



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

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

Jefferson Health Plans

Formulario Premium 2025

(Lista de medicamentos cubiertos o “Lista de medicamentos”)

LEE LA SIGUIENTE INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Id. del formulario 25397, Versión 15

Este formulario se actualizó el 01/06/2025. Para obtener información más reciente o si tienes otras preguntas, comunícate con Servicios para Miembros de Jefferson Health Plans al 1-866-901-8000 (los usuarios de TTY deben llamar al 1-877-454-8477) o visita JeffersonHealthPlans.com/medicare. Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

Nota para los miembros existentes: Este formulario se cambió el año pasado. Revisa este documento para asegurarte de que aún contiene los medicamentos que tomas.

Cuando esta lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro/nuestra/nuestros/nuestras”, se refiere a Jefferson Health Plans. Cuando se refiere a “plan” o “nuestro plan”, hace referencia a Jefferson Health Plans Complete (HMO), Prime (HMO), Silver (HMO), Platinum (HMO), Flex Plus (PPO) y Flex Pro (PPO).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que entró en vigor el 01/06/2025. Para obtener una lista de medicamentos (formulario) actualizada, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

Generalmente, debes usar las farmacias de la red para usar tu beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos o el coseguro pueden cambiar el 1.º de enero de 2025, y de vez en cuando durante el año.

¿Qué es el formulario Premium de Jefferson Health Plans?

En este documento, usamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Jefferson Health Plans junto con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. Jefferson Health Plans, por lo general, cubre los medicamentos que se detallan en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de Jefferson Health Plans y se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir las recetas, revisa tu Evidencia de cobertura.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por Jefferson Health Plans, visita nuestro sitio web o llámanos. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario, aparece en las páginas de portada y contraportada.

¿Puede cambiar el Formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero, pero es posible que Jefferson Health Plans agregue o elimine medicamentos de la Lista de Medicamentos durante el año, los mueva a un nivel distinto de costos compartidos o agregue nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web en JeffersonHealthPlans.com/medicare.

Cambios que pueden afectarte este año: En los casos a continuación, tú te verás afectado por los cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar directamente un medicamento de nuestro formulario si lo reemplazaremos por una determinada versión genérica nueva de dicho medicamento que aparecerá en el mismo nivel de costos compartidos o un nivel más bajo y con las mismas o menos cantidad de restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o producto biológico original en nuestro formulario, pero transferirlo de inmediato a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si agregamos una nueva versión genérica de un medicamento de marca o agregamos ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, agregamos un biosimilar intercambiable que puede sustituirse por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente estás tomando el medicamento de marca o el producto biológico original, es posible que no te notifiquemos por adelantado antes de realizar el cambio inmediato, pero posteriormente te brindaremos información acerca de los cambios específicos que hagamos.

Si realizamos tal cambio, tú o el profesional que te receta pueden solicitarnos que hagamos una excepción y que continuemos cubriéndote el medicamento que se está cambiando. Para obtener más información, consulta la sección a continuación titulada “¿Cómo solicito una excepción al Formulario Premium de Jefferson Health Plans?”

Algunos de estos tipos de medicamentos pueden ser nuevos para ti. Para obtener más información, consulta la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se retira por motivos de seguridad o eficacia, podemos retirar el medicamento de nuestro formulario de inmediato y luego notificar a los miembros que lo toman.

- **Otros cambios.** Podemos realizar otros cambios que afecten a miembros que actualmente estén tomando un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original, o transferirlo a un nivel de costo compartido diferente, o ambas opciones. Podemos realizar cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, o cambiamos un medicamento a nivel superior de costos compartidos, debemos informar sobre el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia. Como alternativa, al momento en que el miembro solicite otra reposición del medicamento, se le entregará un suministro de 30 días del medicamento y un aviso del cambio.

Si realizamos tales cambios, tú o el profesional que te receta pueden solicitarnos que hagamos una excepción y que continuemos cubriéndote el medicamento de marca. El aviso que te daremos incluirá información sobre cómo solicitar una excepción, y también puedes encontrar información en la sección que aparece a continuación titulada “¿Cómo solicito una excepción al Formulario Premium de Jefferson Health Plans?”

Cambios que no te afectarán si estás tomando el medicamento actualmente. Por lo general, si estás tomando un medicamento que aparece en nuestro formulario de 2025 que tenía cobertura a principio de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles en el mismo nivel de costos compartidos para los miembros que los tomen durante el resto del año de cobertura. No recibirás un aviso directo este año sobre los cambios que no te afectan. Sin embargo, el 1.º de enero del próximo año, dichos cambios podrían afectarte, y es importante consultar el Formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto entró en vigor el 01/06/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

Nuestro formulario impreso se actualizará mediante otra impresión en el caso de que haya cambios en el formulario que no sean de mantenimiento y que ocurran a mitad de año.

¿Cómo uso el Formulario?

Hay dos maneras de encontrar tu medicamento en el formulario:

Afección médica

El formulario comienza en la página 2. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos que se usan para tratar una enfermedad cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabes para qué se usa tu medicamento, busca el nombre de la categoría en la lista que comienza en la página R-8. Luego, busca el medicamento debajo del nombre de la categoría.

Listado en orden alfabético

Si no estás seguro de la categoría en la que debes buscar, busca el medicamento en el Índice que comienza en la página 103. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos genéricos como los medicamentos de marca aparecen en el Índice. Busca en el Índice y encuentra el medicamento. Junto al medicamento, verás el número de página donde podrás encontrar la información de cobertura. Recurre a la página que aparece en el Índice y encuentra el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Jefferson Health Plans cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como un medicamento que tiene los mismos ingredientes activos que el medicamento de marca. Generalmente, los medicamentos genéricos funcionan tan bien como el medicamento de marca y normalmente cuestan menos. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para conocer los tipos de medicamentos, consulta la Evidencia de cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener límites o requisitos adicionales en la cobertura. Se pueden aplicar los siguientes límites y requisitos:

- **Autorización previa:** Jefferson Health Plans requiere que tú o tu médico obtengan una autorización previa para determinados medicamentos. Significa que deberás obtener la aprobación de Jefferson Health Plans antes de surtir tus recetas. Si no obtienes la aprobación, es posible que Jefferson Health Plans no cubra el medicamento.
- **Límites de cantidad:** Para determinados medicamentos, Jefferson Health Plans limita la cantidad de medicamento que cubrirá. Por ejemplo, Jefferson Health Plans proporciona 60 comprimidos por receta para atorvastatina 10 mg. Es posible que esto se aplique además de un suministro estándar de un mes o tres meses.

- **Terapia escalonada:** En algunos casos, Jefferson Health Plans requiere que primero pruebes algunos medicamentos para tratar tu afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan tu afección médica, es posible que Jefferson Health Plans no cubra el medicamento B, salvo que antes pruebes el medicamento A. Si el medicamento A no te funciona, Jefferson Health Plans cubrirá el medicamento B.

Para averiguar si tu medicamento tiene límites o requisitos adicionales, consulta el formulario que comienza en la página 2. También puedes obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Publicamos documentos en línea que explican nuestra autorización previa y las restricciones de terapia escalonada. También puedes solicitarnos que te enviemos una copia. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario, aparece en las páginas de portada y contraportada.

Puedes solicitar a Jefferson Health Plans que haga una excepción para estas restricciones o límites, o pedir una lista de otros medicamentos similares que puedan tratar tu afección médica. Consulta la sección “¿Cómo solicito una excepción al formulario Premium de Jefferson Health Plans?” a continuación para obtener información acerca de cómo solicitar una excepción.

¿Qué sucede si mi medicamento no aparece en el Formulario?

Si tu medicamento no se incluye en este formulario (lista de medicamentos cubiertos), primero debes comunicarte con Servicios para Miembros al 1-866-901-8000 (TTY 1-877-454-8477) y consultar si se cubre tu medicamento.

Si te enteras de que Jefferson Health Plans no cubre tu medicamento, tienes dos opciones:

- Puedes solicitarle a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por Jefferson Health Plans. Cuando recibas la lista, muéstrasela al médico y pídele que te recete un medicamento similar que esté cubierto por Jefferson Health Plans.
- Puedes solicitar a Jefferson Health Plans que haga una excepción y que cubra tu medicamento. Consulta a continuación para obtener información acerca de cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario Premium de Jefferson Health Plans?

Puedes solicitar a Jefferson Health Plans que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puedes solicitarnos.

- Puedes solicitarnos que cubramos un medicamento si no aparece en nuestro formulario. Si se aprueba, este medicamento será cubierto a un nivel predeterminado de gastos compartidos, y no podrás pedirnos que te proporcionemos el medicamento a un nivel más bajo de gastos compartidos.
- Puedes solicitarnos que anulemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en tu medicamento. Por ejemplo, para algunos medicamentos, Jefferson Health Plans limita la cantidad del medicamento que cubriremos. Si tu

medicamento tiene un límite de cantidad, puedes solicitarnos que retiremos el límite y que cubramos una cantidad mayor.

- Puedes pedirnos que cubramos un medicamento del formulario a un nivel menor de costos compartidos a menos que el medicamento no esté en el nivel de especialidades. Si se aprueba, se reduciría la cantidad que debes pagar por el medicamento.

Por lo general, Jefferson Health Plans solo aprobará tu solicitud de una excepción si los medicamentos alternativos que se incluyen en el formulario del plan, los medicamentos de costos compartidos más bajos o las restricciones de utilización adicionales no fueran tan efectivos para tratar tu enfermedad o te causaran efectos médicos adversos.

Tú o la persona que extiende la receta deben comunicarse con nosotros para solicitar una excepción de nivel o del formulario, incluida una excepción a una restricción de cobertura. **Cuando solicitas una excepción, la persona que extiende la receta deberá explicar los motivos médicos por los que necesitas la excepción.** Por lo general, debemos tomar la decisión en el plazo de 72 horas de haber recibido la declaración del profesional que te receta. Puedes solicitar una excepción urgente (acelerada) si tú o tu médico creen que tu salud podría dañarse gravemente si esperaras hasta 72 horas para obtener una decisión. Si estamos de acuerdo, o si la persona que extiende la receta solicita una decisión rápida, debemos darte una decisión a más tardar 24 horas después de recibir la declaración de respaldo de la persona que extiende la receta.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o permanente de nuestro plan, es posible que estés tomando medicamentos que no se encuentren en nuestro formulario. O bien, es posible que estés tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debes hablar con la persona que extiende la receta sobre solicitar una decisión de cobertura para demostrar que cumples con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que tomas. Mientras tú y tu médico determinan el procedimiento correcto para ti, es posible que cubramos tu medicamento en algunos casos durante los primeros 90 días que seas miembro de nuestro plan.

Para cada uno de tus medicamentos que no esté en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si tu receta está escrita para menos días, permitiremos reposiciones para brindar un suministro de 30 días de medicamento, como máximo. Si no se aprueba la cobertura, después de tu primer suministro de 30 días, no pagaremos estos medicamentos, incluso si has sido miembro del plan durante menos de 90 días.

Si eres residente de un centro de atención prolongada y necesitas un medicamento que no se encuentra en nuestro formulario o si tu capacidad para obtener los medicamentos es limitada, pero ya han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras intentas obtener una excepción del formulario.

Si eres un miembro actual y te cambian el ámbito del tratamiento debido a algún cambio en el nivel de atención que requieres, puedes solicitarnos que hagamos una excepción del formulario. Algunos ejemplos de modificaciones en los niveles de atención incluyen:

- Alta del hospital a la casa.

- Finalizar la estadía en un centro de enfermería especializada de la Parte A de Medicare (donde los pagos incluyen gastos de farmacia) y necesitar el plan de la Parte D.
- Cambiar de la condición de cuidados paliativos y volver a la cobertura estándar de la Parte A y B de Medicare.
- Finalizar una estadía en un centro de atención prolongada y regresar a la comunidad.
- Altas de hospitales psiquiátricos con regímenes farmacológicos altamente individualizados.

Para estas transiciones imprevistas, puedes solicitarnos que hagamos una excepción al formulario o puedes apelar para continuar con la cobertura de tu medicamento. Además, revisaremos las solicitudes de continuación de terapia de forma individual, para los miembros que han tenido una modificación en su nivel de atención y se estabilizan con regímenes farmacológicos que, de cambiarse, producirían riesgos.

Para más información

Para obtener más información sobre tu cobertura de medicamentos con receta de Jefferson Health Plans, revisa tu Evidencia de cobertura y otros documentos del plan.

Si tienes alguna pregunta sobre Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario, aparece en las páginas de portada y contraportada.

Si tienes preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llama a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visita <http://www.medicare.gov>.

Formulario Premium de Jefferson Health Plans

En el formulario que comienza en la página 2, se proporciona información de cobertura sobre los medicamentos cubiertos por Jefferson Health Plans. Si tienes problemas para encontrar tu medicamento en la lista, recurre al Índice que comienza en la página 103.

En la primera columna del cuadro aparece el nombre del medicamento. Los medicamentos de marca están escritos en mayúscula (por ejemplo, ENTRESTO) y los medicamentos genéricos están escritos en cursiva y minúscula (por ejemplo, *valsartán*).

La información que aparece en la columna Requisitos/Límites te indica si Jefferson Health Plans tiene algún requisito especial para la cobertura de tu medicamento.

El cuadro en la página siguiente muestra los costos compartidos de cada nivel de medicamentos que se muestra en este formulario.

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.....	22
ANTIPARASITICS.....	36
ANTIPARKINSON AGENTS.....	36
ANTIPSYCHOTICS.....	37
ANTISPASTICITY AGENTS.....	41
ANTIVIRALS.....	41
ANXIOLYTICS.....	47
BIPOLAR AGENTS.....	47
BLOOD GLUCOSE REGULATORS.....	48
BLOOD PRODUCTS AND MODIFIERS.....	51
CARDIOVASCULAR AGENTS.....	53
CENTRAL NERVOUS SYSTEM AGENTS.....	60
DENTAL AND ORAL AGENTS.....	63
DERMATOLOGICAL AGENTS.....	63
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	67
GASTROINTESTINAL AGENTS.....	70
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	72
GENITOURINARY AGENTS.....	73
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	74
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	74
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	75
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	82
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	83
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	84

IMMUNOLOGICAL AGENTS.....	84
INFLAMMATORY BOWEL DISEASE AGENTS.....	90
METABOLIC BONE DISEASE AGENTS.....	91
MISCELLANEOUS THERAPEUTIC AGENTS.....	92
OPHTHALMIC AGENTS.....	93
OTIC AGENTS.....	96
RESPIRATORY TRACT/PULMONARY AGENTS.....	96
SKELETAL MUSCLE RELAXANTS.....	101
SLEEP DISORDER AGENTS.....	101

LEGEND

TIER	NAME	
1	Covered	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1-Covered	
<i>diclofenac sodium 1.5 % solution</i>	1-Covered	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>diclofenac-misoprostol</i>	1-Covered	
<i>diflunisal</i>	1-Covered	QL (90 PER 30 DAYS)
<i>etodolac (200 mg cap, 300 mg cap)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>etodolac (400 mg tab, 500 mg tab)</i>	1-Covered	
<i>etodolac er</i>	1-Covered	
<i>flurbiprofen</i>	1-Covered	
<i>ibu</i>	1-Covered	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Covered	
<i>lurbipr</i>	1-Covered	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Covered	
<i>nabumetone</i>	1-Covered	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1-Covered	
<i>naproxen dr</i>	1-Covered	
<i>naproxen sodium</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>oxaprozin</i>	1-Covered	
<i>piroxicam 10 mg cap</i>	1-Covered	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>relafen</i>	1-Covered	
<i>sulindac</i>	1-Covered	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	1-Covered	QL (4 PER 28 DAYS)
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1-Covered	QL (10 PER 30 DAYS)
<i>methadone hcl 10 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>methadone hcl 10 mg/5ml solution</i>	1-Covered	QL (1800 PER 30 DAYS)
<i>methadone hcl 5 mg tab</i>	1-Covered	QL (480 PER 30 DAYS)
<i>methadone hcl 5 mg/5ml solution</i>	1-Covered	QL (3600 PER 30 DAYS)
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>tramadol hcl (er biphasic)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1-Covered	QL (30 PER 30 DAYS)
XTAMPZA ER	1-Covered	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	1-Covered	QL (2700 PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	1-Covered	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	1-Covered	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>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>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	1-Covered	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1-Covered	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	1-Covered	QL (1500 PER 30 DAYS)
MORPHINE SULFATE (10 MG/5ML SOLUTION, 20 MG/5ML SOLUTION)	1-Covered	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	1-Covered	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	1-Covered	QL (240 PER 30 DAYS)

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

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

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

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

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

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

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (250 mg cap, 500 mg cap)</i>	1-Covered	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1-Covered	
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	1-Covered	

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

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

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Covered
---	-----------

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>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1-Covered	
<i>amoxicillin-pot clavulanate er</i>	1-Covered	
<i>ampicillin</i>	1-Covered	
<i>ampicillin sodium</i>	1-Covered	
<i>ampicillin-sulbactam sodium</i>	1-Covered	
BICILLIN L-A	1-Covered	
<i>dicloxacillin sodium</i>	1-Covered	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	1-Covered	
<i>nafcillin sodium 10 gm recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>oxacillin sodium</i>	1-Covered	
PENICILLIN G POT IN DEXTROSE	1-Covered	
<i>penicillin g potassium</i>	1-Covered	
<i>penicillin g sodium</i>	1-Covered	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1-Covered	
<i>pfizerpen</i>	1-Covered	
<i>piperacillin sod-tazobactam so</i>	1-Covered	
CARBAPENEMS		
<i>ertapenem sodium</i>	1-Covered	
<i>imipenem-cilastatin</i>	1-Covered	
<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	

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>clarithromycin er</i>	1-Covered	
DIFICID 200 MG TAB	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
DIFICID 40 MG/ML RECON SUSP	1-Covered	QL (408 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ery-tab</i>	1-Covered	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1-Covered	
<i>erythromycin base</i>	1-Covered	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)</i>	1-Covered	

QUINOLONES

<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	1-Covered	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	1-Covered	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>levofloxacin in d5w</i>	1-Covered	
<i>levofloxacin oral soln 25 mg/ml</i>	1-Covered	
<i>moxifloxacin hcl 400 mg tab</i>	1-Covered	
<i>moxifloxacin hcl in nacl</i>	1-Covered	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1-Covered	

SULFONAMIDES

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

TETRACYCLINES

<i>demeclocycline hcl</i>	1-Covered	
---------------------------	-----------	--

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>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>monodoxine nl</i>	1-Covered	
NUZYRA 100 MG RECON SOLN	1-Covered	PA, NDS (Non-Extended Day Supply)
NUZYRA 150 MG TAB	1-Covered	NDS (Non-Extended Day Supply)
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1-Covered	

ANTICONSULSANTS

ANTICONSULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 10 MG/ML SOLUTION	1-Covered	PA2, QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRIVIACT 50 MG/5ML SOLUTION	1-Covered	PA2, NDS (Non-Extended Day Supply)
DIACOMIT (250 MG CAP, 250 MG PACKET)	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
DIACOMIT (500 MG CAP, 500 MG PACKET)	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>divalproex sodium</i>	1-Covered	
<i>divalproex sodium er</i>	1-Covered	
EPIDIOLEX	1-Covered	PA2, QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
EPRONTIA	1-Covered	PA2, QL (480 PER 30 DAYS)
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1-Covered	

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
FINTEPLA	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 0.5 MG/ML SUSPENSION	1-Covered	PA2, QL (720 PER 30 DAYS), NDS (Non-Extended Day Supply)
FYCOMPA 2 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1-Covered	
<i>lamotrigine er</i>	1-Covered	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1-Covered	
<i>levetiracetam er</i>	1-Covered	
LEVETIRACETAM IN NACL	1-Covered	
<i>roweepra</i>	1-Covered	
SPRITAM	1-Covered	ST
<i>topiramate</i>	1-Covered	
<i>valproate sodium</i>	1-Covered	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1-Covered	

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	1-Covered	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1-Covered	PA2, QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1-Covered	

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>gabapentin (100 mg cap, 600 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	1-Covered	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	1-Covered	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	1-Covered	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
LIBERVANT	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
NAYZILAM	1-Covered	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1-Covered	
<i>primidone</i>	1-Covered	
SYMPAZAN	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tiagabine hcl</i>	1-Covered	
VALTOCO 10 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 15 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 20 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
VALTOCO 5 MG DOSE	1-Covered	PA2, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigabatrin</i>	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigadrone</i>	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIGAFYDE	1-Covered	QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>vigpoder</i>	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZTALMY	1-Covered	PA2, QL (1100 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
CARBAMAZEPINE (100 MG CHEW TAB, 100 MG/5ML SUSPENSION, 200 MG CHEW TAB, 200 MG TAB, 200 MG/10ML SUSPENSION)	1-Covered	
<i>carbamazepine er</i>	1-Covered	
DILANTIN	1-Covered	
DILANTIN INFATABS	1-Covered	
<i>epitol</i>	1-Covered	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1-Covered	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	1-Covered	
<i>lacosamide 50 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1-Covered	
<i>phenytek</i>	1-Covered	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1-Covered	
<i>phenytoin infatabs</i>	1-Covered	
<i>phenytoin sodium</i>	1-Covered	
<i>phenytoin sodium extended</i>	1-Covered	
<i>rufinamide 200 mg tab</i>	1-Covered	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	1-Covered	PA2, QL (2760 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>rufinamide 400 mg tab</i>	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	1-Covered	PA2, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)

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

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

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

NAMZARIC	1-Covered
----------	-----------

CHOLINESTERASE INHIBITORS

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

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

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	1-Covered	QL (360 PER 30 DAYS)
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	1-Covered	QL (98 PER 365 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>memantine hcl er</i>	1-Covered	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bupropion hcl</i>	1-Covered	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>mirtazapine (30 mg tab, 30 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>perphenazine-amitriptyline</i>	1-Covered	
ZURZUVAE (20 MG CAP, 25 MG CAP)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZURZUVAE 30 MG CAP	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
MONOAMINE OXIDASE INHIBITORS		
EMSAM	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
MARPLAN	1-Covered	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	1-Covered	
<i>tranylcypromine sulfate</i>	1-Covered	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	1-Covered	QL (600 PER 30 DAYS)
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Covered	QL (45 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>citalopram hydrobromide 10 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	1-Covered	QL (600 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)
FETZIMA	1-Covered	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	1-Covered	PA2, QL (28 PER 28 DAYS)
<i>fluoxetine hcl (10 mg cap, 10 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg cap, 20 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	1-Covered	
<i>fluoxetine hcl 40 mg cap</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	1-Covered	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	1-Covered	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	1-Covered	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab er 24h</i>	1-Covered	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
RALDESY	1-Covered	PA2, QL (1200 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	1-Covered	QL (300 PER 30 DAYS)

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

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

TRICYCLICS

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

ANTIEMETICS

ANTIEMETICS, OTHER

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

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

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

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	1-Covered	PA3
<i>dronabinol</i>	1-Covered	PA, QL (60 PER 30 DAYS)
<i>granisetron hcl 1 mg tab</i>	1-Covered	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	1-Covered	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	1-Covered	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	1-Covered	
<i>ondansetron hcl +rfid</i>	1-Covered	
<i>ondansetron hcl 4 mg tab</i>	1-Covered	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	1-Covered	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1-Covered	PA3, QL (900 PER 30 DAYS)
SANCUSO	1-Covered	ST, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)

ANTIFUNGALS

ABELCET	1-Covered	PA3
<i>amphotericin b</i>	1-Covered	PA3
<i>amphotericin b liposome</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>caspofungin acetate</i>	1-Covered	
<i>clotrimazole 1 % cream</i>	1-Covered	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	1-Covered	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	1-Covered	
<i>econazole nitrate</i>	1-Covered	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	

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>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 (125 mg tab, 250 mg tab)</i>	1-Covered	
<i>itraconazole 100 mg cap</i>	1-Covered	
<i>ketoconazole 2 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	1-Covered	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	1-Covered	
<i>klayesta</i>	1-Covered	QL (60 PER 30 DAYS)
<i>miconazole sodium</i>	1-Covered	
<i>miconazole 3</i>	1-Covered	
<i>naftifine hcl 1 % cream</i>	1-Covered	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nyamyc</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	1-Covered	
<i>nystop</i>	1-Covered	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	1-Covered	PA, QL (93 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>posaconazole 40 mg/ml suspension</i>	1-Covered	PA, QL (630 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>terbinafine hcl</i>	1-Covered	QL (120 PER 30 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1-Covered	
<i>voriconazole 200 mg recon soln</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>voriconazole 200 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	1-Covered	QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)

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>voriconazole 50 mg tab</i>	1-Covered	QL (480 PER 30 DAYS)
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Covered	
<i>colchicine 0.6 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>colchicine-probenecid</i>	1-Covered	
<i>febuxostat</i>	1-Covered	ST
MITIGARE	1-Covered	QL (60 PER 30 DAYS)
<i>probenecid</i>	1-Covered	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	1-Covered	PA, QL (1 PER 28 DAYS)
EMGALITY	1-Covered	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	1-Covered	PA, QL (3 PER 28 DAYS)
NURTEC	1-Covered	QL (16 PER 30 DAYS), NDS (Non-Extended Day Supply)
UBRELVY	1-Covered	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)
<i>ergotamine-caffeine</i>	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</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)

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>sumatriptan succinate refill</i>	1-Covered	QL (6 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	
PRIFTIN	1-Covered	
<i>pyrazinamide</i>	1-Covered	
<i>rifampin</i>	1-Covered	
SIRTURO	1-Covered	PA, NDS (Non-Extended Day Supply)
TRECTOR	1-Covered	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>carboplatin</i>	1-Covered	PA3
<i>cisplatin</i>	1-Covered	PA3
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1-Covered	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	1-Covered	PA2
GLEOSTINE 100 MG CAP	1-Covered	PA2, NDS (Non-Extended Day Supply)

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
LEUKERAN	1-Covered	NDS (Non-Extended Day Supply)
MATULANE	1-Covered	NDS (Non-Extended Day Supply)
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1-Covered	PA3
<i>paraplatin</i>	1-Covered	PA3
VALCHLOR	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>abiraterone acetate 500 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>abirtega</i>	1-Covered	PA2, QL (120 PER 30 DAYS)
<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)
EULEXIN	1-Covered	PA2, NDS (Non-Extended Day Supply)
<i>nilutamide</i>	1-Covered	NDS (Non-Extended Day Supply)
NUBEQA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XTANDI (40 MG CAP, 40 MG TAB)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XTANDI 80 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTIANGIOGENIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID 100 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
THALOMID 50 MG CAP	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTIESTROGENS/MODIFIERS

<i>fulvestrant</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
ORSERDU 345 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORSERDU 86 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
SOLTAMOX	1-Covered	NDS (Non-Extended Day Supply)
<i>tamoxifen citrate</i>	1-Covered	
<i>toremifene citrate</i>	1-Covered	NDS (Non-Extended Day Supply)

ANTIMETABOLITES

<i>azacitidine</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1-Covered	PA3
<i>mercaptopurine 2000 mg/100ml suspension</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>mercaptopurine 50 mg tab</i>	1-Covered	
ONUREG	1-Covered	PA2, QL (14 PER 28 DAYS), NDS (Non-Extended Day Supply)
PURIXAN	1-Covered	NDS (Non-Extended Day Supply)
TABLOID	1-Covered	

ANTINEOPLASTICS, OTHER

AKEEGA	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUGTYRO 160 MG CAP	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUGTYRO 40 MG CAP	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
DOCETAXEL	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
DROXIA	1-Covered	
FRUZAQLA 1 MG CAP	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
FRUZAQLA 5 MG CAP	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>hydroxyurea</i>	1-Covered	
INQOVI	1-Covered	PA2, QL (5 PER 28 DAYS), NDS (Non-Extended Day Supply)
IWILFIN	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	1-Covered	
LONSURF 15-6.14 MG TAB	1-Covered	PA2, QL (100 PER 28 DAYS), NDS (Non-Extended Day Supply)
LONSURF 20-8.19 MG TAB	1-Covered	PA2, QL (80 PER 28 DAYS), NDS (Non-Extended Day Supply)
LYSODREN	1-Covered	NDS (Non-Extended Day Supply)
OJJAARA	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ORGOVYX	1-Covered	PA2, QL (32 PER 30 DAYS), NDS (Non-Extended Day Supply)
QINLOCK	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
WELIREG	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZOLINZA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

<i>etoposide</i>	1-Covered
------------------	-----------

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>irinotecan hcl</i>	1-Covered	PA3
MOLECULAR TARGET INHIBITORS		
ALECENSA	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ALUNBRIG 30 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
AYVAKIT	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
BALVERSA 3 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
BALVERSA 4 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
BALVERSA 5 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>bortezomib 3.5 mg recon soln</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
BOSULIF (100 MG CAP, 100 MG TAB)	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
BOSULIF (400 MG TAB, 500 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
BOSULIF 50 MG CAP	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRAFTOVI	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
BRUKINSA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
CABOMETYX (20 MG TAB, 60 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
CABOMETYX 40 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CALQUENCE	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CAPRELSA 100 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CAPRELSA 300 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

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, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
COMETRIQ (140 MG DAILY DOSE)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
COMETRIQ (60 MG DAILY DOSE)	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
COPIKTRA	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
COTELLIC	1-Covered	PA2, QL (63 PER 28 DAYS), NDS (Non-Extended Day Supply)
DANZITEN	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>dasatinib 140 mg tab</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>dasatinib 20 mg tab</i>	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
DAURISMO 100 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DAURISMO 25 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ERIVEDGE	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>erlotinib hcl 25 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>everolimus 2 mg tab sol</i>	1-Covered	PA2, QL (150 PER 30 DAYS), NDS (Non-Extended Day Supply)
FOTIVDA	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
GAVRETO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

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>gefitinib</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
GILOTRIF	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
GOMEKLI (1 MG TAB SOL, 2 MG CAP)	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
GOMEKLI 1 MG CAP	1-Covered	PA2, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
IBRANCE	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ICLUSIG 15 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
IDHIFA	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>imatinib mesylate 100 mg tab</i>	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>imatinib mesylate 400 mg tab</i>	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMBRUVICA 140 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMBRUVICA 70 MG/ML SUSPENSION	1-Covered	PA2, QL (324 PER 30 DAYS), NDS (Non-Extended Day Supply)
IMKELDI	1-Covered	PA2, QL (280 PER 28 DAYS), NDS (Non-Extended Day Supply)
INLYTA 1 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
INLYTA 5 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
INREBIC	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
ITOVEBI 3 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
ITOVEBI 9 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
JAKAFI	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAYPIRCA 100 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
JAYPIRCA 50 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
KISQALI (200 MG DOSE)	1-Covered	PA2, QL (21 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI (400 MG DOSE)	1-Covered	PA2, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI (600 MG DOSE)	1-Covered	PA2, QL (63 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (200 MG DOSE)	1-Covered	PA2, QL (49 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (400 MG DOSE)	1-Covered	PA2, QL (70 PER 28 DAYS), NDS (Non-Extended Day Supply)
KISQALI FEMARA (600 MG DOSE)	1-Covered	PA2, QL (91 PER 28 DAYS), NDS (Non-Extended Day Supply)
KOSELUGO 10 MG CAP	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
KOSELUGO 25 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
KRAZATI	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lapatinib ditosylate</i>	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
LAZCLUZE 240 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
LAZCLUZE 80 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
LENVIMA (10 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (12 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (14 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (18 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (20 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (24 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (4 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LENVIMA (8 MG DAILY DOSE)	1-Covered	PA2, NDS (Non-Extended Day Supply)
LORBRENA 100 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
LORBRENA 25 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
LUMAKRAS (120 MG TAB, 240 MG TAB)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
LUMAKRAS 320 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
LYNPARZA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
LYTGOBI (12 MG DAILY DOSE)	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
LYTGOBI (16 MG DAILY DOSE)	1-Covered	PA2, QL (112 PER 28 DAYS), NDS (Non-Extended Day Supply)
LYTGOBI (20 MG DAILY DOSE)	1-Covered	PA2, QL (140 PER 28 DAYS), NDS (Non-Extended Day Supply)
MEKINIST 0.05 MG/ML RECON SOLN	1-Covered	PA2, QL (1350 PER 30 DAYS), NDS (Non-Extended Day Supply)
MEKINIST 0.5 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
MEKINIST 2 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
MEKTOVI	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
NERLYNX	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
NINLARO	1-Covered	PA2, QL (3 PER 28 DAYS), NDS (Non-Extended Day Supply)
ODOMZO	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
OGSIVEO (100 MG TAB, 150 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
OGSIVEO 50 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
OJEMDA 100 MG TAB	1-Covered	PA2, QL (24 PER 28 DAYS), NDS (Non-Extended Day Supply)
OJEMDA 25 MG/ML RECON SUSP	1-Covered	PA2, QL (96 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>paclitaxel</i>	1-Covered	PA3
<i>paclitaxel protein-bound part</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>pazopanib hcl</i>	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
PEMAZYRE	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIQRAY (200 MG DAILY DOSE)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIQRAY (250 MG DAILY DOSE)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIQRAY (300 MG DAILY DOSE)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETEVMO 40 MG CAP	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETEVMO 40 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
RETEVMO 80 MG CAP	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
REVUFORJ 110 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
REVUFORJ 160 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
REVUFORJ 25 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
REZLIDHIA	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROMVIMZA	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
ROZLYTREK 100 MG CAP	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
ROZLYTREK 200 MG CAP	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ROZLYTREK 50 MG PACKET	1-Covered	PA2, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
RUBRACA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
RYDAPT	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 100 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 20 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SCEMBLIX 40 MG TAB	1-Covered	PA2, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sorafenib tosylate</i>	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB)	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SPRYCEL 140 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
SPRYCEL 20 MG TAB	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
STIVARGA	1-Covered	PA2, QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>sunitinib malate</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TABRECTA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAFINLAR (50 MG CAP, 75 MG CAP)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAFINLAR 10 MG TAB SOL	1-Covered	PA2, QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAGRISSO	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
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TALZENNA 0.25 MG CAP	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
TASIGNA	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TAZVERIK	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
TEPMETKO	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
TIBSOVO	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>torpenz</i>	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRUQAP	1-Covered	PA2, QL (64 PER 28 DAYS), NDS (Non-Extended Day Supply)
TUKYSA 150 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
TUKYSA 50 MG TAB	1-Covered	PA2, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
TURALIO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VANFLYTA	1-Covered	PA2, QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
VENCLEXTA 10 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
VENCLEXTA 50 MG TAB	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VENCLEXTA STARTING PACK	1-Covered	PA2, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
VERZENIO	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VITRAKVI 100 MG CAP	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VITRAKVI 20 MG/ML SOLUTION	1-Covered	PA2, QL (300 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
VITRAKVI 25 MG CAP	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIZIMPRO	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VONJO	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
VORANIGO 10 MG TAB	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
VORANIGO 40 MG TAB	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	1-Covered	PA2, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
XALKORI 150 MG CAP SPRINK	1-Covered	PA2, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
XOSPATA	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (100 MG ONCE WEEKLY)	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	1-Covered	PA2, QL (16 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1-Covered	PA2, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (40 MG TWICE WEEKLY)	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (60 MG ONCE WEEKLY)	1-Covered	PA2, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (60 MG TWICE WEEKLY)	1-Covered	PA2, QL (24 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (80 MG ONCE WEEKLY)	1-Covered	PA2, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
XPOVIO (80 MG TWICE WEEKLY)	1-Covered	PA2, QL (32 PER 28 DAYS), NDS (Non-Extended Day Supply)
ZEJULA	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZELBORAF	1-Covered	PA2, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZYDELIG	1-Covered	PA2, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
ZYKADIA	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
AVASTIN	1-Covered	PA3, NDS (Non-Extended Day Supply)
HERCEPTIN HYLECTA	1-Covered	PA3, NDS (Non-Extended Day Supply)
KADCYLA	1-Covered	PA3, NDS (Non-Extended Day Supply)
KANJINTI	1-Covered	PA3, NDS (Non-Extended Day Supply)
KEYTRUDA	1-Covered	PA3, NDS (Non-Extended Day Supply)
MVASI	1-Covered	PA3, NDS (Non-Extended Day Supply)
OGIVRI	1-Covered	PA3, NDS (Non-Extended Day Supply)
RUXIENCE	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRAZIMERA	1-Covered	PA3, NDS (Non-Extended Day Supply)
TRUXIMA	1-Covered	PA3, NDS (Non-Extended Day Supply)
ZIRABEV	1-Covered	PA3, NDS (Non-Extended Day Supply)
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>mesna 400 mg tab</i>	1-Covered	NDS (Non-Extended Day Supply)
MESNEX 400 MG TAB	1-Covered	NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1-Covered	
<i>chloroquine phosphate</i>	1-Covered	
COARTEM	1-Covered	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1-Covered	
IMPAVIDO	1-Covered	QL (84 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>mefloquine hcl</i>	1-Covered	
<i>nitazoxanide</i>	1-Covered	QL (6 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1-Covered	PA3
<i>pentamidine isethionate for soln 300 mg</i>	1-Covered	
<i>primaquine phosphate</i>	1-Covered	
<i>pyrimethamine</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>quinine sulfate</i>	1-Covered	PA
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	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	
<i>pramipexole dihydrochloride</i>	1-Covered	
<i>ropinirole hcl</i>	1-Covered	
<i>ropinirole hcl er</i>	1-Covered	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	1-Covered	
<i>carbidopa-levodopa</i>	1-Covered	
<i>carbidopa-levodopa er</i>	1-Covered	
INBRIJA	1-Covered	PA, QL (300 PER 30 DAYS), NDS (Non-Extended Day Supply)
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	

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>haloperidol</i>	1-Covered	
<i>haloperidol decanoate</i>	1-Covered	
<i>haloperidol lactate</i>	1-Covered	
<i>loxapine succinate</i>	1-Covered	
<i>molindone hcl</i>	1-Covered	
<i>pimozide</i>	1-Covered	
<i>thioridazine hcl</i>	1-Covered	
<i>thiothixene</i>	1-Covered	
<i>trifluoperazine hcl</i>	1-Covered	

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1-Covered	QL (2.4 PER 56 DAYS), NDS (Non-Extended Day Supply)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1-Covered	QL (3.2 PER 56 DAYS), NDS (Non-Extended Day Supply)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>aripiprazole (20 mg tab, 30 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	1-Covered	QL (3.9 PER 56 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 441 MG/1.6ML PRSYR	1-Covered	QL (1.6 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 662 MG/2.4ML PRSYR	1-Covered	QL (2.4 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA 882 MG/3.2ML PRSYR	1-Covered	QL (3.2 PER 28 DAYS), NDS (Non-Extended Day Supply)
ARISTADA INITIO	1-Covered	QL (4.8 PER 365 DAYS), NDS (Non-Extended Day Supply)
<i>asenapine maleate</i>	1-Covered	QL (60 PER 30 DAYS)
CAPLYTA	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
COBENFY	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COBENFY STARTER PACK	1-Covered	QL (56 PER 28 DAYS), NDS (Non-Extended Day Supply)
FANAPT	1-Covered	ST, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
FANAPT TITRATION PACK	1-Covered	ST, QL (16 PER 365 DAYS)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1-Covered	QL (3.5 PER 180 DAYS), NDS (Non-Extended Day Supply)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1-Covered	QL (5 PER 180 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1-Covered	QL (0.75 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1-Covered	QL (1.5 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1-Covered	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1-Covered	QL (0.5 PER 28 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1-Covered	QL (0.88 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1-Covered	QL (1.32 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1-Covered	QL (1.75 PER 84 DAYS), NDS (Non-Extended Day Supply)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1-Covered	QL (2.63 PER 84 DAYS), NDS (Non-Extended Day Supply)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
NUPLAZID	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)

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>olanzapine 10 mg recon soln</i>	1-Covered	QL (90 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	1-Covered	PA2, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
OPIPZA 2 MG FILM	1-Covered	PA2, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<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)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	1-Covered	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	1-Covered	ST, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1-Covered	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	1-Covered	QL (2 PER 28 DAYS)
SECUADO	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VRAYLAR	1-Covered	ST, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ziprasidone hcl</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1-Covered	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP)	1-Covered	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG RECON SUSP	1-Covered	QL (1 PER 28 DAYS)

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
TREATMENT-RESISTANT		
<i>clozapine</i>	1-Covered	
VERSACLOZ	1-Covered	QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>dantrolene sodium</i>	1-Covered	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1-Covered	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	1-Covered	PA, NDS (Non-Extended Day Supply)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREVYMIS (240 MG TAB, 480 MG TAB)	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>valganciclovir hcl 450 mg tab</i>	1-Covered	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1-Covered	NDS (Non-Extended Day Supply)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	1-Covered	
BARACLUDE 0.05 MG/ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
<i>entecavir</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	1-Covered	
VEMLIDY	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)

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

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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)

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, 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</i>	1-Covered	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>efavirenz-lamivudine-tenofovir</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>etravirine 100 mg tab</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>etravirine 200 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
INTELENCE 25 MG TAB	1-Covered	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5ml suspension</i>	1-Covered	QL (1200 PER 30 DAYS)
<i>nevirapine er</i>	1-Covered	QL (30 PER 30 DAYS)
ODEFSEY	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PIFELTRO	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

<i>abacavir sulfate 20 mg/ml solution</i>	1-Covered	QL (960 PER 30 DAYS)
<i>abacavir sulfate 300 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine</i>	1-Covered	QL (30 PER 30 DAYS)
CIMDUO	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DESCOVY 120-15 MG TAB	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
DESCOVY 200-25 MG TAB	1-Covered	NDS (Non-Extended Day Supply)

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>emtricitabine</i>	1-Covered	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1-Covered	
EMTRIVA 10 MG/ML SOLUTION	1-Covered	QL (850 PER 30 DAYS)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1-Covered	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1-Covered	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1-Covered	QL (30 PER 30 DAYS)
TRIUMEQ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
TRIUMEQ PD	1-Covered	QL (180 PER 30 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIREAD 40 MG/GM POWDER	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>zidovudine 100 mg cap</i>	1-Covered	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	1-Covered	QL (1920 PER 30 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA	1-Covered	NDS (Non-Extended Day Supply)
FUZEON	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>maraviroc 150 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>maraviroc 300 mg tab</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
RUKOBIA	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)

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
SELZENTRY 25 MG TAB	1-Covered	
SUNLENCA (4 X 300 MG TAB THPK, 300 MG TAB)	1-Covered	QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
SUNLENCA 463.5 MG/1.5ML SOLUTION	1-Covered	NDS (Non-Extended Day Supply)
SUNLENCA 5 X 300 MG TAB THPK	1-Covered	QL (5 PER 28 DAYS), NDS (Non-Extended Day Supply)
TROGARZO	1-Covered	NDS (Non-Extended Day Supply)
TYBOST	1-Covered	QL (30 PER 30 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	1-Covered	QL (30 PER 30 DAYS)
<i>darunavir 600 mg tab</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>darunavir 800 mg tab</i>	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
EVOTAZ	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>fosamprenavir calcium</i>	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1-Covered	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1-Covered	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1-Covered	QL (480 PER 30 DAYS)
NORVIR 100 MG PACKET	1-Covered	QL (360 PER 30 DAYS)
PREZCOBIX	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREZISTA 100 MG/ML SUSPENSION	1-Covered	QL (400 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREZISTA 150 MG TAB	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
PREZISTA 75 MG TAB	1-Covered	QL (480 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYATAZ 50 MG PACKET	1-Covered	QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ritonavir</i>	1-Covered	QL (360 PER 30 DAYS)
SYMTUZA	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIRACEPT 250 MG TAB	1-Covered	QL (270 PER 30 DAYS), NDS (Non-Extended Day Supply)
VIRACEPT 625 MG TAB	1-Covered	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	1-Covered	QL (84 PER 365 DAYS)
<i>oseltamivir phosphate 30 mg cap</i>	1-Covered	QL (168 PER 365 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1-Covered	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	1-Covered	QL (120 PER 365 DAYS)
<i>rimantadine hcl</i>	1-Covered	
XOFLUZA (40 MG DOSE)	1-Covered	QL (6 PER 365 DAYS)
XOFLUZA (80 MG DOSE)	1-Covered	QL (6 PER 365 DAYS)

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1-Covered	
<i>acyclovir sodium</i>	1-Covered	PA3
<i>famciclovir</i>	1-Covered	QL (90 PER 30 DAYS)
<i>valacyclovir hcl</i>	1-Covered	QL (120 PER 30 DAYS)

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO	1-Covered	
PAXLOVID	1-Covered	QL (22 PER 30 DAYS)
PAXLOVID (150/100)	1-Covered	QL (40 PER 30 DAYS)
PAXLOVID (300/100)	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
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl</i>	1-Covered	
<i>hydroxyzine pamoate</i>	1-Covered	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	1-Covered	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	1-Covered	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	1-Covered	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	1-Covered	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	1-Covered	QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	1-Covered	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	1-Covered	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	1-Covered	QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	1-Covered	QL (150 PER 30 DAYS)
<i>oxazepam</i>	1-Covered	QL (120 PER 30 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Covered	

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

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	1-Covered	QL (90 PER 30 DAYS)
<i>alogliptin benzoate</i>	1-Covered	QL (30 PER 30 DAYS)
<i>alogliptin-metformin hcl</i>	1-Covered	QL (60 PER 30 DAYS)
<i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
CYCLOSET	1-Covered	QL (180 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>glipizide (5 mg tab, 10 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	1-Covered	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1-Covered	QL (120 PER 30 DAYS)
<i>glyburide</i>	1-Covered	QL (120 PER 30 DAYS)
GLYBURIDE MICRONIZED	1-Covered	QL (60 PER 30 DAYS)
<i>glyburide-metformin</i>	1-Covered	QL (120 PER 30 DAYS)
GLYXAMBI	1-Covered	QL (30 PER 30 DAYS)
JANUMET	1-Covered	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
JANUVIA	1-Covered	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	1-Covered	QL (60 PER 30 DAYS)

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
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1-Covered	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1-Covered	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	1-Covered	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Covered	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Covered	QL (60 PER 30 DAYS)
<i>miglitol</i>	1-Covered	QL (90 PER 30 DAYS)
MOUNJARO	1-Covered	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	1-Covered	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Covered	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1-Covered	PA, QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1-Covered	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	1-Covered	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	1-Covered	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	1-Covered	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Covered	QL (240 PER 30 DAYS)
RYBELSUS	1-Covered	PA, QL (30 PER 30 DAYS)
SOLIQUA	1-Covered	QL (18 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TAB	1-Covered	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	1-Covered	QL (30 PER 30 DAYS)

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
TRADJENTA	1-Covered	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)
TRULICITY	1-Covered	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	1-Covered	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	1-Covered	QL (60 PER 30 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	1-Covered	
BAQSIMI TWO PACK	1-Covered	
<i>diazoxide</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>glucagon emergency (1 mg kit, 1 mg/ml recon soln)</i>	1-Covered	
<i>glucagon emergency 1 mg kit (generic)</i>	1-Covered	
ZEGALOGUE	1-Covered	

INSULINS

BASAGLAR KWIKPEN	1-Covered	
FIASP	1-Covered	
FIASP FLEXTOUCH	1-Covered	
FIASP PENFILL	1-Covered	
FIASP PUMPCART	1-Covered	
HUMULIN R U-500 (CONCENTRATED)	1-Covered	NDS (Non-Extended Day Supply)
HUMULIN R U-500 KWIKPEN	1-Covered	NDS (Non-Extended Day Supply)
LANTUS	1-Covered	
LANTUS SOLOSTAR	1-Covered	
NOVOLIN 70/30	1-Covered	

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
NOVOLIN 70/30 FLEXPEN	1-Covered	
NOVOLIN N	1-Covered	
NOVOLIN N FLEXPEN	1-Covered	
NOVOLIN R	1-Covered	
NOVOLIN R FLEXPEN	1-Covered	
NOVOLOG	1-Covered	
NOVOLOG FLEXPEN	1-Covered	
NOVOLOG MIX 70/30	1-Covered	
NOVOLOG MIX 70/30 FLEXPEN	1-Covered	
NOVOLOG PENFILL	1-Covered	
TOUJEO MAX SOLOSTAR	1-Covered	
TOUJEO SOLOSTAR	1-Covered	
TRESIBA	1-Covered	
TRESIBA FLEXTOUCH	1-Covered	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TAB	1-Covered	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	1-Covered	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	1-Covered	QL (74 PER 30 DAYS)
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	1-Covered	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1-Covered	

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>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1-Covered	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1-Covered	
<i>jantoven</i>	1-Covered	
<i>warfarin sodium</i>	1-Covered	
XARELTO (10 MG TAB, 20 MG TAB)	1-Covered	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	1-Covered	QL (620 PER 30 DAYS)
XARELTO STARTER PACK	1-Covered	QL (51 PER 30 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

ALVAIZ	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>anagrelide hcl</i>	1-Covered	
FULPHILA	1-Covered	PA, NDS (Non-Extended Day Supply)
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	1-Covered	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	1-Covered	PA3, NDS (Non-Extended Day Supply)
RETACRIT	1-Covered	PA3
ZARXIO	1-Covered	PA, NDS (Non-Extended Day Supply)

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er</i>	1-Covered	QL (60 PER 30 DAYS)
BRILINTA	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>cilostazol</i>	1-Covered	
<i>clopidogrel bisulfate</i>	1-Covered	
<i>dipyridamole</i>	1-Covered	
DOPTelet	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>prasugrel hcl</i>	1-Covered	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine 0.1 mg/24hr patch wk</i>	1-Covered	QL (4 PER 28 DAYS)
<i>clonidine 0.2 mg/24hr patch wk</i>	1-Covered	QL (4 PER 28 DAYS)
<i>clonidine 0.3 mg/24hr patch wk</i>	1-Covered	QL (4 PER 28 DAYS)
<i>clonidine hcl</i>	1-Covered	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>droxidopa 100 mg cap</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>midodrine hcl</i>	1-Covered	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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>olmesartan medoxomil 5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1-Covered	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

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

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1-Covered	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1-Covered	
<i>dofetilide</i>	1-Covered	
<i>flecainide acetate</i>	1-Covered	
<i>mexiletine hcl</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>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 (5 mg tab, 10 mg tab)</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	
<i>nifedipine 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>nifedipine er osmotic release</i>	1-Covered	
<i>nimodipine 30 mg cap</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>tiadylt er</i>	1-Covered	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Covered	
<i>verapamil hcl er</i>	1-Covered	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide</i>	1-Covered	
<i>aliskiren fumarate</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	1-Covered	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Covered	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1-Covered	
<i>benazepril-hydrochlorothiazide</i>	1-Covered	
<i>bisoprolol-hydrochlorothiazide</i>	1-Covered	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)

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>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
CORLANOR (5 MG TAB, 7.5 MG TAB)	1-Covered	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	1-Covered	PA, QL (450 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1-Covered	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	1-Covered	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	1-Covered	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Covered	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>isosorb dinitrate-hydralazine</i>	1-Covered	
<i>ivabradine hcl</i>	1-Covered	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1-Covered	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	1-Covered	
<i>metyrosine</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
NEXLETOL	1-Covered	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1-Covered	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	1-Covered	
<i>ranolazine er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1-Covered	
<i>telmisartan-amlodipine</i>	1-Covered	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)

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>telmisartan-hctz 80-12.5 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er</i>	1-Covered	
<i>triamterene-hctz</i>	1-Covered	
<i>valsartan-hydrochlorothiazide</i>	1-Covered	QL (30 PER 30 DAYS)
VERQUVO	1-Covered	PA, QL (30 PER 30 DAYS)

DIURETICS, LOOP

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

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl</i>	1-Covered	
<i>eplerenone</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)
--	-----------	---------------------

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

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

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	QL (60 PER 30 DAYS)
<i>omega-3-acid ethyl esters</i>	1-Covered	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1-Covered	
REPATHA	1-Covered	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	1-Covered	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	1-Covered	PA, QL (3 PER 28 DAYS)
VASCEPA	1-Covered	

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA	1-Covered	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA	1-Covered	QL (30 PER 30 DAYS)
JARDIANCE	1-Covered	QL (30 PER 30 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Covered	
<i>minoxidil</i>	1-Covered	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1-Covered	
<i>isosorbide mononitrate</i>	1-Covered	
<i>isosorbide mononitrate er</i>	1-Covered	
NITRO-BID	1-Covered	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1-Covered	
<i>nitroglycerin 0.4 % ointment</i>	1-Covered	QL (30 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1-Covered	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1-Covered	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er</i>	1-Covered	QL (120 PER 30 DAYS)

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
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 (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	1-Covered	QL (90 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO 6 MG TAB	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR 6 MG TAB ER 24H	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1-Covered	PA, QL (28 PER 28 DAYS), NDS (Non-Extended Day Supply)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1-Covered	PA, QL (42 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>bac (butalbital-acetamin-caff)</i>	1-Covered	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1-Covered	PA, QL (180 PER 30 DAYS)
FIRDAPSE	1-Covered	PA, QL (240 PER 30 DAYS), NDS (Non-Extended Day Supply)

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
NUEDEXTA	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>riluzole</i>	1-Covered	
<i>tetrabenazine 12.5 mg tab</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tetrabenazine 25 mg tab</i>	1-Covered	PA, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 60 MG CAP DR)	1-Covered	PA2, QL (60 PER 30 DAYS)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1-Covered	QL (900 PER 30 DAYS)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	1-Covered	PA, QL (90 PER 30 DAYS)
<i>pregabalin er 330 mg tab er 24h</i>	1-Covered	PA, QL (60 PER 30 DAYS)

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
AVONEX PREFILLED	1-Covered	QL (1 PER 28 DAYS), NDS (Non-Extended Day Supply)
BETASERON	1-Covered	QL (14 PER 28 DAYS), NDS (Non-Extended Day Supply)
COPAXONE 20 MG/ML SOLN PRSYR	1-Covered	QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
COPAXONE 40 MG/ML SOLN PRSYR	1-Covered	QL (12 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>dalfampridine er</i>	1-Covered	QL (60 PER 30 DAYS)
<i>dimethyl fumarate</i>	1-Covered	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	1-Covered	
<i>acitretin</i>	1-Covered	PA2
<i>amnesteam</i>	1-Covered	
<i>benzoyl peroxide-erythromycin</i>	1-Covered	QL (46.6 PER 30 DAYS)
<i>claravis</i>	1-Covered	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1-Covered	
<i>metronidazole (0.75 % cream, 0.75 % lotion, 1 % gel)</i>	1-Covered	
<i>sulfacetamide sodium (acne)</i>	1-Covered	QL (118 PER 30 DAYS)
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1-Covered	PA, QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	1-Covered	PA, QL (60 PER 30 DAYS)

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>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 dipropionate aug 0.05 % lotion</i>	1-Covered	QL (120 PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	1-Covered	
<i>clobetasol prop emollient base</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	1-Covered	QL (118 PER 30 DAYS)
<i>clobetasol propionate e</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clobetasol propionate emulsion</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clodan</i>	1-Covered	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	1-Covered	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1-Covered	QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)

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 0.01 % cream</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	1-Covered	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide body</i>	1-Covered	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	1-Covered	QL (118.28 PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	1-Covered	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1-Covered	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1-Covered	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1-Covered	
<i>hydrocortisone (perianal)</i>	1-Covered	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1-Covered	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream</i>	1-Covered	
<i>hydrocortisone valerate 0.2 % ointment</i>	1-Covered	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1-Covered	
<i>pimecrolimus</i>	1-Covered	QL (100 PER 30 DAYS)
<i>procto-med hc</i>	1-Covered	
<i>proctosol hc</i>	1-Covered	
<i>proctozone-hc</i>	1-Covered	
<i>selenium sulfide 2.5 % lotion</i>	1-Covered	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1-Covered	QL (100 PER 30 DAYS)

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>tovet</i>	1-Covered	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1-Covered	
<i>triderm</i>	1-Covered	

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	1-Covered	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	1-Covered	QL (60 PER 30 DAYS)
<i>calcitrene</i>	1-Covered	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1-Covered	QL (45 PER 30 DAYS)
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1-Covered	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	1-Covered	QL (10 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	1-Covered	QL (80 PER 30 DAYS)
<i>imiquimod 5 % cream</i>	1-Covered	QL (24 PER 30 DAYS)
<i>methoxsalen rapid</i>	1-Covered	NDS (Non-Extended Day Supply)
<i>nystatin-triamcinolone</i>	1-Covered	QL (60 PER 30 DAYS)
OTEZLA (20 MG TAB, 30 MG TAB)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	1-Covered	PA, QL (110 PER 365 DAYS), NDS (Non-Extended Day Supply)
<i>podofilox 0.5 % solution</i>	1-Covered	
REGRANEX	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
SANTYL	1-Covered	QL (90 PER 30 DAYS)
<i>silver sulfadiazine</i>	1-Covered	
<i>ssd</i>	1-Covered	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDICULICIDES/SCABICIDES		
<i>malathion</i>	1-Covered	
<i>permethrin</i>	1-Covered	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	1-Covered	QL (30 PER 30 DAYS)
<i>ciclodan</i>	1-Covered	QL (13.2 PER 30 DAYS)
<i>ciclopirox 0.77 % gel</i>	1-Covered	QL (100 PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	1-Covered	QL (120 PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	1-Covered	QL (13.2 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	1-Covered	QL (90 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	1-Covered	QL (60 PER 30 DAYS)
<i>clindamycin phos (once-daily)</i>	1-Covered	QL (75 PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	1-Covered	QL (75 PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ery 2% pad</i>	1-Covered	QL (60 PER 30 DAYS)
<i>erythromycin 2 % gel</i>	1-Covered	QL (60 PER 30 DAYS)
<i>erythromycin 2 % solution</i>	1-Covered	QL (120 PER 30 DAYS)
<i>mupirocin</i>	1-Covered	QL (66 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
CLINIMIX/DEXTROSE (4.25/10)	1-Covered	PA3
CLINIMIX/DEXTROSE (4.25/5)	1-Covered	PA3
CLINIMIX/DEXTROSE (5/15)	1-Covered	PA3
CLINIMIX/DEXTROSE (5/20)	1-Covered	PA3
<i>clinisol sf</i>	1-Covered	PA3
<i>dextrose (, 10 % solution, 50 % 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>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	1-Covered	
FREAMINE III	1-Covered	PA3
ISOLYTE-P IN D5W	1-Covered	
ISOLYTE-S	1-Covered	
ISOLYTE-S PH 7.4	1-Covered	
KCL (0.149%) IN NACL	1-Covered	
<i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>	1-Covered	
KCL-LACTATED RINGERS-D5W	1-Covered	
<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>magnesium sulfate 50 % solution</i>	1-Covered	
<i>multiple electro type 1 ph 5.5</i>	1-Covered	
<i>multiple electro type 1 ph 7.4</i>	1-Covered	
<i>plenamine</i>	1-Covered	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	1-Covered	
<i>potassium chloride crys er</i>	1-Covered	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1-Covered	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1-Covered	
POTASSIUM CHLORIDE IN NACL (, 20-0.45 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1-Covered	

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 citrate er</i>	1-Covered	
PREMASOL	1-Covered	PA3
PROSOL	1-Covered	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	1-Covered	
<i>sodium chloride (pf)</i>	1-Covered	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1-Covered	
TPN ELECTROLYTES	1-Covered	PA3
TRAVASOL	1-Covered	PA3
TROPHAMINE	1-Covered	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

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

POTASSIUM BINDERS

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

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
VITAMINS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1-Covered	
<i>levocarnitine sf</i>	1-Covered	
PRENATAL VITAMIN ORAL TABLET	1-Covered	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose</i>	1-Covered	
<i>enulose</i>	1-Covered	
<i>generlac</i>	1-Covered	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1-Covered	
<i>lactulose encephalopathy</i>	1-Covered	
LINZESS	1-Covered	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	1-Covered	QL (60 PER 30 DAYS)
MOVANTIK	1-Covered	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	1-Covered	NDS (Non-Extended Day Supply)
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl 0.5 mg tab</i>	1-Covered	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1-Covered	
<i>loperamide hcl</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)

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
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		
CLENPIQ	1-Covered	
GATTEX	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>gavilyte-c</i>	1-Covered	
<i>gavilyte-g</i>	1-Covered	
<i>gavilyte-n with flavor pack</i>	1-Covered	
MYALEPT	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>na sulfate-k sulfate-mg sulf</i>	1-Covered	
OCALIVA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Covered	
<i>peg-3350/electrolytes</i>	1-Covered	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1-Covered	
VOWST	1-Covered	PA, QL (12 PER 30 DAYS), NDS (Non-Extended Day Supply)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1-Covered	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1-Covered	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	1-Covered	
PROTECTANTS		
<i>misoprostol</i>	1-Covered	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1-Covered	

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
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</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		
<i>betaine</i>	1-Covered	NDS (Non-Extended Day Supply)
CERDELGA	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
CREON	1-Covered	
<i>cromolyn sodium 100 mg/5ml conc</i>	1-Covered	
CYSTAGON	1-Covered	
CYSTARAN	1-Covered	PA, QL (60 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>javygtor</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>l-glutamine</i>	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>miglustat</i>	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>nitisinone</i>	1-Covered	NDS (Non-Extended Day Supply)
PROLASTIN-C	1-Covered	PA, NDS (Non-Extended Day Supply)
RAVICTI	1-Covered	PA, QL (525 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sapropterin dihydrochloride</i>	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1-Covered	PA, NDS (Non-Extended Day Supply)

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
SUCRAID	1-Covered	NDS (Non-Extended Day Supply)
yargesa	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
ZENPEP	1-Covered	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	1-Covered	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1-Covered	QL (30 PER 30 DAYS)
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)
<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>tadalafil</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1-Covered	QL (60 PER 30 DAYS)

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride</i>	1-Covered	
-----------------------------	-----------	--

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
ELMIRON	1-Covered	QL (90 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1-Covered
--	-----------

<i>dexamethasone sod phos +rfid</i>	1-Covered
-------------------------------------	-----------

<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1-Covered
---	-----------

<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	1-Covered
---	-----------

<i>fludrocortisone acetate</i>	1-Covered
--------------------------------	-----------

<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
---	-----------

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desmopressin acetate pf</i>	1-Covered	
DESMOPRESSIN ACETATE SPRAY	1-Covered	
INCRELEX	1-Covered	PA, NDS (Non-Extended Day Supply)
NORDITROPIN FLEXPPO	1-Covered	PA, NDS (Non-Extended Day Supply)

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

ANDROGENS

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

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>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>blisovi 24 fe</i>	1-Covered	
<i>blisovi fe 1.5/30</i>	1-Covered	
<i>blisovi fe 1/20</i>	1-Covered	
<i>briellyn</i>	1-Covered	
<i>camrese lo</i>	1-Covered	
<i>chateal eq</i>	1-Covered	
<i>cryselle-28</i>	1-Covered	
<i>cyred eq</i>	1-Covered	
<i>dasetta 1/35</i>	1-Covered	
<i>dasetta 7/7/7</i>	1-Covered	
<i>delyla</i>	1-Covered	
DEPO-ESTRADIOL	1-Covered	
<i>desogestrel-ethinyl estradiol</i>	1-Covered	
<i>dolishale</i>	1-Covered	
<i>dotti</i>	1-Covered	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol</i>	1-Covered	
<i>elinest</i>	1-Covered	
<i>eluryng</i>	1-Covered	
<i>enilloring</i>	1-Covered	
<i>enpresse-28</i>	1-Covered	
<i>enskyce</i>	1-Covered	
<i>estarylla</i>	1-Covered	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1-Covered	QL (8 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>estradiol (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	1-Covered	
<i>estradiol valerate</i>	1-Covered	
<i>ESTRING</i>	1-Covered	
<i>ethynodiol diac-eth estradiol</i>	1-Covered	
<i>etonogestrel-ethinyl estradiol</i>	1-Covered	
<i>falmina</i>	1-Covered	
<i>feirza 1.5/30</i>	1-Covered	
<i>feirza 1/20</i>	1-Covered	
<i>femynor</i>	1-Covered	
<i>fyavolv</i>	1-Covered	
<i>hailey 1.5/30</i>	1-Covered	
<i>hailey 24 fe</i>	1-Covered	
<i>hailey fe 1.5/30</i>	1-Covered	
<i>hailey fe 1/20</i>	1-Covered	
<i>haloette</i>	1-Covered	
<i>iclevia</i>	1-Covered	
<i>introvale</i>	1-Covered	
<i>isibloom</i>	1-Covered	
<i>jasmiel</i>	1-Covered	
<i>jinteli</i>	1-Covered	
<i>jolessa</i>	1-Covered	
<i>juleber</i>	1-Covered	
<i>junel 1.5/30</i>	1-Covered	
<i>junel 1/20</i>	1-Covered	
<i>junel fe 1.5/30</i>	1-Covered	
<i>junel fe 1/20</i>	1-Covered	

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>june 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	
<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	QL (8 PER 28 DAYS)
<i>marlissa</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
MENEST	1-Covered	
<i>microgestin 1.5/30</i>	1-Covered	
<i>microgestin 1/20</i>	1-Covered	
<i>microgestin 24 fe</i>	1-Covered	
<i>microgestin fe 1.5/30</i>	1-Covered	
<i>microgestin fe 1/20</i>	1-Covered	
<i>mili</i>	1-Covered	
<i>mono-linyah</i>	1-Covered	
<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 tab, 1.5-30 tab)</i>	1-Covered	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1-Covered	
<i>norethindron-ethinyl estrad-fe</i>	1-Covered	
<i>norethindrone acet-ethinyl est</i>	1-Covered	
<i>norethindrone-eth estradiol</i>	1-Covered	
<i>norgestim-eth estrad triphasic</i>	1-Covered	
<i>norgestimate-eth estradiol</i>	1-Covered	
<i>nortrel 0.5/35 (28)</i>	1-Covered	
<i>nortrel 1/35 (21)</i>	1-Covered	
<i>nortrel 1/35 (28)</i>	1-Covered	
<i>nortrel 7/7/7</i>	1-Covered	
<i>nylia 1/35</i>	1-Covered	
<i>nylia 7/7/7</i>	1-Covered	
<i>nymyo</i>	1-Covered	
<i>ocella</i>	1-Covered	
<i>philith</i>	1-Covered	
<i>pimtrea</i>	1-Covered	
<i>pirmella 1/35</i>	1-Covered	

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>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	
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	
<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	

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>valtya 1/50</i>	1-Covered	
<i>velivet</i>	1-Covered	
<i>vestura</i>	1-Covered	
<i>vienva</i>	1-Covered	
<i>vioarele</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>xarah fe</i>	1-Covered	
<i>xelria fe</i>	1-Covered	
<i>xulane</i>	1-Covered	
<i>yuvaferm</i>	1-Covered	
<i>zafemy</i>	1-Covered	
<i>zovia 1/35 (28)</i>	1-Covered	
<i>zumandimine</i>	1-Covered	

PROGESTINS

<i>camila</i>	1-Covered	
<i>deblitane</i>	1-Covered	
DEPO-SUBQ PROVERA 104	1-Covered	
<i>emzahh</i>	1-Covered	
<i>errin</i>	1-Covered	
<i>gallifrey</i>	1-Covered	
<i>heather</i>	1-Covered	
<i>incassia</i>	1-Covered	
<i>jencycla</i>	1-Covered	
LILETTA (52 MG)	1-Covered	
<i>lyleq</i>	1-Covered	
<i>lyza</i>	1-Covered	

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>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1-Covered	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	1-Covered	
NEXPLANON	1-Covered	
<i>nora-be</i>	1-Covered	
<i>norethindrone</i>	1-Covered	
<i>norethindrone acetate</i>	1-Covered	
<i>norlyda</i>	1-Covered	
<i>norlyroc</i>	1-Covered	
<i>progesterone (100 mg cap, 200 mg cap)</i>	1-Covered	
<i>sharobel</i>	1-Covered	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>euthyrox</i>	1-Covered	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Covered	
<i>levoxyl</i>	1-Covered	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1-Covered	
SYNTHROID	1-Covered	
<i>unithroid</i>	1-Covered	

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

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

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
SIGNIFOR	1-Covered	PA, NDS (Non-Extended Day Supply)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	1-Covered	PA, NDS (Non-Extended Day Supply)
SOMAVERT	1-Covered	PA, NDS (Non-Extended Day Supply)
SYNAREL	1-Covered	NDS (Non-Extended Day Supply)
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 22.5 MG RECON SUSP)	1-Covered	PA3
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1-Covered	PA3, NDS (Non-Extended Day Supply)

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole</i>	1-Covered
<i>propylthiouracil</i>	1-Covered

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

BIVIGAM	1-Covered	PA, NDS (Non-Extended Day Supply)
FLEBOGAMMA DIF	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
GAMMAGARD	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAGARD S/D LESS IGA	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAKED	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMMAPLEX	1-Covered	PA, NDS (Non-Extended Day Supply)
GAMUNEX-C	1-Covered	PA, NDS (Non-Extended Day Supply)
OCTAGAM	1-Covered	PA, NDS (Non-Extended Day Supply)
PANZYGA	1-Covered	PA, NDS (Non-Extended Day Supply)
PRIVIGEN	1-Covered	PA, NDS (Non-Extended Day Supply)

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	1-Covered	PA, NDS (Non-Extended Day Supply)
AURANOFIN	1-Covered	NDS (Non-Extended Day Supply)
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	1-Covered	PA, NDS (Non-Extended Day Supply)
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	1-Covered	PA, QL (8 PER 28 DAYS), NDS (Non-Extended Day Supply)
DUPIXENT	1-Covered	PA, NDS (Non-Extended Day Supply)
RIDAURA	1-Covered	NDS (Non-Extended Day Supply)
RINVOQ	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
RINVOQ LQ	1-Covered	PA, QL (360 PER 30 DAYS), NDS (Non-Extended Day Supply)
SKYRIZI	1-Covered	PA, NDS (Non-Extended Day Supply)
SKYRIZI PEN	1-Covered	PA, NDS (Non-Extended Day Supply)
STELARA	1-Covered	PA, NDS (Non-Extended Day Supply)

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
TALTZ	1-Covered	PA, NDS (Non-Extended Day Supply)
TAVNEOS	1-Covered	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	1-Covered	PA, NDS (Non-Extended Day Supply)
XELJANZ XR	1-Covered	PA, NDS (Non-Extended Day Supply)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	1-Covered	PA, NDS (Non-Extended Day Supply)

IMMUNOSTIMULANTS

ACTIMMUNE	1-Covered	PA, NDS (Non-Extended Day Supply)
BESREMI	1-Covered	PA2, QL (2 PER 28 DAYS), NDS (Non-Extended Day Supply)
PEGASYS	1-Covered	NDS (Non-Extended Day Supply)

IMMUNOSUPPRESSANTS

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

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
ENBREL MINI	1-Covered	PA, NDS (Non-Extended Day Supply)
ENBREL SURECLICK	1-Covered	PA, NDS (Non-Extended Day Supply)
ENVARUSUS XR	1-Covered	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1-Covered	PA3
HADLIMA	1-Covered	PA, NDS (Non-Extended Day Supply)
HADLIMA PUSHTOUCH	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY)	1-Covered	PA, NDS (Non-Extended Day Supply)
HUMIRA-PSORIASIS/UVEIT STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO (2 PEN)	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO (2 SYRINGE)	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO-CROHNS/UC STARTER	1-Covered	PA, NDS (Non-Extended Day Supply)
IDACIO-PSORIASIS STARTER	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
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)</i>	1-Covered	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1-Covered	
<i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i>	1-Covered	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>mycophenolate mofetil hcl</i>	1-Covered	PA3
<i>mycophenolate sodium</i>	1-Covered	PA3
<i>mycophenolic acid</i>	1-Covered	PA3
NULOJIX	1-Covered	PA3, NDS (Non-Extended Day Supply)
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	1-Covered	PA3
RENFLEXIS	1-Covered	PA3, NDS (Non-Extended Day Supply)
REZUROCK	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Covered	PA3
<i>sirolimus 1 mg/ml solution</i>	1-Covered	PA3, NDS (Non-Extended Day Supply)
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1-Covered	PA3
XATMEP	1-Covered	
VACCINES		
ABRYSVO	1-Covered	
ACTHIB	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
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	
ENGRIX-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	
I POL	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	
PREHEVBRI0	1-Covered	PA3
PRIORIX	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
PROQUAD	1-Covered	
QUADRACEL	1-Covered	
RABAVERT	1-Covered	
RECOMBIVAX HB	1-Covered	PA3
ROTARIX	1-Covered	
ROTATEQ	1-Covered	
SHINGRIX	1-Covered	
TENIVAC	1-Covered	
TICOVAC	1-Covered	
TRUMENBA	1-Covered	
TWINRIX	1-Covered	
TYPHIM VI	1-Covered	
VAQTA	1-Covered	
VARIVAX	1-Covered	
VAXCHORA	1-Covered	
VIMKUNYA	1-Covered	
VIVOTIF	1-Covered	
YF-VAX	1-Covered	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	1-Covered	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1-Covered	
<i>mesalamine er 0.375 gm cap er 24h</i>	1-Covered	
<i>mesalamine-cleanser</i>	1-Covered	
<i>sulfasalazine</i>	1-Covered	

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	1-Covered	
<i>calcitonin (salmon) 200 unit/act solution</i>	1-Covered	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1-Covered	
<i>calcitriol oral soln 1 mcg/ml</i>	1-Covered	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	1-Covered	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	1-Covered	PA3, QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1-Covered	
<i>ibandronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 30 DAYS)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1-Covered	
PROLIA	1-Covered	QL (1 PER 180 DAYS)
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	1-Covered	QL (4 PER 28 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1-Covered	QL (1 PER 28 DAYS)
TERIPARATIDE (RECOMBINANT)	1-Covered	PA, QL (2.48 PER 28 DAYS), NDS (Non-Extended Day Supply)
XGEVA	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	1-Covered	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS		
BD ALCOHOL PADS	1-Covered	PA
CLINOLIPID	1-Covered	PA3
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1-Covered	PA
DROPLET MICRON	1-Covered	PA
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	1-Covered	PA
GAUZE PADS & DRESSINGS - PADS 2 X 2	1-Covered	PA
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVI DIA)	1-Covered	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	1-Covered	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	1-Covered	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	1-Covered	PA
INSUPEN PEN NEEDLES	1-Covered	PA
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
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	1-Covered	PA
NEEDLES, INSULIN DISP., SAFETY	1-Covered	PA
NUTRILIPID	1-Covered	PA3
PENBRAYA	1-Covered	
<i>sterile water for irrigation</i>	1-Covered	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	1-Covered	
<i>atropine sulfate 1 % solution</i>	1-Covered	
<i>bacitra-neomycin-polymyxin-hc</i>	1-Covered	
<i>bacitracin-polymyxin b</i>	1-Covered	
COMBIGAN	1-Covered	
<i>cyclopentolate hcl</i>	1-Covered	
<i>dorzolamide hcl-timolol mal</i>	1-Covered	
<i>dorzolamide hcl-timolol mal pf</i>	1-Covered	
MIEBO	1-Covered	QL (3 PER 30 DAYS)
<i>neo-polycin</i>	1-Covered	
<i>neo-polycin hc</i>	1-Covered	
<i>neomycin-bacitracin zn-polymyx</i>	1-Covered	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1-Covered	
<i>neomycin-polymyxin-gramicidin</i>	1-Covered	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1-Covered	
OXERVATE	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>polycin</i>	1-Covered	
RESTASIS	1-Covered	QL (60 PER 30 DAYS)

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
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	
XDEMY	1-Covered	PA, QL (10 PER 42 DAYS), NDS (Non-Extended Day Supply)
XIIDRA	1-Covered	QL (60 PER 30 DAYS)
ZYLET	1-Covered	

OPHTHALMIC ANTI-ALLERGY AGENTS

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

OPHTHALMIC ANTI-INFECTIVES

AZASITE	1-Covered
<i>bacitracin</i>	1-Covered
<i>erythromycin 5 mg/gm ointment</i>	1-Covered
<i>gatifloxacin</i>	1-Covered
<i>gentamicin sulfate 0.3 % solution</i>	1-Covered
<i>moxifloxacin hcl (2x day)</i>	1-Covered
<i>moxifloxacin hcl 0.5 % solution</i>	1-Covered
<i>ofloxacin 0.3 % solution</i>	1-Covered
<i>polymyxin b-trimethoprim</i>	1-Covered
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1-Covered
<i>tobramycin 0.3 % solution</i>	1-Covered
<i>trifluridine</i>	1-Covered
ZIRGAN	1-Covered

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily)</i>	1-Covered
--------------------------------------	-----------

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1-Covered	
<i>diclofenac sodium 0.1 % solution</i>	1-Covered	QL (90 PER 30 DAYS)
<i>difluprednate</i>	1-Covered	
FLAREX	1-Covered	
<i>fluorometholone</i>	1-Covered	
<i>flurbiprofen sodium</i>	1-Covered	
ILEVRO	1-Covered	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1-Covered	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1-Covered	
<i>prednisolone acetate</i>	1-Covered	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1-Covered	
PROLENSA	1-Covered	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er</i>	1-Covered
<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

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>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

<i>acetic acid 2 % solution</i>	1-Covered
<i>ciprofloxacin-dexamethasone</i>	1-Covered
<i>flac</i>	1-Covered
<i>fluocinolone acetonide 0.01 % oil</i>	1-Covered
<i>hydrocortisone-acetic acid</i>	1-Covered
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	1-Covered

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	1-Covered	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1-Covered	PA3
<i>flunisolide</i>	1-Covered	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	1-Covered	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus 100 mcg/act aer pow ba</i>	1-Covered	QL (60 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	1-Covered	QL (240 PER 30 DAYS)
<i>fluticasone propionate diskus 50 mcg/act aer pow ba</i>	1-Covered	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone 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)

ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	1-Covered	QL (30 PER 25 DAYS)
<i>cetirizine hcl</i>	1-Covered	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1-Covered	
<i>desloratadine 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	1-Covered	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1-Covered	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1-Covered	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	1-Covered	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	1-Covered	PA

ANTILEUKOTRIENES

<i>montelukast sodium</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zafirlukast</i>	1-Covered	QL (60 PER 30 DAYS)

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA	1-Covered	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	1-Covered	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	1-Covered	PA3

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>ipratropium bromide 0.03 % solution</i>	1-Covered	QL (30 PER 28 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	1-Covered	QL (45 PER 30 DAYS)
YUPELRI	1-Covered	PA3, NDS (Non-Extended Day Supply)

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	1-Covered	PA3
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</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 (13.4 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	1-Covered	QL (36 PER 30 DAYS)
<i>arformoterol tartrate</i>	1-Covered	PA3
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1-Covered	QL (4 PER 30 DAYS)
<i>formoterol fumarate</i>	1-Covered	PA3
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1-Covered	PA3
<i>levalbuterol tartrate</i>	1-Covered	QL (30 PER 30 DAYS)
SEREVENT DISKUS	1-Covered	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1-Covered	

CYSTIC FIBROSIS AGENTS

BRONCHITOL	1-Covered	PA, QL (600 PER 30 DAYS), NDS (Non-Extended Day Supply)
CAYSTON	1-Covered	PA, NDS (Non-Extended Day Supply)

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
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)
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

<i>elixophyllin</i>	1-Covered	
<i>roflumilast</i>	1-Covered	QL (30 PER 30 DAYS)
<i>theophylline</i>	1-Covered	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1-Covered	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	1-Covered	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>alyq</i>	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ambrisentan</i>	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)

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>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)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	1-Covered	PA, QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)
UPTRAVI 200 & 800 MCG TAB THPK	1-Covered	PA, QL (200 PER 30 DAYS), NDS (Non-Extended Day Supply)
UPTRAVI 200 MCG TAB	1-Covered	PA, QL (150 PER 30 DAYS), NDS (Non-Extended Day Supply)

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

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

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
FASENRA PEN	1-Covered	PA, NDS (Non-Extended Day Supply)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1-Covered	PA3
TRELEGY ELLIPTA	1-Covered	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1-Covered	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

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 LQ	1-Covered	PA, QL (158 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>ramelteon</i>	1-Covered	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	1-Covered	PA, QL (30 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>temazepam (15 mg cap, 30 mg cap)</i>	1-Covered	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg cap</i>	1-Covered	PA, QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	1-Covered	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	1-Covered	QL (30 PER 30 DAYS)

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

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

Index of Drugs

A

abacavir sulfate.....	43	albuterol sulfate hfa 108 (90 base) mcg/act	
abacavir sulfate-lamivudine.....	43	aero soln (generic proventil).....	98
ABELCET.....	19	albuterol sulfate hfa 108 (90 base) mcg/act	
ABILIFY ASIMTUFI.....	38	aero soln (generic ventolin).....	98
abiraterone acetate.....	23	alclometasone dipropionate.....	64
abirtega.....	23	ALECENSA.....	26
ABRYSVO.....	88	alendronate sodium.....	91
acamprosate calcium.....	5	alfuzosin hcl er.....	73
acarbose.....	48	aliskiren fumarate.....	56
accutane.....	63	allopurinol.....	21
acebutolol hcl.....	55	alogliptin benzoate.....	48
acetaminophen-codeine.....	3	alogliptin-metformin hcl.....	48
acetazolamide.....	56	alogliptin-pioglitazone.....	48
acetazolamide er.....	95	alosetron hcl.....	70
acetic acid.....	96	alprazolam.....	47
acetylcysteine.....	100	altavera.....	75
acitretin.....	63	ALUNBRIG.....	26
ACTHIB.....	88	ALVAIZ.....	52
ACTIMMUNE.....	86	alyacen 1/35.....	75
acyclovir.....	46,67	alyacen 7/7/7.....	75
acyclovir sodium.....	46	alyq.....	99
ADACEL.....	89	amantadine hcl.....	37
ADALIMUMAB-AACF (2 PEN).....	86	ambrisentan.....	99
ADALIMUMAB-AACF (2 SYRINGE).....	86	amethyst.....	75
ADALIMUMAB-AACF(CD/UC/HS STRT).....	86	amikacin sulfate.....	6
ADALIMUMAB-AACF(PS/UV STARTER).....	86	amiloride hcl.....	58
adefovir dipivoxil.....	41	amiloride-hydrochlorothiazide.....	56
ADEMPAS.....	99	amiodarone hcl.....	54
ADVAIR HFA.....	100	amitriptyline hcl.....	18
afirmelle.....	75	amlodipine besy-benazepril hcl.....	56
AIMOVIG.....	21	amlodipine besylate.....	55
ak-poly-bac.....	93	amlodipine besylate-valsartan.....	56
AKEEGA.....	24	amlodipine-atorvastatin.....	56
ala-cort.....	64	amlodipine-olmesartan.....	56
albendazole.....	36	amlodipine-valsartan-hctz.....	56
albuterol sulfate.....	98	ammonium lactate.....	64
albuterol sulfate hfa 108 (90 base) mcg/act		amnestem.....	63
aero soln (generic proair).....	98	amoxapine.....	18
		amoxicillin.....	8
		amoxicillin-pot clavulanate.....	9
		amoxicillin-pot clavulanate er.....	9

benzoyl peroxide-erythromycin.....	63	BRUKINSA.....	26
benztropine mesylate.....	36	budesonide.....	90,96
BERINERT.....	84	budesonide er.....	90
BESREMI.....	86	budesonide-formoterol fumarate.....	100
betaine.....	72	bumetanide.....	58
betamethasone dipropionate.....	64	buprenorphine.....	3
betamethasone dipropionate aug.....	64	buprenorphine hcl.....	5
betamethasone valerate.....	64	buprenorphine hcl-naloxone hcl.....	5
BETASERON.....	62	bupropion hcl.....	16
betaxolol hcl.....	55,95	bupropion hcl er (smoking det).....	6
bethanechol chloride.....	73	bupropion hcl er (sr).....	16
BEVESPI AEROSPHERE.....	100	bupropion hcl er (xl).....	16
bexarotene.....	35	buspirone hcl.....	47
BEXSERO.....	89	butalbital-apap-caffeine.....	61
bicalutamide.....	23	butalbital-aspirin-caffeine.....	2
BICILLIN L-A.....	9	butorphanol tartrate.....	3
BIKTARVY.....	42		
bimatoprost.....	96	C	
bisoprolol fumarate.....	55	CABENUVA.....	44
bisoprolol-hydrochlorothiazide.....	56	cabergoline.....	83
BIVIGAM.....	84	CABOMETYX.....	26
blisovi 24 fe.....	76	calcipotriene.....	66
blisovi fe 1.5/30.....	76	calcitonin (salmon).....	91
blisovi fe 1/20.....	76	calcitrene.....	66
BOOSTRIX.....	89	calcitriol.....	91
bortezomib.....	26	calcitriol oral soln 1 mcg/ml.....	91
bosentan.....	100	CALQUENCE.....	26
BOSULIF.....	26	camila.....	81
BOTOX.....	101	camrese lo.....	76
BRAFTOVI.....	26	candesartan cilexetil.....	53
BREO ELLIPTA.....	100	candesartan cilexetil-hctz.....	56,57
breyna.....	100	CAPLYTA.....	38
BREZTRI AEROSPHERE.....	100	CAPRELSA.....	26
briellyn.....	76	captopril.....	54
BRILINTA.....	52	CARBAMAZEPINE.....	14
brimonidine tartrate.....	95	carbamazepine er.....	14
brinzolamide.....	95	carbidopa.....	37
BRIVIACT.....	11	carbidopa-levodopa.....	37
bromfenac sodium (once-daily).....	94	carbidopa-levodopa er.....	37
bromocriptine mesylate.....	37	carbidopa-levodopa-entacapone.....	37
BRONCHITOL.....	98	carboplatin.....	22

carglumic acid.....	67	ciprofloxacin hcl.....	10
carteolol hcl.....	95	ciprofloxacin in d5w.....	10
cartia xt.....	56	ciprofloxacin in d5w 400 mg/200ml solution.....	10
carvedilol.....	55	ciprofloxacin-dexamethasone.....	96
caspofungin acetate.....	19	cisplatin.....	22
CAYSTON.....	98	citalopram hydrobromide.....	16,17
cefaclor.....	7	claravis.....	63
cefadroxil.....	7	clarithromycin.....	9
cefazolin sodium.....	7	clarithromycin er.....	10
cefdinir.....	8	CLENPIQ.....	71
cefepime hcl.....	8	clindamycin hcl.....	6
cefixime.....	8	clindamycin palmitate hcl.....	6
cefotetan disodium.....	8	clindamycin phos (once-daily).....	67
cefoxitin sodium.....	8	clindamycin phos (twice-daily).....	67
cefpodoxime proxetil.....	8	clindamycin phosphate.....	6,67
cefprozil.....	8	clindamycin phosphate in d5w.....	6
ceftazidime.....	8	CLINIMIX/DEXTROSE (4.25/10).....	67
ceftriaxone sodium.....	8	CLINIMIX/DEXTROSE (4.25/5).....	67
cefuroxime axetil.....	8	CLINIMIX/DEXTROSE (5/15).....	67
cefuroxime sodium.....	8	CLINIMIX/DEXTROSE (5/20).....	67
celecoxib.....	2	clinisol sf.....	67
cephalexin.....	8	CLINOLIPID.....	92
CERDELGA.....	72	clobazam.....	12
cetirizine hcl.....	97	clobetasol prop emollient base.....	64
cevimeline hcl.....	63	clobetasol propionate.....	64
chateal eq.....	76	clobetasol propionate e.....	64
CHEMET.....	69	clobetasol propionate emulsion.....	64
chlorhexidine gluconate.....	63	clodan.....	64
chloroquine phosphate.....	36	clomipramine hcl.....	18
chlorpromazine hcl.....	37	clonazepam.....	47
chlorthalidone.....	58	clonidine 0.1 mg/24hr patch wk.....	53
cholestyramine.....	59	clonidine 0.2 mg/24hr patch wk.....	53
cholestyramine light.....	59	clonidine 0.3 mg/24hr patch wk.....	53
ciclodan.....	67	clonidine hcl.....	53
ciclopirox.....	67	clopidogrel bisulfate.....	53
ciclopirox olamine.....	67	clorazepate dipotassium.....	47
cilostazol.....	53	clotrimazole.....	19
CIMDUO.....	43	clotrimazole-betamethasone.....	66
cimetidine.....	71	CLOTTRIMAZOLE-BETAMETHASONE.....	66
cinacalcet hcl.....	91	clozapine.....	41
CINRYZE.....	84	COARTEM.....	36

COBENFY.....	38	daptomycin.....	7
COBENFY STARTER PACK.....	39	daptomycin 350 mg recon soln.....	7
colchicine.....	21	darifenacin hydrobromide er.....	73
colchicine-probenecid.....	21	darunavir.....	45
colesevelam hcl.....	59	dasatinib.....	27
colestipol hcl.....	59	dasetta 1/35.....	76
colistimethate sodium (cba).....	6	dasetta 7/7/7.....	76
COMBIGAN.....	93	DAURISMO.....	27
COMBIVENT RESPIMAT.....	100	deblitane.....	81
COMETRIQ (100 MG DAILY DOSE).....	27	deferasirox.....	69
COMETRIQ (140 MG DAILY DOSE).....	27	deferasirox granules.....	69
COMETRIQ (60 MG DAILY DOSE).....	27	deferiprone.....	69
COMPLERA.....	43	DELSTRIGO.....	43
compro.....	18	delyla.....	76
constulose.....	70	demeclocycline hcl.....	10
COPAXONE.....	62	DEPO-ESTRADIOL.....	76
COPIKTRA.....	27	DEPO-SUBQ PROVERA 104.....	81
CORLANOR.....	57	DESCOVY.....	43
COTELLIC.....	27	desipramine hcl.....	18
CREON.....	72	desloratadine.....	97
cromolyn sodium.....	72,94,99	desmopressin ace spray refig.....	74
cryselle-28.....	76	desmopressin acetate.....	74
cyclobenzaprine hcl.....	101	desmopressin acetate pf.....	75
cyclopentolate hcl.....	93	DESMOPRESSIN ACETATE SPRAY.....	75
CYCLOPHOSPHAMIDE.....	22	desogestrel-ethinyl estradiol.....	76
CYCLOSET.....	48	desonide.....	64
cyclosporine.....	86	desoximetasone.....	64
cyclosporine modified.....	86	desvenlafaxine succinate er.....	17
cyproheptadine hcl.....	97	dexamethasone.....	74
cyred eq.....	76	dexamethasone sod phos +rfid.....	74
CYSTAGON.....	72	dexamethasone sod phosphate pf.....	74
CYSTARAN.....	72	dexamethasone sodium phosphate.....	74,95
D		dexmethylphenidate hcl.....	61
dabigatran etexilate mesylate.....	51	dextroamphetamine sulfate.....	60
dalfampridine er.....	62	dextroamphetamine sulfate er.....	60
danazol.....	75	dextrose.....	67
dantrolene sodium.....	41	dextrose-sodium chloride.....	68
DANZITEN.....	27	DIACOMIT.....	11
dapsone.....	22	diazepam.....	12,47
DAPTACEL.....	89	diazepam intensol.....	47
		diazoxide.....	50

diclofenac potassium.....	2	doxycycline hyclate.....	11
diclofenac sodium.....	2,95	doxycycline monohydrate.....	11
diclofenac sodium er.....	2	DRIZALMA SPRINKLE.....	62
diclofenac-misoprostol.....	2	dronabinol.....	19
dicloxacillin sodium.....	9	DROPLET INSULIN SYRINGE.....	92
dicyclomine hcl.....	71	DROPLET MICRON.....	92
DIFICID.....	10	DROPLET PEN NEEDLES.....	92
diflunisal.....	2	drospirenone-ethinyl estradiol.....	76
difluprednate.....	95	DROXIA.....	25
digoxin.....	54	droxidopa.....	53
dihydroergotamine mesylate.....	21	DUAVEE.....	82
DILANTIN.....	14	duloxetine hcl.....	62
DILANTIN INFATABS.....	14	DUPIXENT.....	85
dilt-xr.....	56	dutasteride.....	73
diltiazem hcl.....	56	dutasteride-tamsulosin hcl.....	73
diltiazem hcl er.....	56		
diltiazem hcl er beads.....	56	E	
diltiazem hcl er coated beads.....	56	econazole nitrate.....	19
dimethyl fumarate.....	62	EDURANT.....	43
dimethyl fumarate starter pack.....	63	efavirenz.....	43
diphenhydramine hcl.....	97	efavirenz-emtricitab-tenofo df.....	43
diphenoxylate-atropine.....	70	efavirenz-lamivudine-tenofovir.....	43
DIPHTHERIA-TETANUS TOXOIDS DT....	89	ELIGARD.....	83
dipyridamole.....	53	elinest.....	76
disulfiram.....	5	ELIQUIS.....	51
divalproex sodium.....	11	ELIQUIS DVT/PE STARTER PACK.....	51
divalproex sodium er.....	11	elixophyllin.....	99
DOCETAXEL.....	24	ELMIRON.....	74
dofetilide.....	54	eluryng.....	76
dolishale.....	76	EMGALITY.....	21
donepezil hcl.....	15	EMGALITY (300 MG DOSE).....	21
DOPTelet.....	53	EMSAM.....	16
dorzolamide hcl.....	95	emtricitabine.....	44
dorzolamide hcl-timolol mal.....	93	emtricitabine-tenofovir df.....	44
dorzolamide hcl-timolol mal pf.....	93	EMTRIVA.....	44
dotti.....	76	emzahh.....	81
DOVATO.....	42	enalapril maleate.....	54
doxazosin mesylate.....	53	enalapril-hydrochlorothiazide.....	57
doxepin hcl.....	18,101	ENBREL.....	86
DOXERCALCIFEROL.....	91	ENBREL MINI.....	87
doxy 100.....	11	ENBREL SURECLICK.....	87

endocet.....	4	etonogestrel-ethinyl estradiol.....	77
ENGERIX-B.....	89	etoposide.....	25
enilloring.....	76	etravirine.....	43
enoxaparin sodium.....	51	EULEXIN.....	23
enpresse-28.....	76	euthyrox.....	82
enskyce.....	76	everolimus.....	27,87
entacapone.....	37	EVOTAZ.....	45
entecavir.....	41	exemestane.....	25
ENTRESTO.....	57	ezetimibe.....	59
enulose.....	70	ezetimibe-simvastatin.....	59
ENVARUSUS XR.....	87		
EPCLUSA.....	41,42	F	
EPIDIOLEX.....	11	falmina.....	77
epinastine hcl.....	94	famciclovir.....	46
epinephrine.....	98	famotidine.....	71
epitol.....	14	FANAPT.....	39
eplerenone.....	58	FANAPT TITRATION PACK.....	39
EPRONTIA.....	11	FARXIGA.....	60
ergotamine-caffeine.....	21	FASENRA.....	100
ERIVEDGE.....	27	FASENRA PEN.....	101
ERLEADA.....	23	febuxostat.....	21
erlotinib hcl.....	27	feirza 1.5/30.....	77
errin.....	81	feirza 1/20.....	77
ertapenem sodium.....	9	felbamate.....	11
ery 2% pad.....	67	felodipine er.....	55
ery-tab.....	10	femynor.....	77
erythromycin.....	10,67,94	fenofibrate.....	58
erythromycin base.....	10	fenofibrate micronized.....	58
erythromycin ethylsuccinate.....	10	fenofibric acid.....	58
escitalopram oxalate.....	17	fentanyl.....	3
esomeprazole magnesium.....	72	fesoterodine fumarate er.....	73
estarylla.....	76	FETZIMA.....	17
estradiol.....	76,77	FETZIMA TITRATION.....	17
estradiol valerate.....	77	FIASP.....	50
ESTRING.....	77	FIASP FLEXTOUCH.....	50
eszopiclone.....	101	FIASP PENFILL.....	50
ethambutol hcl.....	22	FIASP PUMPCART.....	50
ethosuximide.....	12	finasteride.....	73
ethynodiol diac-eth estradiol.....	77	fingolimod hcl.....	63
etodolac.....	2	FINTEPLA.....	12
etodolac er.....	2	FIRDAPSE.....	61

FIRMAGON.....	83
FIRMAGON (240 MG DOSE).....	83
flac.....	96
FLAREX.....	95
FLEBOGAMMA DIF.....	84
flecainide acetate.....	54
fluconazole.....	19
fluconazole in sodium chloride.....	20
flucytosine.....	20
fludrocortisone acetate.....	74
flunisolide.....	96
fluocinolone acetonide.....	64,65,96
fluocinolone acetonide body.....	65
fluocinolone acetonide scalp.....	65
fluocinonide.....	65
fluocinonide emulsified base.....	65
fluorometholone.....	95
fluorouracil.....	24,66
fluoxetine hcl.....	17
fluphenazine decanoate.....	37
fluphenazine hcl.....	37
flurbiprofen.....	2
flurbiprofen sodium.....	95
fluticasone propionate.....	65,96
fluticasone propionate diskus.....	96
fluticasone propionate hfa.....	97
fluticasone-salmeterol.....	101
fluvoxamine maleate.....	17
fluvoxamine maleate er.....	17
fondaparinux sodium.....	51
formoterol fumarate.....	98
fosamprenavir calcium.....	45
fosinopril sodium.....	54
fosinopril sodium-hctz.....	57
FOTIVDA.....	27
FREAMINE III.....	68
FRUZAQLA.....	25
FULPHILA.....	52
fulvestrant.....	24
furosemide.....	58
FUZEON.....	44

fyavolv.....	77
FYCOMPA.....	12

G

gabapentin.....	13
galantamine hydrobromide.....	15
galantamine hydrobromide er.....	15
gallifrey.....	81
GAMMAGARD.....	85
GAMMAGARD S/D LESS IGA.....	85
GAMMAKED.....	85
GAMMAPLEX.....	85
GAMUNEX-C.....	85
GARDASIL 9.....	89
gatifloxacin.....	94
GATTEX.....	71
GAUZE PADS & DRESSINGS - PADS 2 X	
2.....	92
gavilyte-c.....	71
gavilyte-g.....	71
gavilyte-n with flavor pack.....	71
GAVRETO.....	27
gefitinib.....	28
gemfibrozil.....	58
GEMTESA.....	73
generlac.....	70
gengraf.....	87
gentamicin in saline.....	6
gentamicin sulfate.....	6,94
GENVOYA.....	42
GILOTRIF.....	28
GLEOSTINE.....	22
glimepiride.....	48
glipizide.....	48
glipizide er.....	48
glipizide-metformin hcl.....	48
glucagon emergency.....	50
glucagon emergency 1 mg kit (generic).....	50
glyburide.....	48
GLYBURIDE MICRONIZED.....	48
glyburide-metformin.....	48

glycopyrrolate.....	71
GLYXAMBI.....	48
GOMEKLI.....	28
granisetron hcl.....	19
griseofulvin microsize.....	20
griseofulvin ultramicrosize.....	20
guanfacine hcl er.....	61

H

HADLIMA.....	87
HADLIMA PUSHTOUCH.....	87
HAEGARDA.....	84
hailey 1.5/30.....	77
hailey 24 fe.....	77
hailey fe 1.5/30.....	77
hailey fe 1/20.....	77
halobetasol propionate.....	65
haloette.....	77
haloperidol.....	38
haloperidol decanoate.....	38
haloperidol lactate.....	38
HARVONI.....	42
HAVRIX.....	89
heather.....	81
heparin sodium (porcine).....	52
heparin sodium (porcine) pf.....	52
HEPLISAV-B.....	89
HERCEPTIN HYLECTA.....	35
HETLIOZ LQ.....	101
HIBERIX.....	89
HUMIRA (2 PEN).....	87
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	87
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	87
HUMIRA (2 SYRINGE).....	87
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY).....	87
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY).....	87

HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY).....	87
HUMIRA-PSORIASIS/UEVIT STARTER... ..	87
HUMULIN R U-500 (CONCENTRATED)... ..	50
HUMULIN R U-500 KWIKPEN.....	50
hydralazine hcl.....	60
hydrochlorothiazide.....	58
hydrocodone-acetaminophen.....	4
hydrocortisone.....	65,91
hydrocortisone (perianal).....	65
HYDROCORTISONE BUTYRATE.....	65
hydrocortisone butyrate.....	65
hydrocortisone valerate.....	65
hydrocortisone-acetic acid.....	96
hydromorphone hcl.....	4
hydroxychloroquine sulfate.....	36
hydroxyurea.....	25
hydroxyzine hcl.....	97
hydroxyzine pamoate.....	47

I

ibandronate sodium.....	91
IBRANCE.....	28
ibu.....	2
ibuprofen.....	2
icatibant acetate.....	84
iclevia.....	77
ICLUSIG.....	28
IDACIO (2 PEN).....	87
IDACIO (2 SYRINGE).....	87
IDACIO-CROHNS/UC STARTER.....	87
IDACIO-PSORIASIS STARTER.....	87
IDHIFA.....	28
ILEVRO.....	95
imatinib mesylate.....	28
IMBRUVICA.....	28
imipenem-cilastatin.....	9
imipramine hcl.....	18
imiquimod.....	66
IMKELDI.....	28
IMOVAX RABIES.....	89

IMPAVIDO.....	36	isosorb dinitrate-hydralazine.....	57
INBRIJA.....	37	isosorbide dinitrate.....	60
incassia.....	81	isosorbide mononitrate.....	60
INCRELEX.....	75	isosorbide mononitrate er.....	60
INCRUSE ELLIPTA.....	97	isotretinoin.....	63
indapamide.....	58	isradipine.....	55
INFANRIX.....	89	ITOVEBI.....	28
INFLECTRA.....	88	itraconazole.....	20
INLYTA.....	28	ivabradine hcl.....	57
INQOVI.....	25	ivermectin.....	36
INREBIC.....	28	IWILFIN.....	25
INSULIN PEN NEEDLE		IXCHIQ.....	89
(NOVO/BD/ULTIMED/OWEN/TRIVIDIA)...	92	IXIARO.....	89
INSULIN SYRINGE (DISP) U-100 0.3 ML			
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	92	J	
INSULIN SYRINGE (DISP) U-100 1 ML		JAKAFI.....	29
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	92	jantoven.....	52
INSULIN SYRINGE (DISP) U-100 1/2 ML		JANUMET.....	48
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	92	JANUMET XR.....	48
INSUPEN PEN NEEDLES.....	92	JANUVIA.....	48
INTELENCE.....	43	JARDIANCE.....	60
INTRALIPID.....	92	jasmiel.....	77
introvale.....	77	javygtor.....	72
INVEGA HAFYERA.....	39	JAYPIRCA.....	29
INVEGA SUSTENNA.....	39	jencycla.....	81
INVEGA TRINZA.....	39	JENTADUETO.....	48
IPOL.....	89	JENTADUETO XR.....	49
ipratropium bromide.....	97,98	jinteli.....	77
ipratropium-albuterol.....	101	jolessa.....	77
irbesartan.....	53	juleber.....	77
irbesartan-hydrochlorothiazide.....	57	JULUCA.....	42
irinotecan hcl.....	26	junel 1.5/30.....	77
ISENTRESS.....	42	junel 1/20.....	77
ISENTRESS HD.....	42	junel fe 1.5/30.....	77
isibloom.....	77	junel fe 1/20.....	77
ISOLYTE-P IN D5W.....	68	junel fe 24.....	78
ISOLYTE-S.....	68	JYNNEOS.....	89
ISOLYTE-S PH 7.4.....	68		
isoniazid.....	22	K	
ISOPROPYL ALCOHOL 0.7 ML/ML		KADCYLA.....	35
MEDICATED PAD.....	93	kalliga.....	78

KALYDECO.....	99	lamotrigine.....	12,47
KANJINTI.....	35	lamotrigine er.....	12
kariva.....	78	lanreotide acetate.....	83
KCL (0.149%) IN NACL.....	68	lansoprazole.....	72
kcl in dextrose-nacl.....	68	LANTUS.....	50
KCL-LACTATED RINGERS-D5W.....	68	LANTUS SOLOSTAR.....	50
kelnor 1/35.....	78	lapatinib ditosylate.....	29
kelnor 1/50.....	78	larin 1.5/30.....	78
KERENDIA.....	59	larin 1/20.....	78
KESIMPTA.....	63	larin 24 fe.....	78
ketoconazole.....	20	larin fe 1.5/30.....	78
ketorolac tromethamine.....	95	larin fe 1/20.....	78
KEYTRUDA.....	35	latanoprost.....	96
KINRIX.....	89	LAZCLUZE.....	29
kionex.....	69	leena.....	78
KISQALI (200 MG DOSE).....	29	leflunomide.....	88
KISQALI (400 MG DOSE).....	29	lenalidomide.....	23
KISQALI (600 MG DOSE).....	29	LENVIMA (10 MG DAILY DOSE).....	29
KISQALI FEMARA (200 MG DOSE).....	29	LENVIMA (12 MG DAILY DOSE).....	29
KISQALI FEMARA (400 MG DOSE).....	29	LENVIMA (14 MG DAILY DOSE).....	29
KISQALI FEMARA (600 MG DOSE).....	29	LENVIMA (18 MG DAILY DOSE).....	29
klayesta.....	20	LENVIMA (20 MG DAILY DOSE).....	30
klor-con.....	68	LENVIMA (24 MG DAILY DOSE).....	30
klor-con 10.....	68	LENVIMA (4 MG DAILY DOSE).....	30
klor-con m10.....	68	LENVIMA (8 MG DAILY DOSE).....	30
klor-con m15.....	68	lessina.....	78
klor-con m20.....	68	letrozole.....	25
KOSELUGO.....	29	leucovorin calcium.....	25
kourzeq.....	63	LEUKERAN.....	23
KRAZATI.....	29	leuprolide acetate.....	83
kurvelo.....	78	LEUPROLIDE ACETATE (3 MONTH).....	83
L		levalbuterol hcl.....	98
l-glutamine.....	72	levalbuterol tartrate.....	98
labetalol hcl.....	55	levetiracetam.....	12
lacosamide.....	14	levetiracetam er.....	12
lactulose.....	70	LEVETIRACETAM IN NACL.....	12
lactulose encephalopathy.....	70	levobunolol hcl.....	95
LAGEVRIO.....	46	levocarnitine.....	70
lamivudine.....	41,44	levocarnitine sf.....	70
lamivudine-zidovudine.....	44	levocetirizine dihydrochloride.....	97
		levofloxacin.....	10

levofloxacin in d5w	10	loteprednol etabonate	95
levofloxacin oral soln 25 mg/ml	10	lovastatin	59
levonest	78	low-ogestrel	78
levonorg-eth estrad triphasic	78	loxapine succinate	38
levonorgest-eth estrad 91-day	78	lubiprostone	70
levonorgestrel-ethinyl estrad	78	LUCEMYRA	5
levora 0.15/30 (28)	78	LUMAKRAS	30
levothyroxine sodium	82	LUMIGAN	96
levoxyl	82	LUPRON DEPOT (1-MONTH)	83
LIBERVANT	13	LUPRON DEPOT (3-MONTH)	83
lidocaine	5	LUPRON DEPOT (4-MONTH)	83
lidocaine viscous hcl	5	LUPRON DEPOT (6-MONTH)	83
lidocaine-prilocaine	5	LUPRON DEPOT-PED (1-MONTH)	83
lidocan	5	LUPRON DEPOT-PED (3-MONTH)	83
LILETTA (52 MG)	81	LUPRON DEPOT-PED (6-MONTH)	83
linezolid	7	lurasidone hcl	39
LINZESS	70	lurbipr	2
liothyronine sodium	82	lutra	78
lisinopril	54	lyleq	81
lisinopril-hydrochlorothiazide	57	lyllana	78
lithium	48	LYNPARZA	30
lithium carbonate	48	LYSODREN	25
lithium carbonate er	48	LYTGOBI (12 MG DAILY DOSE)	30
LIVTENCITY	41	LYTGOBI (16 MG DAILY DOSE)	30
lo-zumandimine	78	LYTGOBI (20 MG DAILY DOSE)	30
loestrin 1.5/30 (21)	78	lyza	81
loestrin 1/20 (21)	78		
loestrin fe 1.5/30	78	M	
loestrin fe 1/20	78	M-M-R II	89
lofexidine hcl	5	magnesium sulfate	68
lojaimiess	78	malathion	67
LOKELMA	69	maraviroc	44
LONSURF	25	marlissa	78
loperamide hcl	70	MARPLAN	16
lopinavir-ritonavir	45	MATULANE	23
lorazepam	47	matzim la	56
lorazepam intensol	47	MAVYRET	42
LORBRENA	30	meclizine hcl	18
loryna	78	medroxyprogesterone acetate	82
losartan potassium	53	mefloquine hcl	36
losartan potassium-hctz	57	megestrol acetate	82

MEKINIST.....	30	micafungin sodium.....	20
MEKTOVI.....	30	miconazole 3.....	20
meloxicam.....	2	microgestin 1.5/30.....	79
memantine hcl.....	15	microgestin 1/20.....	79
memantine hcl er.....	16	microgestin 24 fe.....	79
MENACTRA.....	89	microgestin fe 1.5/30.....	79
MENEST.....	79	microgestin fe 1/20.....	79
MENQUADFI.....	89	midodrine hcl.....	53
MENVEO.....	89	MIEBO.....	93
mercaptopurine.....	24	mifepristone.....	83
meropenem.....	9	miglitol.....	49
mesalamine.....	90	miglustat.....	72
mesalamine er.....	90	mili.....	79
mesalamine-cleanser.....	90	minocycline hcl.....	11
mesna.....	35	minoxidil.....	60
MESNEX.....	35	mirtazapine.....	16
metformin hcl.....	49	misoprostol.....	71
metformin hcl er.....	49	MITIGARE.....	21
methadone hcl.....	3	modafinil.....	102
methazolamide.....	95	moexipril hcl.....	54
methenamine hippurate.....	7	molindone hcl.....	38
methimazole.....	84	mometasone furoate.....	65,97
methocarbamol.....	101	mondoxyne nl.....	11
methotrexate sodium.....	88	mono-lynyah.....	79
methotrexate sodium (pf).....	88	montelukast sodium.....	97
methoxsalen rapid.....	66	MORPHINE SULFATE.....	4
methscopolamine bromide.....	71	morphine sulfate.....	4
methsuximide.....	12	morphine sulfate (concentrate).....	4
methylphenidate hcl.....	61	morphine sulfate er.....	3
methylphenidate hcl er.....	61	MOUNJARO.....	49
methylprednisolone.....	74	MOVANTIK.....	70
methylprednisolone acetate.....	74	moxifloxacin hcl.....	10,94
methylprednisolone sodium succ.....	74	moxifloxacin hcl (2x day).....	94
metoclopramide hcl.....	18	moxifloxacin hcl in nacl.....	10
metolazone.....	58	MRESVIA.....	89
metoprolol succinate er.....	55	MULTAQ.....	54
metoprolol tartrate.....	55	multiple electro type 1 ph 5.5.....	68
metoprolol-hydrochlorothiazide.....	57	multiple electro type 1 ph 7.4.....	68
metronidazole.....	7,63	mupirocin.....	67
metyrosine.....	57	MVASI.....	35
mexiletine hcl.....	54	MYALEPT.....	71

mycophenolate mofetil.....	88
mycophenolate mofetil hcl.....	88
mycophenolate sodium.....	88
mycophenolic acid.....	88
MYRBETRIQ.....	73

N

na sulfate-k sulfate-mg sulf.....	71	NICOTROL NS.....	6
nabumetone.....	2	nifedipine er.....	55
nadolol.....	55	nifedipine er osmotic release.....	56
nafcillin sodium.....	9	nikki.....	79
naftifine hcl.....	20	nilutamide.....	23
naloxone hcl.....	5	nimodipine.....	56
naltrexone hcl.....	5	NINLARO.....	30
NAMZARIC.....	15	nitazoxanide.....	36
naproxen.....	2	nitisinone.....	72
naproxen dr.....	2	NITRO-BID.....	60
naproxen sodium.....	2	nitrofurantoin macrocrystal.....	7
naratriptan hcl.....	21	nitrofurantoin monohyd macro.....	7
nateglinide.....	49	nitroglycerin.....	60
NAYZILAM.....	13	nizatidine.....	71
nebivolol hcl.....	55	nora-be.....	82
necon 0.5/35 (28).....	79	NORDITROPIN FLEXPOR.....	75
NEEDLES, INSULIN DISP., SAFETY.....	93	norelgestromin-eth estradiol.....	79
nefazodone hcl.....	17	norethin ace-eth estrad-fe.....	79
neo-polycin.....	93	norethin-eth estradiol-fe.....	79
neo-polycin hc.....	93	norethindron-ethinyl estrad-fe.....	79
neomycin sulfate.....	6	norethindrone.....	82
neomycin-bacitracin zn-polymyx.....	93	norethindrone acet-ethinyl est.....	79
neomycin-polymyxin-dexameth.....	93	norethindrone acetate.....	82
neomycin-polymyxin-gramicidin.....	93	norethindrone-eth estradiol.....	79
neomycin-polymyxin-hc.....	93,96	norgestim-eth estrad triphasic.....	79
NERLYNX.....	30	norgestimate-eth estradiol.....	79
nevirapine.....	43	norlyda.....	82
nevirapine er.....	43	norlyroc.....	82
NEXLETOL.....	57	nortrel 0.5/35 (28).....	79
NEXLIZET.....	59	nortrel 1/35 (21).....	79
NEXPLANON.....	82	nortrel 1/35 (28).....	79
niacin er (antihyperlipidemic).....	59	nortrel 7/7/7.....	79
nicardipine hcl.....	55	nortriptyline hcl.....	18
NICOTROL.....	6	NORVIR.....	45
		NOVOLIN 70/30.....	50
		NOVOLIN 70/30 FLEXPEN.....	51
		NOVOLIN N.....	51
		NOVOLIN N FLEXPEN.....	51
		NOVOLIN R.....	51
		NOVOLIN R FLEXPEN.....	51
		NOVOLOG.....	51

NOVOLOG FLEXPEN.....	51
NOVOLOG MIX 70/30.....	51
NOVOLOG MIX 70/30 FLEXPEN.....	51
NOVOLOG PENFILL.....	51
NUBEQA.....	23
NUEDEXTA.....	62
NULOJIX.....	88
NUPLAZID.....	39
NURTEC.....	21
NUTRILIPID.....	93
NUZYRA.....	11
nyamyc.....	20
nylia 1/35.....	79
nylia 7/7/7.....	79
nymyo.....	79
nystatin.....	20
nystatin-triamcinolone.....	66
nystop.....	20

O

OCALIVA.....	71
ocella.....	79
OCTAGAM.....	85
octreotide acetate.....	83
ODEFSEY.....	43
ODOMZO.....	30
OFEV.....	100
ofloxacin.....	10,94
OGIVRI.....	35
OGSIVEO.....	31
OJEMDA.....	31
OJJAARA.....	25
olanzapine.....	39,40
olmesartan medoxomil.....	53,54
olmesartan medoxomil-hctz.....	57
olmesartan-amlodipine-hctz.....	57
olopatadine hcl.....	97
omega-3-acid ethyl esters.....	59
omeprazole.....	72
ondansetron.....	19
ondansetron hcl.....	19

ondansetron hcl +rfid.....	19
ondansetron hcl oral soln 4 mg/5ml.....	19
ONUREG.....	24
OPIPZA.....	40
OPSUMIT.....	100
OPVEE.....	6
oralone.....	63
ORGOVYX.....	25
ORKAMBI.....	99
ORSERDU.....	24
oseltamivir phosphate.....	46
OTEZLA.....	66
oxacillin sodium.....	9
oxaliplatin.....	23
oxaprozin.....	3
oxazepam.....	47
oxcarbazepine.....	14
OXERVATE.....	93
oxybutynin chloride.....	73
oxybutynin chloride er.....	73
oxycodone hcl.....	4
oxycodone-acetaminophen.....	4
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	49
OZEMPIC (1 MG/DOSE).....	49
OZEMPIC (2 MG/DOSE).....	49

P

pacerone.....	54
paclitaxel.....	31
paclitaxel protein-bound part.....	31
paliperidone er.....	40
PANRETIN.....	35
pantoprazole sodium.....	72
PANZYGA.....	85
paraplatin.....	23
paricalcitol.....	91
paroxetine hcl.....	17
paroxetine hcl er.....	17
PAXLOVID.....	46
PAXLOVID (150/100).....	46
PAXLOVID (300/100).....	46

pazopanib hcl.....	31	piperacillin sod-tazobactam so.....	9
PEDIARIX.....	89	PIQRAY (200 MG DAILY DOSE).....	31
PEDVAX HIB.....	89	PIQRAY (250 MG DAILY DOSE).....	31
peg 3350-kcl-na bicarb-nacl.....	71	PIQRAY (300 MG DAILY DOSE).....	31
peg-3350/electrolytes.....	71	pirfenidone.....	100
PEGASYS.....	86	pirmella 1/35.....	79
PEMAZYRE.....	31	piroxicam.....	3
PENBRAYA.....	93	pitavastatin calcium.....	59
penicillamine.....	69	plenamine.....	68
PENICILLIN G POT IN DEXTROSE.....	9	podofilox.....	66
penicillin g potassium.....	9	polycin.....	93
penicillin g sodium.....	9	polymyxin b sulfate.....	7
penicillin v potassium.....	9	polymyxin b-trimethoprim.....	94
PENTACEL.....	89	POMALYST.....	23
pentamidine isethionate for nebulization soln		portia-28.....	80
300 mg.....	36	posaconazole.....	20
pentamidine isethionate for soln 300 mg.....	36	POTASSIUM CHLORIDE.....	68
pentoxifylline er.....	57	potassium chloride crys er.....	68
perindopril erbumine.....	54	potassium chloride er.....	68
periogard.....	63	potassium chloride in dextrose.....	68
permethrin.....	67	POTASSIUM CHLORIDE IN NACL.....	68
perphenazine.....	18	potassium citrate er.....	69
perphenazine-amitriptyline.....	16	pramipexole dihydrochloride.....	37
pfizerpen.....	9	prasugrel hcl.....	53
phenelzine sulfate.....	16	pravastatin sodium.....	59
phenobarbital.....	13	praziquantel.....	36
phenytek.....	14	prazosin hcl.....	53
phenytoin.....	14	prednisolone.....	74
phenytoin infatabs.....	14	prednisolone acetate.....	95
phenytoin sodium.....	14	prednisolone sodium phosphate.....	74
phenytoin sodium extended.....	14	PREDNISOLONE SODIUM PHOSPHATE.....	95
philith.....	79	prednisone.....	74
PIFELTRO.....	43	PREDNISONE INTENSOL.....	74
pilocarpine hcl.....	63,96	pregabalin.....	62
pimecrolimus.....	65	pregabalin er.....	62
pimozide.....	38	PREHEVBRIO.....	89
pimtrea.....	79	PREMARIN.....	80
pindolol.....	55	PREMASOL.....	69
pioglitazone hcl.....	49	PREMPRO.....	80
pioglitazone hcl-glimepiride.....	49	PRENATAL VITAMIN ORAL TABLET.....	70
pioglitazone hcl-metformin hcl.....	49	prevalite.....	59

previfem.....	80
PREVYMIS.....	41
PREZCOBIX.....	45
PREZISTA.....	45
PRIFTIN.....	22
primaquine phosphate.....	36
primidone.....	13
PRIORIX.....	89
PRIVIGEN.....	85
probenecid.....	21
prochlorperazine.....	18
prochlorperazine edisylate.....	18
prochlorperazine maleate.....	19
PROCRIPT.....	52
procto-med hc.....	65
proctosol hc.....	65
proctozone-hc.....	65
progesterone.....	82
PROGRAF.....	88
PROLASTIN-C.....	72
PROLENSA.....	95
PROLIA.....	91
promethazine hcl.....	19,97
propafenone hcl.....	54
propafenone hcl er.....	54
propranolol hcl.....	55
propranolol hcl er.....	55
propylthiouracil.....	84
PROQUAD.....	90
PROSOL.....	69
protriptyline hcl.....	18
PULMICORT FLEXHALER.....	97
PULMOZYME.....	99
PURIXAN.....	24
pyrazinamide.....	22
pyridostigmine bromide.....	22
pyridostigmine bromide er.....	22
pyrimethamine.....	36

Q

QINLOCK.....	25
--------------	----

QUADRACEL.....	90
quetiapine fumarate.....	40
quetiapine fumarate er.....	40
quinapril hcl.....	54
quinidine sulfate.....	54
quinine sulfate.....	36

R

RABAVERT.....	90
rabeprazole sodium.....	72
RALDESY.....	17
raloxifene hcl.....	82
ramelteon.....	101
ramipril.....	54
ranolazine er.....	57
rasagiline mesylate.....	37
RAVICTI.....	72
reclipsen.....	80
RECOMBIVAX HB.....	90
RECORLEV.....	83
REGRANEX.....	66
relafen.....	3
RELENZA DISKHALER.....	46
RELISTOR.....	70
RENFLEXIS.....	88
repaglinide.....	49
REPATHA.....	59
REPATHA PUSHTRONEX SYSTEM.....	59
REPATHA SURECLICK.....	59
RESTASIS.....	93
RESTASIS MULTIDOSE.....	94
RETACRIT.....	52
RETEVMO.....	31
REVUFORJ.....	31
REXULTI.....	40
REYATAZ.....	46
REZLIDHIA.....	31
REZUROCK.....	88
RHOPRESSA.....	96
ribavirin.....	42
RIDAURA.....	85

rifabutin.....	22	SEREVENT DISKUS.....	98
rifampin.....	22	sertraline hcl.....	17
riluzole.....	62	setlakin.....	80
rimantadine hcl.....	46	sharobel.....	82
RINVOQ.....	85	SHINGRIX.....	90
RINVOQ LQ.....	85	SIGNIFOR.....	84
risedronate sodium.....	91	sildenafil citrate.....	100
risperidone.....	40	silodosin.....	73
risperidone microspheres er.....	40	silver sulfadiazine.....	66
ritonavir.....	46	SIMBRINZA.....	96
rivastigmine.....	15	simliya.....	80
rivastigmine tartrate.....	15	simvastatin.....	59
rizatriptan benzoate.....	21	sirolimus.....	88
ROCKLATAN.....	94	SIRTURO.....	22
roflumilast.....	99	SIVEXTRO.....	7
ROMVIMZA.....	32	SKYRIZI.....	85
ropinirole hcl.....	37	SKYRIZI PEN.....	85
ropinirole hcl er.....	37	sodium chloride.....	69
rosuvastatin calcium.....	59	sodium chloride (pf).....	69
ROTARIX.....	90	sodium fluoride.....	69
ROTATEQ.....	90	SODIUM OXYBATE.....	102
roweepra.....	12	sodium phenylbutyrate.....	72
ROZLYTREK.....	32	sodium polystyrene sulfonate.....	69
RUBRACA.....	32	SOFOSBUVIR-VELPATASVIR.....	42
rufinamide.....	14	solifenacin succinate.....	73
RUKOBIA.....	44	SOLIQUEA.....	49
RUXIENCE.....	35	SOLTAMOX.....	24
RYBELSUS.....	49	SOLU-MEDROL.....	74
RYDAPT.....	32	SOMATULINE DEPOT.....	84
S		SOMAVERT.....	84
sajazir.....	84	sorafenib tosylate.....	32
SANCUSO.....	19	sotalol hcl.....	55
SANTYL.....	66	sotalol hcl (af).....	55
sapropterin dihydrochloride.....	72	spironolactone.....	59
SCSEMBLIX.....	32	spironolactone-hctz.....	57
scopolamine.....	19	sprintec 28.....	80
SECUADO.....	40	SPRITAM.....	12
selegiline hcl.....	37	SPRYCEL.....	32
selenium sulfide.....	65	sps (sodium polystyrene sulf).....	69
SELZENTRY.....	44,45	sronyx.....	80
		ssd.....	66

STELARA.....	85	tarina fe 1/20 eq.....	80
sterile water for irrigation.....	93	TASIGNA.....	33
STIVARGA.....	32	tasimelteon.....	101
streptomycin sulfate.....	6	TAVNEOS.....	86
STRIBILD.....	42	tazarotene.....	63
subvenite.....	48	tazicef.....	8
SUCRAID.....	73	TAZORAC.....	63
sucralfate.....	71	TAZVERIK.....	33
sulfacetamide sodium.....	94	TEFLARO.....	8
sulfacetamide sodium (acne).....	63	telmisartan.....	54
sulfacetamide-prednisolone.....	94	telmisartan-amlodipine.....	57
sulfadiazine.....	10	telmisartan-hctz.....	57,58
sulfamethoxazole-trimethoprim.....	10	temazepam.....	101
sulfasalazine.....	90	TENIVAC.....	90
sulindac.....	3	tenofovir disoproxil fumarate.....	44
sumatriptan.....	21	TEPMETKO.....	33
sumatriptan succinate.....	21	terazosin hcl.....	53
sumatriptan succinate refill.....	22	terbinafine hcl.....	20
sunitinib malate.....	32	terbutaline sulfate.....	98
SUNLENCA.....	45	terconazole.....	20
syeda.....	80	teriflunomide.....	63
SYMPAZAN.....	13	TERIPARATIDE (RECOMBINANT).....	91
SYMTUZA.....	46	testosterone.....	75
SYNAREL.....	84	testosterone cypionate.....	75
SYNJARDY.....	49	testosterone enanthate.....	75
SYNJARDY XR.....	49	testosterone td gel pump 20.25 mg/act (1.62%).....	75
SYNTHROID.....	82	tetrabenazine.....	62
T		tetracycline hcl.....	11
TABLOID.....	24	THALOMID.....	23,24
TABRECTA.....	32	theophylline.....	99
tacrolimus.....	65,88	theophylline er.....	99
tadalafil.....	73	thioridazine hcl.....	38
tadalafil (pah).....	100	thiothixene.....	38
TAFINLAR.....	32	tiadylt er.....	56
TAGRISSO.....	32	tiagabine hcl.....	13
TALTZ.....	86	TIBSOVO.....	33
TALZENNA.....	33	TICOVAC.....	90
tamoxifen citrate.....	24	TIGECYCLINE.....	7
tamsulosin hcl.....	73	tilia fe.....	80
tarina 24 fe.....	80	timolol maleate.....	55,95

timolol maleate (once-daily)	95	tri-linyah	80
tinidazole	7	tri-lo-estarylla	80
TIVICAY	42	tri-lo-marzia	80
TIVICAY PD	42	tri-lo-mili	80
tizanidine hcl	41	tri-lo-sprintec	80
TOBRADEX	94	tri-mili	80
tobramycin	94,99	tri-nymyo	80
tobramycin sulfate	6	tri-sprintec	80
tobramycin-dexamethasone	94	tri-vylibra	80
tolterodine tartrate	73	tri-vylibra lo	80
tolterodine tartrate er	73	triamcinolone acetonide	63,66
topiramate	12	triamterene-hctz	58
toremifene citrate	24	triderm	66
torpenz	33	trientine hcl	69
torsemide	58	trifluoperazine hcl	38
TOUJEO MAX SOLOSTAR	51	trifluridine	94
TOUJEO SOLOSTAR	51	trihexyphenidyl hcl	36
tovet	66	TRIJARDY XR	50
TPN ELECTROLYTES	69	TRIKAFTA	99
TRADJENTA	50	trimethoprim	7
tramadol hcl	4	trimipramine maleate	18
tramadol hcl (er biphasic)	3	TRINTELLIX	18
tramadol hcl er	3	TRIUMEQ	44
tramadol-acetaminophen	4	TRIUMEQ PD	44
trandolapril	54	trivora (28)	80
trandolapril-verapamil hcl er	58	TROGARZO	45
tranexamic acid	52	TROPHAMINE	69
tranylcypromine sulfate	16	trospium chloride	73
TRAVASOL	69	trospium chloride er	73
travoprost (bak free)	96	TRULICITY	50
TRAZIMERA	35	TRUMENBA	90
trazodone hcl	18	TRUQAP	33
TRECTOR	22	TRUXIMA	35
TRELEGY ELLIPTA	101	TUKYSA	33
TRELSTAR MIXJECT	84	TURALIO	33
TRESIBA	51	turqoz	80
TRESIBA FLEXTOUCH	51	TWINRIX	90
tretinoin	35,64	TYBOST	45
tri femynor	80	TYPHIM VI	90
tri-estarylla	80		
tri-legest fe	80		

U

UBRELVY	21
unithroid	82
UPTRAVI	100
ursodiol	71

V

valacyclovir hcl	46
VALCHLOR	23
valganciclovir hcl	41
valproate sodium	12
valproic acid	12
valsartan	54
valsartan-hydrochlorothiazide	58
VALTOCO 10 MG DOSE	13
VALTOCO 15 MG DOSE	13
VALTOCO 20 MG DOSE	13
VALTOCO 5 MG DOSE	13
valtya 1/50	81
vancomycin hcl	7
VANFLYTA	33
VAQTA	90
varenicline tartrate	6
varenicline tartrate (starter)	6
varenicline tartrate(continue)	6
VARIVAX	90
VASCEPA	59
VAXCHORA	90
velivet	81
VEMLIDY	41
VENCLEXTA	33
VENCLEXTA STARTING PACK	33
venlafaxine hcl	18
venlafaxine hcl er	18
verapamil hcl	56
verapamil hcl er	56
VERQUVO	58
VERSACLOZ	41
VERZENIO	33
vestura	81

VIBERZI	70
vienva	81
vigabatrin	13
vigadrone	13
VIGAFYDE	13
vigpoder	13
vilazodone hcl	18
VIMKUNYA	90
viorele	81
VIRACEPT	46
VIREAD	44
VITRAKVI	33,34
VIVITROL	5
VIVOTIF	90
VIZIMPRO	34
volnea	81
VONJO	34
VORANIGO	34
voriconazole	20,21
VOWST	71
VRAYLAR	40
vyfemla	81
vylibra	81

W

warfarin sodium	52
WELIREG	25
wera	81
wixela inhub	101
wymzya fe	81

X

XALKORI	34
xarah fe	81
XARELTO	52
XARELTO STARTER PACK	52
XATMEP	88
XCOPRI	14,15
XCOPRI (250 MG DAILY DOSE)	15
XCOPRI (350 MG DAILY DOSE)	15
XDEMVI	94

XELJANZ.....	86	ziprasidone hcl.....	40
XELJANZ XR.....	86	ziprasidone mesylate.....	40
xelria fe.....	81	ZIRABEV.....	35
XEOMIN.....	101	ZIRGAN.....	94
XERMELO.....	70	zoledronic acid.....	91
XGEVA.....	91	ZOLINZA.....	25
XIFAXAN.....	7	zolpidem tartrate.....	101
XIGDUO XR.....	50	ZONISADE.....	15
XIIDRA.....	94	zonisamide.....	15
XOFLUZA (40 MG DOSE).....	46	zovia 1/35 (28).....	81
XOFLUZA (80 MG DOSE).....	46	ZTALMY.....	13
XOLAIR.....	86	zumandimine.....	81
XOSPATA.....	34	ZURZUVAE.....	16
XPOVIO (100 MG ONCE WEEKLY).....	34	ZYDELIG.....	34
XPOVIO (40 MG ONCE WEEKLY).....	34	ZYKADIA.....	35
XPOVIO (40 MG TWICE WEEKLY).....	34	ZYLET.....	94
XPOVIO (60 MG ONCE WEEKLY).....	34	ZYPREXA RELPREVV.....	40
XPOVIO (60 MG TWICE WEEKLY).....	34		
XPOVIO (80 MG ONCE WEEKLY).....	34		
XPOVIO (80 MG TWICE WEEKLY).....	34		
XTAMPZA ER.....	3		
XTANDI.....	23		
xulane.....	81		

Y

yargesa.....	73
YF-VAX.....	90
YUPELRI.....	98
yuvaferm.....	81

Z

zafemy.....	81
zafirlukast.....	97
zaleplon.....	101
ZARXIO.....	52
ZEGALOGUE.....	50
ZEJULA.....	34
ZELBORAF.....	34
zenatane.....	64
ZENPEP.....	73
zidovudine.....	44

Este formulario se actualizó el 01/06/2025. Para obtener información más reciente o si tienes otras preguntas, comunícate con Jefferson Health Plans al 1-866-901-8000 (TTY 1-877-454-8477) o visita www.JeffersonHealthPlans.com/Medicare. Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

Jefferson Health Plans contrata a Medicare para ofrecer planes HMO, HMO-DSNP y PPO. Nuestro HMO-DSNP también tiene un contrato con el programa Medicaid del estado de Pennsylvania. La inscripción en nuestros planes depende de la renovación del contrato.

Y0170_MCE-540RX-6945.A-ES_C

Jefferson Health Plans

1101 Market Street, Suite 3000
Philadelphia, PA 19107

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

www.JeffersonHealthPlans.com/Medicare

