

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	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin</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>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	
<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	

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>morphine sulfate (4 mg/ml carpuject, 4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml carpuject, 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	
<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)

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>buprenorphine-naloxone (4-1mg film, 12-3mg film)</i>	1	QL (60 PER 30 DAYS)
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml carpject, 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	
<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 vi, 600 mg/4 ml addvan, ph 600 mg/4 ml vi, 900 mg/6 ml addvan, ph 900 mg/6 ml vi, phos 1% pledget)</i>	1	
<i>colistimethate</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>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
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	

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>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	

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	

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
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	
<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	

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>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	
<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</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

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
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	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>subvenite (green)</i>	1	
<i>subvenite (orange)</i>	1	
<i>topiramate</i>	1	
XCOPRI	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	
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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>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)
<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 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	

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>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
<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)

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
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)
<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)

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
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 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	
<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	

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
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	
<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</i>	1	PA
Antifungals		
ABELCET	1	PA
AMBISOME	1	PA
<i>amphotericin b</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>amphotericin b liposome</i>	1	PA
<i>caspofungin acetate</i>	1	
<i>clotrimazole (1% topical cream, 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	
<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

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
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	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine 4 mg/ml spry</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 tablet, 5 mg tablet)</i>	1	QL (12 PER 30 OVER TIME)
<i>zolmitriptan 2.5 mg nasal spry</i>	1	QL (18 PER 30 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
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine br 60 mg tablet</i>	1	
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	

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
VALCHLOR	1	PA
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	
Antineoplastics		
ORSERDU	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
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	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
XPOVIO	1	PA
ZOLINZA	1	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</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>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	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
<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)

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
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
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

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
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
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

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
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
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	

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
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	
<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	

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
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	
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl</i> (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i> (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)	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</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>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)
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)

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
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)
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	

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
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	
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	

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, 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	
<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 disoproxil fumarate</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)

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
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	
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	

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
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)
<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)

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>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	
<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)

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>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	

Bipolar Agents

Mood Stabilizers

<i>lithium</i>	1	
<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</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	

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>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	
<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	

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
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	
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	

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
LEVEMIR FLEXTOUCH	1	
LYUMJEV	1	
LYUMJEV KWIKPEN U-100	1	
LYUMJEV KWIKPEN U-200	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
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)

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
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)
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	
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

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
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
<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	

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>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>digitek</i>	1	
<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	

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>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	
<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</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>tiadyt 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	
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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>aliskiren</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<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 syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial)</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	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</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>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	
<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	

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>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)

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)

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
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)
<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)

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

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		
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	
<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)

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>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	

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)

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>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</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)

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, vial)</i>	1	
<i>glucose in water</i>	1	
<i>klor-con</i>	1	
KLOR-CON 10	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
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	
<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	

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>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
VELPHORO	1	
Potassium Binders		
SPS	1	
VELTASSA	1	
Vitamins		
PRENATAL VITAMINS	1	
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	

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>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	
<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)

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>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
<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	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</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, 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)

Androgens

ANDRODERM	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>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	
CLIMARA PRO	1	
<i>cryselle</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	QL (91 PER 91 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>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	
<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	

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>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	
<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	

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>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-lynyah</i>	1	
<i>tri-mili</i>	1	
<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	

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>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvaferm</i>	1	
<i>zovia 1-35</i>	1	
<i>zovia 1-35e</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	
<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	

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
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	
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 acetate</i>	1	PA
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA
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)

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 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)

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

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
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	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	
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

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
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 28 DAY STARTER PACK	1	PA, QL (110 PER 365 OVER TIME)
RINVOQ	1	PA, QL (30 PER 30 DAYS)
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

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
Immunostimulants		
ACTIMMUNE	1	PA
INTRON A (10 MILLION VIAL, 18 MILLION VIAL, 50 MILLION VIAL)	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)	1	PA
CYLTEZO(CF) PEN	1	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	1	PA
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-UEVITS-ADOL HS	1	PA
HUMIRA(CF)	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S	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
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
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)	1	PA
YUFLYMA(CF) 40MG/0.4ML AUTOINJ	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	

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
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	
IXIARO	1	
JYNNEOS (NATIONAL STOCKPILE)	1	
KINRIX TIP-LOK SYRINGE	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	

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
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
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)

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
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	
<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 SYRING (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)

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
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	1	PA, QL (90 PER 30 DAYS)
NEEDLES, INSULIN DISP., SAFETY	1	QL (200 PER 30 DAYS)
NUTRILIPID	1	PA
<i>omnipod 5 g6 intro kit (gen 5)</i>	1	QL (1 PER 365 OVER TIME)
<i>omnipod 5 g6 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)

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
VISTOGARD	1	
VOXZOGO	1	PA, QL (30 PER 30 DAYS)
VYJUVEK	1	PA

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	

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
VABYSMO	1	PA
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)
VYZULTA	1	QL (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
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		
ARNUITY 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)
<i>cyproheptadine 4 mg tablet</i>	1	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml 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>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)
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)

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>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>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
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)

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
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
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)
<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

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
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	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	
<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)

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>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)

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

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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 panggamot. 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 답해 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.