

Hamaspik Medicare Select (HMO D-SNP)
and
Hamaspik Medicare Choice (HMO D-SNP)
2023 Formulary
List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00023173, Version Number 17

This formulary was updated on 12/01/2023.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven’t paid your deductible. Please note that if you receive “extra help” with your prescription drug costs, you will pay the amounts that are outlined in Chapter 6 your Evidence of Coverage.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice Member Service at **1-888-426-2774** (TTY users should call 711). From October 1, 2022, through March 31, 2023, our hours are 7 days a week, from 8:00 am to 8:00 pm. From April 1, 2023, through September 30, 2023, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm or visit hamaspik.com.

Hamaspik Medicare Select and Hamaspik Medicare Choice are Medicare Advantage and Prescription Drug Plans (HMO D-SNP) with a Medicare contract. Enrollment in a Hamaspik Medicare Advantage plan depends on contract renewal.

If you speak Spanish, language translation services are available to you free of charge.

Call 888-426-2774. (TTY: 711.)

Si habla español, los servicios de traducción de idiomas están disponibles sin cargo.

Llame al 888-426-2774. (TTY: 711.)

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Hamaspik Medicare Select or Hamaspik Medicare Choice. When it refers to “plan” or “our plan,” it means Hamaspik Medicare Select or Hamaspik Medicare Choice.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the *Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary*?

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

Can the Formulary (drug list) change?

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

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

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

information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice’s Formulary?”

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice please contact us. Our contact information appears on the front and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are

listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Hamaspik Medicare Select and Hamaspik Medicare Choice covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Hamaspik Medicare Select and Hamaspik Medicare Choice requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Hamaspik Medicare Select and Hamaspik Medicare Choice before you fill your prescriptions. If you don't get approval, Hamaspik Medicare Select and Hamaspik Medicare Choice may not cover the drug.
- **Quantity Limits:** For certain drugs, Hamaspik Medicare Select and Hamaspik Medicare Choice limits the amount of the drug that Hamaspik Medicare Select and Hamaspik Medicare Choice will cover. For example, Hamaspik Medicare Select and Hamaspik Medicare Choice provides 60 capsules per prescription for <LATUDA 80 MG TABLET>. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Hamaspik Medicare Select and Hamaspik Medicare Choice requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Hamaspik Medicare Select and Hamaspik Medicare Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Hamaspik Medicare Select and Hamaspik Medicare Choice will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website (www.hamaspik.com). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

2023 Hamaspik Medicare Select and Hamaspik Medicare Choice Part D Formulary

You can ask Hamaspik Medicare Select and Hamaspik Medicare Choice to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice formulary?” on the next page, for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Hamaspik Medicare Select and Hamaspik Medicare Choice pays for certain OTC drugs, by providing you with a supplemental Medicare benefit that is different than your Part D prescription drug coverage. The types of products that may be purchased using this benefit are approved by CMS. Our plan covers all of the items that are on the CMS list of approved products. The cost of these OTC drugs will not count toward your total Part D drug costs. Please see Chapter 4 of your Evidence of Coverage for more information on your OTC benefits.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Hamaspik Medicare Select and Hamaspik Medicare Choice does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Hamaspik Medicare Select and Hamaspik Medicare Choice. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Hamaspik Medicare Select and Hamaspik Medicare Choice.
- You can ask Hamaspik Medicare Select and Hamaspik Medicare Choice to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice’s Formulary?

You can Hamaspik Medicare Select and Hamaspik Medicare Choice to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Hamaspik Medicare Select and Hamaspik Medicare Choice will only approve your request for an exception if the alternative drugs included on the plan’s formulary, **the lower cost-sharing drug** or

additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

For more information

For more detailed information about your Hamaspik Medicare Select and Hamaspik Medicare Choice prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Hamaspik Medicare Select and Hamaspik Medicare Choice, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PROAIR HFA 90 MCG INHALER) and generic drugs are listed in lower-case italics (e.g., albuterol sulfate).

The information in the Requirements/Limits column tells you if Hamaspik Medicare Select and Hamaspik Medicare Choice has any special requirements for coverage of your drug.

FORMULARY KEY TO ABBREVIATIONS

LA – Limited Availability: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-888-426-2774. TTY users should call 711.

PA – Prior Authorization: The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug.

PA – Part B vs. D Determination: This prescription drug may be covered under Medicare Part B or Part D, depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL – Quantity Limit: For certain drugs, the Plan limits the amount of the drug that we will cover.

ST – Step Therapy: In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

2023 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	1	PA
<i>diclofenac pot 50 mg tablet</i>	1	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1	
<i>diclofenac sodium 1% gel</i>	1	QL (1000 PER 30 DAYS)
<i>diclofenac sodium er</i>	1	
<i>diflunisal</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac 10 mg tablet</i>	1	QL (20 PER 30 OVER TIME)
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml syringe, 60 mg/2 ml vial)</i>	1	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	1	QL (4 PER 28 DAYS)
<i>fentanyl (25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	1	
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)</i>	1	
<i>methadone intensol</i>	1	
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1	
XTAMPZA ER	1	
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)</i>	1	
<i>codeine sulfate 60 mg tablet</i>	1	
<i>endocet</i>	1	
<i>fentanyl citrate (200 mcg, 400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	1	PA
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamn 7.5-325/15)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml carpuct, 8 mg tablet, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	1	
<i>morphine sulfate (4 mg/ml carpuct, 4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml carpuct, 10 mg/ml syringe, ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)</i>	1	
<i>oxycodone hcl ((ir) 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	1	
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)</i>	1	
<i>tramadol hcl 50 mg tablet</i>	1	
<i>tramadol hcl-acetaminophen</i>	1	

Anesthetics

Local Anesthetics

<i>glydo</i>	1	PA, QL (30 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA
<i>lidocaine hcl (jel urojet ac, jelly uro-jet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>lidocaine-prilocaine</i>	1	PA, QL (30 PER 30 DAYS)

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naltrexone hcl</i>	1	
VIVITROL	1	
Opioid Dependence		
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	
<i>buprenorphine-nalox 2-0.5mg tb</i>	1	QL (360 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 8-2 mg tab, 8-2mg film)</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 12-3mg flm)</i>	1	QL (60 PER 30 DAYS)
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	1	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
NICOTROL NS	1	QL (360 PER 365 OVER TIME)
<i>varenicline tartrate</i>	1	QL (504 PER 365 OVER TIME)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	
Antibacterials, Other		
<i>aztreonam</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, 900 mg/6 ml addvan, ph 900 mg/6 ml vl, phos 1% pledget)</i>	1	
<i>colistimethate</i>	1	
<i>daptomycin</i>	1	
<i>daptomycin-0.9% nacl (700 mg/100ml-ns bag, 1,000 mg/100 ml-ns)</i>	1	
IMPAVIDO	1	
KIMYRSA	1	
<i>linezolid 100 mg/5 ml susp</i>	1	QL (1800 PER 28 DAYS)
<i>linezolid 600 mg tablet</i>	1	QL (56 PER 28 DAYS)
<i>linezolid-d5w</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	1	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	1	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	1	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
VOQUEZNA DUAL PAK	1	PA
VOQUEZNA TRIPLE PAK	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XENLETA 600 MG TABLET	1	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1	
<i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial)</i>	1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefepime 2 gm injection</i>	1	
<i>cefepime hcl</i>	1	
<i>cefepime-dextrose 2 gm/50 ml</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	1	
<i>cefoxitin</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>ceftazidime (1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	1	
FETROJA	1	
<i>tazicef</i>	1	
TEFLARO	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate pot er</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin 500 mg capsule</i>	1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial)</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN 125-31.25 MG/5 ML	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>piperacillin-tazobactam</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>imipenem-cilastatin sodium</i>	1	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	1	
Macrolides		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	1	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clarithromycin er</i>	1	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	1	
<i>erythromycin (dr 250 mg tablet, dr 333 mg tablet, dr 500 mg tablet)</i>	1	
<i>erythromycin 200 mg/5 ml susp</i>	1	
Quinolones		
BAXDELA 450 MG TABLET	1	
CIPRO (5% SUSPENSION, 10% SUSPENSION)	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	
Sulfonamides		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	1	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	
<i>mondoxyne nl 100 mg capsule</i>	1	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	1	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	1	PA
EPIDIOLEX	1	PA
EPRONTIA	1	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	1	
FINTEPLA	1	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1	
<i>lamotrigine</i>	1	
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine (green)</i>	1	
<i>lamotrigine (orange)</i>	1	
<i>lamotrigine odt (blue)</i>	1	
<i>lamotrigine odt (green)</i>	1	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1	
<i>levetiracetam er</i>	1	
NAYZILAM	1	QL (10 PER 30 OVER TIME)
<i>roweepra 500 mg tablet</i>	1	
SPRITAM	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>subvenite (green)</i>	1	
<i>subvenite (orange)</i>	1	
<i>topiramate</i>	1	
XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	1	PA

Calcium Channel Modifying Agents

CELONTIN	1	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
<i>methsuximide</i>	1	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	1	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL (300 PER 30 DAYS)
DIACOMIT	1	PA
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	1	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	1	QL (2160 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gabapentin 600 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
<i>primidone</i>	1	
SYMPAZAN	1	
<i>tiagabine hcl</i>	1	
VALTOCO	1	QL (10 PER 30 OVER TIME)
<i>vigabatrin</i>	1	PA
<i>vigadrone</i>	1	PA

Sodium Channel Agents

APTIOM	1	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN 30 MG CAPSULE	1	
<i>epitol</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	1	
ZONISADE	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zonisamide</i>	1	

Antidementia Agents

Antidementia Agents, Other

<i>ergoloid mesylates</i>	1	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
NAMZARIC TITRATION PACK	1	ST, QL (56 PER 365 OVER TIME)

Cholinesterase Inhibitors

<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	1	
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine</i>	1	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl (5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	1	
<i>memantine hcl er</i>	1	QL (30 PER 30 DAYS)

Antidepressants

Antidepressants, Other

AUVELITY	1	ST, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine</i>	1	
SPRAVATO (56 MG PACK, 84 MG PACK)	1	PA

Monoamine Oxidase Inhibitors

EMSAM	1	ST, QL (30 PER 30 DAYS)
MARPLAN	1	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)

<i>citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)</i>	1	
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>	1	QL (30 PER 30 DAYS)
<i>desvenlafaxine succnt er 100mg</i>	1	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	1	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	1	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml, 10 mg tablet, 20 mg tablet)</i>	1	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	ST, QL (56 PER 365 OVER TIME)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 40 mg capsule)</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>nefazodone hcl</i>	1	
<i>paroxetine hcl (10 mg tablet, 10 mg/5 ml susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
TRINTELLIX	1	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	1	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (37.5 mg cap, 75 mg cap, 150 mg cap)</i>	1	
VIIBRYD 10-20 MG STARTER PACK	1	QL (60 PER 365 OVER TIME)
<i>vilazodone hcl</i>	1	QL (30 PER 30 DAYS)

Tricyclics

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

Antiemetics

Antiemetics, Other

<i>compro</i>	1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vl</i>	1	
<i>prochlorperazine maleate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	1	
<i>scopolamine</i>	1	

Emetogenic Therapy Adjuncts

AKYNZEO 235-0.25 MG/20 ML VIAL	1	
AKYNZEO 300-0.5 MG CAPSULE	1	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125 mg capsule</i>	1	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125-80-80 mg pack</i>	1	PA, QL (6 PER 30 OVER TIME)
<i>aprepitant 40 mg capsule</i>	1	PA, QL (1 PER 30 OVER TIME)
<i>aprepitant 80 mg capsule</i>	1	PA, QL (8 PER 30 OVER TIME)
<i>dronabinol</i>	1	PA, QL (60 PER 30 OVER TIME)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	PA
<i>ondansetron hcl (4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial)</i>	1	
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	1	PA, QL (450 PER 30 DAYS)
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	1	PA

Antifungals

ABELCET	1	PA
AMBISOME	1	PA
<i>amphotericin b</i>	1	PA
<i>amphotericin b liposome</i>	1	PA
<i>caspofungin acetate</i>	1	
<i>clotrimazole (1% topical cream, 10 mg lozenge, 10 mg troche)</i>	1	
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole 100 mg capsule</i>	1	PA
JUBLIA	1	
<i>ketoconazole (2% shampoo, 200 mg tablet)</i>	1	
<i>ketoconazole 2% cream</i>	1	QL (90 PER 30 DAYS)
<i>naftifine hcl (1% gel, 2% gel)</i>	1	
NOXAFIL 40 MG/ML SUSPENSION	1	PA
<i>nyamyc</i>	1	QL (120 PER 30 DAYS)
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	1	
<i>nystatin 100,000 unit/gm powd</i>	1	QL (120 PER 30 DAYS)
<i>nystop</i>	1	QL (120 PER 30 DAYS)
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	1	PA
<i>terbinafine hcl</i>	1	QL (84 PER 180 OVER TIME)
<i>terconazole (0.4% cream, 0.8% cream)</i>	1	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>	1	
<i>voriconazole 200 mg vial</i>	1	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1
<i>colchicine 0.6 mg tablet</i>	1
<i>febuxostat</i>	1
<i>probenecid</i>	1
<i>probenecid-colchicine</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine 4 mg/ml sry</i>	1	PA, QL (8 PER 30 OVER TIME)
<i>ergotamine-caffeine</i>	1	QL (24 PER 28 OVER TIME)
Prophylactic		
AIMOVIG 140 MG/ML AUTOINJECTOR	1	PA, QL (1 PER 28 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	1	PA, QL (2 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	1	PA, QL (2 PER 28 DAYS)
EMGALITY PEN	1	PA, QL (2 PER 28 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	1	PA, QL (3 PER 28 DAYS)
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
UBRELVY	1	PA, QL (16 PER 30 OVER TIME)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	1	QL (9 PER 30 OVER TIME)
<i>rizatriptan</i>	1	QL (18 PER 30 OVER TIME)
<i>sumatriptan</i>	1	QL (12 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	1	QL (5 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg sry, 2.5mg spray)</i>	1	QL (18 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	1	QL (12 PER 30 OVER TIME)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine br 60 mg tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
<i>rifabutin</i>	1	
Antituberculars		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet)</i>	1	
PASER	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SIRTURO	1	
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (1 gm/2 ml vl, 2 gm/4 ml vl, 500 mg/ml vl)</i>	1	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
GLEOSTINE	1	
<i>ifosfamide 3 gm vial</i>	1	
LEUKERAN	1	
MATULANE	1	
<i>thiotepa 100 mg vial</i>	1	
VALCHLOR	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiandrogens		
<i>abiraterone acetate</i>	1	PA
<i>bicalutamide</i>	1	
ERLEADA	1	PA
<i>nilutamide</i>	1	
NUBEQA	1	PA
XTANDI	1	PA
Antiangiogenic Agents		
FOTIVDA	1	PA
<i>lenalidomide</i>	1	PA
POMALYST	1	PA
QINLOCK	1	PA
REVLIMID	1	PA
TABRECTA	1	PA, QL (120 PER 30 DAYS)
THALOMID	1	PA
Antiestrogens/Modifiers		
EMCYT	1	
SOLTAMOX	1	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	
Antimetabolites		
DROXIA	1	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
<i>nelarabine</i>	1	
PURIXAN	1	
TABLOID	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antineoplastics		
ORSERDU	1	PA
Antineoplastics, Other		
BESREMI	1	PA
COLUMVI	1	PA
EPKINLY	1	PA
GAVRETO	1	PA
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	1	PA
IDHIFA	1	PA, QL (30 PER 30 DAYS)
INREBIC	1	PA
KIMMTRAK	1	PA
KISQALI FEMARA CO-PACK	1	PA
KRAZATI	1	PA
LONSURF	1	PA
LUMAKRAS	1	PA
LYTGOBI	1	PA
NINLARO	1	PA
ONUREG	1	PA
OPDUALAG	1	PA
PEMAZYRE	1	PA, QL (30 PER 30 DAYS)
RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)	1	PA
SCEMBLIX 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	1	PA
SYNRIBO	1	PA
TAZVERIK	1	PA
TRUSELTIQ	1	PA
TUKYSA	1	PA
VONJO	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO	1	PA
ZOLINZA	1	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Molecular Target Inhibitors		
AFINITOR DISPERZ	1	PA
ALECENSA	1	PA
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	1	PA, QL (60 PER 365 OVER TIME)
AYVAKIT	1	PA, QL (30 PER 30 DAYS)
BALVERSA	1	PA
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	1	PA
BRAFTOVI 75 MG CAPSULE	1	PA
BRUKINSA	1	PA
CABOMETYX	1	PA
CALQUENCE	1	PA
CAPRELSA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA
COMETRIQ	1	PA
COPIKTRA	1	PA
COTELLIC	1	PA
DAURISMO	1	PA
ERIVEDGE	1	PA
<i>erlotinib hcl</i>	1	PA
<i>everolimus (2 mg tab susp, 3 mg tab susp, 5 mg tab susp)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
EXKIVITY	1	PA
FYARRO	1	PA
<i>gefitinib</i>	1	PA
GILOTRIF	1	PA, QL (30 PER 30 DAYS)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	1	PA
ICLUSIG (10 MG TABLET, 15 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	1	PA
<i>imatinib mesylate</i>	1	PA
IMBRUVICA (70 MG CAPSULE, 70 MG/ML SUSPENSION, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	1	PA
INLYTA	1	PA
INQOVI	1	PA
IRESSA	1	PA
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	1	PA
JAKAFI 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	1	PA
JAYPIRCA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
KISQALI	1	PA
KOSELUGO	1	PA
<i>lapatinib</i>	1	PA
LENVIMA	1	PA
LORBRENA	1	PA
LYNPARZA	1	PA
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	1	PA
MEKTOVI	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NERLYNX	1	PA, QL (180 PER 30 DAYS)
ODOMZO	1	PA
OJJAARA	1	PA
PIQRAY	1	PA
REZLIDHIA	1	PA
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	1	PA
RUBRACA	1	PA
RYDAPT	1	PA
<i>sorafenib</i>	1	PA
SPRYCEL	1	PA
STIVARGA	1	PA
<i>sunitinib malate</i>	1	PA
TAFINLAR	1	PA
TAGRISSE 40 MG TABLET	1	PA, QL (30 PER 30 DAYS)
TAGRISSE 80 MG TABLET	1	PA
TALZENNA	1	PA
TASIGNA	1	PA
TEPMETKO	1	PA
TIBSOVO	1	PA
TURALIO	1	PA
VANFLYTA	1	PA
VENCLEXTA	1	PA
VENCLEXTA STARTING PACK	1	PA
VERZENIO	1	PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	1	PA
VIZIMPRO	1	PA
VOTRIENT	1	PA
WELIREG	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	1	PA
XOSPATA	1	PA
ZEJULA (100 MG CAPSULE, 200 MG TABLET, 300 MG TABLET)	1	PA
ZEJULA 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ZELBORAF	1	PA
ZYDELIG	1	PA
ZYKADIA 150 MG TABLET	1	PA

Monoclonal Antibody/Antibody-Drug Conjugate

CYCLOPHOSPHAMIDE (1 GM/5 ML VL, 2 GM/10 ML VL, 500 MG/2.5 ML)	1	
DANYELZA	1	PA
DARZALEX FASPRO	1	PA
FARYDAK	1	PA
<i>flutamide</i>	1	
INFLIXIMAB	1	PA
JEMPERLI	1	PA
KANJINTI	1	PA
MONJUVI	1	PA
MVASI	1	PA
PHESGO	1	PA
POLIVY	1	PA
REMICADE	1	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	1	PA
RUXIENCE	1	PA
RYBREVANT	1	PA
RYLAZE	1	
SARCLISA	1	PA
TIVDAK	1	PA
TRAZIMERA	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRODELVY	1	PA
ZEPZELCA	1	PA
ZIRABEV	1	PA
ZYNLONTA	1	PA

Retinoids

<i>bexarotene (1% gel, 75 mg capsule)</i>	1	PA
PANRETIN	1	
<i>tretinoin 10 mg capsule</i>	1	

Treatment Adjuncts

<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 500 mg vial)</i>	1	
MESNEX 400 MG TABLET	1	

Antiparasitics

Anthelmintics

<i>albendazole</i>	1	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	

Antiprotozoals

<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab)</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	1	
<i>pentamidine 300 mg inhal powdr</i>	1	PA
<i>pentamidine 300 mg inject vial</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>primaquine</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	PA

Antiparkinson Agents

Anticholinergics

<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	1	

Antiparkinson Agents, Other

<i>entacapone</i>	1	
OSMOLEX ER (129 MG TABLET, 193 MG TABLET, 322 MG DAILY DOSE)	1	PA

Dopamine Agonists

<i>bromocriptine mesylate</i>	1	
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	1	PA, QL (150 PER 30 DAYS)
KYNMOBI TITRATION KIT	1	PA, QL (20 PER 365 OVER TIME)
NEUPRO	1	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
INBRIJA	1	PA
RYTARY	1	ST

Monoamine Oxidase B (MAO-B) Inhibitors

<i>rasagiline mesylate</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selegiline hcl</i>	1	

Antipsychotics

1st Generation/Typical

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine</i>	1	
<i>molindone hcl</i>	1	
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	

2nd Generation/Atypical

ABILIFY MAINTENA	1	
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	1	QL (60 PER 30 DAYS)
ARISTADA	1	
ARISTADA INITIO	1	
<i>asenapine maleate</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPLYTA	1	PA, QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	1	ST, QL (8 PER 180 OVER TIME)
INVEGA HAFYERA	1	ST
INVEGA SUSTENNA	1	
INVEGA TRINZA	1	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	1	QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	1	QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	1	QL (60 PER 30 DAYS)
LYBALVI	1	ST, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	1	PA
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	
<i>olanzapine odt</i>	1	QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
PERSERIS	1	
<i>quetiapine er 200 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tablet, 200 mg tab)</i>	1	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	1	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL CONSTA	1	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1	QL (240 PER 30 DAYS)
<i>risperidone odt</i>	1	QL (60 PER 30 DAYS)
SECUADO	1	ST, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	1	ST, QL (14 PER 365 OVER TIME)
<i>ziprasidone hcl</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV	1	

Treatment-Resistant

<i>clozapine (25 mg tablet, 100 mg tablet)</i>	1	QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>clozapine 50 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	1	QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	1	QL (120 PER 30 DAYS)
VERSACLOZ	1	QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	1	
BIKTARVY	1	QL (30 PER 30 DAYS)
CABENUVA	1	
DOVATO	1	QL (30 PER 30 DAYS)
GENVOYA	1	QL (30 PER 30 DAYS)
ISENTRESS	1	
ISENTRESS HD	1	
JULUCA	1	QL (30 PER 30 DAYS)
STRIBILD	1	QL (30 PER 30 DAYS)
TIVICAY	1	
TIVICAY PD	1	
VOCABRIA	1	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	1	QL (30 PER 30 DAYS)
DELSTRIGO	1	QL (30 PER 30 DAYS)
EDURANT	1	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
<i>etravirine</i>	1	
INTELENCE 25 MG TABLET	1	
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	1	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abacavir-lamivudine</i>	1	QL (30 PER 30 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
CIMDUO	1	QL (30 PER 30 DAYS)
DESCOVY	1	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir disop</i>	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	1	
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	1	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	1	
TEMIXYS	1	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	1	QL (30 PER 30 DAYS)
TRIUMEQ PD	1	QL (180 PER 30 DAYS)
TRIZIVIR	1	QL (60 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	1	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	

Anti-HIV Agents, Other

FUZEON	1	
<i>maraviroc</i>	1	
RUKOBIA	1	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	1	
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET, 463.5 MG/1.5 ML VIAL)	1	
TROGARZO	1	
TYBOST	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS 250 MG CAPSULE	1	
<i>atazanavir sulfate</i>	1	
<i>darunavir</i>	1	
EVOTAZ	1	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	1	
INVIRASE	1	
LEXIVA 50 MG/ML SUSPENSION	1	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	1	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	1	
PREZCOBIX	1	QL (30 PER 30 DAYS)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
REYATAZ 50 MG POWDER PACKET	1	
<i>ritonavir</i>	1	
SYMTUZA	1	QL (30 PER 30 DAYS)
VIRACEPT	1	
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	1	PA
LIVTENCITY	1	
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	1	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	1	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>entecavir</i>	1	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</i>	1	
VEMLIDY	1	

Anti-hepatitis C (HCV) Agents

MAVYRET 100-40 MG TABLET	1	PA, QL (336 PER 365 OVER TIME)
MAVYRET 50-20 MG PELLETT PACKET	1	PA, QL (560 PER 365 OVER TIME)
<i>ribavirin 200 mg tablet</i>	1	
<i>sofosbuvir-velpatasvir</i>	1	PA, QL (84 PER 365 OVER TIME)
VOSEVI	1	PA, QL (84 PER 365 OVER TIME)

Anti-influenza Agents

<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	1	
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phos 45 mg capsule</i>	1	QL (84 PER 365 OVER TIME)
<i>oseltamivir phos 75 mg capsule</i>	1	QL (110 PER 365 OVER TIME)
<i>rimantadine hcl</i>	1	
TAMIFLU 30 MG CAPSULE	1	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE	1	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	1	QL (1080 PER 365 OVER TIME)
TAMIFLU 75 MG CAPSULE	1	QL (110 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	1	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	1	QL (2 PER 365 OVER TIME)

Antiherpetic Agents

<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	1	PA
<i>famciclovir</i>	1	
<i>valacyclovir</i>	1	QL (120 PER 30 DAYS)

Anxiolytics

Anxiolytics, Other

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

Benzodiazepines

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>chlordiazepoxide 10 mg capsule</i>	1	QL (900 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>chlordiazepoxide 5 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	1	QL (720 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg/2 ml carpject, 10 mg/2 ml syringe, 25 mg/5 ml oral conc, 50 mg/10 ml vial)</i>	1	
<i>diazepam 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>diazepam 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	1	
<i>lorazepam intensol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	
CYCLOSET	1	
FARXIGA	1	
<i>glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide-metformin hcl</i>	1	
GLYXAMBI	1	
JANUMET	1	
JANUMET XR	1	
JANUVIA	1	QL (30 PER 30 DAYS)
JARDIANCE	1	
JENTADUETO	1	
JENTADUETO XR	1	
<i>metformin hcl (500 mg tablet, 850 mg tablet, 1,000 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl er</i>	1	
MOUNJARO	1	ST, QL (2 PER 28 DAYS)
<i>nateglinide</i>	1	
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	1	ST, QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	
RYBELSUS (7 MG TABLET, 14 MG TABLET)	1	ST, QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	1	ST, QL (60 PER 365 OVER TIME)
SOLIQUA 100-33	1	ST
SYMLINPEN 120	1	PA
SYMLINPEN 60	1	PA
SYNJARDY	1	
SYNJARDY XR	1	
TRADJENTA	1	QL (30 PER 30 DAYS)
TRIJARDY XR	1	
TRULICITY	1	ST, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	1	ST, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	1	ST, QL (9 PER 30 DAYS)
XIGDUO XR	1	

Glycemic Agents

BAQSIMI	1	
<i>diazoxide</i>	1	
GLUCAGEN	1	ST
<i>glucagon emergency kit (, 1 mg kit)</i>	1	
GVOKE	1	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE PFS 1-PACK SYRINGE	1	
GVOKE PFS 2-PACK SYRINGE	1	
Insulins		
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN U-100	1	
HUMALOG KWIKPEN U-200	1	
HUMALOG MIX 50-50	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMALOG TEMPO PEN U-100	1	
HUMULIN 70-30	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500	1	
HUMULIN R U-500 KWIKPEN	1	
LANTUS	1	
LANTUS SOLOSTAR	1	
LEVEMIR	1	
LEVEMIR FLEXPEN	1	
LEVEMIR FLEXTOUCH	1	
LYUMJEV	1	
LYUMJEV KWIKPEN U-100	1	
LYUMJEV KWIKPEN U-200	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRESIBA	1	
TRESIBA FLEXTOUCH U-100	1	
TRESIBA FLEXTOUCH U-200	1	

Blood Products and Modifiers

Anticoagulants

ELIQUIS 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	1	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	1	QL (148 PER 365 OVER TIME)
<i>enoxaparin 300 mg/3 ml vial</i>	1	QL (105 PER 90 OVER TIME)
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	1	
<i>heparin sodium (5,000 unit/ml carpuct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	1	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	1	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (102 PER 365 OVER TIME)

Blood Products and Modifiers, Other

<i>anagrelide hcl</i>	1	
NEULASTA	1	PA
NEULASTA ONPRO	1	PA
OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP)	1	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCRIT	1	PA
PROMACTA	1	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	1	PA, QL (30 PER 30 DAYS)
PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20 MG TAPER PACK)	1	PA, QL (60 PER 30 DAYS)
PYRUKYND (50 MG TABLET, 50 MG TAPER PACK)	1	PA, QL (120 PER 30 DAYS)
RETACRIT	1	PA
ROLVEDON	1	PA
UDENYCA	1	PA
UDENYCA AUTOINJECTOR	1	PA
ZARXIO	1	

Hemostasis Agents

<i>tranexamic acid 650 mg tablet</i>	1	
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Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	1	
BRILINTA	1	
CABLIVI	1	PA, QL (30 PER 30 DAYS)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>prasugrel hcl</i>	1	
TAVALISSE	1	PA

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>digitek</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digox</i>	1	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
PACERONE (100 MG TABLET, 200 MG TABLET, 400 MG TABLET)	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol hcl er</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	1	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine 30 mg capsule</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr er</i>	1	
<i>diltiazem 24hr er (cd)</i>	1	
<i>diltiazem 24hr er (la)</i>	1	
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil er</i>	1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>aliskiren</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
CAMZYOS	1	PA, QL (30 PER 30 DAYS)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	1	PA, QL (450 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	1	QL (60 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
KERENDIA	1	PA, QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	PA
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pentoxifylline</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone-hctz</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>trandolapril-verapamil er</i>	1	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VYNDAMAX	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	1	
<i>torseamide</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	1	
<i>gemfibrozil</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin er</i>	1	
<i>fluvastatin sodium</i>	1	
LIVALO	1	ST
<i>lovastatin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	1	PA, QL (60 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
<i>niacin er</i>	1	
<i>omega-3 acid ethyl esters</i>	1	
PRALUENT PEN	1	PA, QL (2 PER 28 DAYS)
<i>prevalite (packet, powder)</i>	1	
REPATHA PUSHTRONEX	1	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	1	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	1	PA, QL (3 PER 28 DAYS)
<i>triklo</i>	1	

Vasodilators, Direct-acting Arterial

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

Vasodilators, Direct-acting Arterial/Venous

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	
<i>nitroglycerin patch</i>	1	
VERQUVO	1	PA, QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL (10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 30 MG TABLET)	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 10 mg cap</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine er 15 mg cap</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphetamine</i>	1	QL (90 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	
<i>methylphenidate 5 mg/5 ml soln</i>	1	
<i>methylphenidate er (18 mg tab, 27 mg tab, 54 mg tab, 72 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate er 36 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Central Nervous System, Other		
AUSTEDO	1	PA, QL (120 PER 30 DAYS)
<i>butalb-acetamin-caff 50-325-40</i>	1	
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
NUEDEXTA	1	PA
RADICAVA ORS	1	PA
RELYVRIO	1	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	1	PA
<i>tetrabenazine</i>	1	PA
ZTALMY	1	PA
Fibromyalgia Agents		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)
<i>pregabalin 300 mg capsule</i>	1	QL (60 PER 30 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	1	QL (110 PER 365 OVER TIME)
Multiple Sclerosis Agents		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	1	PA, QL (4 PER 28 DAYS)
AVONEX PEN	1	PA, QL (4 PER 28 DAYS)
BAFIERTAM	1	PA, QL (120 PER 30 DAYS)
BETASERON	1	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	1	PA, QL (120 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fingolimod</i>	1	PA, QL (30 PER 30 DAYS)
GILENYA	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	1	PA, QL (0.4 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	1	PA, QL (14 PER 365 OVER TIME)
MAYZENT 0.25MG START-2MG MAINT	1	PA, QL (24 PER 365 OVER TIME)
OCREVUS	1	PA
PLEGRIDY 125 MCG/0.5 ML PEN	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRINGE	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER PACK	1	PA, QL (2 PER 365 OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	1	PA, QL (4 PER 365 OVER TIME)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	1	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	1	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	1	PA, QL (8.4 PER 365 OVER TIME)
REBIF TITRATION PACK	1	PA, QL (8.4 PER 365 OVER TIME)
TYSABRI	1	PA
VUMERITY	1	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (28-DAY)	1	PA, QL (56 PER 365 OVER TIME)
ZEPOSIA STARTER KIT (37-DAY)	1	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA STARTER PACK (7-DAY)	1	PA, QL (14 PER 365 OVER TIME)

Dental and Oral Agents

<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
KEPIVANCE 5.16 MG VIAL	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine hcl viscous</i>	1	
<i>oralone</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>triamcinolone 0.1% paste</i>	1	

Dermatological Agents

Acne and Rosacea Agents

<i>acitretin</i>	1	
<i>amnesteam</i>	1	
<i>azelaic acid</i>	1	
<i>claravis</i>	1	
<i>clind ph-benzoyl perox 1.2-5%</i>	1	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA 15% FOAM	1	QL (50 PER 30 DAYS)
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1	
<i>myorisan</i>	1	
<i>rosadan</i>	1	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	1	
<i>tretinoin (0.025% cream, 0.05% cream)</i>	1	PA
<i>zenatane</i>	1	

Dermatitis and Pruitus Agents

<i>ala-cort 2.5% cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide 0.1% lotion</i>	1	
<i>ammonium lactate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone diprop augmented (crm, gel, oin)</i>	1	
<i>betamethasone dipropionate (crm, lot, oint)</i>	1	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	1	
CIBINQO	1	PA, QL (30 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	1	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	1	
<i>desonide 0.05% cream</i>	1	
<i>desonide 0.05% ointment</i>	1	QL (120 PER 30 DAYS)
<i>desoximetasone 0.25% cream</i>	1	QL (100 PER 30 DAYS)
<i>desoximetasone 0.25% ointment</i>	1	
EUCRISA	1	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	
<i>fluocinonide 0.1% cream</i>	1	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	
<i>halobetasol propionate (cream, ointmnt)</i>	1	
<i>hydrocortisone (cream, lotion, ointment)</i>	1	
<i>hydrocortisone val 0.2% cream</i>	1	QL (60 PER 30 DAYS)
<i>mometasone furoate (cream, oint, soln)</i>	1	
OPZELURA	1	PA, QL (240 PER 30 DAYS)
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	1	
<i>triderm</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents, Other		
<i>calcipotriene (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% solution</i>	1	QL (60 PER 30 DAYS)
<i>clotrimazole-betamethasone crm</i>	1	
<i>diclofenac sodium 3% gel</i>	1	ST, QL (300 PER 30 DAYS)
<i>fluorouracil (2% soln, 5% soln)</i>	1	
<i>fluorouracil 5% cream</i>	1	QL (40 PER 30 DAYS)
<i>imiquimod 5% cream packet</i>	1	
KLISYRI	1	ST
<i>nystatin-triamcinolone</i>	1	
OTEZLA 30 MG TABLET	1	PA, QL (60 PER 30 DAYS)
<i>podofilox 0.5% topical soln</i>	1	
SANTYL	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
Pediculicides/Scabicides		
<i>malathion</i>	1	
<i>permethrin</i>	1	
Topical Anti-infectives		
<i>acyclovir 5% ointment</i>	1	
<i>ciclodan 8% solution</i>	1	PA
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	PA
<i>clindamycin ph 1% solution</i>	1	QL (60 PER 30 DAYS)
<i>ery</i>	1	
<i>erythromycin (gel, solution)</i>	1	
<i>mupirocin 2% ointment</i>	1	QL (110 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	1	
<i>dextrose 5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</i>	1	
<i>dextrose in water (50 ml, 100 ml, iv soln)</i>	1	
<i>glucose in water (50 ml, 100 ml)</i>	1	
<i>klor-con</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	1	
PLENAMINE	1	PA
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	1	
<i>potassium citrate er</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	1	
<i>sodium chloride-water</i>	1	
XENPOZYME	1	PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	
<i>deferasirox</i>	1	PA
<i>deferiprone</i>	1	PA
<i>deferiprone (3 times a day)</i>	1	PA
<i>sodium polystyrene sulf powder</i>	1	
<i>trientine hcl 250 mg capsule</i>	1	PA
Phosphate Binders		
AURYXIA	1	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
VELPHORO	1	
Potassium Binders		
SPS	1	
VELTASSA	1	
Vitamins		
PRENATAL VITAMINS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	1	
LINZESS	1	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	1	QL (60 PER 30 DAYS)
MOTEGRITY	1	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	1	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	1	ST, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	1	ST, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
<i>alosetron hcl</i>	1	PA
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
<i>loperamide 2 mg capsule</i>	1	
XERMELO	1	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	1	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)</i>	1	PA
Gastrointestinal Agents, Other		
CLENPIQ	1	
GATTEX	1	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)</i>	1	
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
RECTIV	1	
<i>sod sulf-potass sulf-mag sulf</i>	1	
SUPREP	1	
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	1	
XIFAXAN	1	PA
ZORBTIVE	1	PA

Histamine2 (H2) Receptor Antagonists

<i>famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)</i>	1	
<i>nizatidine 15 mg/ml solution</i>	1	

Protectants

<i>misoprostol</i>	1	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1	

Proton Pump Inhibitors

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

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME	1	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaine anhydrous</i>	1	
CERDELGA	1	PA
CHOLBAM	1	PA
CREON	1	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CYSTAGON	1	
ELAPRASE	1	PA
EVRYSDI	1	PA, QL (240 PER 30 DAYS)
FABRAZYME	1	PA
KANUMA	1	PA
LUMIZYME	1	PA
<i>miglustat</i>	1	PA
NAGLAZYME	1	PA
<i>nitisinone</i>	1	
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	1	
PROLASTIN C	1	PA
REVCOVI	1	PA
<i>sapropterin dihydrochloride</i>	1	PA
<i>sodium phenylbutyrate powder</i>	1	
STRENSIQ	1	PA
SUCRAID	1	
TEGSEDI	1	PA
VIMIZIM	1	PA
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE)	1	
ZOKINVY	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate hcl</i>	1	
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	1	
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride</i>	1	
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrig soln</i>	1	
<i>bethanechol chloride</i>	1	
ELMIRON	1	
<i>penicillamine 250 mg tablet</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>methylprednisolone</i>	1	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	1	
GENOTROPIN	1	PA
INCRELEX	1	PA
LUPRON DEPOT-PED 45 MG 6MO KIT	1	PA, QL (1 PER 168 OVER TIME)
SKYTROFA	1	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

KORLYM	1	PA, QL (120 PER 30 DAYS)
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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Anabolic Steroids

<i>oxandrolone 10 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>oxandrolone 2.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Androgens		
ANDRODERM	1	PA
<i>danazol</i>	1	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
Estrogens		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL (91 PER 91 DAYS)
<i>amethyst</i>	1	
<i>ashlyna</i>	1	QL (91 PER 91 DAYS)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela fe</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL (91 PER 91 DAYS)
<i>camrese lo</i>	1	QL (91 PER 91 DAYS)
<i>chateal</i>	1	
<i>chateal eq</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLIMARA PRO	1	
<i>cryselle</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	QL (91 PER 91 DAYS)
<i>desogestr-eth estrad eth estra</i>	1	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	1	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse</i>	1	
<i>estarylla</i>	1	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1	
<i>estradiol (once weekly)</i>	1	
<i>estradiol (twice weekly)</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
ESTRING	1	QL (1 PER 90 OVER TIME)
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey</i>	1	
<i>hailey fe</i>	1	
<i>iclevia</i>	1	QL (91 PER 91 DAYS)
<i>introvale</i>	1	QL (91 PER 91 DAYS)
<i>jaimiess</i>	1	QL (91 PER 91 DAYS)
<i>jinteli</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>jolessa</i>	1	QL (91 PER 91 DAYS)
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin fe</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth estrad 0.15-0.03</i>	1	QL (91 PER 91 DAYS)
<i>levonorg-eth estrad eth estrad</i>	1	QL (91 PER 91 DAYS)
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad triphasic)</i>	1	
<i>levora-28</i>	1	
<i>lillow</i>	1	
<i>lojaimiess</i>	1	QL (91 PER 91 DAYS)
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	1	
<i>microgestin</i>	1	
<i>microgestin fe</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>necon</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindron-ethinyl estradiol</i>	1	
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)</i>	1	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	1	
<i>nortrel</i>	1	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella</i>	1	
<i>portia</i>	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	1	
PREMPHASE	1	
PREMPRO	1	
<i>rivelsa</i>	1	QL (91 PER 91 DAYS)
<i>setlakin</i>	1	QL (91 PER 91 DAYS)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL (91 PER 91 DAYS)
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>tarina fe</i>	1	
<i>tarina fe 1-20 eq</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-mili</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora-28</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvaferm</i>	1	
<i>zovia 1-35</i>	1	

Progestins

<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	1	QL (0.65 PER 90 OVER TIME)
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
MAKENA 275 MG/1.1 ML AUTOINJCT	1	PA
<i>medroxyprogesterone 150 mg/ml</i>	1	QL (1 PER 90 OVER TIME)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1	PA
<i>nora-be</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
<i>sharobel</i>	1	

Selective Estrogen Receptor Modifying Agents

OSPHENA	1	PA, QL (30 PER 30 DAYS)
<i>raloxifene hcl</i>	1	

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

EUTHYROX	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
UNITHROID	1	

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	1	
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Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	1	
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	1	PA, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	1	PA, QL (1 PER 28 OVER TIME)
<i>lanreotide 120 mg/0.5 ml syrng</i>	1	PA
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPO 11.25MG (LUPANETA)	1	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	1	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	1	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	1	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	1	PA, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	1	PA, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	1	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	1	PA, QL (1 PER 28 OVER TIME)
MYFEMBREE	1	PA, QL (30 PER 30 DAYS)
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1	PA
ORGOVYX	1	PA
ORILISSA 150 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SIGNIFOR	1	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR	1	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT	1	PA
SOMAVERT	1	PA
SUPPRELIN LA	1	PA, QL (1 PER 365 OVER TIME)
SYNAREL	1	
TRELSTAR 11.25 MG VIAL	1	PA, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	1	PA, QL (1 PER 168 OVER TIME)
TRIPTODUR	1	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	1	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Angioedema Agents		
CINRYZE	1	PA
<i>icatibant</i>	1	PA
<i>sajazir</i>	1	PA
Immunoglobulins		
ASCENIV	1	PA
BIVIGAM	1	PA
CUTAQUIG	1	PA
CUVITRU	1	PA
GAMASTAN	1	PA
GAMASTAN S-D	1	PA
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	1	PA
GAMUNEX-C	1	PA
HEPAGAM B	1	PA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	1	PA
HYPERHEP B	1	PA
HYQVIA (5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	1	PA
METHADOSE	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NABI-HB	1	PA
OCTAGAM	1	PA
PANZYGA	1	PA
PRIVIGEN	1	PA
SYNAGIS	1	
VARIZIG	1	PA
XEMBIFY	1	PA

Immunological Agents, Other

ADBRY	1	PA, QL (4 PER 28 DAYS)
ARCALYST	1	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	1	PA
COSENTYX (2 SYRINGES)	1	PA
COSENTYX SENSOREADY (2 PENS)	1	PA
COSENTYX SENSOREADY PEN	1	PA
COSENTYX SYRINGE	1	PA
COSENTYX UNOREADY PEN	1	PA
DUPIXENT 100 MG/0.67 ML SYRING	1	PA, QL (1.34 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML PEN	1	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	1	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML PEN	1	PA, QL (8 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	1	PA, QL (8 PER 28 DAYS)
EMPAVELI	1	PA
ENJAYMO	1	PA
ENTYVIO	1	PA
ILUMYA	1	PA
LEMTRADA	1	PA
OTEZLA 10-20-30MG START 28 DAY	1	PA, QL (110 PER 365 OVER TIME)
RINVOQ	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SAPHNELO	1	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	1	PA
SKYRIZI (2 SYRINGES) KIT	1	PA
SKYRIZI ON-BODY	1	PA
SKYRIZI PEN	1	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	1	PA, QL (3 PER 84 OVER TIME)
STELARA 130 MG/26 ML VIAL	1	PA
VYVGART	1	PA
VYVGART HYTRULO	1	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	1	PA, QL (300 PER 30 DAYS)
XELJANZ XR	1	PA, QL (30 PER 30 DAYS)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	1	PA

Immunostimulants

ACTIMMUNE	1	PA
PEGASYS	1	PA

Immunosuppressants

<i>azathioprine</i>	1	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	1	PA
CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)	1	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA
CYLTEZO(CF) (10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML)	1	PA
CYLTEZO(CF) PEN 40 MG/0.8 ML	1	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYLTEZO(CF) PEN PSORIASIS-UV	1	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	1	PA
ENBREL MINI	1	PA
ENBREL SURECLICK	1	PA
ENVARUSUS XR	1	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	1	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	1	PA
HUMIRA PEN	1	PA
HUMIRA PEN CROHN'S-UC-HS	1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	1	PA
HUMIRA(CF)	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S	1	PA
HUMIRA(CF) PEN	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	1	PA
HUMIRA(CF) PEN PEDIATRIC UC	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA
INFLECTRA	1	PA
<i>leflunomide</i>	1	
<i>methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	1	PA
<i>mycophenolic acid</i>	1	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	1	PA
RENFLEXIS	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REZUROCK	1	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	1	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA
XATMEP	1	
YUFLYMA(CF) 40 MG/0.4 ML SYRNG	1	PA
YUFLYMA(CF) 40MG/0.4ML AUTOINJ	1	PA
YUFLYMA(CF) AUTOINJECT (2 PCK)	1	PA

Vaccines

ABRYSVO	1	
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT	1	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOL	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IXIARO	1	
JYNNEOS	1	
JYNNEOS (NATIONAL STOCKPILE)	1	
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	
PEDIARIX	1	
PEDVAXHIB	1	
PENTACEL	1	
PREHEVBRIO	1	PA
PRIORIX	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA
RECOMBIVAX HB	1	PA
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAXELIS	1	
YF-VAX	1	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium</i>	1	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	1	
<i>mesalamine er 0.375 gram cap</i>	1	
SFROWASA	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	

Glucocorticoids

<i>budesonide dr</i>	1	
<i>budesonide ec</i>	1	
<i>budesonide er</i>	1	
CORTIFOAM	1	
<i>hydrocortisone 100 mg/60 ml</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol-hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	1	PA, QL (120 PER 30 DAYS)

Metabolic Bone Disease Agents

<i>alendronate sodium (10 mg tab, 35 mg tab, sod 70 mg/75 ml)</i>	1	
<i>alendronate sodium 70 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	1	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	1	
<i>cinacalcet hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	1	
FORTEO	1	PA
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
NATPARA	1	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1	
PROLIA	1	QL (2 PER 365 OVER TIME)
RAYALDEE	1	
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	1	QL (4 PER 28 DAYS)
TERIPARATIDE 620 MCG/2.48 ML	1	PA
TYMLOS	1	PA
XGEVA	1	PA

Miscellaneous Therapeutic Agents

<i>aqua care sodium chloride</i>	1	
ELLA	1	
GAUZE PADS & DRESSINGS - PADS 2 X 2	1	
IGALMI	1	PA
INSULIN PEN NEEDLE	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1ML	1	QL (200 PER 30 DAYS)
ISOPROPYL ALCOHOL 70% MEDICATED PAD	1	
LAGEVRIO (EUA)	1	QL (80 PER 365 OVER TIME)
LIVMARLI 9.5 MG/ML ORAL SOLN	1	PA, QL (90 PER 30 DAYS)
NEEDLES, INSULIN DISP., SAFETY	1	QL (200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUTRILIPID	1	PA
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	1	QL (1 PER 365 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	1	QL (30 PER 30 DAYS)
<i>omnipod classic pdm kit(gen 3)</i>	1	QL (1 PER 365 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	1	QL (30 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	1	QL (1 PER 365 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	1	QL (1 PER 365 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	1	QL (30 PER 30 DAYS)
<i>omnipod go pods</i>	1	QL (10 PER 30 DAYS)
OXLUMO	1	PA
PAXLOVID 150-100 MG DOSE PACK	1	QL (20 PER 5 DAYS)
PAXLOVID 150-100 MG PACK (EUA)	1	QL (20 PER 5 DAYS)
PAXLOVID 300-100 MG DOSE PACK	1	QL (60 PER 365 OVER TIME)
PAXLOVID 300-100 MG PACK (EUA)	1	QL (60 PER 365 OVER TIME)
SKYCLARYS	1	PA, QL (90 PER 30 DAYS)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	1	
TAVNEOS	1	PA, QL (180 PER 30 DAYS)
<i>v-go 20</i>	1	
<i>v-go 30</i>	1	
<i>v-go 40</i>	1	
<i>vgo 20</i>	1	
<i>vgo 30</i>	1	
<i>vgo 40</i>	1	
VIJOICE (50 MG TABLET, 125 MG TABLET)	1	PA, QL (28 PER 28 DAYS)
VIJOICE 250 MG DAILY DOSE PACK	1	PA, QL (56 PER 28 DAYS)
VISTOGARD	1	
VOXZOGO	1	PA, QL (30 PER 30 DAYS)
VYJUVEK	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-poly-bac</i>	1	
<i>atropine 1% eye drops</i>	1	
<i>bacitracin-polymyxin</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	1	
<i>cyclosporine 0.05% eye emuls</i>	1	
CYSTARAN	1	QL (60 PER 28 OVER TIME)
<i>dorzolamide-timolol eye drops</i>	1	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
ROCKLATAN	1	QL (2.5 PER 25 DAYS)
SIMBRINZA	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX EYE OINTMENT	1	
TOBRADEX ST	1	
<i>tobramycin-dexamethasone</i>	1	
VABYSMO 6 MG/0.05 ML VIAL	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIIDRA	1	QL (60 PER 30 DAYS)
ZYLET	1	
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	1	
BESIVANCE	1	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
<i>levofloxacin 0.5% eye drops</i>	1	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	1	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine</i>	1	
ZIRGAN	1	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	
Ophthalmic Anti-inflammatories		
<i>dexamethasone 0.1% eye drop</i>	1	
<i>diclofenac 0.1% eye drops</i>	1	
FLAREX	1	
<i>fluorometholone</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flurbiprofen sodium</i>	1	
FML FORTE	1	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1	
LOTEMAX SM	1	QL (20 PER 365 OVER TIME)
<i>loteprednol 0.5% ophthalmic gel</i>	1	QL (20 PER 365 OVER TIME)
<i>loteprednol etabonate 0.5% drp</i>	1	
<i>prednisolone acetate</i>	1	
PROLENSA	1	QL (12 PER 365 OVER TIME)

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	

Ophthalmic Intraocular Pressure Lowering Agents, Other

<i>acetazolamide er</i>	1	
ALPHAGAN P 0.1% DROPS	1	
<i>apraclonidine hcl</i>	1	
<i>brimonidine 0.2% eye drop</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hcl</i>	1	
<i>methazolamide</i>	1	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	
RHOPRESSA	1	QL (2.5 PER 25 DAYS)

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>latanoprost 0.005% eye drops (excludes preservative free)</i>	1	
LUMIGAN	1	QL (2.5 PER 25 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYZULTA	1	QL (5 PER 25 DAYS)

Otic Agents

<i>acetic acid 2% ear solution</i>	1	
<i>ciprofloxacin 0.2% otic soln</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	

Respiratory Tract/Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUIITY ELLIPTA	1	QL (30 PER 30 DAYS)
ASMANEX	1	QL (1 PER 30 DAYS)
ASMANEX HFA	1	QL (13 PER 30 DAYS)
BREZTRI AEROSPHERE	1	QL (23.6 PER 28 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	PA, QL (120 PER 30 DAYS)
FLOVENT 250 MCG DISKUS	1	QL (240 PER 30 DAYS)
FLOVENT DISKUS (50 MCG, 100 MCG)	1	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG INHALER, 220 MCG INHALER)	1	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	1	QL (21.2 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	1	
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)

Antihistamines

<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyproheptadine 4 mg tablet</i>	1	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	1	
<i>levocetirizine 5 mg tablet</i>	1	

Antileukotrienes

<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	

Bronchodilators, Anticholinergic

ATROVENT HFA	1	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	1	QL (30 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	1	PA, QL (312.5 PER 30 DAYS)
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	
LONHALA MAGNAIR REFILL	1	QL (60 PER 30 DAYS)
LONHALA MAGNAIR STARTER	1	QL (60 PER 30 DAYS)
SPIRIVA HANDIHALER	1	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	1	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	1	
<i>tiotropium bromide</i>	1	QL (30 PER 30 DAYS)
YUPELRI	1	PA, QL (90 PER 30 DAYS)

Bronchodilators, Sympathomimetic

ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA)	1	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (13.4 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic ventolin hfa)</i>	1	QL (48 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA)	1	QL (13.4 PER 30 DAYS)
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	PA, QL (525 PER 30 DAYS)
<i>albuterol sulf 2 mg/5 ml syrup</i>	1	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	PA, QL (375 PER 30 DAYS)
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1	PA, QL (100 PER 30 DAYS)
<i>albuterol sulfate hfa</i>	1	QL (17 PER 30 DAYS)
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	1	
<i>formoterol fumarate</i>	1	PA, QL (120 PER 30 DAYS)
<i>levalbuterol 1.25 mg/3 ml sol</i>	1	PA, QL (270 PER 30 DAYS)
<i>levalbuterol concentrate</i>	1	PA, QL (90 PER 30 DAYS)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	1	PA, QL (540 PER 30 DAYS)
<i>levalbuterol tartrate hfa</i>	1	QL (30 PER 30 DAYS)
PROAIR HFA	1	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	1	QL (2 PER 30 DAYS)
SEREVENT DISKUS	1	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	

Cystic Fibrosis Agents

CAYSTON	1	PA
KALYDECO (13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	1	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	1	PA, QL (112 PER 28 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	1	PA, QL (56 PER 28 DAYS)
PULMOZYME	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMDEKO 100/150 MG-150 MG TABS	1	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	1	PA, QL (60 PER 30 DAYS)
TOBI PODHALER	1	QL (224 PER 56 OVER TIME)
<i>tobramycin (300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	1	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	1	PA, QL (84 PER 28 DAYS)

Mast Cell Stabilizers

<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
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Phosphodiesterase Inhibitors, Airways Disease

DALIRESP	1	PA
<i>roflumilast</i>	1	PA
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	1	

Pulmonary Antihypertensives

ADEMPAS	1	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	1	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	1	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	1	PA, QL (60 PER 30 DAYS)
<i>epoprostenol sodium</i>	1	PA
OPSUMIT	1	PA, QL (30 PER 30 DAYS)
ORENITRAM ER (0.25 MG TABLET, 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET)	1	PA
ORENITRAM MONTH 1 TITRATION KT	1	PA, QL (336 PER 365 OVER TIME)
ORENITRAM MONTH 2 TITRATION KT	1	PA, QL (672 PER 365 OVER TIME)
ORENITRAM MONTH 3 TITRATION KT	1	PA, QL (504 PER 365 OVER TIME)
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tadalafil 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
VENTAVIS	1	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET 267 MG CAPSULE	1	PA
OFEV	1	PA
<i>pirfenidone</i>	1	PA

Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA
ANORO ELLIPTA	1	QL (60 PER 30 DAYS)
BREO ELLIPTA	1	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT	1	QL (8 PER 30 DAYS)
FASENRA 30 MG/ML SYRINGE	1	PA
FASENRA PEN	1	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1	PA, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	1	PA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4 ML SYRINGE	1	PA, QL (0.4 PER 28 DAYS)
STIOLTO RESPIMAT	1	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	1	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	1	QL (13.8 PER 30 DAYS)
TEZSPIRE 210 MG/1.91 ML SYRING	1	PA, QL (1.91 PER 28 DAYS)
TRELEGY ELLIPTA	1	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>orphenadrine citrate er</i>	1	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA	1	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	1	QL (30 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	1	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>modafinil</i>	1	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	1	PA, QL (540 PER 30 DAYS)
XYREM	1	PA, QL (540 PER 30 DAYS)

Uncategorized

Unclassified

<i>droplet micron 34g 3.5mm</i>	1	QL (200 PER 30 DAYS)
<i>insulin syringe (syrin 0.5 ml 30g 5/16", syring 0.5 ml 29g 1/2", 1 ml 29g 1/2", 1 ml 30g 1/2", 1 ml 31g 5/16")</i>	1	QL (200 PER 30 DAYS)
<i>naloxone 0.4 mg/ml syringe</i>	1	
<i>pen needle</i>	1	QL (200 PER 30 DAYS)
<i>pro comfort insulin syringe (0.5 ml 30g 5/16", 0.5 ml 31g 5/16", 1 ml 30g 5/16", 1 ml 31g 5/16")</i>	1	QL (200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>true comfort pro pen needle</i>	1	QL (200 PER 30 DAYS)
<i>true comfort safety pen needle</i>	1	QL (200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Alphabetical Listing

A

abacavir.....	37	albuterol hfa 90 mcg inhaler (generic ventolin hfa).....	86
abacavir-lamivudine.....	38	ALBUTEROL HFA 90 MCG INHALER	
abacavir-lamivudine-zidovudine.....	38	9GENERIC PROVENTIL HFA).....	87
ABELCET.....	22	albuterol sulfate.....	87
ABILIFY MAINTENA.....	34	albuterol sulfate hfa.....	87
abiraterone acetate.....	26	alclometasone dipropionate.....	56
ABRYSSVO.....	77	ALDURAZYME.....	62
acamprosate calcium.....	10	ALECENSA.....	28
acarbose.....	42	alendronate sodium.....	79
acebutolol hcl.....	48	alfuzosin hcl er.....	64
acetaminophen-codeine.....	9	aliskiren.....	49
acetazolamide.....	49	allopurinol.....	23
acetazolamide er.....	84	alosectron hcl.....	61
acetic acid.....	64,85	ALPHAGAN P.....	84
acetylcysteine.....	89	alprazolam.....	41
acitretin.....	56	altavera.....	66
ACTHIB.....	77	ALUNBRIG.....	28
ACTIMMUNE.....	75	alyacen.....	66
acyclovir.....	40,58	alyq.....	88
acyclovir sodium.....	41	amabelz.....	66
ADACEL TDAP.....	77	amantadine.....	40
ADBRY.....	74	AMBISOME.....	22
ADDERALL.....	53	ambrisentan.....	88
adefovir dipivoxil.....	39	amcinonide.....	56
ADEMPAS.....	88	amethia.....	66
AFINITOR DISPERZ.....	28	amethyst.....	66
afirmelle.....	66	amikacin sulfate.....	11
AIMOVIG AUTOINJECTOR.....	24	amiloride hcl.....	51
ak-poly-bac.....	82	amiloride-hydrochlorothiazide.....	49
AKYNZEO.....	22	amiodarone hcl.....	47
ala-cort.....	56	amitriptyline hcl.....	21
albendazole.....	32	amlodipine besylate.....	49
ALBUTEROL HFA 90 MCG INHALER		amlodipine besylate-benazepril.....	50
(GENERIC PROAIR HFA).....	86	amlodipine-valsartan.....	50
albuterol hfa 90 mcg inhaler (generic proair hfa).....	86	ammonium lactate.....	56
albuterol hfa 90 mcg inhaler (generic proventil hfa).....	86	amnesteem.....	56
		amoxapine.....	21
		amoxicillin.....	14
		amoxicillin-clavulanate pot er.....	14
		amoxicillin-clavulanate potass.....	14

amphotericin b	22	aurovela	66
amphotericin b liposome	22	aurovela fe	66
ampicillin sodium	14	AURYXIA	60
ampicillin trihydrate	14	AUSTEDO	54
ampicillin-sulbactam	14	AUVELITY	19
anagrelide hcl	45	aviane	66
anastrozole	28	AVONEX	54
ANDRODERM	66	AVONEX PEN	54
ANORO ELLIPTA	89	ayuna	66
apraclonidine hcl	84	AYVAKIT	28
aprepitant	22	azathioprine	75
APRETUDE	37	azelaic acid	56
APTIOM	18	azelastine hcl	83,85
APTIVUS	39	azithromycin	14
aqua care sodium chloride	80	aztreonam	11
ARCALYST	74	azurette	66
AREXVY	77		
aripiprazole	34	B	
aripiprazole odt	34	bacitracin	83
ARISTADA	34	bacitracin-polymyxin	82
ARISTADA INITIO	34	baclofen	36
armodafinil	90	BAFIERTAM	54
ARNUITY ELLIPTA	85	balsalazide disodium	79
ASCENIV	73	BALVERSA	28
asenapine maleate	34	balziva	66
ashlyna	66	BAQSIMI	43
ASMANEX	85	BARACLUDGE	39
ASMANEX HFA	85	BAXDELA	15
aspirin-dipyridamole er	46	BCG VACCINE (TICE STRAIN)	77
atazanavir sulfate	39	BELSOMRA	90
atenolol	48	benazepril hcl	47
atenolol-chlorthalidone	50	benazepril-hydrochlorothiazide	50
atomoxetine hcl	53	BENLYSTA	74,75
atorvastatin calcium	51	benznidazole	32
atovaquone	32	benztropine mesylate	33
atovaquone-proguanil hcl	32	bepotastine besilate	83
atropine sulfate	82	BESIVANCE	83
ATROVENT HFA	86	BESREMI	27
aubra	66	betaine anhydrous	63
aubra eq	66	betamethasone diprop augmented	57
AUGMENTIN	14	betamethasone dipropionate	57

betamethasone valerate	57
BETASERON	54
betaxolol hcl	48,84
bethanechol chloride	64
bexarotene	32
BEXSERO	77
bicalutamide	26
BICILLIN L-A	14
BIKTARVY	37
bisoprolol fumarate	48
bisoprolol-hydrochlorothiazide	50
BIVIGAM	73
blisovi fe	66
BOOSTRIX TDAP	77
bosentan	88
BOSULIF	28
BRAFTOVI	28
BREO ELLIPTA	89
BREZTRI AEROSPHERE	85
briellyn	66
BRILINTA	46
brimonidine tartrate	84
brimonidine tartrate-timolol	82
brinzolamide	84
BRIVIACT	16
bromocriptine mesylate	33
BRUKINSA	28
budesonide	85
budesonide dr	79
budesonide ec	79
budesonide er	79
bumetanide	51
buprenorphine	9
buprenorphine hcl	11
buprenorphine-naloxone	11
bupropion hcl	19
bupropion hcl sr	11,19
bupropion hcl sr 150mg tablet	19
bupropion xl	19
bupirone hcl	41
butalbital-acetaminophen-caffe	54

C

CABENUVA	37
cabergoline	71
CABLIVI	46
CABOMETYX	28
calcipotriene	58
calcitonin-salmon	79
calcitriol	79
calcium acetate	60
CALQUENCE	28
camila	70
camrese	66
camrese lo	66
CAMZYOS	50
candesartan cilexetil	47
candesartan-hydrochlorothiazid	50
CAPLYTA	35
CAPRELSA	28
captopril	47
captopril-hydrochlorothiazide	50
carbamazepine	18
carbamazepine er	18
carbidopa	33
carbidopa-levodopa	33
carbidopa-levodopa er	33
carglumic acid	59
carteolol hcl	84
cartia xt	49
carvedilol	48
carvedilol er	48
caspofungin acetate	22
CAYSTON	87
cefaclor	13
cefadroxil	13
cefazolin sodium	13
cefdinir	13
cefepime	13
cefepime hcl	13
cefepime-dextrose	13
cefixime	13

cefotetan	13	CLENPIQ	61
cefoxitin	13	CLIMARA PRO	67
cefpodoxime proxetil	13	clindacin etz	12
cefprozil	13	clindacin p	12
ceftazidime	13	clindamycin (pediatric)	12
ceftriaxone	13	clindamycin hcl	12
cefuroxime	13	clindamycin phos-benzoyl perox	56
cefuroxime sodium	13	clindamycin phosphate	12,58
celecoxib	8	clindamycin-benzoyl peroxide	56
CELONTIN	17	clobazam	17
cephalexin	13	clobetasol emollient	57
CERDELGA	63	clobetasol propionate	57
chateal	66	clomipramine hcl	21
chateal eq	66	clonazepam	17
CHEMET	60	clonidine	46
chlordiazepoxide hcl	41	clonidine hcl	46
chlorhexidine gluconate	55	clopidogrel	46
chloroquine phosphate	32	clorazepate dipotassium	41
chlorpromazine hcl	34	clotrimazole	22
chlorthalidone	51	clotrimazole-betamethasone	58
CHOLBAM	63	clozapine	36
cholestyramine	52	clozapine odt	36
cholestyramine light	52	COARTEM	32
CIBINQO	57	codeine sulfata	9
ciclodan	58	colchicine	23
ciclopirox	58	colestipol hcl	52
cidofovir	39	colistimethate	12
cilostazol	46	COLUMVI	27
CIMDUO	38	COMBIGAN	82
CIMZIA	75	COMBIVENT RESPIMAT	89
cinacalcet hcl	79	COMETRIQ	28
CINRYZE	73	COMPLERA	37
CIPRO	15	compro	21
ciprofloxacin	15	constulose	61
ciprofloxacin hcl	15,83,85	COPIKTRA	28
ciprofloxacin-d5w	15	CORLANOR	50
ciprofloxacin-dexamethasone	85	CORTIFOAM	79
citalopram hbr	20	cortisone acetate	64
claravis	56	COSENTYX (2 SYRINGES)	74
clarithromycin	14	COSENTYX SENSOREADY (2 PENS)	74
clarithromycin er	15	COSENTYX SENSOREADY PEN	74

COSENTYX SYRINGE.....	74	deferiprone (3 times a day).....	60
COSENTYX UNOREADY PEN.....	74	DELSTRIGO.....	37
COTELLIC.....	28	demeclocycline hcl.....	15
CREON.....	63	DENGVAZIA.....	77
cromolyn sodium.....	63,83,88	DEPO-SUBQ PROVERA 104.....	70
cryselle.....	67	DESCOVY.....	38
CUTAQUIG.....	73	desipramine hcl.....	21
CUVITRU.....	73	desmopressin acetate.....	65
cyclobenzaprine hcl.....	89	desogestr-eth estrad eth estra.....	67
cyclophosphamide.....	25	desonide.....	57
CYCLOPHOSPHAMIDE.....	31	desoximetasone.....	57
cycloserine.....	25	desvenlafaxine succinate er.....	20
CYCLOSET.....	42	dexamethasone.....	65
cyclosporine.....	75,82	dexamethasone sodium phosphate.....	83
cyclosporine modified.....	75	dextroamphetamine sulfate.....	53
CYLTEZO(CF).....	75	dextroamphetamine sulfate er.....	53
CYLTEZO(CF) PEN.....	75	dextroamphetamine-amphet er.....	53
CYLTEZO(CF) PEN CROHN'S-UC-HS.....	75	dextroamphetamine-amphetamine.....	53
CYLTEZO(CF) PEN PSORIASIS-UV.....	76	dextrose 5%-0.45% nacl.....	59
cyproheptadine hcl.....	86	dextrose 5%-0.9% nacl.....	59
CYSTAGON.....	63	dextrose in water.....	59
CYSTARAN.....	82	DIACOMIT.....	17
D		diazepam.....	17,41
dalfampridine er.....	54	diazoxide.....	43
DALIRESP.....	88	diclofenac potassium.....	8
danazol.....	66	diclofenac sodium.....	8,58,83
dantrolene sodium.....	36	diclofenac sodium er.....	8
DANYELZA.....	31	dicloxacillin sodium.....	14
dapsone.....	25	dicyclomine hcl.....	61
DAPTACEL DTAP.....	77	DIFICID.....	15
daptomycin.....	12	diflunisal.....	8
daptomycin-0.9% nacl.....	12	digitek.....	47
darunavir.....	39	digox.....	48
DARZALEX FASPRO.....	31	digoxin.....	48
dasetta.....	67	dihydroergotamine mesylate.....	24
DAURISMO.....	28	DILANTIN.....	18
daysee.....	67	dilt-xr.....	49
deblitane.....	70	diltiazem 12hr er.....	49
deferasirox.....	60	diltiazem 24hr er.....	49
deferiprone.....	60	diltiazem 24hr er (cd).....	49
		diltiazem 24hr er (la).....	49

diltiazem 24hr er (xr)	49	efavirenz-lamivu-tenofov disop	37
diltiazem hcl	49	ELAPRASE	63
dimethyl fumarate	54	elinest	67
diphenhydramine hcl	86	ELIQUIS	45
diphenoxylate-atropine	61	ELLA	80
DIPHThERIA-TETANUS TOXOIDS-PED	77	ELMIRON	64
disopyramide phosphate	48	EMCYT	26
disulfiram	10	EMGALITY PEN	24
divalproex sodium	17	EMGALITY SYRINGE	24
divalproex sodium er	17	EMPAVELI	74
DIVIGEL	67	EMSAM	20
dofetilide	48	emtricitabine	38
dolishale	67	emtricitabine-tenofovir disop	38
donepezil hcl	19	EMTRIVA	38
donepezil hcl odt	19	enalapril maleate	47
dorzolamide hcl	84	enalapril-hydrochlorothiazide	50
dorzolamide-timolol	82	ENBREL	76
dotti	67	ENBREL MINI	76
DOVATO	37	ENBREL SURECLICK	76
doxazosin mesylate	64	endocet	9
doxepin hcl	21	ENGERIX-B ADULT	77
doxercalciferol	80	ENGERIX-B PEDIATRIC-ADOLESCENT	77
doxy 100	15	ENJAYMO	74
doxycycline hyclate	15,55	enoxaparin sodium	45
doxycycline monohydrate	15	enpresse	67
DRIZALMA SPRINKLE	20	entacapone	33
dronabinol	22	entecavir	40
droplet micron pen needle	90	ENTRESTO	50
DROXIA	26	ENTYVIO	74
droxidopa	46	enulose	61
duloxetine hcl	20	ENVARSUS XR	76
DUPIXENT PEN	74	EPIDIOLEX	16
DUPIXENT SYRINGE	74	epinastine hcl	83
dutasteride	64	epinephrine	87
		epitol	18
E		EPIVIR HBV	40
ec-naproxen	8	EPKINLY	27
econazole nitrate	22	eplerenone	51
EDURANT	37	epoprostenol sodium	88
efavirenz	37	EPRONTIA	16
efavirenz-emtric-tenofov disop	37	ergoloid mesylates	19

ergotamine-caffeine	24	FARXIGA	42
ERIVEDGE	28	FARYDAK	31
ERLEADA	26	FASENRA	89
erlotinib hcl	28	FASENRA PEN	89
errin	70	febuxostat	23
ertapenem	14	felbamate	16
ery	58	felodipine er	49
erythromycin	15,58,83	femynor	67
erythromycin ethylsuccinate	15	fenofibrate	51
erythromycin-benzoyl peroxide	56	fenofibric acid	51
ESBRIET	89	fentanyl	9
escitalopram oxalate	20	fentanyl citrate	9
esomeprazole magnesium	62	FETROJA	13
estarylla	67	FETZIMA	20
estradiol	67	FINACEA	56
estradiol (once weekly)	67	finasteride	64
estradiol (twice weekly)	67	fingolimod	55
estradiol-norethindrone acetat	67	FINTEPLA	16
ESTRING	67	FIRMAGON	71
eszopiclone	90	flac otic oil	85
ethambutol hcl	25	FLAREX	83
ethosuximide	17	flavoxate hcl	64
ethynodiol-ethinyl estradiol	67	flecainide acetate	48
etodolac	8	FLOVENT DISKUS	85
etravirine	37	FLOVENT HFA	85
EUCRISA	57	fluconazole	22
EUTHYROX	71	fluconazole-nacl	23
everolimus	28,29,76	flucytosine	23
EVOTAZ	39	fludrocortisone acetate	65
EVRYSDI	63	fluocinolone acetonide	57
exemestane	28	fluocinolone acetonide oil	85
EXKIVITY	29	fluocinonide	57
ezetimibe	52	fluorometholone	83
ezetimibe-simvastatin	52	fluorouracil	58
F		fluoxetine hcl	20
FABRAZYME	63	fluphenazine decanoate	34
falmina	67	fluphenazine hcl	34
famciclovir	41	flurbiprofen	8
famotidine	62	flurbiprofen sodium	84
FANAPT	35	flutamide	31
		fluticasone propionate	57,85

fluticasone-salmeterol	89	gengraf	76
fluvastatin er	51	GENOTROPIN	65
fluvastatin sodium	51	gentak	83
fluvoxamine maleate	20	gentamicin sulfate	11,83
FML FORTE	84	GENVOYA	37
fondaparinux sodium	45	GILENYA	55
formoterol fumarate	87	GILOTRIF	29
FORTEO	80	glatiramer acetate	55
fosamprenavir calcium	39	GLEOSTINE	25
fosinopril sodium	47	glimepiride	42
fosinopril-hydrochlorothiazide	50	glipizide	42
FOTIVDA	26	glipizide er	42
FRAGMIN	45	glipizide xl	42
furosemide	51	glipizide-metformin	42
FUZEON	38	GLUCAGEN	43
FYARRO	29	glucagon emergency kit	43
fyavolv	67	glucose in water	59
FYCOMPA	16	glyburide	42
		glyburide-metformin hcl	42
G		glycopyrrolate	61
gabapentin	17,18	glydo	10
galantamine er	19	GLYXAMBI	42
galantamine hbr	19	griseofulvin	23
galantamine hydrobromide	19	griseofulvin ultramicrosize	23
GAMASTAN	73	guanfacine hcl	47
GAMASTAN S-D	73	guanfacine hcl er	53
GAMMAKED	73	GVOKE	43
GAMUNEX-C	73	GVOKE HYPOPEN 1-PACK	43
ganciclovir sodium	39	GVOKE HYPOPEN 2-PACK	43
GARDASIL 9	77	GVOKE PFS 1-PACK SYRINGE	44
gatifloxacin	83	GVOKE PFS 2-PACK SYRINGE	44
GATTEX	61		
GAUZE PADS & DRESSINGS - PADS 2 X		H	
2	80	hailey	67
gavilyte-c	61	hailey fe	67
gavilyte-g	61	halobetasol propionate	57
gavilyte-n	61	haloperidol	34
GAVRETO	27	haloperidol decanoate	34
gefitinib	29	haloperidol decanoate 100	34
gemfibrozil	51	haloperidol lactate	34
generlac	61	HAVRIX	77

heather.....	70	hydroxyzine hcl.....	86
HEPAGAM B.....	73	hydroxyzine pamoate.....	41
heparin sodium.....	45	HYPERHEP B.....	73
HEPLISAV-B.....	77	HYQVIA.....	73
HIBERIX.....	77		
HIZENTRA.....	73		
HUMALOG.....	44	ibandronate sodium.....	80
HUMALOG JUNIOR KWIKPEN.....	44	IBRANCE.....	27,29
HUMALOG KWIKPEN U-100.....	44	ibu.....	8
HUMALOG KWIKPEN U-200.....	44	ibuprofen.....	8
HUMALOG MIX 50-50.....	44	icatibant.....	73
HUMALOG MIX 50-50 KWIKPEN.....	44	iclevia.....	67
HUMALOG MIX 75-25.....	44	ICLUSIG.....	29
HUMALOG MIX 75-25 KWIKPEN.....	44	icosapent ethyl.....	52
HUMALOG TEMPO PEN U-100.....	44	IDHIFA.....	27
HUMIRA.....	76	ifosfamide.....	25
HUMIRA PEN.....	76	IGALMI.....	80
HUMIRA PEN CROHN'S-UC-HS.....	76	ILUMYA.....	74
HUMIRA PEN PSOR-UEVITS-ADOL HS.....	76	imatinib mesylate.....	29
HUMIRA(CF).....	76	IMBRUVICA.....	29
HUMIRA(CF) PEDIATRIC CROHN'S.....	76	imipenem-cilastatin sodium.....	14
HUMIRA(CF) PEN.....	76	imipramine hcl.....	21
HUMIRA(CF) PEN CROHN'S-UC-HS.....	76	imiquimod.....	58
HUMIRA(CF) PEN PEDIATRIC UC.....	76	IMOVAX RABIES VACCINE.....	77
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	76	IMPAVIDO.....	12
HUMULIN 70-30.....	44	INBRIJA.....	33
HUMULIN 70/30 KWIKPEN.....	44	incassia.....	70
HUMULIN N.....	44	INCRELEX.....	65
HUMULIN N KWIKPEN.....	44	INCRUSE ELLIPTA.....	86
HUMULIN R.....	44	indapamide.....	51
HUMULIN R U-500.....	44	indomethacin.....	8
HUMULIN R U-500 KWIKPEN.....	44	indomethacin er.....	8
hydralazine hcl.....	52	INFANRIX DTAP.....	77
hydrochlorothiazide.....	51	INFLECTRA.....	76
hydrocodone-acetaminophen.....	9	INFLIXIMAB.....	31
hydrocortisone.....	57,65,79	INGREZZA.....	54
hydrocortisone valerate.....	57	INLYTA.....	29
hydrocortisone-acetic acid.....	85	INQOVI.....	29
hydromorphone hcl.....	10	INREBIC.....	27
hydroxychloroquine sulfate.....	32	INSULIN PEN NEEDLE.....	80
hydroxyurea.....	26	INSULIN SYRING (DISP) U-100 0.3 ML.....	80

insulin syringe.....	90	JENTADUETO.....	42
INSULIN SYRINGE (DISP) U-100 0.3 ML..	80	JENTADUETO XR.....	42
INSULIN SYRINGE (DISP) U-100 1 ML....	80	jinteli.....	67
INSULIN SYRINGE (DISP) U-100 1/2 ML..	80	jolessa.....	68
INSULIN SYRINGE (DISP) U-100 1ML....	80	JUBLIA.....	23
INTELENCE.....	37	JULUCA.....	37
introvale.....	67	junel.....	68
INVEGA HAFYERA.....	35	junel fe.....	68
INVEGA SUSTENNA.....	35	JUXTAPID.....	52
INVEGA TRINZA.....	35	JYNNEOS.....	78
INVIRASE.....	39	JYNNEOS (NATIONAL STOCKPILE).....	78
IPOL.....	77		
ipratropium bromide.....	86	K	
ipratropium-albuterol.....	89	KALYDECO.....	87
irbesartan.....	47	KANJINTI.....	31
irbesartan-hydrochlorothiazide.....	50	KANUMA.....	63
IRESSA.....	29	kariva.....	68
ISENTRESS.....	37	kelnor 1-35.....	68
ISENTRESS HD.....	37	kelnor 1-50.....	68
isoniazid.....	25	KEPIVANCE.....	55
ISOPROPYL ALCOHOL 70% MEDICATED		KERENDIA.....	50
PAD.....	80	KESIMPTA PEN.....	55
isosorbide dinitrate.....	52	ketoconazole.....	23
isosorbide mononitrate.....	52	ketorolac tromethamine.....	8,84
isosorbide mononitrate er.....	53	KIMMTRAK.....	27
isotretinoin.....	56	KIMYRSA.....	12
itraconazole.....	23	KINRIX.....	78
ivermectin.....	32	KISQALI.....	29
IXIARO.....	78	KISQALI FEMARA CO-PACK.....	27
		KLISYRI.....	58
J		klor-con.....	59
jaimiess.....	67	KLOR-CON 10.....	59
JAKAFI.....	29	KLOR-CON 8.....	59
jantoven.....	45	klor-con m10.....	59
JANUMET.....	42	KLOR-CON M15.....	59
JANUMET XR.....	42	klor-con m20.....	59
JANUVIA.....	42	KORLYM.....	65
JARDIANCE.....	42	KOSELUGO.....	29
JAYPIRCA.....	29	KRAZATI.....	27
JEMPERLI.....	31	kurvelo.....	68
jencycla.....	70	KYNMOBI.....	33

L

labetalol hcl	48	LEVEMIR FLEXTOUCH	44
lacosamide	18	levetiracetam	16
lactulose	61	levetiracetam er	16
LAGEVRIO (EUA)	80	levobunolol hcl	84
lamivudine	38,40	levocetirizine dihydrochloride	86
lamivudine hbv	40	levofloxacin	15,83
lamivudine-zidovudine	38	levofloxacin-d5w	15
lamotrigine	16	levonest	68
lamotrigine (blue)	16	levonorg-eth estrad eth estrad	68
lamotrigine (green)	16	levonorgestrel-eth estradiol	68
lamotrigine (orange)	16	levora-28	68
lamotrigine odt (blue)	16	levothyroxine sodium	71
lamotrigine odt (green)	16	LEVOXYL	71
lanreotide acetate	71	LEXIVA	39
lansoprazole	62	lidocaine	10
lanthanum carbonate	60	lidocaine hcl	10
LANTUS	44	lidocaine hcl viscous	56
LANTUS SOLOSTAR	44	lidocaine-prilocaine	10
lapatinib	29	lillow	68
larin	68	linezolid	12
larin fe	68	linezolid-d5w	12
larissia	68	LINZESS	61
latanoprost 0.005% eye drops (excludes preservative free)	84	liothyronine sodium	71
LATUDA	35	lisinopril	47
leflunomide	76	lisinopril-hydrochlorothiazide	50
LEMTRADA	74	lithium carbonate	42
lenalidomide	26	lithium carbonate er	42
LENVIMA	29	lithium citrate	42
lessina	68	LIVALO	51
letrozole	28	LIVMARLI	80
leucovorin calcium	32	LIVTENCITY	39
LEUKERAN	25	lojaimiess	68
leuprolide acetate	71	LONHALA MAGNAIR REFILL	86
levabuterol concentrate	87	LONHALA MAGNAIR STARTER	86
levabuterol hcl	87	LONSURF	27
levabuterol tartrate hfa	87	loperamide	61
LEVEMIR	44	lopinavir-ritonavir	39
LEVEMIR FLEXPEN	44	lorazepam	41
		lorazepam intensol	41
		LORBRENA	29
		losartan potassium	47

losartan-hydrochlorothiazide	50	megestrol acetate	70
LOTEMAX SM	84	MEKINIST	29
loteprednol etabonate	84	MEKTOVI	29
lovastatin	51	meloxicam	8
low-ogestrel	68	memantine hcl	19
loxapine	34	memantine hcl er	19
lubiprostone	61	MENACTRA	78
LUMAKRAS	27	MENEST	68
LUMIGAN	84	MENQUADFI	78
LUMIZYME	63	MENVEO A-C-Y-W-135-DIP	78
LUPRON DEPOT	72	mercaptapurine	26
LUPRON DEPOT (LUPANETA)	72	meropenem	14
LUPRON DEPOT-PED	65,72	mesalamine	79
lurasidone hcl	35	mesalamine er	79
lutra	68	MESNEX	32
LYBALVI	35	metformin hcl	42
lyleq	70	metformin hcl er	43
lyllana	68	methadone hcl	9
LYNPARZA	29	methadone intensol	9
LYSODREN	71	METHADOSE	73
LYTGOBI	27	methazolamide	84
LYUMJEV	44	methenamine hippurate	12
LYUMJEV KWIKPEN U-100	44	methimazole	73
LYUMJEV KWIKPEN U-200	44	methocarbamol	89
lyza	70	methotrexate	76
		methotrexate sodium	76
M		methsuximide	17
M-M-R II VACCINE	78	methyl dopa	47
magnesium sulfate	59	methylphenidate er	53
MAKENA	70	methylphenidate hcl	53
malathion	58	methylprednisolone	65
maraviroc	38	metoclopramide hcl	62
marlissa	68	metolazone	51
MARPLAN	20	metoprolol succinate	48
MATULANE	25	metoprolol tartrate	48
matzim la	49	METRO IV	12
MAVYRET	40	metronidazole	12,56
MAYZENT	55	metyrosine	50
meclizine hcl	21	mexiletine hcl	48
medroxyprogesterone acetate	70	microgestin	68
mefloquine hcl	32	microgestin fe	68

midodrine hcl.....	47	naproxen sodium.....	9
miglustat.....	63	naratriptan hcl.....	24
mili.....	68	NATACYN.....	83
mimvey.....	68	nateglinide.....	43
minocycline hcl.....	16	NATPARA.....	80
minoxidil.....	52	NAYZILAM.....	16
mirtazapine.....	20	nebivolol hcl.....	48
misoprostol.....	62	necon.....	68
modafinil.....	90	NEEDLES, INSULIN DISP., SAFETY.....	80
moexipril hcl.....	47	nefazodone hcl.....	20
molindone hcl.....	34	nelarabine.....	26
mometasone furoate.....	57,85	neo-polycin.....	82
mondoxyne nl.....	16	neo-polycin hc.....	82
MONJUVI.....	31	neomycin sulfate.....	11
mono-lyyah.....	68	neomycin-bacitracin-poly-hc.....	82
montelukast sodium.....	86	neomycin-bacitracin-polymyxin.....	82
morphine sulfate.....	10	neomycin-polymyxin-dexameth.....	82
morphine sulfate er.....	9	neomycin-polymyxin-gramicidin.....	82
MOTEGRITY.....	61	neomycin-polymyxin-hc.....	85
MOUNJARO.....	43	neomycin-polymyxin-hydrocort.....	85
moxifloxacin.....	15,83	NERLYNX.....	30
moxifloxacin hcl.....	15	NEULASTA.....	45
mupirocin.....	58	NEULASTA ONPRO.....	45
MVASI.....	31	NEUPRO.....	33
mycophenolate mofetil.....	76	nevirapine.....	37
mycophenolic acid.....	76	nevirapine er.....	37
MYFEMBREE.....	72	niacin er.....	52
myorisan.....	56	nicardipine hcl.....	49
MYRBETRIQ.....	64	NICOTROL NS.....	11
N		nifedipine er.....	49
NABI-HB.....	74	nilutamide.....	26
nabumetone.....	8	nimodipine.....	49
nadolol.....	48	NINLARO.....	27
naftifine hcl.....	23	nitazoxanide.....	32
NAGLAZYME.....	63	nitisinone.....	63
naloxone hcl.....	11,90	NITRO-BID.....	53
naltrexone hcl.....	11	nitrofurantoin.....	12
NAMZARIC.....	19	nitrofurantoin mono-macro.....	12
naproxen.....	8	nitroglycerin.....	53
		nitroglycerin patch.....	53
		nizatidine.....	62

nora-be	70	omnipod 5 dextg7g6 pods (gen 5)	81
norethindron-ethinyl estradiol	69	omnipod classic pdm kit(gen 3)	81
norethindrone	71	omnipod classic pods (gen 3)	81
norethindrone ac (lupaneta)	71	omnipod dash intro kit (gen 4)	81
norethindrone acetate	71	omnipod dash pdm kit (gen 4)	81
norethindrone-e.estradiol-iron	69	omnipod dash pods (gen 4)	81
norgestimate-ethinyl estradiol	69	omnipod go pods	81
norlyda	71	ondansetron hcl	22
nortrel	69	ondansetron odt	22
nortriptyline hcl	21	ONUREG	27
NORVIR	39	OPDUALAG	27
NOXAFIL	23	OPSUMIT	88
NUBEQA	26	OPZELURA	57
NUCALA	89	oralone	56
NUDEXTA	54	ORENITRAM ER	88
NUPLAZID	35	ORENITRAM MONTH 1 TITRATION KT	88
NUTRILIPID	81	ORENITRAM MONTH 2 TITRATION KT	88
nyamyc	23	ORENITRAM MONTH 3 TITRATION KT	88
nylia	69	ORFADIN	63
nymyo	69	ORGOVYX	72
nystatin	23	ORLISSA	72
nystatin-triamcinolone	58	ORKAMBI	87
nystop	23	orphenadrine citrate er	90
		ORSERDU	27
O		orsythia	69
OCREVUS	55	oseltamivir phosphate	40
OCTAGAM	74	OSMOLEX ER	33
octreotide acetate	72	OSPHENA	71
ODEFSEY	38	OTEZLA	58,74
ODOMZO	30	oxandrolone	65
OFEV	89	oxaprozin	9
ofloxacin	15,83,85	OXBRYTA	45
OJJAARA	30	oxcarbazepine	18
olanzapine	35	OXLUMO	81
olanzapine odt	35	oxybutynin chloride	64
olmesartan medoxomil	47	oxybutynin chloride er	64
olmesartan-hydrochlorothiazide	50	oxycodone hcl	10
olopatadine hcl	83	oxycodone-acetaminophen	10
omega-3 acid ethyl esters	52	OZEMPIC	43
omeprazole	62		
omnipod 5 dextg7g6 intro(gen 5)	81		

P

PACERONE	48	pioglitazone hcl	43
paliperidone er	35	pioglitazone-metformin	43
PANRETIN	32	piperacillin-tazobactam	14
pantoprazole sodium	62	PIQRAY	30
PANZYGA	74	pirfenidone	89
paricalcitol	80	pirmella	69
paromomycin sulfate	11	piroxicam	9
paroxetine hcl	20	PLEGRIDY	55
PASER	25	PLEGRIDY PEN	55
PAXLOVID	81	PLENAMINE	59
PAXLOVID (EUA)	81	podofilox	58
PEDIARIX	78	POLIVY	31
PEDVAXHIB	78	polycin	82
peg 3350-electrolyte	62	polymyxin b sul-trimethoprim	82
peg-3350 and electrolytes	62	POMALYST	26
PEGASYS	75	portia	69
PEMAZYRE	27	posaconazole	23
pen needle	90	potassium chloride	59
penicillamine	64	potassium citrate er	59
penicillin g sodium	14	PRALUENT PEN	52
penicillin v potassium	14	pramipexole dihydrochloride	33
PENTACEL	78	prasugrel hcl	46
pentamidine isethionate	32	pravastatin sodium	52
pentoxifylline	50	praziquantel	32
perindopril erbumine	47	prazosin hcl	47
permethrin	58	prednisolone	65
perphenazine	34	prednisolone acetate	84
PERSERIS	35	prednisolone sodium phosphate	65
phenelzine sulfate	20	prednisone	65
phenobarbital	18	pregabalin	54
phenytoin	18	PREHEVBRIO	78
phenytoin sodium extended	18	PREMARIN	69
PHESGO	31	PREMPHASE	69
philith	69	PREMPRO	69
PIFELTRO	37	PRENATAL VITAMINS	60
pilocarpine hcl	56,84	prevalite	52
pimozide	34	PREVYMIS	39
pimtrea	69	PREZCOBIX	39
pindolol	48	PREZISTA	39
		PRIFTIN	25
		primaquine	33

primidone	18
PRIORIX	78
PRIVIGEN	74
pro comfort insulin syringe	90
PROAIR HFA	87
PROAIR RESPICLICK	87
probenecid	23
probenecid-colchicine	23
prochlorperazine	21
prochlorperazine edisylate	21
prochlorperazine maleate	21
PROCRIT	46
procto-med hc	79
proctosol-hc	79
proctozone-hc	79
progesterone	71
PROGRAF	76
PROLASTIN C	63
PROLENSA	84
PROLIA	80
PROMACTA	46
promethazine hcl	22
promethegan	22
propafenone hcl	48
propafenone hcl er	48
propranolol hcl	49
propranolol hcl er	49
propylthiouracil	73
PROQUAD	78
protriptyline hcl	21
PULMOZYME	87
PURIXAN	26
pyrazinamide	25
pyridostigmine bromide	24
pyrimethamine	33
PYRUKYND	46

Q

QINLOCK	26
QUADRACEL DTAP-IPV	78
quetiapine fumarate	35

quetiapine fumarate er	35
quinapril hcl	47
quinapril-hydrochlorothiazide	50
quinidine sulfate	48
quinine sulfate	33

R

RABAVERT	78
rabeprazole sodium	62
RADICAVA ORS	54
raloxifene hcl	71
ramelteon	90
ramipril	47
ranolazine er	50
rasagiline mesylate	33
RAYALDEE	80
REBIF	55
REBIF REBIDOSE	55
RECOMBIVAX HB	78
RECTIV	62
RELISTOR	61
RELYVRIO	54
REMICADE	31
RENFLEXIS	76
repaglinide	43
REPATHA PUSHTRONEX	52
REPATHA SURECLICK	52
REPATHA SYRINGE	52
RESTASIS	82
RESTASIS MULTIDOSE	82
RETACRIT	46
RETEVMO	27
RETROVIR	38
REVCOVI	63
REVLIMID	26
REXULTI	35
REYATAZ	39
REZLIDHIA	30
REZUROCK	77
RHOPRESSA	84
ribavirin	40

rifabutin	25	SARCLISA	31
rifampin	25	SAVELLA	54
riluzole	54	SCSEMBLIX	27
rimantadine hcl	40	scopolamine	22
RINVOQ	74	SECUADO	36
risedronate sodium	80	selegiline hcl	34
risedronate sodium dr	80	selenium sulfide	57
RISPERDAL CONSTA	36	SELZENTRY	38
risperidone	36	SEREVENT DISKUS	87
risperidone odt	36	sertraline hcl	21
ritonavir	39	setlakin	69
rivastigmine	19	sevelamer carbonate	60
rivelsa	69	SFROWASA	79
rizatriptan	24	sharobel	71
ROCKLATAN	82	SHINGRIX	78
roflumilast	88	SIGNIFOR	72
ROLVEDON	46	SIGNIFOR LAR	72
ROMIDEPSIN	31	sildenafil citrate	88
ropinirole hcl	33	silodosin	64
rosadan	56	silver sulfadiazine	58
rosuvastatin calcium	52	SIMBRINZA	82
ROTARIX	78	simliya	69
ROTATEQ	78	simpesse	69
roweepra	16	simvastatin	52
ROZLYTREK	30	sirolimus	77
RUBRACA	30	SIRTURO	25
rufinamide	18	SKYCLARYS	81
RUKOBIA	38	SKYRIZI	75
RUXIENCE	31	SKYRIZI (2 SYRINGES) KIT	75
RYBELSUS	43	SKYRIZI ON-BODY	75
RYBREVANT	31	SKYRIZI PEN	75
RYDAPT	30	SKYTROFA	65
RYLAZE	31	sod sulf-potass sulf-mag sulf	62
RYTARY	33	sodium chloride	60,81
		sodium chloride-water	60
S		sodium oxybate	90
sajazir	73	sodium phenylbutyrate	63
SANDIMMUNE	77	sodium polystyrene sulfonate	60
SANTYL	58	sofosbuvir-velpatasvir	40
SAPHNELO	75	solifenacin succinate	64
sapropterin dihydrochloride	63	SOLIQUA 100-33	43

SOLTAMOX.....	26	SUNLENCA.....	38
SOMATULINE DEPOT.....	72	SUPPRELIN LA.....	72
SOMAVERT.....	72	SUPREP.....	62
sorafenib.....	30	SYMBICORT.....	89
sorine.....	48	SYMDEKO.....	88
sotalol.....	48	SYMLINPEN 120.....	43
sotalol af.....	48	SYMLINPEN 60.....	43
SPIRIVA HANDIHALER.....	86	SYMPAZAN.....	18
SPIRIVA RESPIMAT.....	86	SYMTUZA.....	39
spironolactone.....	51	SYNAGIS.....	74
spironolactone-hctz.....	50	SYNAREL.....	72
SPRAVATO.....	20	SYNJARDY.....	43
sprintec.....	69	SYNJARDY XR.....	43
SPRITAM.....	16	SYNRIBO.....	27
SPRYCEL.....	30		
SPS.....	60	T	
sronyx.....	69	TABLOID.....	26
SSD.....	58	TABRECTA.....	26
STAMARIL.....	78	tacrolimus.....	57,77
STELARA.....	75	tadalafil.....	64,89
STIOLTO RESPIMAT.....	89	TAFINLAR.....	30
STIVARGA.....	30	TAGRISSO.....	30
STRENSIQ.....	63	TALZENNA.....	30
streptomycin sulfate.....	11	TAMIFLU.....	40
STRIBILD.....	37	tamoxifen citrate.....	26
subvenite.....	17	tamsulosin hcl.....	64
subvenite (blue).....	17	tarina fe.....	69
subvenite (green).....	17	tarina fe 1-20 eq.....	69
subvenite (orange).....	17	TARPEYO.....	79
SUCRAID.....	63	TASIGNA.....	30
sucralfate.....	62	TAVALISSE.....	46
sulfacetamide sodium.....	83	TAVNEOS.....	81
sulfacetamide-prednisolone.....	82	tazarotene.....	56
sulfadiazine.....	15	tazicef.....	13
sulfamethoxazole-trimethoprim.....	15	taztia xt.....	49
sulfasalazine.....	79	TAZVERIK.....	27
sulfasalazine dr.....	79	TDVAX.....	78
sulindac.....	9	TEFLARO.....	13
sumatriptan.....	24	TEGSEDI.....	63
sumatriptan succinate.....	24	telmisartan.....	47
sunitinib malate.....	30	telmisartan-hydrochlorothiazid.....	50

temazepam.....	90	topiramate.....	17
TEMIXYS.....	38	toremifene citrate.....	26
TENIVAC.....	78	torse mide.....	51
tenofovir disoproxil fumarate.....	38	TOUJEO MAX SOLOSTAR.....	44
TEPMETKO.....	30	TOUJEO SOLOSTAR.....	44
terazosin hcl.....	47	TRADJENTA.....	43
terbinafine hcl.....	23	tramadol hcl.....	10
terbutaline sulfate.....	87	tramadol hcl-acetaminophen.....	10
terconazole.....	23	trandolapril.....	47
TERIPARATIDE.....	80	trandolapril-verapamil er.....	50
testosterone.....	66	tranexamic acid.....	46
testosterone cypionate.....	66	tranylcypromine sulfate.....	20
testosterone enanthate.....	66	TRAZIMERA.....	31
tetrabenazine.....	54	trazodone hcl.....	21
tetracycline hcl.....	16	TRECTOR.....	25
TEZSPIRE.....	89	TRELEGY ELLIPTA.....	89
THALOMID.....	26	TRELSTAR.....	72
theophylline anhydrous.....	88	TRESIBA.....	45
theophylline er.....	88	TRESIBA FLEXTOUCH U-100.....	45
thioridazine hcl.....	34	TRESIBA FLEXTOUCH U-200.....	45
thiotepa.....	25	tretinoin.....	32,56
thiothixene.....	34	tri femynor.....	69
tiadylt er.....	49	tri-estarylla.....	69
tiagabine hcl.....	18	tri-linyah.....	69
TIBSOVO.....	30	tri-mili.....	69
TICOVAC.....	78	tri-nymyo.....	70
timolol maleate.....	24,84	tri-sprintec.....	70
tinidazole.....	12	tri-vylibra.....	70
tiotropium bromide.....	86	triamcinolone acetonide.....	56,57
TIVDAK.....	31	triamterene-hydrochlorothiazid.....	50
TIVICAY.....	37	triderm.....	57
TIVICAY PD.....	37	trientine hcl.....	60
tizanidine hcl.....	36	trifluoperazine hcl.....	34
TOBI PODHALER.....	88	trifluridine.....	83
TOBRADEX.....	82	trihexyphenidyl hcl.....	33
TOBRADEX ST.....	82	TRIJARDY XR.....	43
tobramycin.....	83,88	TRIKAFTA.....	88
tobramycin sulfate.....	11	triklo.....	52
tobramycin-dexamethasone.....	82	trimethoprim.....	12
tolterodine tartrate.....	64	trimipramine maleate.....	21
tolterodine tartrate er.....	64	TRINTELLIX.....	21

TRIPTODUR.....	72	vancomycin hcl.....	12
TRIUMEQ.....	38	VANFLYTA.....	30
TRIUMEQ PD.....	38	VAQTA.....	78
trivora-28.....	70	varenicline tartrate.....	11
TRIZIVIR.....	38	VARIVAX VACCINE.....	78
TRODELVY.....	32	VARIZIG.....	74
TROGARZO.....	38	VAXELIS.....	79
tropium chloride.....	64	VELPHORO.....	60
tropium chloride er.....	64	VELTASSA.....	60
true comfort pro pen needle.....	91	VEMLIDY.....	40
true comfort safety pen needle.....	91	VENCLEXTA.....	30
TRULICITY.....	43	VENCLEXTA STARTING PACK.....	30
TRUMENBA.....	78	venlafaxine besylate er.....	21
TRUSELTIQ.....	27	venlafaxine hcl.....	21
TUKYSA.....	27	venlafaxine hcl er.....	21
TURALIO.....	30	VENTAVIS.....	89
TWINRIX.....	78	verapamil er.....	49
TYBOST.....	38	verapamil hcl.....	49
TYMLOS.....	80	verapamil sr.....	49
TYPHIM VI.....	78	VERQUVO.....	53
TYSABRI.....	55	VERSACLOZ.....	36
U		VERZENIO.....	30
UBRELVY.....	24	vgo 20.....	81
UDENYCA.....	46	vgo 30.....	81
UDENYCA AUTOINJECTOR.....	46	vgo 40.....	81
UNITHROID.....	71	VICTOZA 2-PAK.....	43
ursodiol.....	62	VICTOZA 3-PAK.....	43
V		vienna.....	70
v-go 20.....	81	vigabatrin.....	18
v-go 30.....	81	vigadrone.....	18
v-go 40.....	81	VIIBRYD.....	21
VABYSMO.....	82	VIJOICE.....	81
valacyclovir.....	41	vilazodone hcl.....	21
VALCHLOR.....	25	VIMIZIM.....	63
valganciclovir hcl.....	39	viorele.....	70
valproic acid.....	42	VIRACEPT.....	39
valsartan.....	47	VIREAD.....	38
valsartan-hydrochlorothiazide.....	50	VISTOGARD.....	81
VALTOCO.....	18	VITRAKVI.....	30
		VIVITROL.....	11
		VIZIMPRO.....	30

VOCABRIA.....	37	XOLAIR.....	75
volnea.....	70	XOSPATA.....	31
VONJO.....	27	XPOVIO.....	28
VOQUEZNA DUAL PAK.....	12	XTAMPZA ER.....	9
VOQUEZNA TRIPLE PAK.....	12	XTANDI.....	26
voriconazole.....	23	XYREM.....	90
VOSEVI.....	40		
VOTRIENT.....	30	Y	
VOXZOGO.....	81	YF-VAX.....	79
VRAYLAR.....	36	YUFLYMA(CF).....	77
VUMERITY.....	55	YUFLYMA(CF) AUTOINJECT (2 PCK).....	77
vyfemla.....	70	YUFLYMA(CF) AUTOINJECTOR.....	77
VYJUVEK.....	81	YUPELRI.....	86
vylibra.....	70	yuvafem.....	70
VYNDAMAX.....	50		
VYVGART.....	75	Z	
VYVGART HYTRULO.....	75	zafirlukast.....	86
VYZULTA.....	85	zaleplon.....	90
		ZARXIO.....	46
W		ZEJULA.....	31
warfarin sodium.....	45	ZELBORAF.....	31
WELIREG.....	30	zenatane.....	56
wera.....	70	ZENPEP.....	63
wixela inhub.....	89	ZEPOSIA.....	55
		ZEPZELCA.....	32
X		zidovudine.....	38
XALKORI.....	31	ziprasidone hcl.....	36
XARELTO.....	45	ziprasidone mesylate.....	36
XATMEP.....	77	ZIRABEV.....	32
XCOPRI.....	17	ZIRGAN.....	83
XELJANZ.....	75	ZOKINVY.....	63
XELJANZ XR.....	75	ZOLADEX.....	72
XEMBIFY.....	74	ZOLINZA.....	28
XENLETA.....	13	zolmitriptan.....	24
XENPOZYME.....	60	zolpidem tartrate.....	90
XERMELO.....	61	zolpidem tartrate er.....	90
XGEVA.....	80	ZONISADE.....	18
XIFAXAN.....	62	zonisamide.....	19
XIGDUO XR.....	43	ZORBTIVE.....	62
XIIDRA.....	83	zovia 1-35.....	70
XOFLUZA.....	40	ZTALMY.....	54

ZYDELIG.....	31
ZYKADIA.....	31
ZYLET.....	83
ZYNLONTA.....	32
ZYPREXA RELPREVV.....	36

Hamaspik Medicare Select and Hamaspik Medicare Choice Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-426-2774. (TTY, call 711.) Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-426-2774. (TTY 711.) Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-426-2774。(TTY 711) 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-426-2774。(TTY 711) 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-426-2774. (TTY 711) Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-426-2774. (TTY 711) Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí. (TTY 711)

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-426-2774. (TTY 711) Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-426-2774 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. (TTY 711)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-426-2774. (TTY 711) Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-2774-426-888]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية. (TTY 711)

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-426-2774 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है. (TTY 711)

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-426-2774. (TTY 711) Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-426-2774. (TTY 711) Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-426-2774. (TTY 711) Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-426-2774. (TTY 711) Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-888-426-2774]にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。 (TTY 711)

Hamaspik Medicare Select (HMO D-SNP)
and
Hamaspik Medicare Choice (HMO D-SNP)
2023 Formulary
List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00023173, Version Number 17

This formulary was updated on 12/01/2023.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice Member Service at **1-888-426-2774** (TTY users should call 711).

From October 1, 2022, through March 31, 2023, our hours are 7 days a week, from 8:00 am to 8:00 pm.

From April 1, 2023, through September 30, 2023, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm or visit hamaspik.com.