before you fill your prescriptions. If you don't get approval, Jefferson Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Jefferson Health Plans limits the amount of the drug that Jefferson Health Plans will cover. For example, Jefferson Health Plans provides 60 tablets per prescription for atorvastatin 10 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Jefferson Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Jefferson Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Jefferson Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Jefferson Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Jefferson Health Plans’ formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Jefferson Health Plans’ Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Jefferson Health Plans Formulary

The formulary that begins on the page 2 provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

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.

Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	11
ANTIDEMENTIA AGENTS.....	15
ANTIDEPRESSANTS.....	16
ANTIEMETICS.....	18
ANTIFUNGALS.....	19
ANTIGOUT AGENTS.....	21
ANTIMIGRAINE AGENTS.....	21
ANTIMYASTHENIC AGENTS.....	22
ANTIMYCOBACTERIALS.....	22
ANTINEOPLASTICS.....	23
ANTIPARASITICS.....	36
ANTIPARKINSON AGENTS.....	37
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	41
ANTIVIRALS.....	42
ANXIOLYTICS.....	47
BIPOLAR AGENTS.....	48
BLOOD GLUCOSE REGULATORS.....	48
BLOOD PRODUCTS AND MODIFIERS.....	52
CARDIOVASCULAR AGENTS.....	54
CENTRAL NERVOUS SYSTEM AGENTS.....	61
DENTAL AND ORAL AGENTS.....	64
DERMATOLOGICAL AGENTS.....	64
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	68
GASTROINTESTINAL AGENTS.....	71
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	73
GENITOURINARY AGENTS.....	74
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	75
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	76
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	76
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	84
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	84
HORMONAL AGENTS, SUPPRESSANT (ADRENAL).....	84

HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....85
HORMONAL AGENTS, SUPPRESSANT (THYROID).....86
IMMUNOLOGICAL AGENTS.....86
INFLAMMATORY BOWEL DISEASE AGENTS.....92
METABOLIC BONE DISEASE AGENTS.....92
MISCELLANEOUS THERAPEUTIC AGENTS.....93
OPHTHALMIC AGENTS.....94
OTIC AGENTS.....97
RESPIRATORY TRACT/PULMONARY AGENTS.....98
SKELETAL MUSCLE RELAXANTS.....103
SLEEP DISORDER AGENTS.....103

LEGEND

TIER	NAME	
1	Covered	

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

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

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

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

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

OPIOID ANALGESICS, LONG-ACTING

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

OPIOID ANALGESICS, SHORT-ACTING

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

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

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>oxymorphone hcl</i>	1-Covered	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	1-Covered	QL (240 PER 30 DAYS)

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)

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

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>clindamycin phosphate (1 % swab, 2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1-Covered	
<i>clindamycin phosphate in d5w</i>	1-Covered	
<i>colistimethate sodium (cba)</i>	1-Covered	NDS (Non-Extended Day Supply)
DAPTOMYCIN (, 350 MG RECON SOLN)	1-Covered	NDS (Non-Extended Day Supply)
<i>fosfomycin tromethamine</i>	1-Covered	
<i>linezolid 100 mg/5ml recon susp</i>	1-Covered	QL (1800 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>linezolid 600 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	1-Covered	
<i>methenamine hippurate</i>	1-Covered	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab, 500 mg/100ml solution)</i>	1-Covered	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	1-Covered	
<i>nitrofurantoin monohyd macro</i>	1-Covered	
<i>polymyxin b sulfate</i>	1-Covered	
TIGECYCLINE	1-Covered	NDS (Non-Extended Day Supply)
<i>trimethoprim</i>	1-Covered	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1-Covered	
<i>vancomycin hcl 125 mg cap</i>	1-Covered	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	1-Covered	QL (240 PER 30 DAYS)
XIFAXAN 200 MG TAB	1-Covered	PA
XIFAXAN 550 MG TAB	1-Covered	PA, NDS (Non-Extended Day Supply)

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (250 mg cap, 500 mg cap)</i>	1-Covered	
--	-----------	--

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem</i>	1-Covered	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	1-Covered	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1-Covered	
<i>clarithromycin er</i>	1-Covered	
DIFICID (40 MG/ML RECON SUSP, 200 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)
ERYTHROCIN LACTOBIONATE	1-Covered	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1-Covered	
<i>erythromycin base</i>	1-Covered	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1-Covered	
QUINOLONES		
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>ciprofloxacin in d5w</i>	1-Covered	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>levofloxacin in d5w</i>	1-Covered	
<i>levofloxacin oral soln 25 mg/ml</i>	1-Covered	
<i>moxifloxacin hcl 400 mg tab</i>	1-Covered	
<i>moxifloxacin hcl in nacl</i>	1-Covered	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1-Covered	
SULFONAMIDES		
<i>sulfacetamide sodium (acne)</i>	1-Covered	QL (118 PER 30 DAYS)
<i>sulfadiazine</i>	1-Covered	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 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
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	
<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	
<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	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 10 MG/ML SOLUTION	1-Covered	QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 50 MG/5ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
DIACOMIT (250 MG CAP, 250 MG PACKET)	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
DIACOMIT (500 MG CAP, 500 MG PACKET)	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>divalproex sodium</i>	1-Covered	
<i>divalproex sodium er</i>	1-Covered	
EPIDIOLEX	1-Covered	PA2, QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
EPRONTIA	1-Covered	
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1-Covered	
FINTEPLA	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 0.5 MG/ML SUSPENSION	1-Covered	QL (720 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 2 MG TAB	1-Covered	QL (30 PER 30 DAYS)
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1-Covered	
<i>levetiracetam er</i>	1-Covered	
LEVETIRACETAM IN NACL	1-Covered	
<i>roweepra</i>	1-Covered	
<i>roweepra xr</i>	1-Covered	
SPRITAM	1-Covered	
<i>subvenite</i>	1-Covered	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1-Covered	
<i>valproate sodium</i>	1-Covered	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	1-Covered	
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	1-Covered	QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (150 MG TAB, 200 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (250 MG DAILY DOSE)	1-Covered	QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (350 MG DAILY DOSE)	1-Covered	QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	1-Covered	QL (28 PER 28 DAYS)

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
ZTALMY	1-Covered	PA2, QL (1100 PER 30 DAYS), NDS (Non-Extended Day Supply)
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1-Covered	
<i>methsuximide</i>	1-Covered	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (10 mg tab, 20 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1-Covered	QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1-Covered	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1-Covered	
NAYZILAM	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 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 (10 MG FILM, 20 MG FILM)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SYMPAZAN 5 MG FILM	1-Covered	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	1-Covered	
VALTOCO 10 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 15 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 20 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 5 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigabatrin</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

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>vigadrone</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigpoder</i>	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

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

SODIUM CHANNEL AGENTS

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

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>phenytoin sodium extended</i>	1-Covered	
<i>rufinamide 200 mg tab</i>	1-Covered	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	1-Covered	PA2, QL (2760 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>rufinamide 400 mg tab</i>	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZONISADE	1-Covered	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Covered	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

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

CHOLINESTERASE INHIBITORS

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

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

<i>memantine hcl (2 mg/ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	1-Covered	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>memantine hcl er</i>	1-Covered	QL (30 PER 30 DAYS)

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

MONOAMINE OXIDASE INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Covered	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1-Covered	QL (600 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Covered	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5ml solution</i>	1-Covered	QL (600 PER 30 DAYS)
FETZIMA	1-Covered	QL (30 PER 30 DAYS)
FETZIMA TITRATION	1-Covered	
<i>fluoxetine hcl (10 mg cap, 10 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg cap, 20 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	1-Covered	
<i>fluoxetine hcl 40 mg cap</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	1-Covered	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	1-Covered	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1-Covered	
<i>paroxetine hcl er</i>	1-Covered	
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	1-Covered	QL (300 PER 30 DAYS)
<i>trazodone 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
TRINTELLIX	1-Covered	QL (30 PER 30 DAYS)
VENLAFAXINE BESYLATE ER	1-Covered	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1-Covered	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	1-Covered	QL (30 PER 30 DAYS)

TRICYCLICS

<i>amitriptyline hcl</i>	1-Covered	
<i>amoxapine</i>	1-Covered	
<i>clomipramine hcl</i>	1-Covered	
<i>desipramine hcl</i>	1-Covered	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1-Covered	
<i>imipramine hcl</i>	1-Covered	
<i>imipramine pamoate</i>	1-Covered	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1-Covered	
<i>protriptyline hcl</i>	1-Covered	
<i>trimipramine maleate</i>	1-Covered	

ANTIEMETICS

ANTIEMETICS, OTHER

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

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

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

EMETOGENIC THERAPY ADJUNCTS

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

ANTIFUNGALS

ABELCET	1-Covered	PA3
<i>amphotericin b</i>	1-Covered	PA3
<i>amphotericin b liposome</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>caspofungin acetate 50 mg recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>caspofungin acetate 70 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.

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

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

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

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

CALCITONIN GENE-RELATED PEPTIDE (CRGP) RECEPTOR

UBRELVY	1-Covered	ST, QL (16 PER 30 DAYS), NDS (Non-Extended Day Supply)
---------	-----------	--

ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1-Covered	PA, QL (8 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
ERGOTAMINE-CAFFEINE	1-Covered	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl</i>	1-Covered	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	1-Covered	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1-Covered	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1-Covered	QL (6 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	1-Covered	QL (6 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1-Covered	QL (9 PER 30 DAYS)
<i>zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)</i>	1-Covered	QL (9 PER 30 DAYS)
<i>zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)</i>	1-Covered	QL (9 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	1-Covered	
<i>pyridostigmine bromide er</i>	1-Covered	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1-Covered	
<i>rifabutin</i>	1-Covered	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	1-Covered	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1-Covered	
PRETOMANID	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
PRIFTIN	1-Covered	
<i>pyrazinamide</i>	1-Covered	
<i>rifampin</i>	1-Covered	
SIRTURO	1-Covered	NDS (Non-Extended Day Supply)
TRECTOR	1-Covered	

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>busulfan</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>carboplatin</i>	1-Covered	PA3
<i>cisplatin</i>	1-Covered	PA3
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1-Covered	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	1-Covered	
GLEOSTINE 100 MG CAP	1-Covered	NDS (Non-Extended Day Supply)
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	1-Covered	
LEUKERAN	1-Covered	
MATULANE	1-Covered	NDS (Non-Extended Day Supply)
<i>melphalan hcl</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1-Covered	PA3
<i>paraplatin</i>	1-Covered	PA3
VALCHLOR	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
YONDELIS	1-Covered	NDS (Non-Extended Day Supply)
ZANOSAR	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
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>abiraterone acetate 500 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bicalutamide</i>	1-Covered	
ERLEADA 240 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ERLEADA 60 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>flutamide</i>	1-Covered	
<i>nilutamide</i>	1-Covered	NDS (Non-Extended Day Supply)
NUBEQA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORSERDU 345 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORSERDU 86 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
XTANDI (40 MG CAP, 40 MG TAB)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XTANDI 80 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
YONSA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	1-Covered	PA2, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
POMALYST	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
REVLIMID	1-Covered	PA2, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
THALOMID (150 MG CAP, 200 MG CAP)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
THALOMID (50 MG CAP, 100 MG CAP)	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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIESTROGENS/MODIFIERS		
EMCYT	1-Covered	NDS (Non-Extended Day Supply)
<i>fulvestrant</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
SOLTAMOX	1-Covered	NDS (Non-Extended Day Supply)
<i>tamoxifen citrate</i>	1-Covered	
<i>toremifene citrate</i>	1-Covered	NDS (Non-Extended Day Supply)
ANTIMETABOLITES		
<i>adrucil</i>	1-Covered	PA3
<i>azacitidine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>cladribine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>clofarabine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>cytarabine</i>	1-Covered	PA3
<i>cytarabine (pf)</i>	1-Covered	PA3
<i>decitabine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
DROXIA	1-Covered	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1-Covered	PA3
<i>gemcitabine hcl 1 gm recon soln</i>	1-Covered	PA3
<i>hydroxyurea</i>	1-Covered	
INQOVI	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>mercaptopurine</i>	1-Covered	
NIPENT	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
PURIXAN	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
TABLOID	1-Covered	
VYXEOS	1-Covered	PA3, NDS (Non-Extended Day Supply)
ANTINEOPLASTICS, OTHER		
AKEEGA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>arsenic trioxide 10 mg/10ml solution</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
AUGTYRO	1-Covered	PA2, NDS (Non-Extended Day Supply)
AYVAKIT	1-Covered	PA2, NDS (Non-Extended Day Supply)
BESREMI	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>bleomycin sulfate</i>	1-Covered	PA3
BRUKINSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>dacarbazine 200 mg recon soln</i>	1-Covered	
<i>dactinomycin</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
DOCETAXEL	1-Covered	PA3, NDS (Non-Extended Day Supply)
EXKIVITY	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>fludarabine phosphate 50 mg recon soln</i>	1-Covered	
FOTIVDA	1-Covered	PA2, NDS (Non-Extended Day Supply)
HALAVEN	1-Covered	NDS (Non-Extended Day Supply)
IDHIFA	1-Covered	PA2, NDS (Non-Extended Day Supply)
IWILFIN	1-Covered	PA2, NDS (Non-Extended Day Supply)
JAYPIRCA 100 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAYPIRCA 50 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.

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

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

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

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

<i>adriamycin 2 mg/ml solution</i>	1-Covered	
<i>daunorubicin hcl (, 20 mg/4ml solution)</i>	1-Covered	PA3
<i>doxorubicin hcl 2 mg/ml solution</i>	1-Covered	
<i>doxorubicin hcl liposomal</i>	1-Covered	PA3

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

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

MOLECULAR TARGET INHIBITORS

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INREBIC	1-Covered	PA2, NDS (Non-Extended Day Supply)
JAKAFI	1-Covered	PA2, NDS (Non-Extended Day Supply)
JEVTANA	1-Covered	NDS (Non-Extended Day Supply)
KISQALI (200 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KISQALI (400 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KISQALI (600 MG DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
KOSELUGO	1-Covered	PA2, NDS (Non-Extended Day Supply)
KYPROLIS	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>lapatinib ditosylate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
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	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYNPARZA	1-Covered	PA2, NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYTGOBI (12 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYTGOBI (16 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LYTGOBI (20 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	1-Covered	PA2, NDS (Non-Extended Day Supply)
MEKTOVI	1-Covered	PA2, NDS (Non-Extended Day Supply)
NERLYNX	1-Covered	PA2, NDS (Non-Extended Day Supply)
ODOMZO	1-Covered	PA2, NDS (Non-Extended Day Supply)
OGSIVEO	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>paclitaxel</i>	1-Covered	PA3
<i>paclitaxel protein-bound part</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>pazopanib hcl</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
PEMAZYRE	1-Covered	PA2, NDS (Non-Extended Day Supply)
PIQRAY (200 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
PIQRAY (250 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
PIQRAY (300 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
REZLIDHIA	1-Covered	PA2, NDS (Non-Extended Day Supply)
ROZLYTREK	1-Covered	PA2, NDS (Non-Extended Day Supply)
RUBRACA	1-Covered	PA2, NDS (Non-Extended Day Supply)
RYDAPT	1-Covered	PA2, NDS (Non-Extended Day Supply)

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
SCEMBLIX 100 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 20 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 40 MG TAB	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>sorafenib tosylate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
SPRYCEL	1-Covered	PA2, NDS (Non-Extended Day Supply)
STIVARGA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>sunitinib malate</i>	1-Covered	PA2, NDS (Non-Extended Day Supply)
TAFINLAR	1-Covered	PA2, NDS (Non-Extended Day Supply)
TAGRISSEO	1-Covered	PA2, NDS (Non-Extended Day Supply)
TALZENNA	1-Covered	PA2, NDS (Non-Extended Day Supply)
TASIGNA	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>temsirolimus</i>	1-Covered	NDS (Non-Extended Day Supply)
TEPMETKO	1-Covered	PA2, NDS (Non-Extended Day Supply)
TIBSOVO	1-Covered	PA2, NDS (Non-Extended Day Supply)
TRUSELTIQ (100MG DAILY DOSE)	1-Covered	
TRUSELTIQ (125MG DAILY DOSE)	1-Covered	
TRUSELTIQ (50MG DAILY DOSE)	1-Covered	
TRUSELTIQ (75MG DAILY DOSE)	1-Covered	
TUKYSA	1-Covered	PA2, NDS (Non-Extended Day Supply)
TURALIO	1-Covered	PA2, NDS (Non-Extended Day Supply)
VENCLEXTA (50 MG TAB, 100 MG TAB)	1-Covered	PA2, NDS (Non-Extended Day Supply)

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
VENCLEXTA 10 MG TAB	1-Covered	PA2
VENCLEXTA STARTING PACK	1-Covered	PA2, NDS (Non-Extended Day Supply)
VERZENIO	1-Covered	PA2, NDS (Non-Extended Day Supply)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	1-Covered	PA2, NDS (Non-Extended Day Supply)
VIZIMPRO	1-Covered	PA2, NDS (Non-Extended Day Supply)
VONJO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VOTRIENT	1-Covered	PA2, NDS (Non-Extended Day Supply)
XALKORI	1-Covered	PA2, NDS (Non-Extended Day Supply)
XOSPATA	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZEJULA	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZELBORAF	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZYDELIG	1-Covered	PA2, NDS (Non-Extended Day Supply)
ZYKADIA	1-Covered	PA2, NDS (Non-Extended Day Supply)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

ALYMSYS	1-Covered	PA3, NDS (Non-Extended Day Supply)
AVASTIN	1-Covered	PA3, NDS (Non-Extended Day Supply)
BAVENCIO	1-Covered	PA3, NDS (Non-Extended Day Supply)
CYRAMZA	1-Covered	PA3, NDS (Non-Extended Day Supply)
DARZALEX	1-Covered	PA3, NDS (Non-Extended Day Supply)
EMPLICITI	1-Covered	PA3, NDS (Non-Extended Day Supply)

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
ERBITUX 100 MG/50ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
HERCEPTIN HYLECTA	1-Covered	PA3, NDS (Non-Extended Day Supply)
HERZUMA	1-Covered	PA3, NDS (Non-Extended Day Supply)
IMFINZI	1-Covered	PA3, NDS (Non-Extended Day Supply)
KADCYLA	1-Covered	PA3, NDS (Non-Extended Day Supply)
KANJINTI	1-Covered	PA3, NDS (Non-Extended Day Supply)
KEYTRUDA	1-Covered	PA3, NDS (Non-Extended Day Supply)
MVASI	1-Covered	PA3, NDS (Non-Extended Day Supply)
MYLOTARG	1-Covered	PA3, NDS (Non-Extended Day Supply)
OGIVRI	1-Covered	PA3, NDS (Non-Extended Day Supply)
ONTRUZANT	1-Covered	PA3, NDS (Non-Extended Day Supply)
OPDIVO	1-Covered	PA3, NDS (Non-Extended Day Supply)
PERJETA	1-Covered	NDS (Non-Extended Day Supply)
RIABNI	1-Covered	PA3, NDS (Non-Extended Day Supply)
RITUXAN HYCELA	1-Covered	PA3, NDS (Non-Extended Day Supply)
RUXIENCE	1-Covered	PA3, NDS (Non-Extended Day Supply)
TECENTRIQ	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRAZIMERA	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRUXIMA	1-Covered	PA3, NDS (Non-Extended Day Supply)

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
VECTIBIX 100 MG/5ML SOLUTION	1-Covered	PA3, NDS (Non-Extended Day Supply)
YERVOY 50 MG/10ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
ZIRABEV	1-Covered	PA3, NDS (Non-Extended Day Supply)

RETINOIDS

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

TREATMENT ADJUNCTS

<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1-Covered	
<i>mesna</i>	1-Covered	
MESNEX 400 MG TAB	1-Covered	NDS (Non-Extended Day Supply)

ANTIPARASITICS

ANTHELMINTHICS

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

ANTIPROTOZOALS

<i>atovaquone</i>	1-Covered	
<i>atovaquone-proguanil hcl</i>	1-Covered	
BENZNIDAZOLE	1-Covered	
<i>chloroquine phosphate</i>	1-Covered	
COARTEM	1-Covered	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1-Covered	

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

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1-Covered	
<i>carbidopa-levodopa-entacapone</i>	1-Covered	
<i>entacapone</i>	1-Covered	
<i>tolcapone</i>	1-Covered	NDS (Non-Extended Day Supply)

DOPAMINE AGONISTS

<i>apomorphine hcl</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bromocriptine mesylate</i>	1-Covered	
NEUPRO	1-Covered	
<i>pramipexole dihydrochloride</i>	1-Covered	
<i>pramipexole dihydrochloride er</i>	1-Covered	
<i>ropinirole hcl</i>	1-Covered	
<i>ropinirole hcl er</i>	1-Covered	

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
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	1-Covered	
<i>carbidopa-levodopa</i>	1-Covered	
<i>carbidopa-levodopa er</i>	1-Covered	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	1-Covered	
<i>selegiline hcl</i>	1-Covered	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1-Covered	
<i>fluphenazine decanoate</i>	1-Covered	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1-Covered	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>haloperidol decanoate</i>	1-Covered	
<i>haloperidol lactate</i>	1-Covered	
<i>loxapine succinate</i>	1-Covered	
<i>molindone hcl</i>	1-Covered	
<i>pimozide</i>	1-Covered	
<i>thioridazine hcl</i>	1-Covered	
<i>thiothixene</i>	1-Covered	
<i>trifluoperazine hcl</i>	1-Covered	

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
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1-Covered	QL (2.4 PER 56 DAYS), NDS (Non-Extended Day Supply)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1-Covered	QL (3.2 PER 56 DAYS), NDS (Non-Extended Day Supply)
ABILIFY MAINTENA	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1-Covered	
ARISTADA 1064 MG/3.9ML PRSYR	1-Covered	QL (3.9 PER 56 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 441 MG/1.6ML PRSYR	1-Covered	QL (1.6 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 662 MG/2.4ML PRSYR	1-Covered	QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 882 MG/3.2ML PRSYR	1-Covered	QL (3.2 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA INITIO	1-Covered	NDS (Non-Extended Day Supply)
<i>asenapine maleate</i>	1-Covered	
CAPLYTA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
FANAPT TITRATION PACK	1-Covered	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1-Covered	QL (3.5 PER 180 DAYS), NDS (Non-Extended Day Supply)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1-Covered	QL (5 PER 180 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1-Covered	QL (0.75 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1-Covered	QL (1.5 PER 28 DAYS), NDS (Non-Extended Day Supply)

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
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1-Covered	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1-Covered	QL (0.5 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1-Covered	QL (0.88 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1-Covered	QL (1.32 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1-Covered	QL (1.75 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1-Covered	QL (2.63 PER 84 DAYS), NDS (Non-Extended Day Supply)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
LATUDA 80 MG TAB	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lurasidone hcl 80 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
NUPLAZID	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>olanzapine</i>	1-Covered	
<i>paliperidone er 1.5 mg tab er 24h</i>	1-Covered	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
PERSERIS	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>quetiapine fumarate</i>	1-Covered	
<i>quetiapine fumarate er</i>	1-Covered	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
RISPERDAL CONSTA (12.5 MG, 25 MG)	1-Covered	QL (2 PER 28 DAYS)

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
RISPERDAL CONSTA (37.5 MG, 50 MG)	1-Covered	QL (2 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1-Covered	
SECUADO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
UZEDY 100 MG/0.28ML SUSP PRSYR	1-Covered	QL (0.28 PER 28 DAYS), NDS (Non-Extended Day Supply)
UZEDY 125 MG/0.35ML SUSP PRSYR	1-Covered	QL (0.35 PER 28 DAYS), NDS (Non-Extended Day Supply)
UZEDY 150 MG/0.42ML SUSP PRSYR	1-Covered	QL (0.42 PER 56 DAYS), NDS (Non-Extended Day Supply)
UZEDY 200 MG/0.56ML SUSP PRSYR	1-Covered	QL (0.56 PER 56 DAYS), NDS (Non-Extended Day Supply)
UZEDY 250 MG/0.7ML SUSP PRSYR	1-Covered	QL (0.7 PER 56 DAYS), NDS (Non-Extended Day Supply)
UZEDY 50 MG/0.14ML SUSP PRSYR	1-Covered	QL (0.14 PER 28 DAYS), NDS (Non-Extended Day Supply)
UZEDY 75 MG/0.21ML SUSP PRSYR	1-Covered	QL (0.21 PER 28 DAYS), NDS (Non-Extended Day Supply)
VRAYLAR	1-Covered	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	
ZYPREXA RELPREVV	1-Covered	

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
--	-----------	--

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

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

ANTI-HEPATITIS B (HBV) AGENTS

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

ANTI-HEPATITIS C (HCV) AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	1-Covered	NDS (Non-Extended Day Supply)
BIKTARVY	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DOVATO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
GENVOYA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
ISENTRESS 25 MG CHEW TAB	1-Covered	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ISENTRESS HD	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JULUCA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
STRIBILD	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TIVICAY (25 MG TAB, 50 MG TAB)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TIVICAY 10 MG TAB	1-Covered	QL (60 PER 30 DAYS)
TIVICAY PD	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

COMPLERA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DELSTRIGO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
EDURANT	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>efavirenz 200 mg cap</i>	1-Covered	QL (90 PER 30 DAYS)
<i>efavirenz 50 mg cap</i>	1-Covered	QL (240 PER 30 DAYS)
<i>efavirenz 600 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)

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

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

<i>abacavir sulfate 20 mg/ml solution</i>	1-Covered	
<i>abacavir sulfate 300 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine</i>	1-Covered	QL (30 PER 30 DAYS)
CIMDUO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DESCOVY	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	
<i>lamivudine 10 mg/ml solution</i>	1-Covered	
<i>lamivudine 150 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1-Covered	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1-Covered	QL (30 PER 30 DAYS)

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
TRIUMEQ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRIUMEQ PD	1-Covered	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRIZIVIR	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIREAD 40 MG/GM POWDER	1-Covered	NDS (Non-Extended Day Supply)
<i>zidovudine 100 mg cap</i>	1-Covered	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	1-Covered	

ANTI-HIV AGENTS, OTHER

CABENUVA	1-Covered	NDS (Non-Extended Day Supply)
FUZEON	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>maraviroc</i>	1-Covered	NDS (Non-Extended Day Supply)
RUKOBIA	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)
SELZENTRY 25 MG TAB	1-Covered	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION)	1-Covered	NDS (Non-Extended Day Supply)
TROGARZO	1-Covered	NDS (Non-Extended Day Supply)
TYBOST	1-Covered	QL (30 PER 30 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>darunavir</i>	1-Covered	NDS (Non-Extended Day Supply)

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
EVOTAZ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fosamprenavir calcium</i>	1-Covered	NDS (Non-Extended Day Supply)
LEXIVA 50 MG/ML SUSPENSION	1-Covered	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	1-Covered	
NORVIR 100 MG PACKET	1-Covered	
PREZCOBIX	1-Covered	NDS (Non-Extended Day Supply)
PREZISTA (75 MG TAB, 150 MG TAB)	1-Covered	
PREZISTA 100 MG/ML SUSPENSION	1-Covered	NDS (Non-Extended Day Supply)
REYATAZ 50 MG PACKET	1-Covered	
<i>ritonavir</i>	1-Covered	
SYMTUZA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIRACEPT 250 MG TAB	1-Covered	QL (270 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIRACEPT 625 MG TAB	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTI-INFLUENZA AGENTS

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

ANTIHERPETIC AGENTS

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

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
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100)	1-Covered	QL (40 PER 30 DAYS), \$0 CS (\$0 Cost Share)
PAXLOVID (300/100)	1-Covered	QL (60 PER 30 DAYS), \$0 CS (\$0 Cost Share)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>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>chlordiazepoxide hcl 10 mg cap</i>	1-Covered	QL (300 PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg cap</i>	1-Covered	QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl 5 mg cap</i>	1-Covered	QL (240 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	1-Covered	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	1-Covered	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	1-Covered	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	1-Covered	QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	1-Covered	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	1-Covered	QL (600 PER 30 DAYS)

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>lorazepam 1 mg tab</i>	1-Covered	QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	1-Covered	QL (150 PER 30 DAYS)
<i>oxazepam</i>	1-Covered	QL (120 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

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

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>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)
JARDIANCE	1-Covered	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1-Covered	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
KERENDIA	1-Covered	PA, QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1-Covered	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	1-Covered	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>miglitol</i>	1-Covered	QL (90 PER 30 DAYS)
MOUNJARO	1-Covered	QL (2 PER 28 DAYS)

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>nateglinide 120 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1-Covered	QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1-Covered	QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	1-Covered	QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	1-Covered	QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	1-Covered	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
RYBELSUS	1-Covered	QL (30 PER 30 DAYS)
SOLIQUA	1-Covered	QL (18 PER 30 DAYS)
SYMLINPEN 120	1-Covered	QL (10.8 PER 30 DAYS), NDS (Non-Extended Day Supply)
SYMLINPEN 60	1-Covered	QL (6 PER 30 DAYS), NDS (Non- Extended Day Supply)
SYNJARDY (5-1000 MG TAB, 12.5- 1000 MG TAB, 12.5-500 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TAB	1-Covered	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
TRADJENTA	1-Covered	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
TRULICITY	1-Covered	QL (2 PER 28 DAYS)

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
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	1-Covered
BAQSIMI TWO PACK	1-Covered
<i>diazoxide</i>	1-Covered
GLUCAGEN HYPOKIT	1-Covered
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	1-Covered
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1-Covered
GVOKE HYPOPEN 1-PACK	1-Covered
GVOKE HYPOPEN 2-PACK	1-Covered
GVOKE KIT	1-Covered
GVOKE PFS	1-Covered

INSULINS

ADMELOG	1-Covered
ADMELOG SOLOSTAR	1-Covered
BASAGLAR KWIKPEN	1-Covered
HUMALOG	1-Covered
HUMALOG JUNIOR KWIKPEN	1-Covered
HUMALOG KWIKPEN	1-Covered
HUMALOG MIX 50/50 KWIKPEN	1-Covered
HUMALOG MIX 75/25	1-Covered
HUMALOG MIX 75/25 KWIKPEN	1-Covered
HUMULIN 70/30	1-Covered
HUMULIN 70/30 KWIKPEN	1-Covered
HUMULIN N	1-Covered
HUMULIN N KWIKPEN	1-Covered

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
HUMULIN R	1-Covered	
HUMULIN R U-500 (CONCENTRATED)	1-Covered	
HUMULIN R U-500 KWIKPEN	1-Covered	
INSULIN LISPRO	1-Covered	
INSULIN LISPRO (1 UNIT DIAL)	1-Covered	
INSULIN LISPRO JUNIOR KWIKPEN	1-Covered	
INSULIN LISPRO PROT & LISPRO	1-Covered	
LANTUS	1-Covered	
LANTUS SOLOSTAR	1-Covered	
LEVEMIR	1-Covered	
LEVEMIR FLEXPEN	1-Covered	
LEVEMIR FLEXTOUCH	1-Covered	
LYUMJEV	1-Covered	
LYUMJEV KWIKPEN	1-Covered	
TOUJEO MAX SOLOSTAR	1-Covered	
TOUJEO SOLOSTAR	1-Covered	
TRESIBA	1-Covered	
TRESIBA FLEXTOUCH	1-Covered	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

ELIQUIS	1-Covered	
ELIQUIS DVT/PE STARTER PACK	1-Covered	
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</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)

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>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1-Covered	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1-Covered	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1-Covered	
<i>jantoven</i>	1-Covered	
<i>warfarin sodium</i>	1-Covered	
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	1-Covered	
XARELTO STARTER PACK	1-Covered	
ZONTIVITY	1-Covered	

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl</i>	1-Covered	
LEUKINE	1-Covered	NDS (Non-Extended Day Supply)
NYVEPRIA	1-Covered	PA, NDS (Non-Extended Day Supply)
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	1-Covered	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	1-Covered	PA3, NDS (Non-Extended Day Supply)
PROMACTA (12.5 MG TAB, 25 MG TAB)	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PROMACTA (50 MG TAB, 75 MG TAB)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
PROMACTA 12.5 MG PACKET	1-Covered	PA, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
PROMACTA 25 MG PACKET	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETACRIT	1-Covered	PA3

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
ZARXIO	1-Covered	PA, NDS (Non-Extended Day Supply)
ZIEXTENZO	1-Covered	PA, NDS (Non-Extended Day Supply)

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

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

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate</i>	1-Covered	
<i>phenoxybenzamine hcl</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>prazosin hcl</i>	1-Covered	
<i>terazosin hcl</i>	1-Covered	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	1-Covered	
------------------------------	-----------	--

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>irbesartan</i>	1-Covered	
<i>losartan potassium</i>	1-Covered	
<i>olmesartan medoxomil</i>	1-Covered	
<i>telmisartan</i>	1-Covered	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1-Covered	

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl</i>	1-Covered	
<i>captopril</i>	1-Covered	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>fosinopril sodium</i>	1-Covered	
<i>lisinopril</i>	1-Covered	
<i>moexipril hcl</i>	1-Covered	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	1-Covered	
<i>quinapril hcl</i>	1-Covered	
<i>ramipril</i>	1-Covered	
<i>trandolapril</i>	1-Covered	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1-Covered	
<i>disopyramide phosphate</i>	1-Covered	PA
<i>dofetilide</i>	1-Covered	
<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	

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>sorine</i>	1-Covered	
<i>sotalol hcl</i>	1-Covered	
<i>sotalol hcl (af)</i>	1-Covered	

BETA-ADRENERGIC BLOCKING AGENTS

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

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>nifedipine er</i>	1-Covered	
<i>nifedipine er osmotic release</i>	1-Covered	
<i>nimodipine</i>	1-Covered	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt</i>	1-Covered	
<i>dilt-xr</i>	1-Covered	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1-Covered	
<i>diltiazem hcl er</i>	1-Covered	
<i>diltiazem hcl er beads</i>	1-Covered	
<i>diltiazem hcl er coated beads</i>	1-Covered	
<i>matzim la</i>	1-Covered	
<i>taztia xt</i>	1-Covered	
<i>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</i>	1-Covered	
<i>amlodipine besylate-valsartan</i>	1-Covered	
<i>amlodipine-atorvastatin</i>	1-Covered	
<i>amlodipine-olmesartan</i>	1-Covered	
<i>amlodipine-valsartan-hctz</i>	1-Covered	
<i>atenolol-chlorthalidone</i>	1-Covered	
<i>benazepril-hydrochlorothiazide</i>	1-Covered	
<i>bisoprolol-hydrochlorothiazide</i>	1-Covered	
<i>candesartan cilexetil-hctz</i>	1-Covered	
CORLANOR (5 MG TAB, 7.5 MG TAB)	1-Covered	QL (60 PER 30 DAYS)

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
CORLANOR 5 MG/5ML SOLUTION	1-Covered	QL (450 PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1-Covered	
<i>enalapril-hydrochlorothiazide</i>	1-Covered	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	1-Covered	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Covered	
<i>irbesartan-hydrochlorothiazide</i>	1-Covered	
<i>lisinopril-hydrochlorothiazide</i>	1-Covered	
<i>losartan potassium-hctz</i>	1-Covered	
<i>metoprolol-hydrochlorothiazide</i>	1-Covered	
<i>metyrosine</i>	1-Covered	NDS (Non-Extended Day Supply)
NEXLETOL	1-Covered	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Covered	
<i>olmesartan-amlodipine-hctz</i>	1-Covered	
<i>pentoxifylline er</i>	1-Covered	
<i>ranolazine er</i>	1-Covered	
<i>spironolactone-hctz</i>	1-Covered	
<i>telmisartan-amlodipine</i>	1-Covered	
<i>telmisartan-hctz</i>	1-Covered	
<i>trandolapril-verapamil hcl er</i>	1-Covered	
<i>triamterene-hctz</i>	1-Covered	
<i>valsartan-hydrochlorothiazide</i>	1-Covered	
VERQUVO	1-Covered	QL (30 PER 30 DAYS)

DIURETICS, LOOP

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

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>torse mide</i>	1-Covered	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	1-Covered	
<i>eplerenone</i>	1-Covered	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	1-Covered	
<i>hydrochlorothiazide</i>	1-Covered	
<i>indapamide</i>	1-Covered	
<i>metolazone</i>	1-Covered	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1-Covered	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	1-Covered	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1-Covered	
<i>gemfibrozil</i>	1-Covered	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>atorvastatin calcium 20 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
LIVALO	1-Covered	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pitavastatin calcium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)

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>rosuvastatin calcium 40 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Covered	QL (30 PER 30 DAYS)

DYSLIPIDEMICS, OTHER

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

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1-Covered	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1-Covered	
<i>isosorbide mononitrate</i>	1-Covered	
<i>isosorbide mononitrate er</i>	1-Covered	
NITRO-BID	1-Covered	

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>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1-Covered	
<i>nitroglycerin 0.4 % ointment</i>	1-Covered	QL (30 PER 30 DAYS)
RECTIV	1-Covered	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphetamine 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)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	1-Covered	QL (900 PER 30 DAYS)

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>methylphenidate hcl 5 mg/5ml solution</i>	1-Covered	QL (1800 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	1-Covered	QL (90 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

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

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
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE	1-Covered	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>pregabalin er 330 mg tab er 24h</i>	1-Covered	PA, QL (60 PER 30 DAYS)
SAVELLA	1-Covered	
SAVELLA TITRATION PACK	1-Covered	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
AVONEX PEN	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
AVONEX PREFILLED	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
BETASERON	1-Covered	QL (14 PER 28 DAYS), NDS (Non-Extended Day Supply)
COPAXONE 20 MG/ML SOLN PRSYR	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
COPAXONE 40 MG/ML SOLN PRSYR	1-Covered	QL (12 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>dalfampridine er</i>	1-Covered	QL (60 PER 30 DAYS)
<i> fingolimod hcl</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
KESIMPTA	1-Covered	PA, NDS (Non-Extended Day Supply)
PLEGRIDY	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)

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
PLEGRIDY STARTER PACK	1-Covered	NDS (Non-Extended Day Supply)
TECFIDERA (120 MG CAP DR, 240 MG CAP DR)	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TECFIDERA 120 & 240 MG CPDR THPK	1-Covered	NDS (Non-Extended Day Supply)
VUMERITY	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	1-Covered	
<i>acitretin</i>	1-Covered	PA2
<i>amnesteem</i>	1-Covered	
<i>benzoyl peroxide-erythromycin</i>	1-Covered	QL (46.6 PER 30 DAYS)
<i>claravis</i>	1-Covered	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1-Covered	QL (50 PER 30 DAYS)
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1-Covered	QL (45 PER 30 DAYS)
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1-Covered	
<i>myorisan</i>	1-Covered	

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>tazarotene 0.1 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	1-Covered	QL (60 PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	1-Covered	PA, QL (45 PER 30 DAYS)
<i>zenatane</i>	1-Covered	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	1-Covered	
<i>alclometasone dipropionate</i>	1-Covered	
<i>ammonium lactate</i>	1-Covered	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1-Covered	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	1-Covered	
<i>clobetasol prop emollient base</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	1-Covered	QL (118 PER 30 DAYS)
<i>clobetasol propionate 0.05 % liquid</i>	1-Covered	QL (125 PER 30 DAYS)
<i>clobetasol propionate e</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate emulsion</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clodan</i>	1-Covered	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1-Covered	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1-Covered	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1-Covered	

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>fluocinolone acetonide body</i>	1-Covered	
<i>fluocinolone acetonide scalp</i>	1-Covered	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1-Covered	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1-Covered	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1-Covered	
<i>hydrocortisone (perianal)</i>	1-Covered	
<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</i>	1-Covered	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1-Covered	
<i>procto-med hc</i>	1-Covered	
<i>proctosol hc</i>	1-Covered	
<i>proctozone-hc</i>	1-Covered	
<i>selenium sulfide 2.5 % lotion</i>	1-Covered	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>tovet</i>	1-Covered	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1-Covered	
<i>triderm</i>	1-Covered	

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
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>calcitrene</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1-Covered	QL (45 PER 30 DAYS)
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1-Covered	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	1-Covered	QL (20 PER 30 DAYS)
<i>fluorouracil 0.5 % cream</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fluorouracil 5 % cream</i>	1-Covered	QL (80 PER 30 DAYS)
<i>imiquimod 5 % cream</i>	1-Covered	QL (24 PER 30 DAYS)
<i>methoxsalen rapid</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>nystatin-triamcinolone</i>	1-Covered	QL (60 PER 30 DAYS)
<i>podofilox 0.5 % solution</i>	1-Covered	
REGRANEX	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
SANTYL	1-Covered	QL (90 PER 30 DAYS)
<i>silver sulfadiazine</i>	1-Covered	
<i>ssd</i>	1-Covered	
PEDICULICIDES/SCABICIDES		
<i>lindane</i>	1-Covered	
<i>malathion</i>	1-Covered	
<i>permethrin</i>	1-Covered	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	1-Covered	QL (30 PER 30 DAYS)
<i>ciclodan</i>	1-Covered	QL (13.2 PER 30 DAYS)
<i>ciclopirox 0.77 % gel</i>	1-Covered	QL (100 PER 30 DAYS)

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>ciclopirox 1 % shampoo</i>	1-Covered	QL (120 PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	1-Covered	QL (13.2 PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel</i>	1-Covered	QL (75 PER 30 DAYS)
<i>ery</i>	1-Covered	QL (60 PER 30 DAYS)
<i>erythromycin 2 % gel</i>	1-Covered	QL (60 PER 30 DAYS)
<i>erythromycin 2 % solution</i>	1-Covered	QL (120 PER 30 DAYS)
<i>mupirocin 2 % ointment</i>	1-Covered	QL (66 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
CLINIMIX E/DEXTROSE (2.75/5)	1-Covered	PA3
CLINIMIX E/DEXTROSE (4.25/10)	1-Covered	PA3
CLINIMIX E/DEXTROSE (4.25/5)	1-Covered	PA3
CLINIMIX E/DEXTROSE (5/15)	1-Covered	PA3
CLINIMIX E/DEXTROSE (5/20)	1-Covered	PA3
CLINIMIX/DEXTROSE (4.25/10)	1-Covered	PA3
CLINIMIX/DEXTROSE (4.25/5)	1-Covered	PA3
CLINIMIX/DEXTROSE (5/15)	1-Covered	PA3
CLINIMIX/DEXTROSE (5/20)	1-Covered	PA3
<i>clinisol sf</i>	1-Covered	PA3
<i>dextrose</i>	1-Covered	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	1-Covered	
FREAMINE III	1-Covered	PA3
INTRALIPID	1-Covered	PA3

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
ISOLYTE-P IN D5W	1-Covered	
ISOLYTE-S	1-Covered	
ISOLYTE-S PH 7.4	1-Covered	
KCL (0.149%) IN NACL	1-Covered	
<i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>	1-Covered	
KCL-LACTATED RINGERS-D5W	1-Covered	
<i>klor-con</i>	1-Covered	
<i>klor-con 10</i>	1-Covered	
<i>klor-con m10</i>	1-Covered	
<i>klor-con m15</i>	1-Covered	
<i>klor-con m20</i>	1-Covered	
<i>klor-con sprinkle</i>	1-Covered	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1-Covered	
<i>levocarnitine sf</i>	1-Covered	
<i>magnesium sulfate 50 % solution</i>	1-Covered	
MULTIPLE ELECTRO TYPE 1 PH 5.5	1-Covered	
<i>multiple electro type 1 ph 7.4</i>	1-Covered	
NUTRILIPID	1-Covered	PA3
PLASMA-LYTE A	1-Covered	
<i>plenamine</i>	1-Covered	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	1-Covered	
<i>potassium chloride crys er</i>	1-Covered	
<i>potassium chloride er</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>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1-Covered	
POTASSIUM CHLORIDE IN NACL (, 20-0.45 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1-Covered	
<i>potassium citrate er</i>	1-Covered	
PREMASOL	1-Covered	PA3
PROSOL	1-Covered	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	1-Covered	
<i>sodium chloride (pf)</i>	1-Covered	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1-Covered	
TPN ELECTROLYTES	1-Covered	PA3
TRAVASOL	1-Covered	PA3
TROPHAMINE	1-Covered	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	1-Covered	
<i>deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>deferasirox (90 mg tab, 125 mg tab sol)</i>	1-Covered	PA
<i>deferasirox granules</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>deferiprone</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
FERRIPROX 100 MG/ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
<i>trientine hcl 250 mg cap</i>	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>trientine hcl 500 mg cap</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
PHOSPHATE BINDERS		
<i>calcium acetate</i>	1-Covered	
<i>calcium acetate (phos binder)</i>	1-Covered	
<i>sevelamer carbonate</i>	1-Covered	
POTASSIUM BINDERS		
<i>kionex</i>	1-Covered	
LOKELMA	1-Covered	
<i>sodium polystyrene sulfonate</i>	1-Covered	
<i>sps</i>	1-Covered	
VELTASSA	1-Covered	
VITAMINS		
PRENATAL VITAMIN ORAL TABLET	1-Covered	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
CLENPIQ	1-Covered	
<i>constulose</i>	1-Covered	
<i>enulose</i>	1-Covered	
<i>gavilyte-n with flavor pack</i>	1-Covered	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-DIARRHEAL AGENTS		
<i>alose tron hcl</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1-Covered	
<i>loperamide hcl 2 mg cap</i>	1-Covered	
VIBERZI	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
XERMELO	1-Covered	PA, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1-Covered	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1-Covered	
<i>methscopolamine bromide</i>	1-Covered	
GASTROINTESTINAL AGENTS, OTHER		
GATTEX	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>gavilyte-c</i>	1-Covered	
<i>gavilyte-g</i>	1-Covered	
MYALEPT	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>na sulfate-k sulfate-mg sulf</i>	1-Covered	
OICALIVA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Covered	
<i>peg-3350/electrolytes</i>	1-Covered	
<i>peg-3350/electrolytes/ascorbat</i>	1-Covered	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1-Covered	
SKYRIZI 180 MG/1.2ML SOLN CART	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1-Covered	

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
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1-Covered	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1-Covered	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1-Covered	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	1-Covered	
PROTECTANTS		
<i>misoprostol</i>	1-Covered	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1-Covered	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	1-Covered	QL (30 PER 30 DAYS)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>betaine</i>	1-Covered	NDS (Non-Extended Day Supply)
CREON	1-Covered	
<i>cromolyn sodium 100 mg/5ml conc</i>	1-Covered	
CYSTAGON	1-Covered	
CYSTARAN	1-Covered	PA, QL (60 PER 28 DAYS), NDS (Non-Extended Day Supply)
ENDARI	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
GLASSIA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>javygtor</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>miglustat</i>	1-Covered	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>nitisinone</i>	1-Covered	NDS (Non-Extended Day Supply)
NITYR	1-Covered	NDS (Non-Extended Day Supply)
PROLASTIN-C	1-Covered	PA, NDS (Non-Extended Day Supply)
RAVICTI	1-Covered	PA, QL (525 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sapropterin dihydrochloride</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>yargesa</i>	1-Covered	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZEMAIRA	1-Covered	PA, NDS (Non-Extended Day Supply)
ZENPEP	1-Covered	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

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>tolterodine tartrate er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	1-Covered	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	1-Covered	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

GENITOURINARY AGENTS, OTHER

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1-Covered	
CORTROPHIN	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1-Covered	
<i>dexamethasone sod phos +rfid</i>	1-Covered	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1-Covered	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	1-Covered	

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>fludrocortisone acetate</i>	1-Covered	
KORLYM	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>methylprednisolone</i>	1-Covered	
<i>methylprednisolone acetate</i>	1-Covered	
<i>methylprednisolone sodium succ</i>	1-Covered	
<i>prednisolone 15 mg/5ml solution</i>	1-Covered	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	1-Covered	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1-Covered	
PREDNISONE INTENSOL	1-Covered	
SOLU-MEDROL 2 GM RECON SOLN	1-Covered	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

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

ANDROGENS

<i>danazol</i>	1-Covered	
<i>depo-testosterone</i>	1-Covered	PA2

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>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	1-Covered	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate</i>	1-Covered	PA2
<i>testosterone enanthate</i>	1-Covered	PA2
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	1-Covered	PA, QL (150 PER 30 DAYS)

ESTROGENS

<i>afirmelle</i>	1-Covered
<i>altavera</i>	1-Covered
<i>alyacen 1/35</i>	1-Covered
<i>alyacen 7/7/7</i>	1-Covered
<i>amabelz</i>	1-Covered
<i>amethyst</i>	1-Covered
<i>apri</i>	1-Covered
<i>aranelle</i>	1-Covered
<i>aubra eq</i>	1-Covered
<i>aurovela 1.5/30</i>	1-Covered
<i>aurovela 1/20</i>	1-Covered
<i>aurovela 24 fe</i>	1-Covered
<i>aurovela fe 1.5/30</i>	1-Covered
<i>aurovela fe 1/20</i>	1-Covered
<i>aviane</i>	1-Covered
<i>ayuna</i>	1-Covered
<i>azurette</i>	1-Covered
<i>balziva</i>	1-Covered
<i>bekyree</i>	1-Covered
<i>blisovi 24 fe</i>	1-Covered
<i>blisovi fe 1.5/30</i>	1-Covered
<i>blisovi fe 1/20</i>	1-Covered
<i>briellyn</i>	1-Covered

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>camrese lo</i>	1-Covered	
<i>chateal eq</i>	1-Covered	
<i>cryselle-28</i>	1-Covered	
<i>cyred eq</i>	1-Covered	
<i>dasetta 1/35</i>	1-Covered	
<i>dasetta 7/7/7</i>	1-Covered	
<i>delyla</i>	1-Covered	
<i>desogestrel-ethinyl estradiol</i>	1-Covered	
<i>dolishale</i>	1-Covered	
<i>dotti</i>	1-Covered	
<i>drospirenone-ethinyl estradiol</i>	1-Covered	
<i>elinest</i>	1-Covered	
<i>eluryng</i>	1-Covered	
<i>emoquette</i>	1-Covered	
<i>enilloring</i>	1-Covered	
<i>enpresse-28</i>	1-Covered	
<i>enskyce</i>	1-Covered	
<i>estarylla</i>	1-Covered	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	1-Covered	
<i>estradiol valerate</i>	1-Covered	
<i>estradiol-norethindrone acet</i>	1-Covered	
ESTRING	1-Covered	
<i>ethynodiol diac-eth estradiol</i>	1-Covered	
<i>etonogestrel-ethinyl estradiol</i>	1-Covered	
<i>falmina</i>	1-Covered	

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>femynor</i>	1-Covered	
<i>hailey 1.5/30</i>	1-Covered	
<i>hailey 24 fe</i>	1-Covered	
<i>hailey fe 1.5/30</i>	1-Covered	
<i>hailey fe 1/20</i>	1-Covered	
<i>haloette</i>	1-Covered	
<i>iclevia</i>	1-Covered	
<i>introvale</i>	1-Covered	
<i>isibloom</i>	1-Covered	
<i>jasmiel</i>	1-Covered	
<i>jolessa</i>	1-Covered	
<i>juleber</i>	1-Covered	
<i>junel 1.5/30</i>	1-Covered	
<i>junel 1/20</i>	1-Covered	
<i>junel fe 1.5/30</i>	1-Covered	
<i>junel fe 1/20</i>	1-Covered	
<i>junel fe 24</i>	1-Covered	
<i>kalliga</i>	1-Covered	
<i>kariva</i>	1-Covered	
<i>kelnor 1/35</i>	1-Covered	
<i>kelnor 1/50</i>	1-Covered	
<i>kurvelo</i>	1-Covered	
<i>larin 1.5/30</i>	1-Covered	
<i>larin 1/20</i>	1-Covered	
<i>larin 24 fe</i>	1-Covered	
<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	

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

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>norethindron-ethinyl estrad-fe</i>	1-Covered	
<i>norethindrone acet-ethinyl est</i>	1-Covered	
<i>norgestim-eth estrad triphasic</i>	1-Covered	
<i>norgestimate-eth estradiol</i>	1-Covered	
<i>nortrel 0.5/35 (28)</i>	1-Covered	
<i>nortrel 1/35 (21)</i>	1-Covered	
<i>nortrel 1/35 (28)</i>	1-Covered	
<i>nortrel 7/7/7</i>	1-Covered	
<i>nylia 1/35</i>	1-Covered	
<i>nylia 7/7/7</i>	1-Covered	
<i>nymyo</i>	1-Covered	
<i>ocella</i>	1-Covered	
<i>philith</i>	1-Covered	
<i>pimtrea</i>	1-Covered	
<i>pirmella 1/35</i>	1-Covered	
<i>portia-28</i>	1-Covered	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	1-Covered	
PREMPHASE	1-Covered	
PREMPRO	1-Covered	
<i>previfem</i>	1-Covered	
<i>reclipsen</i>	1-Covered	
<i>setlakin</i>	1-Covered	
<i>simliya</i>	1-Covered	
<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	

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>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	
<i>xulane</i>	1-Covered	
<i>yuvaferm</i>	1-Covered	
<i>zafemy</i>	1-Covered	
<i>zarah</i>	1-Covered	
<i>zovia 1/35 (28)</i>	1-Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zumandimine</i>	1-Covered	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
<i>lopreeza</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	
<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 prsy, 150 mg/ml suspension)</i>	1-Covered	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	1-Covered	
<i>nora-be</i>	1-Covered	
<i>norethindrone</i>	1-Covered	
<i>norethindrone acetate</i>	1-Covered	
<i>norlyda</i>	1-Covered	
<i>norlyroc</i>	1-Covered	
<i>progesterone (100 mg cap, 200 mg cap)</i>	1-Covered	
<i>sharobel</i>	1-Covered	

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
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	1-Covered	
<i>raloxifene hcl</i>	1-Covered	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox</i>	1-Covered	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Covered	
<i>levoxyl</i>	1-Covered	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1-Covered	
SYNTHROID	1-Covered	
<i>unithroid</i>	1-Covered	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>lanreotide acetate</i>	1-Covered	NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>mifepristone</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>octreotide acetate (50 mcg/ml soln prsyr, 100 mcg/ml soln prsyr, 500 mcg/ml soln prsyr)</i>	1-Covered	
SOMATULINE DEPOT	1-Covered	NDS (Non-Extended Day Supply)
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	1-Covered	NDS (Non-Extended Day Supply)
RECORLEV	1-Covered	PA, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1-Covered	
ELIGARD	1-Covered	PA3
FIRMAGON	1-Covered	PA3
FIRMAGON (240 MG DOSE)	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>leuprolide acetate</i>	1-Covered	PA3
LEUPROLIDE ACETATE (3 MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (1-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (3-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (4-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT (6-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	1-Covered	PA3, NDS (Non-Extended Day Supply)
LUPRON DEPOT-PED (6-MONTH)	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1-Covered	
ORGOVYX	1-Covered	PA2, NDS (Non-Extended Day Supply)
SIGNIFOR	1-Covered	NDS (Non-Extended Day Supply)
SOMAVERT	1-Covered	NDS (Non-Extended Day Supply)
SYNAREL	1-Covered	NDS (Non-Extended Day Supply)
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 22.5 MG RECON SUSP)	1-Covered	PA3

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
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1-Covered	PA3, NDS (Non-Extended Day Supply)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1-Covered	
<i>propylthiouracil</i>	1-Covered	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE	1-Covered	PA, NDS (Non-Extended Day Supply)
HAEGARDA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>icatibant acetate</i>	1-Covered	PA, QL (27 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sajazir</i>	1-Covered	PA, QL (27 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMMUNOGLOBULINS		
ATGAM	1-Covered	PA3, NDS (Non-Extended Day Supply)
BIVIGAM	1-Covered	PA, NDS (Non-Extended Day Supply)
FLEBOGAMMA DIF	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAGARD	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAGARD S/D LESS IGA	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAKED	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAPLEX	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMUNEX-C	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
OCTAGAM	1-Covered	PA, NDS (Non-Extended Day Supply)
PANZYGA	1-Covered	PA, NDS (Non-Extended Day Supply)
PRIVIGEN	1-Covered	PA, NDS (Non-Extended Day Supply)
THYMOGLOBULIN	1-Covered	PA3, NDS (Non-Extended Day Supply)

IMMUNOLOGICAL AGENTS, OTHER

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

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
IMMUNOSTIMULANTS		
ACTIMMUNE	1-Covered	PA, NDS (Non-Extended Day Supply)
PEGASYS	1-Covered	NDS (Non-Extended Day Supply)
IMMUNOSUPPRESSANTS		
ADALIMUMAB-AACF (2 PEN)	1-Covered	PA, NDS (Non-Extended Day Supply)
AVSOLA	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>azathioprine 50 mg tab</i>	1-Covered	PA3
AZATHIOPRINE SODIUM	1-Covered	PA3
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	1-Covered	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1-Covered	PA3
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	1-Covered	PA, NDS (Non-Extended Day Supply)
ENBREL MINI	1-Covered	PA, NDS (Non-Extended Day Supply)
ENBREL SURECLICK	1-Covered	PA, NDS (Non-Extended Day Supply)
ENVARUSUS XR	1-Covered	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>everolimus 0.25 mg tab</i>	1-Covered	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1-Covered	PA3
HUMIRA	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 PEN)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 SYRINGE)	1-Covered	PA, NDS (Non-Extended Day Supply)

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

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
OTREXUP	1-Covered	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	1-Covered	PA3
RASUVO	1-Covered	
RENFLEXIS	1-Covered	PA3, NDS (Non-Extended Day Supply)
REZUROCK	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
RINVOQ	1-Covered	PA, NDS (Non-Extended Day Supply)
RINVOQ LQ	1-Covered	PA, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
SANDIMMUNE 100 MG/ML SOLUTION	1-Covered	PA3
SIMULECT 20 MG RECON SOLN	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Covered	PA3
<i>sirolimus 1 mg/ml solution</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1-Covered	PA3
TREXALL	1-Covered	
XATMEP	1-Covered	

VACCINES

ABRYSVO	1-Covered	
ACTHIB	1-Covered	
ADACEL	1-Covered	
AREXVY	1-Covered	
BCG VACCINE	1-Covered	
BEXSERO	1-Covered	
BOOSTRIX	1-Covered	
DAPTACEL	1-Covered	
DIPHTHERIA-TETANUS TOXOIDS DT	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
ENGERIX-B	1-Covered	PA3
GARDASIL 9	1-Covered	
HAVRIX	1-Covered	
HEPLISAV-B	1-Covered	PA3
HIBERIX	1-Covered	
IMOVAX RABIES	1-Covered	
INFANRIX	1-Covered	
IPOL	1-Covered	
IXCHIQ	1-Covered	
IXIARO	1-Covered	
JYNNEOS	1-Covered	PA3
KINRIX	1-Covered	
M-M-R II	1-Covered	
MENACTRA	1-Covered	
MENQUADFI	1-Covered	
MENVEO (RECON SOLN, SOLUTION)	1-Covered	
MRESVIA	1-Covered	
PEDIARIX	1-Covered	
PEDVAX HIB	1-Covered	
PENTACEL	1-Covered	
PREHEVBRIO	1-Covered	PA3
PRIORIX	1-Covered	
PROQUAD	1-Covered	
QUADRACEL	1-Covered	
RABAVERT	1-Covered	
RECOMBIVAX HB	1-Covered	PA3
ROTARIX	1-Covered	
ROTATEQ	1-Covered	
SHINGRIX	1-Covered	
TDVAX	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
TENIVAC	1-Covered	
TICOVAC	1-Covered	
TRUMENBA	1-Covered	
TWINRIX	1-Covered	
TYPHIM VI	1-Covered	
VAQTA	1-Covered	
VARIVAX	1-Covered	
YF-VAX	1-Covered	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

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

GLUCOCORTICOIDS

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

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	

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>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1-Covered	
<i>calcitriol oral soln 1 mcg/ml</i>	1-Covered	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	1-Covered	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	1-Covered	PA3, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1-Covered	
FORTEO	1-Covered	PA, QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>ibandronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 30 DAYS)
NATPARA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1-Covered	
PROLIA	1-Covered	QL (1 PER 180 DAYS)
RAYALDEE	1-Covered	NDS (Non-Extended Day Supply)
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 28 DAYS)
<i>teriparatide</i>	1-Covered	PA, QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1-Covered	PA, QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1-Covered	PA, QL (2.48 PER 28 DAYS), NDS (Non-Extended Day Supply)
XGEVA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	1-Covered	PA3

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	1-Covered	
-----------------	-----------	--

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

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	1-Covered
<i>atropine sulfate 1 % solution</i>	1-Covered
<i>bacitra-neomycin-polymyxin-hc</i>	1-Covered
<i>bacitracin-polymyxin b</i>	1-Covered
COMBIGAN	1-Covered
<i>cyclopentolate hcl</i>	1-Covered
<i>dorzolamide hcl-timolol mal</i>	1-Covered
<i>dorzolamide hcl-timolol mal pf</i>	1-Covered
<i>neo-polycin</i>	1-Covered

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>neo-polycin hc</i>	1-Covered	
<i>neomycin-bacitracin zn-polymyx</i>	1-Covered	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1-Covered	
<i>neomycin-polymyxin-gramicidin</i>	1-Covered	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1-Covered	
OXERVATE	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>polycin</i>	1-Covered	
<i>proparacaine hcl</i>	1-Covered	
RESTASIS	1-Covered	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	1-Covered	QL (5.5 PER 28 DAYS)
ROCKLATAN	1-Covered	
<i>sulfacetamide-prednisolone</i>	1-Covered	
TOBRADEX 0.3-0.1 % OINTMENT	1-Covered	
<i>tobramycin-dexamethasone</i>	1-Covered	
XIIDRA	1-Covered	QL (60 PER 30 DAYS)
ZYLET	1-Covered	

OPHTHALMIC ANTI-ALLERGY AGENTS

ALOMIDE	1-Covered	
<i>azelastine hcl 0.05 % solution</i>	1-Covered	
<i>cromolyn sodium 4 % solution</i>	1-Covered	
<i>epinastine hcl</i>	1-Covered	
<i>olopatadine hcl 0.1 % solution</i>	1-Covered	

OPHTHALMIC ANTI-INFECTIVES

AZASITE	1-Covered	
<i>bacitracin 500 unit/gm ointment</i>	1-Covered	
<i>erythromycin 5 mg/gm ointment</i>	1-Covered	
<i>gatifloxacin</i>	1-Covered	

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>gentak</i>	1-Covered	
<i>gentamicin sulfate 0.3 % solution</i>	1-Covered	
<i>levofloxacin 0.5 % solution</i>	1-Covered	
<i>moxifloxacin hcl (2x day)</i>	1-Covered	
<i>moxifloxacin hcl 0.5 % solution</i>	1-Covered	
NATACYN	1-Covered	
<i>ofloxacin 0.3 % solution</i>	1-Covered	
<i>polymyxin b-trimethoprim</i>	1-Covered	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1-Covered	
<i>tobramycin 0.3 % solution</i>	1-Covered	
ZIRGAN	1-Covered	

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily)</i>	1-Covered	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1-Covered	
<i>diclofenac sodium 0.1 % solution</i>	1-Covered	
<i>difluprednate</i>	1-Covered	
FLAREX	1-Covered	
<i>fluorometholone</i>	1-Covered	
<i>flurbiprofen sodium</i>	1-Covered	
ILEVRO	1-Covered	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1-Covered	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1-Covered	
<i>prednisolone acetate</i>	1-Covered	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1-Covered	
PROLENSA	1-Covered	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % solution</i>	1-Covered	
-------------------------------------	-----------	--

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost</i>	1-Covered	
<i>latanoprost</i>	1-Covered	
LUMIGAN	1-Covered	
<i>travoprost (bak free)</i>	1-Covered	

OTIC AGENTS

CIPRODEX	1-Covered	
<i>ciprofloxacin hcl 0.2 % solution</i>	1-Covered	
<i>ciprofloxacin-dexamethasone</i>	1-Covered	
<i>flac</i>	1-Covered	
<i>fluocinolone acetonide 0.01 % oil</i>	1-Covered	

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>hydrocortisone-acetic acid</i>	1-Covered	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	1-Covered	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

ANTI-HISTAMINES

<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1-Covered	
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1-Covered	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1-Covered	
<i>desloratadine 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	1-Covered	

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>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1-Covered	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1-Covered	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	1-Covered	
<i>promethazine hcl 6.25 mg/5ml solution</i>	1-Covered	PA

ANTILEUKOTRIENES

<i>montelukast sodium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zafirlukast 10 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>zafirlukast 20 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA	1-Covered	QL (25.8 PER 30 DAYS)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1-Covered	
<i>ipratropium bromide 0.02 % solution</i>	1-Covered	PA3
SPIRIVA HANDHALER	1-Covered	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	1-Covered	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate</i>	1-Covered	QL (30 PER 30 DAYS)
YUPELRI	1-Covered	PA3, NDS (Non-Extended Day Supply)

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	1-Covered	PA3
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i>	1-Covered	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	1-Covered	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	1-Covered	QL (17 PER 30 DAYS)

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

CYSTIC FIBROSIS AGENTS

BRONCHITOL	1-Covered	PA, NDS (Non-Extended Day Supply)
CAYSTON	1-Covered	PA, NDS (Non-Extended Day Supply)
KALYDECO	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	1-Covered	PA, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
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
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP	1-Covered	
<i>elixophyllin</i>	1-Covered	
<i>roflumilast</i>	1-Covered	
<i>theophylline</i>	1-Covered	
<i>theophylline er</i>	1-Covered	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>alyq</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ambrisentan</i>	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bosentan</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
OPSUMIT	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sildenafil citrate 20 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRACLEER 32 MG TAB SOL	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	1-Covered	PA, NDS (Non-Extended Day Supply)
VENTAVIS	1-Covered	PA, NDS (Non-Extended Day Supply)

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
PULMONARY FIBROSIS AGENTS		
OFEV	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	1-Covered	PA, QL (270 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1-Covered	PA3
ADVAIR HFA	1-Covered	QL (12 PER 30 DAYS)
ANORO ELLIPTA	1-Covered	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	1-Covered	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	1-Covered	QL (60 PER 30 DAYS)
<i>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)
DULERA	1-Covered	QL (13 PER 30 DAYS)
FASENRA	1-Covered	PA, NDS (Non-Extended Day Supply)
FASENRA PEN	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1-Covered	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	1-Covered	PA, NDS (Non-Extended Day Supply)
TRELEGY ELLIPTA	1-Covered	QL (60 PER 30 DAYS)

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
SKELETAL MUSCLE RELAXANTS		
BOTOX	1-Covered	PA
<i>carisoprodol 350 mg tab</i>	1-Covered	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl 10 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1-Covered	PA
XEOMIN	1-Covered	PA
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	1-Covered	PA, QL (30 PER 30 DAYS)
HETLIOZ	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
HETLIOZ LQ	1-Covered	PA, QL (158 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ramelteon</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>temazepam (15 mg cap, 30 mg cap)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zaleplon</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	1-Covered	PA, QL (30 PER 30 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	1-Covered	PA, QL (60 PER 30 DAYS)
XYREM	1-Covered	PA, QL (540 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
XYWAV	1-Covered	PA, QL (540 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

Index of Drugs

A

abacavir sulfate	44	albuterol sulfate hfa 108 (90 base) mcg/act	
abacavir sulfate-lamivudine	44	aero soln (generic proair)	99
ABELCET	19	albuterol sulfate hfa 108 (90 base) mcg/act	
ABILIFY ASIMTUFII	39	aero soln (generic proventil)	99
ABILIFY MAINTENA	39	albuterol sulfate hfa 108 (90 base) mcg/act	
abiraterone acetate	24	aero soln (generic ventolin)	100
ABRYSCO	90	alclometasone dipropionate	65
acamprosate calcium	5	ALECENSA	29
acarbose	48	alendronate sodium	92
accutane	64	alfuzosin hcl er	75
acebutolol hcl	56	ALIQOPA	29
acetaminophen-codeine	3	aliskiren fumarate	57
acetazolamide	57	allopurinol	21
acetazolamide er	97	alogliptin benzoate	48
acetic acid	6	alogliptin-metformin hcl	48
acetylcysteine	102	alogliptin-pioglitazone	48
acitretin	64	ALOMIDE	95
ACTHAR	75	alose tron hcl	72
ACTHIB	90	ALPHAGAN P	97
ACTIMMUNE	88	alprazolam	47
acyclovir	46,67	altavera	77
acyclovir sodium	46	ALUNBRIG	29
ADACEL	90	alyacen 1/35	77
ADALIMUMAB-AACF (2 PEN)	88	alyacen 7/7/7	77
adefovir dipivoxil	42	ALYMSYS	34
ADEMPAS	101	alyq	101
ADMELOG	51	amabelz	77
ADMELOG SOLOSTAR	51	amantadine hcl	37
adriamycin	28	ambrisentan	101
adrucil	25	amethyst	77
ADVAIR HFA	102	amikacin sulfate	6
afirmelle	77	amiloride hcl	59
AIMOVIG	21	amiloride-hydrochlorothiazide	57
AJOVY	21	amiodarone hcl	55
ak-poly-bac	94	amitriptyline hcl	18
AKEEGA	26	amlodipine besy-benazepril hcl	57
ala-cort	65	amlodipine besylate	56
albendazole	36	amlodipine besylate-valsartan	57
albuterol sulfate	99	amlodipine-atorvastatin	57
		amlodipine-olmesartan	57
		amlodipine-valsartan-hctz	57

ammonium lactate	65	atorvastatin calcium	59
amnesteem	64	atovaquone	36
amoxapine	18	atovaquone-proguanil hcl	36
amoxicillin	9	atropine sulfate	94
amoxicillin-pot clavulanate	9	ATROVENT HFA	99
amoxicillin-pot clavulanate er	9	AUBAGIO	63
amphetamine-dextroamphet er	61	aubra eq	77
amphetamine-dextroamphetamine	61	AUGTYRO	26
amphotericin b	19	aurovela 1.5/30	77
amphotericin b liposome	19	aurovela 1/20	77
ampicillin	9	aurovela 24 fe	77
ampicillin sodium	9	aurovela fe 1.5/30	77
ampicillin-sulbactam sodium	9	aurovela fe 1/20	77
anagrelide hcl	53	AUSTEDO	62
anastrozole	28	AUSTEDO XR	62
ANORO ELLIPTA	102	AUSTEDO XR PATIENT TITRATION	62
apomorphine hcl	37	AUVELITY	16
apraclonidine hcl	97	AVASTIN	34
aprepitant	19	aviane	77
APRETUDE	43	AVONEX PEN	63
apri	77	AVONEX PREFILLED	63
APTIOM	14	AVSOLA	88
APTIVUS	45	ayuna	77
ARALAST NP	73	AYVAKIT	26
aranelle	77	azacitidine	25
ARCALYST	87	AZASITE	95
AREXVY	90	azathioprine	88
arformoterol tartrate	100	AZATHIOPRINE SODIUM	88
aripiprazole	39	azelastine hcl	95,98
ARISTADA	39	azithromycin	10
ARISTADA INITIO	39	aztreonam	6
armodafinil	103	azurette	77
ARNUIITY ELLIPTA	98		
arsenic trioxide	26	B	
asenapine maleate	39	bac	62
aspirin-dipyridamole er	54	bacitra-neomycin-polymyxin-hc	94
atazanavir sulfate	45	bacitracin	95
atenolol	56	bacitracin-polymyxin b	94
atenolol-chlorthalidone	57	baclofen	41
ATGAM	86	balsalazide disodium	92
atomoxetine hcl	61	BALVERSA	29

balziva	77	BOSULIF	29
BAQSIMI ONE PACK	51	BOTOX	103
BAQSIMI TWO PACK	51	BRAFTOVI	29
BARACLUDE	42	BREO ELLIPTA	102
BASAGLAR KWIKPEN	51	breyna	102
BAVENCIO	34	BREZTRI AEROSPHERE	102
BCG VACCINE	90	briellyn	77
BD ALCOHOL PADS	93	BRILINTA	54
bekyree	77	brimonidine tartrate	97
benazepril hcl	55	brinzolamide	97
benazepril-hydrochlorothiazide	57	BRIVIACT	11
bendamustine hcl	23	bromfenac sodium (once-daily)	96
BENLYSTA	87	bromocriptine mesylate	37
BENZNIDAZOLE	36	BRONCHITOL	100
benzoyl peroxide-erythromycin	64	BRUKINSA	26
benztropine mesylate	37	budesonide	92,98
BESREMI	26	budesonide er	92
betaine	73	budesonide-formoterol fumarate	102
betamethasone dipropionate	65	bumetanide	58
betamethasone dipropionate aug	65,75	buprenorphine	3
betamethasone valerate	65	buprenorphine hcl	5
BETASERON	63	buprenorphine hcl-naloxone hcl	5
betaxolol hcl	56,96	bupropion hcl	16
bethanechol chloride	75	bupropion hcl er (smoking det)	6
BEVESPI AEROSPHERE	102	bupropion hcl er (sr)	16
bexarotene	36	bupropion hcl er (xl)	16
BEXSERO	90	buspirone hcl	47
bicalutamide	24	busulfan	23
BICILLIN L-A	9	butalbital-apap-caff-cod	3
BIKTARVY	43	butalbital-apap-caffeine	62
bimatoprost	97	butalbital-aspirin-caffeine	2
bisoprolol fumarate	56	butorphanol tartrate	3
bisoprolol-hydrochlorothiazide	57	BYDUREON BCISE	48
BIVIGAM	86	BYETTA 10 MCG PEN	48
bleomycin sulfate	26	BYETTA 5 MCG PEN	48
blisovi 24 fe	77		
blisovi fe 1.5/30	77	C	
blisovi fe 1/20	77	CABENUVA	45
BOOSTRIX	90	cabergoline	85
bortezomib	29	CABOMETYX	29
bosentan	101	calcipotriene	67

calcitonin (salmon).....	92	ceftriaxone sodium.....	8
calcitrene.....	67	ceftriaxone sodium in dextrose.....	8
calcitriol.....	93	cefuroxime axetil.....	8
calcitriol oral soln 1 mcg/ml.....	93	cefuroxime sodium.....	8
calcium acetate.....	71	celecoxib.....	2
calcium acetate (phos binder).....	71	cephalexin.....	8
CALQUENCE.....	29	cetirizine hcl.....	98
camila.....	83	cevimeline hcl.....	64
camrese lo.....	78	chateal eq.....	78
candesartan cilexetil.....	54	CHEMET.....	70
candesartan cilexetil-hctz.....	57	chlordiazepoxide hcl.....	47
CAPLYTA.....	39	chlordiazepoxide-amitriptyline.....	16
CAPRELSA.....	29	chlorhexidine gluconate.....	64
captopril.....	55	chloroquine phosphate.....	36
carbamazepine.....	14	chlorpromazine hcl.....	38
carbamazepine er.....	14	chlorthalidone.....	59
carbidopa.....	38	cholestyramine.....	60
carbidopa-levodopa.....	38	cholestyramine light.....	60
carbidopa-levodopa er.....	38	ciclodan.....	67
carbidopa-levodopa-entacapone.....	37	ciclopirox.....	67,68
carboplatin.....	23	ciclopirox olamine.....	20
carglumic acid.....	68	cilostazol.....	54
carisoprodol.....	103	CIMDUO.....	44
carteolol hcl.....	97	cimetidine.....	73
cartia xt.....	57	CIMETIDINE HCL.....	73
carvedilol.....	56	cinacalcet hcl.....	93
caspofungin acetate.....	19	CINRYZE.....	86
cataflam.....	2	CIPRODEX.....	97
CAYSTON.....	100	ciprofloxacin hcl.....	10,97
cefaclor.....	7	ciprofloxacin in d5w.....	10
CEFACLOR ER.....	8	ciprofloxacin-dexamethasone.....	97
cefadroxil.....	8	cisplatin.....	23
cefazolin sodium.....	8	citalopram hydrobromide.....	17
cefdinir.....	8	cladribine.....	25
cefepime hcl.....	8	claravis.....	64
cefixime.....	8	clarithromycin.....	10
cefotetan disodium.....	8	clarithromycin er.....	10
cefoxitin sodium.....	8	CLENPIQ.....	71
cefpodoxime proxetil.....	8	clindamycin hcl.....	6
cefprozil.....	8	clindamycin palmitate hcl.....	6
ceftazidime.....	8	clindamycin phos-benzoyl perox.....	64

clindamycin phosphate	7,68	COMPLERA	43
clindamycin phosphate in d5w	7	compro	18
CLINIMIX E/DEXTROSE (2.75/5)	68	constulose	71
CLINIMIX E/DEXTROSE (4.25/10)	68	COPAXONE	63
CLINIMIX E/DEXTROSE (4.25/5)	68	COPIKTRA	30
CLINIMIX E/DEXTROSE (5/15)	68	CORLANOR	57,58
CLINIMIX E/DEXTROSE (5/20)	68	CORTROPHIN	75
CLINIMIX/DEXTROSE (4.25/10)	68	COTELLIC	30
CLINIMIX/DEXTROSE (4.25/5)	68	CREON	73
CLINIMIX/DEXTROSE (5/15)	68	cromolyn sodium	73,95,101
CLINIMIX/DEXTROSE (5/20)	68	cryselle-28	78
clinisol sf	68	cyclobenzaprine hcl	103
CLINOLIPID	94	cyclopentolate hcl	94
clobazam	13	CYCLOPHOSPHAMIDE	23
clobetasol prop emollient base	65	CYCLOSET	48
clobetasol propionate	65	cyclosporine	88
clobetasol propionate e	65	cyclosporine modified	88
clobetasol propionate emulsion	65	cyproheptadine hcl	98
clodan	65	CYRAMZA	34
clofarabine	25	cyred eq	78
clomipramine hcl	18	CYSTAGON	73
clonazepam	47	CYSTARAN	73
clonidine	54	cytarabine	25
clonidine hcl	54	cytarabine (pf)	25
clopidogrel bisulfate	54		
clorazepate dipotassium	47	D	
clotrimazole	20	dacarbazine	26
clotrimazole-betamethasone	67	dactinomycin	26
CLOTRIMAZOLE-BETAMETHASONE	67	dalfampridine er	63
clozapine	41	DALIRESP	101
COARTEM	36	danazol	76
colchicine	21	dantrolene sodium	42
colchicine-probenecid	21	dapsone	22
colesevelam hcl	60	DAPTACEL	90
colestipol hcl	60	DAPTOMYCIN	7
colistimethate sodium (cba)	7	darifenacin hydrobromide er	74
COMBIGAN	94	darunavir	45
COMBIVENT RESPIMAT	102	DARZALEX	34
COMETRIQ (100 MG DAILY DOSE)	30	dasetta 1/35	78
COMETRIQ (140 MG DAILY DOSE)	30	dasetta 7/7/7	78
COMETRIQ (60 MG DAILY DOSE)	30	daunorubicin hcl	28

DAURISMO.....	30	DIFICID.....	10
deblitane.....	83	diflunisal.....	2
decitabine.....	25	difluprednate.....	96
deferasirox.....	70	digoxin.....	58
deferasirox granules.....	70	dihydroergotamine mesylate.....	21
deferiprone.....	70	DILANTIN.....	14
DELSTRIGO.....	43	dilt-xr.....	57
delyla.....	78	diltiazem hcl.....	57
demeclocycline hcl.....	11	diltiazem hcl er.....	57
DEPO-SUBQ PROVERA 104.....	83	diltiazem hcl er beads.....	57
depo-testosterone.....	76	diltiazem hcl er coated beads.....	57
DESCOVY.....	44	diphenhydramine hcl.....	98
desipramine hcl.....	18	diphenoxylate-atropine.....	72
desloratadine.....	98	DIPHTHERIA-TETANUS TOXOIDS DT.....	90
desmopressin ace spray refrig.....	76	dipyridamole.....	54
desmopressin acetate.....	76	disopyramide phosphate.....	55
desmopressin acetate pf.....	76	disulfiram.....	5
desmopressin acetate spray.....	76	divalproex sodium.....	11
desogestrel-ethinyl estradiol.....	78	divalproex sodium er.....	11
desonide.....	65	DOCETAXEL.....	26
desoximetasone.....	65	dofetilide.....	55
desvenlafaxine succinate er.....	17	dolishale.....	78
dexamethasone.....	75	donepezil hcl.....	15
dexamethasone sod phos +rfid.....	75	dorzolamide hcl.....	97
dexamethasone sod phosphate pf.....	75	dorzolamide hcl-timolol mal.....	94
dexamethasone sodium phosphate.....	75,96	dorzolamide hcl-timolol mal pf.....	94
dexmethylphenidate hcl.....	61	dotti.....	78
dextroamphetamine sulfate.....	61	DOVATO.....	43
dextroamphetamine sulfate er.....	61	doxazosin mesylate.....	54
dextrose.....	68	doxepin hcl.....	18,103
dextrose-sodium chloride.....	68	doxercalciferol.....	93
DIACOMIT.....	11	doxorubicin hcl.....	28
diazepam.....	13,47	doxorubicin hcl liposomal.....	28
diazepam intensol.....	47	doxy 100.....	11
diazoxide.....	51	doxycycline hyclate.....	11
diclofenac potassium.....	2	doxycycline monohydrate.....	11
diclofenac sodium.....	2,96	DRIZALMA SPRINKLE.....	63
diclofenac sodium er.....	2	dronabinol.....	19
diclofenac-misoprostol.....	2	drosiprenone-ethinyl estradiol.....	78
dicloxacillin sodium.....	9	DROXIA.....	25
dicyclomine hcl.....	72	droxidopa.....	54

DUAVEE	84	enoxaparin sodium	52
DULERA	102	enpresse-28	78
duloxetine hcl	63	enskyce	78
DUPIXENT	87	entacapone	37
dutasteride	75	entecavir	42
dutasteride-tamsulosin hcl	75	ENTRESTO	58
E		enulose	71
ec-naproxen	2	ENVARUSUS XR	88
econazole nitrate	20	EPCLUSA	42
EDURANT	43	EPIDIOLEX	11
efavirenz	43	epinastine hcl	95
efavirenz-emtricitab-tenofo df	44	epinephrine	100
efavirenz-lamivudine-tenofovir	44	epirubicin hcl	29
ELIGARD	85	epitol	14
elimest	78	EPIVIR HBV	42
ELIQUIS	52	eplerenone	59
ELIQUIS DVT/PE STARTER PACK	52	EPRONTIA	11
elixophyllin	101	ERBITUX	35
ELMIRON	75	ergoloid mesylates	15
eluryng	78	ERGOTAMINE-CAFFEINE	22
EMCYT	25	ERIVEDGE	30
EMEND	19	ERLEADA	24
EMGALITY	21	erlotinib hcl	30
EMGALITY (300 MG DOSE)	21	errin	83
emoquette	78	ertapenem sodium	9
EMPLICITI	34	ery	68
EMSAM	16	ERYTHROCIN LACTOBIONATE	10
emtricitabine	44	erythromycin	10,68,95
emtricitabine-tenofovir df	44	erythromycin base	10
EMTRIVA	44	erythromycin ethylsuccinate	10
emzahn	83	escitalopram oxalate	17
enalapril maleate	55	esomeprazole magnesium	73
enalapril-hydrochlorothiazide	58	estarylla	78
ENBREL	88	estradiol	78
ENBREL MINI	88	estradiol valerate	78
ENBREL SURECLICK	88	estradiol-norethindrone acet	78
ENDARI	73	ESTRING	78
endocet	4	eszopiclone	103
ENGERIX-B	91	ethambutol hcl	22
enilloring	78	ethosuximide	13
		ethynodiol diac-eth estradiol	78

etodolac.....	2	FLAREX.....	96
etodolac er.....	2	flavoxate hcl.....	74
etonogestrel-ethinyl estradiol.....	78	FLEBOGAMMA DIF.....	86
etoposide.....	29	flecainide acetate.....	55
etravirine.....	44	fluconazole.....	20
euthyrox.....	84	fluconazole in sodium chloride.....	20
everolimus.....	30,88	flucytosine.....	20
EVOTAZ.....	46	fludarabine phosphate.....	26
exemestane.....	28	fludrocortisone acetate.....	76
EXKIVITY.....	26	flunisolide.....	98
ezetimibe.....	60	fluocinolone acetonide.....	65,97
ezetimibe-simvastatin.....	60	fluocinolone acetonide body.....	66
		fluocinolone acetonide scalp.....	66
F		fluocinonide.....	66
falmina.....	78	fluocinonide emulsified base.....	66
famciclovir.....	46	fluorometholone.....	96
famotidine.....	73	fluorouracil.....	25,67
FANAPT.....	39	fluoxetine hcl.....	17
FANAPT TITRATION PACK.....	39	fluphenazine decanoate.....	38
FARXIGA.....	48	fluphenazine hcl.....	38
FASENRA.....	102	flurbiprofen.....	2
FASENRA PEN.....	102	flurbiprofen sodium.....	96
febuxostat.....	21	flutamide.....	24
felbamate.....	11	fluticasone propionate.....	66,98
felodipine er.....	56	fluticasone propionate diskus.....	98
femynor.....	79	fluticasone propionate hfa.....	98
fenofibrate.....	59	fluticasone-salmeterol.....	102
fenofibrate micronized.....	59	fluvoxamine maleate.....	17
fenofibric acid.....	59	fluvoxamine maleate er.....	17
fentanyl.....	3	fondaparinux sodium.....	52,53
fentanyl citrate.....	4	formoterol fumarate.....	100
FERRIPROX.....	70	FORTEO.....	93
fesoterodine fumarate er.....	74	fosamprenavir calcium.....	46
FETZIMA.....	17	fosfomycin tromethamine.....	7
FETZIMA TITRATION.....	17	fosinopril sodium.....	55
finasteride.....	75	fosinopril sodium-hctz.....	58
fingolimod hcl.....	63	fosphenytoin sodium.....	14
FINTEPLA.....	11	FOTIVDA.....	26
FIRMAGON.....	85	FREAMINE III.....	68
FIRMAGON (240 MG DOSE).....	85	FRUZAQLA.....	30
flac.....	97	fulvestrant.....	25

furosemide.....	58
FUZEON.....	45
FYCOMPA.....	12

G

gabapentin.....	13
galantamine hydrobromide.....	15
galantamine hydrobromide er.....	15
GAMMAGARD.....	86
GAMMAGARD S/D LESS IGA.....	86
GAMMAKED.....	86
GAMMAPLEX.....	86
GAMUNEX-C.....	86
GARDASIL 9.....	91
gatifloxacin.....	95
GATTEX.....	72
GAUZE PADS & DRESSINGS - PADS 2 X 2.....	94
gavilyte-c.....	72
gavilyte-g.....	72
gavilyte-n with flavor pack.....	71
GAVRETO.....	30
gefitinib.....	30
gemcitabine hcl.....	25
gemfibrozil.....	59
GEMTESA.....	74
generlac.....	71
engraf.....	88
gentak.....	96
gentamicin in saline.....	6
gentamicin sulfate.....	6,96
GENVOYA.....	43
GILOTRIF.....	30
GLASSIA.....	74
GLEOSTINE.....	23
glimepiride.....	48
glipizide.....	48
glipizide er.....	49
glipizide xl.....	49
glipizide-metformin hcl.....	49
GLUCAGEN HYPOKIT.....	51

GLUCAGON EMERGENCY.....	51
GLUCAGON EMERGENCY 1 MG KIT (GENERIC).....	51
glyburide.....	49
GLYBURIDE MICRONIZED.....	49
glyburide-metformin.....	49
glycopyrrolate.....	72
GLYXAMBI.....	49
granisetron hcl.....	19
griseofulvin microsize.....	20
griseofulvin ultramicrosize.....	20
guanfacine hcl.....	54
guanfacine hcl er.....	61
GVOKE HYPOPEN 1-PACK.....	51
GVOKE HYPOPEN 2-PACK.....	51
GVOKE KIT.....	51
GVOKE PFS.....	51

H

HAEGARDA.....	86
hailey 1.5/30.....	79
hailey 24 fe.....	79
hailey fe 1.5/30.....	79
hailey fe 1/20.....	79
HALAVEN.....	26
halobetasol propionate.....	66
haloette.....	79
haloperidol.....	38
haloperidol decanoate.....	38
haloperidol lactate.....	38
HARVONI.....	42
HAVRIX.....	91
heather.....	83
heparin sodium (porcine).....	53
heparin sodium (porcine) pf.....	53
HEPLISAV-B.....	91
HERCEPTIN HYLECTA.....	35
HERZUMA.....	35
HETLIOZ.....	103
HETLIOZ LQ.....	103
HIBERIX.....	91

HUMALOG.....	51	ibu.....	2
HUMALOG JUNIOR KWIKPEN.....	51	ibuprofen.....	2
HUMALOG KWIKPEN.....	51	icatibant acetate.....	86
HUMALOG MIX 50/50 KWIKPEN.....	51	iclevia.....	79
HUMALOG MIX 75/25.....	51	ICLUSIG.....	30
HUMALOG MIX 75/25 KWIKPEN.....	51	IDACIO.....	89
HUMIRA.....	88	IDACIO FOR CROHNS DISEASE/UC.....	89
HUMIRA (2 PEN).....	88	IDACIO FOR PLAQUE PSORIASIS.....	89
HUMIRA (2 SYRINGE).....	88	idarubicin hcl.....	29
HUMIRA PEN.....	89	IDHIFA.....	26
HUMIRA PEN-CD/UC/HS STARTER.....	89	ifosfamide.....	23
HUMIRA PEN-PSOR/UEIT STARTER.....	89	ILEVRO.....	96
HUMIRA-PED<40KG CROHNS STARTER.....	89	imatinib mesylate.....	30
HUMIRA-PED>/=40KG CROHNS START.....	89	IMBRUVICA.....	30
HUMIRA-PED>/=40KG UC STARTER.....	89	IMFINZI.....	35
HUMIRA-PS/UV/ADOL HS STARTER.....	89	imipenem-cilastatin.....	9
HUMULIN 70/30.....	51	imipramine hcl.....	18
HUMULIN 70/30 KWIKPEN.....	51	imipramine pamoate.....	18
HUMULIN N.....	51	imiquimod.....	67
HUMULIN N KWIKPEN.....	51	IMOVAX RABIES.....	91
HUMULIN R.....	52	incassia.....	83
HUMULIN R U-500 (CONCENTRATED).....	52	INCRELEX.....	76
HUMULIN R U-500 KWIKPEN.....	52	indapamide.....	59
hydralazine hcl.....	60	indomethacin.....	2
hydrochlorothiazide.....	59	indomethacin er.....	2
hydrocodone-acetaminophen.....	4	INFANRIX.....	91
hydrocodone-ibuprofen.....	4	INFLECTRA.....	89
hydrocortisone.....	66,92	INGREZZA.....	62
hydrocortisone (perianal).....	66	INLYTA.....	30
hydrocortisone butyrate.....	66	INQOVI.....	25
hydrocortisone valerate.....	66	INREBIC.....	31
hydrocortisone-acetic acid.....	98	INSULIN LISPRO.....	52
hydromorphone hcl.....	4	INSULIN LISPRO (1 UNIT DIAL).....	52
hydroxychloroquine sulfate.....	36	INSULIN LISPRO JUNIOR KWIKPEN.....	52
hydroxyurea.....	25	INSULIN LISPRO PROT & LISPRO.....	52
hydroxyzine hcl.....	99	INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA).....	94
hydroxyzine pamoate.....	47	INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC).....	94
		INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC).....	94
I			
ibandronate sodium.....	93		
IBRANCE.....	30		

INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	94	jasmiel	79
INTELENCE	44	javygtor	74
INTRALIPID	68	JAYPIRCA	26
introvale	79	jencycla	83
INVEGA HAFYERA	39	JENTADUETO	49
INVEGA SUSTENNA	39,40	JENTADUETO XR	49
INVEGA TRINZA	40	JEVTANA	31
IPOL	91	jolessa	79
ipratropium bromide	99	juleber	79
ipratropium-albuterol	102	JULUCA	43
irbesartan	55	junel 1.5/30	79
irbesartan-hydrochlorothiazide	58	junel 1/20	79
irinotecan hcl	29	junel fe 1.5/30	79
ISENTRESS	43	junel fe 1/20	79
ISENTRESS HD	43	junel fe 24	79
isibloom	79	JYNNEOS	91
ISOLYTE-P IN D5W	69		
ISOLYTE-S	69	K	
ISOLYTE-S PH 7.4	69	KADCYLA	35
isoniazid	22	kalliga	79
ISOPROPYL ALCOHOL 0.7 ML/ML		KALYDECO	100
MEDICATED PAD	94	KANJINTI	35
isosorbide dinitrate	60	kariva	79
isosorbide mononitrate	60	KCL (0.149%) IN NACL	69
isosorbide mononitrate er	60	kcl in dextrose-nacl	69
isotretinoin	64	KCL-LACTATED RINGERS-D5W	69
isradipine	56	kelnor 1/35	79
itraconazole	20	kelnor 1/50	79
ivermectin	36	KERENDIA	49
IWILFIN	26	KESIMPTA	63
IXCHIQ	91	ketoconazole	20
IXIARO	91	ketorolac tromethamine	96
		KEYTRUDA	35
		KINRIX	91
J		kionex	71
JAKAFI	31	KISQALI (200 MG DOSE)	31
jantoven	53	KISQALI (400 MG DOSE)	31
JANUMET	49	KISQALI (600 MG DOSE)	31
JANUMET XR	49	KISQALI FEMARA (200 MG DOSE)	27
JANUVIA	49	KISQALI FEMARA (400 MG DOSE)	27
JARDIANCE	49	KISQALI FEMARA (600 MG DOSE)	27

klayesta	20	LENVIMA (18 MG DAILY DOSE)	31
klor-con	69	LENVIMA (20 MG DAILY DOSE)	31
klor-con 10	69	LENVIMA (24 MG DAILY DOSE)	31
klor-con m10	69	LENVIMA (4 MG DAILY DOSE)	31
klor-con m15	69	LENVIMA (8 MG DAILY DOSE)	31
klor-con m20	69	lessina	79
klor-con sprinkle	69	letrozole	28
KORLYM	76	leucovorin calcium	27,36
KOSELUGO	31	LEUKERAN	23
kourzeq	64	LEUKINE	53
KRAZATI	27	leuprolide acetate	85
kurvelo	79	LEUPROLIDE ACETATE (3 MONTH)	85
KYPROLIS	31	levalbuterol hcl	100
L		levalbuterol tartrate	100
labetalol hcl	56	LEVEMIR	52
lacosamide	14	LEVEMIR FLEXPEN	52
lactulose	71	LEVEMIR FLEXTOUCH	52
lactulose encephalopathy	71	levetiracetam	12
lamivudine	42,44	levetiracetam er	12
lamivudine-zidovudine	44	LEVETIRACETAM IN NAACL	12
lamotrigine	12,48	levobunolol hcl	97
lamotrigine er	48	levocarnitine	69
lanreotide acetate	84	levocarnitine sf	69
lansoprazole	73	levocetirizine dihydrochloride	99
LANTUS	52	levofloxacin	10,96
LANTUS SOLOSTAR	52	levofloxacin in d5w	10
lapatinib ditosylate	31	levofloxacin oral soln 25 mg/ml	10
larin 1.5/30	79	levoleucovorin calcium	27
larin 1/20	79	levoleucovorin calcium pf	27
larin 24 fe	79	levonest	79
larin fe 1.5/30	79	levonorg-eth estrad triphasic	80
larin fe 1/20	79	levonorgest-eth estrad 91-day	80
latanoprost	97	levonorgestrel-ethinyl estrad	80
LATUDA	40	levora 0.15/30 (28)	80
leena	79	levothyroxine sodium	84
leflunomide	89	levoxyl	84
lenalidomide	24	LEXIVA	46
LENVIMA (10 MG DAILY DOSE)	31	LIBERVANT	14
LENVIMA (12 MG DAILY DOSE)	31	lidocaine	5
LENVIMA (14 MG DAILY DOSE)	31	lidocaine viscous hcl	5
		lidocaine-prilocaine	5

lidocan	5	LUPRON DEPOT-PED (3-MONTH)	84,85
lindane	67	LUPRON DEPOT-PED (6-MONTH)	85
linezolid	7	lurasidone hcl	40
LINZESS	71	lutura	80
liothyronine sodium	84	LYBALVI	16
lisinopril	55	lyleq	83
lisinopril-hydrochlorothiazide	58	lyllana	80
lithium	48	LYNPARZA	31
lithium carbonate	48	LYSODREN	84
lithium carbonate er	48	LYTGOBI (12 MG DAILY DOSE)	32
LIVALO	59	LYTGOBI (16 MG DAILY DOSE)	32
lo-zumandimine	80	LYTGOBI (20 MG DAILY DOSE)	32
loestrin 1.5/30 (21)	80	LYUMJEV	52
loestrin 1/20 (21)	80	LYUMJEV KWIKPEN	52
loestrin fe 1.5/30	80	lyza	83
loestrin fe 1/20	80		
lojaimiess	80	M	
LOKELMA	71	M-M-R II	91
LONSURF	27	magnesium sulfate	69
loperamide hcl	72	malathion	67
lopinavir-ritonavir	46	maraviroc	45
lopreeza	83	marlissa	80
lorazepam	47,48	MARPLAN	16
lorazepam intensol	48	MATULANE	23
LORBRENA	31	matzim la	57
loryna	80	MAVYRET	42
losartan potassium	55	meclizine hcl	18
losartan potassium-hctz	58	medroxyprogesterone acetate	83
loteprednol etabonate	96	mefloquine hcl	37
lovastatin	59	megestrol acetate	83
low-ogestrel	80	MEKINIST	32
loxapine succinate	38	MEKTOVI	32
lubiprostone	71	meloxicam	2
LUCEMYRA	5	melphalan hcl	23
LUMAKRAS	27	memantine hcl	15
LUMIGAN	97	memantine hcl er	15
LUPRON DEPOT (1-MONTH)	85	MENACTRA	91
LUPRON DEPOT (3-MONTH)	85	MENQUADFI	91
LUPRON DEPOT (4-MONTH)	85	MENVEO	91
LUPRON DEPOT (6-MONTH)	85	mercaptapurine	25
LUPRON DEPOT-PED (1-MONTH)	84,85	meropenem	10

mesalamine	92	mimvey	80
mesalamine er	92	minocycline hcl	11
mesalamine-cleanser	92	minoxidil	60
mesna	36	mirtazapine	16
MESNEX	36	misoprostol	73
metformin hcl	49	MITIGARE	21
metformin hcl er	49	mitomycin	27
methadone hcl	3	mitoxantrone hcl	27
methazolamide	97	modafinil	103
methenamine hippurate	7	moexipril hcl	55
methimazole	86	molindone hcl	38
methocarbamol	103	mometasone furoate	66,98
methotrexate sodium	89	mondoxyne nl	11
methotrexate sodium (pf)	89	mono-lynyah	80
methoxsalen rapid	67	montelukast sodium	99
methscopolamine bromide	72	MORPHINE SULFATE	4
methsuximide	13	morphine sulfate	4
methylphenidate hcl	61,62	MORPHINE SULFATE (CONCENTRATE)	4
methylphenidate hcl er	62	morphine sulfate er	3
methylprednisolone	76	MOUNJARO	49
methylprednisolone acetate	76	MOVANTIK	71
methylprednisolone sodium succ	76	moxifloxacin hcl	10,96
metoclopramide hcl	18	moxifloxacin hcl (2x day)	96
metolazone	59	moxifloxacin hcl in nacl	10
metoprolol succinate er	56	MRESVIA	91
metoprolol tartrate	56	MULTAQ	55
metoprolol-hydrochlorothiazide	58	MULTIPLE ELECTRO TYPE 1 PH 5.5	69
metronidazole	7	multiple electro type 1 ph 7.4	69
metyrosine	58	mupirocin	68
mexiletine hcl	55	mutamycin	27
micalfungin sodium	20	MVASI	35
microgestin 1.5/30	80	MYALEPT	72
microgestin 1/20	80	mycophenolate mofetil	89
microgestin 24 fe	80	mycophenolate mofetil hcl	89
microgestin fe 1.5/30	80	mycophenolate sodium	89
microgestin fe 1/20	80	mycophenolic acid	89
midodrine hcl	54	MYLOTARG	35
mifepristone	84	myorisan	64
miglitol	49	MYRBETRIQ	74
miglustat	74		
mili	80		

N

na sulfate-k sulfate-mg sulf	72	nikki	80
nabumetone	2	nilutamide	24
nadolol	56	nimodipine	57
nafcillin sodium	9	NINLARO	27
naftifine hcl	20	NIPENT	25
naloxone hcl	6	nitazoxanide	37
naltrexone hcl	5	nitisinone	74
NAMZARIC	15	NITRO-BID	60
naproxen	2	nitrofurantoin macrocrystal	7
naproxen dr	3	nitrofurantoin monohyd macro	7
naproxen sodium	3	nitroglycerin	61
naratriptan hcl	22	NITYR	74
NATACYN	96	nizatidine	73
nateglinide	50	nora-be	83
NATPARA	93	NORDITROPIN FLEXPRO	76
NAYZILAM	13	norelgestromin-eth estradiol	80
nebivolol hcl	56	norethin ace-eth estrad-fe	80
necon 0.5/35 (28)	80	norethin-eth estradiol-fe	80
NEEDLES, INSULIN DISP., SAFETY	94	norethindron-ethinyl estrad-fe	81
nefazodone hcl	17	norethindrone	83
neo-polycin	94	norethindrone acet-ethinyl est	81
neo-polycin hc	95	norethindrone acetate	83
neomycin sulfate	6	norgestim-eth estrad triphasic	81
neomycin-bacitracin zn-polymyx	95	norgestimate-eth estradiol	81
neomycin-polymyxin-dexameth	95	norlyda	83
neomycin-polymyxin-gramicidin	95	norlyroc	83
neomycin-polymyxin-hc	95,98	nortrel 0.5/35 (28)	81
NERLYNX	32	nortrel 1/35 (21)	81
NEUPRO	37	nortrel 1/35 (28)	81
nevirapine	44	nortrel 7/7/7	81
nevirapine er	44	nortriptyline hcl	18
NEXLETOL	58	NORVIR	46
NEXLIZET	60	NUBEQA	24
niacin er (antihyperlipidemic)	60	NUCALA	102
nicardipine hcl	56	NUDEXTA	62
NICOTROL	6	NULOJIX	89
NICOTROL NS	6	NUPLAZID	40
nifedipine er	57	NURTEC	21
nifedipine er osmotic release	57	NUTRILIPID	69
		nyamyc	20
		nylia 1/35	81

nylia 7/7/7	81
nymyo	81
nystatin	20
nystatin-triamcinolone	67
nystop	20
NYVEPRIA	53

O

OCALIVA	72
ocella	81
OCTAGAM	87
octreotide acetate	84,85
ODEFSEY	44
ODOMZO	32
OFEV	102
ofloxacin	10,96
OGIVRI	35
OGSIVEO	32
OJEMDA	29
OJJAARA	29
olanzapine	40
olanzapine-fluoxetine hcl	16
olmesartan medoxomil	55
olmesartan medoxomil-hctz	58
olmesartan-amlodipine-hctz	58
olopatadine hcl	95,99
omega-3-acid ethyl esters	60
omeprazole	73
ondansetron	19
ondansetron hcl	19
ondansetron hcl oral soln 4 mg/5ml	19
ONTRUZANT	35
ONUREG	27
OPDIVO	35
OPSUMIT	101
oralone	64
ORGOVYX	85
ORKAMBI	100
ORSERDU	24
oseltamivir phosphate	46
OTEZLA	87

OTREXUP	90
oxacillin sodium	9
OXACILLIN SODIUM IN DEXTROSE	9
oxaliplatin	23
oxaprozin	3
oxazepam	48
oxcarbazepine	14
OXERVATE	95
oxybutynin chloride	74
oxybutynin chloride er	74
oxycodone hcl	4
oxycodone-acetaminophen	4
oxymorphone hcl	5
OZEMPIC (0.25 OR 0.5 MG/DOSE)	50
OZEMPIC (1 MG/DOSE)	50
OZEMPIC (2 MG/DOSE)	50

P

pacerone	55
paclitaxel	32
paclitaxel protein-bound part	32
paliperidone er	40
PANRETIN	36
pantoprazole sodium	73
PANZYGA	87
paraplatin	23
paricalcitol	93
paroex	64
paromomycin sulfate	6
paroxetine hcl	17
paroxetine hcl er	17
PAXLOVID (150/100)	47
PAXLOVID (300/100)	47
pazopanib hcl	32
PEDIARIX	91
PEDVAX HIB	91
peg 3350-kcl-na bicarb-nacl	72
peg-3350/electrolytes	72
peg-3350/electrolytes/ascorbat	72
peg-kcl-nacl-nasulf-na asc-c	72
PEGASYS	88

PEMAZYRE.....	32	PIQRAY (300 MG DAILY DOSE).....	32
pemetrexed disodium.....	25	pirfenidone.....	102
PENBRAYA.....	94	pirmella 1/35.....	81
penicillamine.....	75	piroxicam.....	3
PENICILLIN G POT IN DEXTROSE.....	9	pitavastatin calcium.....	59
penicillin g potassium.....	9	PLASMA-LYTE A.....	69
penicillin g sodium.....	9	PLEGRIDY.....	63
penicillin v potassium.....	9	PLEGRIDY STARTER PACK.....	64
PENTACEL.....	91	plenamine.....	69
pentamidine isethionate for nebulization soln 300 mg.....	37	podofilox.....	67
pentamidine isethionate for soln 300 mg.....	37	polycin.....	95
pentoxifylline er.....	58	polymyxin b sulfate.....	7
perindopril erbumine.....	55	polymyxin b-trimethoprim.....	96
perio gard.....	64	POMALYST.....	24
PERJETA.....	35	portia-28.....	81
permethrin.....	67	posaconazole.....	20,21
perphenazine.....	18	POTASSIUM CHLORIDE.....	69
perphenazine-amitriptyline.....	16	potassium chloride crys er.....	69
PERSERIS.....	40	potassium chloride er.....	69
pfizerpen.....	9	potassium chloride in dextrose.....	70
phenelzine sulfate.....	16	POTASSIUM CHLORIDE IN NA CL.....	70
phenobarbital.....	13	potassium citrate er.....	70
phenoxybenzamine hcl.....	54	pramipexole dihydrochloride.....	37
phenytek.....	14	pramipexole dihydrochloride er.....	37
phenytoin.....	14	prasugrel hcl.....	54
phenytoin infatabs.....	14	pravastatin sodium.....	59
phenytoin sodium.....	14	praziquantel.....	36
phenytoin sodium extended.....	15	prazosin hcl.....	54
philith.....	81	prednisolone.....	76
PIFELTRO.....	44	prednisolone acetate.....	96
pilocarpine hcl.....	64,97	prednisolone sodium phosphate.....	76
pimozide.....	38	PREDNISOLONE SODIUM PHOSPHATE.....	96
pimtrea.....	81	prednisone.....	76
pindolol.....	56	PREDNISONE INTENSOL.....	76
pioglitazone hcl.....	50	pregabalin.....	63
pioglitazone hcl-glimepiride.....	50	pregabalin er.....	63
pioglitazone hcl-metformin hcl.....	50	PREHEVBRIO.....	91
piperacillin sod-tazobactam so.....	9	PREMARIN.....	81
PIQRAY (200 MG DAILY DOSE).....	32	PREMASOL.....	70
PIQRAY (250 MG DAILY DOSE).....	32	PREMPHASE.....	81
		PREMPRO.....	81

PRENATAL VITAMIN ORAL TABLET	71	pyridostigmine bromide	22
PRETOMANID	22	pyridostigmine bromide er	22
prevalite	60	pyrimethamine	37
previfem	81	Q	
PREVYMIS	42	QINLOCK	27
PREZCOBIX	46	QUADRACEL	91
PREZISTA	46	quetiapine fumarate	40
PRIFTIN	23	quetiapine fumarate er	40
primaquine phosphate	37	quinapril hcl	55
primidone	13	quinidine sulfate	55
PRIORIX	91	quinine sulfate	37
PRIVIGEN	87	R	
probenecid	21	RABAVERT	91
prochlorperazine	18	rabeprazole sodium	73
prochlorperazine edisylate	19	raloxifene hcl	84
prochlorperazine maleate	19	ramelteon	103
PROCRIT	53	ramipril	55
procto-med hc	66	ranolazine er	58
proctosol hc	66	rasagiline mesylate	38
proctozone-hc	66	RASUVO	90
progesterone	83	RAVICTI	74
PROGRAF	90	RAYALDEE	93
PROLASTIN-C	74	reclipsen	81
PROLENSA	96	RECOMBIVAX HB	91
PROLIA	93	RECORLEV	84
PROMACTA	53	RECTIV	61
promethazine hcl	19,99	REGRANEX	67
promethegan	19	relafen	3
propafenone hcl	55	RELENZA DISKHALER	46
propafenone hcl er	55	RELISTOR	71
proparacaine hcl	95	RENFLEXIS	90
propranolol hcl	56	repaglinide	50
propranolol hcl er	56	REPATHA	60
propylthiouracil	86	REPATHA PUSHTRONEX SYSTEM	60
PROQUAD	91	REPATHA SURECLICK	60
PROSOL	70	RESTASIS	95
protriptyline hcl	18	RESTASIS MULTIDOSE	95
PULMICORT FLEXHALER	98	RETACRIT	53
PULMOZYME	100	RETEVMO	27
PURIXAN	25		
pyrazinamide	23		

REVLIMID.....	24
REXULTI.....	40
REYATAZ.....	46
REZLIDHIA.....	32
REZUROCK.....	90
RHOPRESSA.....	97
RIABNI.....	35
ribavirin.....	42
RIDAURA.....	87
rifabutin.....	22
rifampin.....	23
riluzole.....	62
rimantadine hcl.....	46
RINVOQ.....	90
RINVOQ LQ.....	90
risedronate sodium.....	93
RISPERDAL CONSTA.....	40,41
risperidone.....	41
ritonavir.....	46
RITUXAN HYCELA.....	35
rivastigmine.....	15
rivastigmine tartrate.....	15
rizatriptan benzoate.....	22
ROCKLATAN.....	95
roflumilast.....	101
romidepsin.....	29
ropinirole hcl.....	37
ropinirole hcl er.....	37
rosuvastatin calcium.....	59,60
ROTARIX.....	91
ROTATEQ.....	91
roweepra.....	12
roweepra xr.....	12
ROZLYTREK.....	32
RUBRACA.....	32
rufinamide.....	15
RUKOBIA.....	45
RUXIENCE.....	35
RYBELSUS.....	50
RYDAPT.....	32

S

sajazir.....	86
SANCUSO.....	19
SANDIMMUNE.....	90
SANTYL.....	67
sapropterin dihydrochloride.....	74
SAVELLA.....	63
SAVELLA TITRATION PACK.....	63
SCEMBLIX.....	33
scopolamine.....	19
SECUADO.....	41
selegiline hcl.....	38
selenium sulfide.....	66
SELZENTRY.....	45
SEREVENT DISKUS.....	100
sertraline hcl.....	17
setlakin.....	81
sevelamer carbonate.....	71
sharobel.....	83
SHINGRIX.....	91
SIGNIFOR.....	85
sildenafil citrate.....	101
silodosin.....	75
silver sulfadiazine.....	67
SIMBRINZA.....	97
simliya.....	81
SIMULECT.....	90
simvastatin.....	60
sirolimus.....	90
SIRTURO.....	23
SKYRIZI.....	72,87
SKYRIZI PEN.....	87
sodium chloride.....	70
sodium chloride (pf).....	70
sodium fluoride.....	70
sodium phenylbutyrate.....	74
sodium polystyrene sulfonate.....	71
SOFOSBUVIR-VELPATASVIR.....	42
solifenacin succinate.....	74
SOLIQUA.....	50

SOLTAMOX	25	SYMPAZAN	13
SOLU-MEDROL	76	SYMTUZA	46
SOMATULINE DEPOT	84	SYNAREL	85
SOMAVERT	85	SYNJARDY	50
sorafenib tosylate	33	SYNJARDY XR	50
sorine	56	SYNTHROID	84
sotalol hcl	56		
sotalol hcl (af)	56	T	
SPIRIVA HANDIHALER	99	TABLOID	26
SPIRIVA RESPIMAT	99	TABRECTA	27
spironolactone	59	tacrolimus	66,90
spironolactone-hctz	58	tadalafil (pah)	101
sprintec 28	81	TAFINLAR	33
SPRITAM	12	TAGRISSE	33
SPRYCEL	33	TALTZ	87
sps	71	TALZENNA	33
sronyx	81	tamoxifen citrate	25
ssd	67	tamsulosin hcl	75
STELARA	87	tarina 24 fe	81
sterile water for irrigation	94	tarina fe 1/20 eq	81
STIVARGA	33	TASIGNA	33
streptomycin sulfate	6	tasimelteon	103
STRIBILD	43	tazarotene	65
STRIVERDI RESPIMAT	100	tazicef	8
subvenite	12	TAZORAC	65
sucalfate	73	taztia xt	57
sulfacetamide sodium	96	TAZVERIK	27
sulfacetamide sodium (acne)	10	TDVAX	91
sulfacetamide-prednisolone	95	TECENTRIQ	35
sulfadiazine	10	TECFIDERA	64
sulfamethoxazole-trimethoprim	10	TEFLARO	8
sulfasalazine	92	telmisartan	55
sulindac	3	telmisartan-amlodipine	58
sumatriptan	22	telmisartan-hctz	58
sumatriptan succinate	22	temazepam	103
sumatriptan succinate refill	22	temsirolimus	33
sunitinib malate	33	TENIVAC	92
SUNLENCA	45	tenofovir disoproxil fumarate	44
syeda	81	TEPMETKO	33
SYMLINPEN 120	50	terazosin hcl	54
SYMLINPEN 60	50	terbinafine hcl	21

terbutaline sulfate	100	TOUJEO MAX SOLOSTAR	52
terconazole	21	TOUJEO SOLOSTAR	52
teriparatide	93	tovet	66
teriparatide (recombinant)	93	TPN ELECTROLYTES	70
TERIPARATIDE (RECOMBINANT)	93	TRACLEER	101
testosterone	77	TRADJENTA	50
testosterone cypionate	77	tramadol hcl	5
testosterone enanthate	77	tramadol hcl (er biphasic)	3
testosterone td gel pump 20.25 mg/act (1.62%)	77	tramadol hcl er	3
tetrabenazine	62	tramadol-acetaminophen	5
tetracycline hcl	11	trandolapril	55
THALOMID	24	trandolapril-verapamil hcl er	58
theophylline	101	tranexamic acid	54
theophylline er	101	tranlycypromine sulfate	16
thioridazine hcl	38	TRAVASOL	70
thiothixene	38	travoprost (bak free)	97
THYMOGLOBULIN	87	TRAZIMERA	35
tiadylt er	57	trazodone hcl	17
tiagabine hcl	13	TRECATOR	23
TIBSOVO	33	TRELEGY ELLIPTA	102
TICOVAC	92	TRELSTAR MIXJECT	85,86
TIGECYCLINE	7	TRESIBA	52
tilia fe	82	TRESIBA FLEXTOUCH	52
timolol maleate	56,97	tretinoin	36,65
timolol maleate (once-daily)	97	TREXALL	90
tiotropium bromide monohydrate	99	tri femynor	82
TIVICAY	43	tri-estarylla	82
TIVICAY PD	43	tri-legest fe	82
tizanidine hcl	42	tri-linyah	82
TOBRADEX	95	tri-lo-estarylla	82
tobramycin	96,100	tri-lo-marzia	82
tobramycin sulfate	6	tri-lo-mili	82
tobramycin-dexamethasone	95	tri-lo-sprintec	82
tolcapone	37	tri-mili	82
tolterodine tartrate	74	tri-nymyo	82
tolterodine tartrate er	75	tri-sprintec	82
topiramate	12	tri-vylibra	82
topotecan hcl	29	tri-vylibra lo	82
toremifene citrate	25	triamcinolone acetonide	64,66
torseamide	59	triamterene-hctz	58
		triderm	66

trientine hcl	70	VALCHLOR	23
trifluoperazine hcl	38	valganciclovir hcl	42
trifluridine	46	valproate sodium	12
trihexyphenidyl hcl	37	valproic acid	12
TRIJARDY XR	50	valsartan	55
TRIKAFTA	100,101	valsartan-hydrochlorothiazide	58
trimethoprim	7	VALTOCO 10 MG DOSE	13
trimipramine maleate	18	VALTOCO 15 MG DOSE	13
TRINTELLIX	18	VALTOCO 20 MG DOSE	13
TRIUMEQ	45	VALTOCO 5 MG DOSE	13
TRIUMEQ PD	45	vancomycin hcl	7
trivora (28)	82	VANFLYTA	28
TRIZIVIR	45	VAQTA	92
TROGARZO	45	varenicline tartrate	6
TROPHAMINE	70	varenicline tartrate (starter)	6
tropium chloride	75	varenicline tartrate(continue)	6
tropium chloride er	75	VARIVAX	92
TRULICITY	50	VASCEPA	60
TRUMENBA	92	VECTIBIX	36
TRUQAP	29	velivet	82
TRUSELTIQ (100MG DAILY DOSE)	33	VELTASSA	71
TRUSELTIQ (125MG DAILY DOSE)	33	VEMLIDY	42
TRUSELTIQ (50MG DAILY DOSE)	33	VENCLEXTA	33,34
TRUSELTIQ (75MG DAILY DOSE)	33	VENCLEXTA STARTING PACK	34
TRUXIMA	35	VENLAFAXINE BESYLATE ER	18
TUKYSA	33	venlafaxine hcl	18
TURALIO	33	venlafaxine hcl er	18
turqoz	82	VENTAVIS	101
TWINRIX	92	verapamil hcl	57
TYBOST	45	verapamil hcl er	57
TYPHIM VI	92	VERQUVO	58
U		VERSACLOZ	41
UBRELVY	21	VERZENIO	34
unithroid	84	vestura	82
UPTRAVI	101	VIBERZI	72
ursodiol	72	vienva	82
UZEDY	41	vigabatrin	13
V		vigadrone	14
valacyclovir hcl	46	vigpoder	14
		vilazodone hcl	18
		vinblastine sulfate	28

vincristine sulfate	28	XOSPATA	34
vinorelbine tartrate	28	XPOVIO (100 MG ONCE WEEKLY)	28
viorele	82	XPOVIO (40 MG ONCE WEEKLY)	28
VIRACEPT	46	XPOVIO (40 MG TWICE WEEKLY)	28
VIREAD	45	XPOVIO (60 MG ONCE WEEKLY)	28
VITRAKVI	34	XPOVIO (60 MG TWICE WEEKLY)	28
VIVITROL	5	XPOVIO (80 MG ONCE WEEKLY)	28
VIZIMPRO	34	XPOVIO (80 MG TWICE WEEKLY)	28
volnea	82	XTAMPZA ER	3
VONJO	34	XTANDI	24
voriconazole	21	xulane	82
VOTRIENT	34	XYREM	103
VRAYLAR	41	XYWAV	104
VUMERITY	64		
vyfemla	82	Y	
vylibra	82	yargesa	74
VYXEOS	26	YERVOY	36
		YF-VAX	92
W		YONDELIS	23
warfarin sodium	53	YONSA	24
WELIREG	28	YUPELRI	99
wera	82	yuvafem	82
wymzya fe	82		
		Z	
X		zafemy	82
XALKORI	34	zafirlukast	99
XARELTO	53	zaleplon	103
XARELTO STARTER PACK	53	ZALTRAP	28
XATMEP	90	ZANOSAR	23
XCOPRI	12	zarah	82
XCOPRI (250 MG DAILY DOSE)	12	ZARXIO	54
XCOPRI (350 MG DAILY DOSE)	12	ZEJULA	34
XELJANZ	87	ZELBORAF	34
XELJANZ XR	87	ZEMAIRA	74
XEOMIN	103	zenatane	65
XERMELO	72	ZENPEP	74
XGEVA	93	zidovudine	45
XIFAXAN	7	ZIEXTENZO	54
XIGDUO XR	51	ziprasidone hcl	41
XIIDRA	95	ziprasidone mesylate	41
XOLAIR	87	ZIRABEV	36

ZIRGAN.....	96
zoledronic acid.....	93
ZOLINZA.....	28
zolmitriptan.....	22
zolpidem tartrate.....	103
zolpidem tartrate er.....	103
zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03).....	22
zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04).....	22
ZONISADE.....	15
zonisamide.....	15
ZONTIVITY.....	53
zovia 1/35 (28).....	82
ZTALMY.....	13
zumandimine.....	83
ZURZUVAE.....	16
ZYDELIG.....	34
ZYKADIA.....	34
ZYLET.....	95
ZYPREXA RELPREVV.....	41

This formulary was updated on 09/01/2024. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit www.JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

Y0170_MCE-540RX-6024.A_C

09/01/2024

Jefferson Health Plans

1101 Market Street, Suite 3000

Philadelphia, PA 19107

1-866-901-8000 (TTY 1-877-454-8477)

www.JeffersonHealthPlans.com/Medicare

