

Hamaspik Medicare Select (HMO D-SNP)
and
Hamaspik Medicare Choice (HMO D-SNP)
2022 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 00022348, Version Number: 19

This formulary was updated on 12/01/2022.

For more recent information or other questions, please contact Hamaspik's Member Service at
1-888-426-2774 (TTY users should call 711).

From October 1, 2021 through March 31, 2022, our hours are 7 days a week, from 8:00 am to 8:00 pm.
From April 1, 2022, through September 30, 2022, our Member Services Department will be available
Monday through Friday, 8:00 am to 8:00 pm.

You can also visit www.hamaspik.com for more information.

H0034_FORM0921_C

12/01/2022

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 12/01/2022. 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, 2023, 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 we 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 generic drug that is not new to 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 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 12/01/2022. 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. You can request an updated copy of the formulary at any time by calling Member Services. 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 9. 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 9. 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 88. 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 a maximum of 60 capsules every 30 days for Lyrica (300 MG). 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site (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.

2022 Part D Comprehensive Formulary
Hamaspik Medicare Select and Hamaspik Medicare Choice

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’s 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 through a separate benefit that is not part of your Medicare prescription drug coverage. Hamaspik Medicare Select and Hamaspik Medicare Choice will provide these OTC drugs at no cost to you. The cost to Hamaspik Medicare Select and Hamaspik Medicare Choice of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap). Please see Chapter 4 of your Evidence of Coverage for more information about this benefit.

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.

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 Formulary?

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

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

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

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

2022 Part D Comprehensive Formulary
Hamaspik Medicare Select and Hamaspik Medicare Choice

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 below 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 88.

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.

Some key abbreviations you will see in the Requirements/Limits column include:

- **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, please 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 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.

NOTE: 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 1-888-426-2774 (TTY: 711.)

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

Llame al 1-888-426-2774. (TTY: 711.)

HAMASPIK MEDICARE (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 potassium (25 mg tablet, 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	
ELYXYB	1	PA, QL (19.2 PER 30 OVER TIME)
<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>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 carpject, 60 mg/2 ml syringe, 60 mg/2 ml vial)</i>	1	
<i>lofena</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	

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
Opioid Analgesics, Long-acting		
<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</i>	1	
DILAUDID (2 MG/ML SYRINGE, 4 MG/ML SYRINGE)	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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpuct, 8 mg tablet, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	1	
<i>morphine sulfate (4 mg/ml carpuct, 4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml carpuct, 10 mg/ml syringe, 10 mg/ml vial, ir 15 mg tab, ir 30 mg tab, 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 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget)</i>	1	
<i>colistimethate</i>	1	
<i>daptomycin</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, 250 mg 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 hcl</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefotaxime sodium 1 gm vial</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</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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
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</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 ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Quinolones		
BAXDELA 450 MG TABLET	1	
<i>ciprofloxacin 200 mg/100ml-d5w</i>	1	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w (500 mg/100, 750 mg/150)</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 (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>mondoxylene nl 100 mg capsule</i>	1	
<i>morgidox 100 mg capsule</i>	1	
NUZYRA 150 MG TABLET	1	
SEYSARA	1	
<i>tetracycline hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 - FOR NEW STARTS ONLY
EPIDIOLEX	1	PA - FOR NEW STARTS ONLY
EPRONTIA	1	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	1	
FINTEPLA	1	PA - FOR NEW STARTS ONLY
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 (orange)</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, 1,000 mg/10 ml)</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 - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Calcium Channel Modifying Agents		
CELONTIN	1	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	1	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL (300 PER 30 DAYS)
DIACOMIT	1	PA - FOR NEW STARTS ONLY
<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, 300 mg/6 ml soln)</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 (50 mg tablet, 250 mg tablet)</i>	1	
SYMPAZAN	1	
<i>tiagabine hcl</i>	1	
VALTOCO	1	QL (10 PER 30 OVER TIME)
<i>vigabatrin</i>	1	PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg powder packet</i>	1	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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 susp, 600 mg tablet)</i>	1	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp, 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	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine</i>	1	

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

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

Antidepressants

Antidepressants, Other

AUVELITY	1	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>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>quetiapine 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
SPRAVATO (56 MG PACK, 84 MG PACK)	1	PA - FOR NEW STARTS ONLY

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 sol, 40 mg tablet)</i>	1	
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</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 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desvenlafaxine succnt er 100mg</i>	1	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	1	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	1	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml, 10 mg tablet, 20 mg tablet)</i>	1	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	ST, QL (56 PER 365 OVER TIME)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 20 mg/5 ml solution, 40 mg capsule)</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>nefazodone hcl</i>	1	
<i>paroxetine cr</i>	1	
<i>paroxetine er</i>	1	
<i>paroxetine hcl (10 mg tablet, 10 mg/5 ml susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
PAXIL 10 MG/5 ML SUSPENSION	1	
SERTRALINE HCL (150 MG CAPSULE, 200 MG CAPSULE)	1	ST
<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 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	1	QL (60 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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</i> (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl</i> (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	1	
<i>meclizine hcl</i> (12.5 mg tablet, 25 mg tablet)	1	
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine</i> 10 mg/2 ml vl	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl</i> (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)	1	
<i>promethegan</i> (12.5 mg suppos, 25 mg suppository)	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 - Part B vs D Determination, QL (2 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aprepitant 125 mg capsule</i>	1	PA - Part B vs D Determination, QL (2 PER 30 OVER TIME)
<i>aprepitant 125-80-80 mg pack</i>	1	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)
<i>aprepitant 40 mg capsule</i>	1	PA - Part B vs D Determination, QL (1 PER 30 OVER TIME)
<i>aprepitant 80 mg capsule</i>	1	PA - Part B vs D Determination, QL (8 PER 30 OVER TIME)
<i>dronabinol</i>	1	PA, QL (60 PER 30 OVER TIME)
<i>ondansetron 4 mg/5 ml solution</i>	1	PA - Part B vs D Determination, QL (450 PER 30 DAYS)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	PA - Part B vs D Determination
<i>ondansetron odt</i>	1	PA - Part B vs D Determination
SYNDROS	1	PA, QL (120 PER 30 DAYS)

Antifungals

ABELCET	1	PA - Part B vs D Determination
AMBISOME	1	PA - Part B vs D Determination
<i>amphotericin b</i>	1	PA - Part B vs D Determination
<i>amphotericin b liposome</i>	1	PA - Part B vs D Determination
<i>caspofungin acetate</i>	1	
<i>clotrimazole (1% topical cream, 10 mg troche)</i>	1	
CRESEMBA 186 MG CAPSULE	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 (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JUBLIA	1	
<i>ketconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>miconazole 3 200 mg vag supp</i>	1	
<i>naftifine hcl 1% gel</i>	1	
NOXAFIL 40 MG/ML SUSPENSION	1	PA
<i>nyamyc</i>	1	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 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>nystop</i>	1	
<i>posaconazole dr 100 mg tablet</i>	1	PA
<i>terbinafine hcl</i>	1	QL (84 PER 180 OVER TIME)
<i>terconazole (0.4% cream, 0.8% cream)</i>	1	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>	1	
<i>voriconazole 200 mg vial</i>	1	PA

Antigout Agents

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

Antimigraine Agents

Ergot Alkaloids

<i>dihydroergotamine 1 mg/ml amp</i>	1	PA
<i>dihydroergotamine 4 mg/ml spry</i>	1	PA, QL (8 PER 30 OVER TIME)
<i>ergotamine-caffeine</i>	1	

Prophylactic

AIMOVIG 140 MG/ML AUTOINJECTOR	1	PA, QL (1 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AIMOVIG 70 MG/ML AUTOINJECTOR	1	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	1	PA, QL (1 PER 30 DAYS)
EMGALITY PEN	1	PA, QL (1 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	1	PA, QL (3 PER 30 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>eletriptan hbr</i>	1	QL (12 PER 30 OVER TIME)
<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 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)

Antimyasthenic Agents

Parasympathomimetics

<i>guanidine hcl</i>	1	
<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, 300 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PASER	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SIRTURO	1	
TRECATOR	1	

Antineoplastics

Alkylating Agents

CYCLOPHOSPHAMIDE (1 GM/5 ML VL, 500 MG/2.5 ML)	1	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA - Part B vs D Determination
<i>ifosfamide 3 gm vial</i>	1	
LEUKERAN	1	
MATULANE	1	
<i>thiotepa 100 mg vial</i>	1	
VALCHLOR	1	PA - FOR NEW STARTS ONLY
ZEPZELCA	1	PA - FOR NEW STARTS ONLY

Antiandrogens

<i>abiraterone acetate</i>	1	PA - FOR NEW STARTS ONLY
<i>bicalutamide</i>	1	
ERLEADA 60 MG TABLET	1	PA - FOR NEW STARTS ONLY
<i>flutamide</i>	1	
<i>nilutamide</i>	1	
NUBEQA	1	PA - FOR NEW STARTS ONLY
XTANDI	1	PA - FOR NEW STARTS ONLY

Antiangiogenic Agents

FOTIVDA	1	PA - FOR NEW STARTS ONLY
<i>lenalidomide</i>	1	PA - FOR NEW STARTS ONLY
POMALYST	1	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK	1	PA - FOR NEW STARTS ONLY
REVLIMID	1	PA - FOR NEW STARTS ONLY
TABRECTA	1	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
THALOMID	1	PA - FOR NEW STARTS ONLY
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, Other		
BESREMI	1	PA - FOR NEW STARTS ONLY
GAVRETO	1	PA - FOR NEW STARTS ONLY
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	1	PA - FOR NEW STARTS ONLY
IDHIFA	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
INREBIC	1	PA - FOR NEW STARTS ONLY
KIMMTRAK	1	PA - FOR NEW STARTS ONLY
KISQALI FEMARA CO-PACK	1	PA - FOR NEW STARTS ONLY
LONSURF	1	PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TABLET	1	PA - FOR NEW STARTS ONLY
NINLARO	1	PA - FOR NEW STARTS ONLY
ONUREG	1	PA - FOR NEW STARTS ONLY
OPDUALAG	1	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEMAZYRE	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
PHESGO	1	PA - FOR NEW STARTS ONLY
RETEVMO	1	PA - FOR NEW STARTS ONLY
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	1	PA - FOR NEW STARTS ONLY
RYLAZE	1	
SCEMBLIX 20 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	1	PA - FOR NEW STARTS ONLY
SYNRIBO	1	PA - FOR NEW STARTS ONLY
TAZVERIK	1	PA - FOR NEW STARTS ONLY
TRUSELTIQ	1	PA - FOR NEW STARTS ONLY
TUKYSA	1	PA - FOR NEW STARTS ONLY
VONJO	1	PA - FOR NEW STARTS ONLY
XPOVIO	1	PA - FOR NEW STARTS ONLY
ZOLINZA	1	PA - FOR NEW STARTS ONLY

Aromatase Inhibitors, 3rd Generation

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

Molecular Target Inhibitors

AFINITOR 10 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
AFINITOR DISPERZ	1	PA - FOR NEW STARTS ONLY
ALECENSA	1	PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	1	PA - FOR NEW STARTS ONLY, QL (60 PER 365 OVER TIME)
AYVAKIT	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA	1	PA - FOR NEW STARTS ONLY
BOSULIF	1	PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAPSULE	1	PA - FOR NEW STARTS ONLY
BRUKINSA	1	PA - FOR NEW STARTS ONLY
CABOMETYX	1	PA - FOR NEW STARTS ONLY
CALQUENCE	1	PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA - FOR NEW STARTS ONLY
COMETRIQ	1	PA - FOR NEW STARTS ONLY
COPIKTRA	1	PA - FOR NEW STARTS ONLY
COTELLIC	1	PA - FOR NEW STARTS ONLY
DAURISMO	1	PA - FOR NEW STARTS ONLY
ERIVEDGE	1	PA - FOR NEW STARTS ONLY
<i>erlotinib hcl</i>	1	PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab susp, 3 mg tab susp, 5 mg tab susp)</i>	1	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
EXKIVITY	1	PA - FOR NEW STARTS ONLY
FARYDAK	1	PA - FOR NEW STARTS ONLY
GILOTRIF	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TABLET, 15 MG TABLET)	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	1	PA - FOR NEW STARTS ONLY
<i>imatinib mesylate</i>	1	PA - FOR NEW STARTS ONLY
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 - FOR NEW STARTS ONLY
INLYTA	1	PA - FOR NEW STARTS ONLY
INQOVI	1	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IRESSA	1	PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	1	PA - FOR NEW STARTS ONLY
JAKAFI 10 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
KISQALI	1	PA - FOR NEW STARTS ONLY
KOSELUGO	1	PA - FOR NEW STARTS ONLY
<i>lapatinib</i>	1	PA - FOR NEW STARTS ONLY
LENVIMA	1	PA - FOR NEW STARTS ONLY
LORBRENA	1	PA - FOR NEW STARTS ONLY
LYNPARZA	1	PA - FOR NEW STARTS ONLY
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	1	PA - FOR NEW STARTS ONLY
MEKTOVI	1	PA - FOR NEW STARTS ONLY
NERLYNX	1	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
NEXAVAR	1	PA - FOR NEW STARTS ONLY
ODOMZO	1	PA - FOR NEW STARTS ONLY
PIQRAY	1	PA - FOR NEW STARTS ONLY
ROZLYTREK	1	PA - FOR NEW STARTS ONLY
RUBRACA	1	PA - FOR NEW STARTS ONLY
RYDAPT	1	PA - FOR NEW STARTS ONLY
<i>sorafenib</i>	1	PA - FOR NEW STARTS ONLY
SPRYCEL	1	PA - FOR NEW STARTS ONLY
STIVARGA	1	PA - FOR NEW STARTS ONLY
<i>sunitinib malate</i>	1	PA - FOR NEW STARTS ONLY
SUTENT	1	PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
TAGRISSE 40 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
TAGRISSE 80 MG TABLET	1	PA - FOR NEW STARTS ONLY
TALZENNA (0.25 MG CAPSULE, 0.5 MG CAPSULE, 0.75 MG CAPSULE, 1 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TASIGNA	1	PA - FOR NEW STARTS ONLY
TEPMETKO	1	PA - FOR NEW STARTS ONLY
TIBSOVO	1	PA - FOR NEW STARTS ONLY
TURALIO 200 MG CAPSULE	1	PA - FOR NEW STARTS ONLY
TYKERB	1	PA - FOR NEW STARTS ONLY
UKONIQ	1	PA - FOR NEW STARTS ONLY
VENCLEXTA	1	PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK	1	PA - FOR NEW STARTS ONLY
VERZENIO	1	PA - FOR NEW STARTS ONLY
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
VIZIMPRO	1	PA - FOR NEW STARTS ONLY
VOTRIENT	1	PA - FOR NEW STARTS ONLY
WELIREG	1	PA - FOR NEW STARTS ONLY
XALKORI	1	PA - FOR NEW STARTS ONLY
XOSPATA	1	PA - FOR NEW STARTS ONLY
ZEJULA 100 MG CAPSULE	1	PA - FOR NEW STARTS ONLY
ZELBORAF	1	PA - FOR NEW STARTS ONLY
ZYDELIG	1	PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TABLET	1	PA - FOR NEW STARTS ONLY

Monoclonal Antibody/Antibody-Drug Conjugate

DANYELZA	1	PA - FOR NEW STARTS ONLY
DARZALEX FASPRO	1	PA - FOR NEW STARTS ONLY
JEMPERLI	1	PA - FOR NEW STARTS ONLY
KANJINTI	1	PA - FOR NEW STARTS ONLY
MONJUVI	1	PA - FOR NEW STARTS ONLY
MVASI	1	PA - FOR NEW STARTS ONLY
POLIVY	1	PA - FOR NEW STARTS ONLY
RUXIENCE	1	PA - FOR NEW STARTS ONLY
RYBREXANT	1	PA - FOR NEW STARTS ONLY
SARCLISA	1	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIVDAK	1	PA - FOR NEW STARTS ONLY
TRAZIMERA	1	PA - FOR NEW STARTS ONLY
TRODELVY	1	PA - FOR NEW STARTS ONLY
ZIRABEV	1	PA - FOR NEW STARTS ONLY
ZYNLONTA	1	PA - FOR NEW STARTS ONLY

Retinoids

<i>bexarotene (1% gel, 75 mg capsule)</i>	1	PA - FOR NEW STARTS ONLY
PANRETIN	1	
TARGRETIN 1% GEL	1	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg capsule</i>	1	

Treatment Adjuncts

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

Antiparasitics

Anthelmintics

<i>albendazole</i>	1	
<i>ivermectin 3 mg tablet</i>	1	PA - FOR NEW STARTS ONLY
<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</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	1	
<i>pentamidine 300 mg inhal powdr</i>	1	PA - Part B vs D Determination
<i>pentamidine 300 mg inject vial</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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

Antiparkinson Agents

Anticholinergics

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

Antiparkinson Agents, Other

<i>entacapone</i>	1
<i>tolcapone</i>	1

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	ST
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine</i>	1	
<i>molindone hcl</i>	1	
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	1	
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	1	QL (60 PER 30 DAYS)
ARISTADA	1	
ARISTADA INITIO	1	
<i>asenapine maleate</i>	1	QL (60 PER 30 DAYS)
CAPLYTA	1	ST, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
LYBALVI	1	ST, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
<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, 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	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	PA - FOR NEW STARTS ONLY, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR 1.5 MG-3 MG PACK	1	ST, QL (14 PER 365 OVER TIME)
<i>ziprasidone hcl</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV	1	

Treatment-Resistant

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

Antispasticity Agents

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

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIVICAY	1	
TIVICAY PD	1	
VOCABRIA	1	

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

COMPLERA	1	QL (30 PER 30 DAYS)
DELSTRIGO	1	QL (30 PER 30 DAYS)
EDURANT	1	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitenofovir 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	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	1	QL (30 PER 30 DAYS)
TRIUMEQ PD	1	QL (180 PER 30 DAYS)
TRIZIVIR	1	QL (60 PER 30 DAYS)
VIDEX 2 GM PEDIATRIC SOLN	1	
VIDEX EC 125 MG CAPSULE	1	
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, 150 MG TABLET, 300 MG TABLET)	1	
TROGARZO	1	
TYBOST	1	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	1	
<i>atazanavir sulfate</i>	1	
CRIXIVAN	1	
EVOTAZ	1	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	1	
INVIRASE	1	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZCOBIX	1	QL (30 PER 30 DAYS)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
REYATAZ 50 MG POWDER PACKET	1	
<i>ritonavir</i>	1	
SYMTUZA	1	QL (30 PER 30 DAYS)
VIRACEPT	1	

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir</i>	1	
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	1	PA - Part B vs D Determination
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-influenza Agents		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml soln)</i>	1	
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phos 45 mg capsule</i>	1	QL (84 PER 365 OVER TIME)
<i>oseltamivir phos 75 mg capsule</i>	1	QL (110 PER 365 OVER TIME)
<i>rimantadine hcl</i>	1	
XOFLUZA (20 MG TAB (40 MG DOSE), 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)
Antitherpetic 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 - Part B vs D Determination
<i>famciclovir</i>	1	
<i>valacyclovir</i>	1	QL (120 PER 30 DAYS)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clorazepate 7.5 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral soln, 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>valproic acid (250 mg capsule, 250 mg/5 ml soln, 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</i>	1
<i>glipizide er</i>	1
<i>glipizide xl</i>	1
<i>glipizide-metformin</i>	1
<i>glyburide</i>	1
<i>glyburide-metformin hcl</i>	1

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLYXAMBI	1	
JANUMET	1	
JANUMET XR	1	
JANUVIA	1	
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	QL (2 PER 28 DAYS)
<i>nateglinide</i>	1	
OZEMPIC (1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	1	QL (3 PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN	1	QL (1.5 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	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	1	QL (60 PER 365 OVER TIME)
SOLIQUA 100-33	1	
SYMLINPEN 120	1	PA
SYMLINPEN 60	1	PA
SYNJARDY	1	
SYNJARDY XR	1	
TRADJENTA	1	
TRIJARDY XR	1	
TRULICITY	1	QL (2 PER 28 DAYS)
VICTOZA 2-PAK	1	QL (9 PER 30 DAYS)
VICTOZA 3-PAK	1	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 8.

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	
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	
INSULIN LISPRO	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO KWIKPEN U-100	1	
INSULIN LISPRO PROTAMINE MIX	1	
LANTUS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANTUS SOLOSTAR	1	
LEVEMIR	1	
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 30 mg/0.3 ml syr</i>	1	QL (10.5 PER 90 OVER TIME)
<i>enoxaparin 300 mg/3 ml vial</i>	1	QL (105 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	1	QL (14 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	1	QL (21 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	1	QL (35 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	1	QL (28 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	1	QL (28 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (17.5 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	1	QL (14 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	1	QL (21 PER 90 OVER TIME)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	1	QL (7 PER 90 OVER TIME)
FRAGMIN 10,000 UNIT/ML SYRINGE	1	QL (35 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FRAGMIN 12,500 UNIT/0.5 ML SYR	1	QL (17.5 PER 90 OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	1	QL (21 PER 90 OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	1	QL (25.3 PER 90 OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	1	QL (10.5 PER 90 OVER TIME)
FRAGMIN 95,000 UNIT/3.8 ML VL	1	QL (22.8 PER 90 OVER TIME)
<i>heparin sodium (5,000 unit/ml carpupct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	1	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	1	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (102 PER 365 OVER TIME)

Blood Products and Modifiers, Other

<i>anagrelide hcl</i>	1	
NEULASTA	1	PA
NEULASTA ONPRO	1	PA
OXBRYTA 300 MG TABLET FOR SUSP	1	PA, QL (240 PER 30 DAYS)
PROCRIT	1	PA
PROMACTA	1	PA
PYRUKYND (5 MG PACK, 20-5 MG PACK, 50-20 MG PACK)	1	PA, QL (30 PER 30 DAYS)
PYRUKYND (5 MG TABLET, 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)
UDENYCA	1	PA
ZARXIO	1	

Hemostasis Agents

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

<i>aspirin-dipyridamole er</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRILINTA	1	
CABLIVI 11 MG KIT	1	PA, QL (30 PER 30 DAYS)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>prasugrel hcl</i>	1	
TAVALISSE	1	PA

Cardiovascular Agents

Alpha-adrenergic Agonists

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

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>digitek</i>	1	
<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 gluc er 324 mg tab</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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	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, 50 mg tab, 100 mg tab)</i>	1	
<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	
NYMALIZE	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) (24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil er</i>	1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	1	

Cardiovascular Agents, Other

<i>acetazolamide</i>	1	
<i>aliskiren</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hctz</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>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	
<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)

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>torsemide</i>	1	

Diuretics, Potassium-sparing

<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone</i>	1	

Diuretics, Thiazide

<i>chlorthalidone</i>	1	
DIURIL	1	
<i>hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>indapamide</i>	1	
METHADOSE	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	
<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 1 gram capsule</i>	1	PA
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>minitran</i>	1	
NITRO-BID	1	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	
<i>nitroglycerin patch</i>	1	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<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</i>	1	QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphetamine</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 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>clonidine hcl er 0.1 mg tablet</i>	1	
<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	
EXSERVAN	1	PA
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
NUEDEXTA	1	PA
RADICAVA ORS 105 MG/5 ML SUSP	1	PA, QL (50 PER 28 DAYS)
RADICAVA ORS STARTER KIT SUSP	1	PA
<i>riluzole</i>	1	PA
<i>tetrabenazine</i>	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents		
AVONEX PEN	1	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	1	PA, QL (4 PER 28 DAYS)
BAFIERTAM	1	PA, QL (120 PER 30 DAYS)
BETASERON 0.3 MG KIT	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)
EXTAVIA 0.3 MG KIT	1	PA, QL (15 PER 30 DAYS)
<i>fingolimod</i>	1	PA, QL (30 PER 30 DAYS)
GILENYA	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	1	PA, QL (0.4 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	1	PA, QL (14 PER 365 OVER TIME)
MAYZENT 0.25MG START-2MG MAINT	1	PA, QL (24 PER 365 OVER TIME)
OCREVUS	1	PA, QL (40 PER 365 OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	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

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VUMERITY	1	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
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 0.12% rinse</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>lidocaine hcl viscous</i>	1	
<i>oralone</i>	1	
<i>paroex</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>triamcinolone 0.1% paste</i>	1	

Dermatological Agents

Acne and Rosacea Agents

<i>acitretin</i>	1	
<i>amnestem</i>	1	PA
<i>azelaic acid</i>	1	
<i>claravis</i>	1	PA
<i>clind ph-benzoyl perox 1.2-5%</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA 15% FOAM	1	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	PA
<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	PA
<i>rosadan</i>	1	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tretinoin (0.025% cream, 0.05% cream)</i>	1	PA
<i>zenatane</i>	1	PA
Dermatitis and Pruitus Agents		
<i>ala-cort 2.5% cream</i>	1	
<i>alclometasone dipropionate</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)
<i>clobetasol emollient 0.05% crm</i>	1	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	1	
<i>desonide (cream, ointment)</i>	1	
<i>desoximetasone (cream, 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	
<i>imiquimod 5% cream packet</i>	1	
<i>nystatin-triamcinolone</i>	1	
PICATO	1	ST
<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	
<i>ery</i>	1	
<i>erythromycin (gel, solution)</i>	1	
<i>mupirocin 2% ointment</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	1	PA - Part B vs D Determination
AMINOSYN-PF 10% IV SOLUTION	1	PA - Part B vs D Determination
CARBAGLU	1	
<i>carglumic acid</i>	1	
CLINISOL	1	PA - Part B vs D Determination
<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	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
PLENAMINE	1	PA - Part B vs D Determination
<i>potassium chloride (er 8 meq capsule, er 8 meq tablet, 10% (20 meq/15ml), 10% (40 meq/30ml), er 10 meq capsule, er 10 meq tablet, er 15 meq tablet, 20 meq packet, 20% (40 meq/15ml), 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% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution)</i>	1	
<i>sodium chloride-water</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	
<i>clovique</i>	1	PA
<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</i>	1	PA
Phosphate Binders		
AURYXIA	1	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
VELPHORO	1	
Potassium Binders		
<i>kionex</i>	1	
<i>sod polystyren sulf 15 g/60 ml</i>	1	
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 solution, 20 gm/30 ml solution)</i>	1	
LINZESS	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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

CUVPOSA	1	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	1	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)</i>	1	

Gastrointestinal Agents, Other

CLENPIQ 160 ML SOLUTION	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 sol)</i>	1	
MYALEPT	1	PA
<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>trilyte with flavor packets</i>	1	
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIFAXAN	1	PA
ZORBTIVE	1	PA

Histamine2 (H2) Receptor Antagonists

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

Protectants

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

Proton Pump Inhibitors

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

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

ALDURAZYME	1	PA
ARALAST NP	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 35 MG VIAL	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GALAFOLD	1	PA, QL (14 PER 28 DAYS)
KANUMA	1	PA
LUMIZYME	1	PA
<i>miglustat</i>	1	PA
NAGLAZYME	1	PA
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	1	
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	1	PA
PROLASTIN C	1	PA
RAVICTI	1	PA
REVCovi	1	PA
<i>sapropterin dihydrochloride</i>	1	PA
<i>sodium phenylbutyrate powder</i>	1	
STRENSIQ	1	PA
TEGSEDI	1	PA
VIMIZIM	1	PA
VYNDAQEL	1	PA, QL (120 PER 30 DAYS)
ZEMAIRA	1	PA
ZENPEP	1	
ZOKINVY	1	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	1	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium 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	
THIOLA EC	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<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, 10 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
SKYTROFA	1	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	1	PA, QL (120 PER 30 DAYS)
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
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amethyst</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	1	
<i>cryselle</i>	1	
<i>cyclafem</i>	1	
<i>dasetta</i>	1	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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% (1.25mg) 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 24 fe</i>	1	
<i>hailey fe</i>	1	
<i>jinteli</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel-eth estradiol</i>	1	
<i>levora-28</i>	1	
<i>lillow</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lopreeza 1 mg-0.5 mg tablet</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	1	
<i>microgestin</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>mononessa</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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMPRO	1	
<i>previfem</i>	1	
<i>simliya</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</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-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora-28</i>	1	
<i>vienva</i>	1	
<i>violele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvafem</i>	1	
<i>zovia 1-35</i>	1	
<i>zovia 1-35e</i>	1	

Progestins

<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA 400 MG/ML VIAL	1	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104	1	QL (0.65 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)</i>	1	PA - FOR NEW STARTS ONLY
<i>megestrol acetate (acet 40 mg/ml susp, 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	
<i>tulana</i>	1	

Selective Estrogen Receptor Modifying Agents

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

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	1	PA
LYSODREN	1	
RECORLEV	1	PA, QL (240 PER 30 DAYS)
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
FIRMAGON 2 X 120 MG KIT	1	PA - FOR NEW STARTS ONLY, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
<i>lanreotide acetate</i>	1	PA - FOR NEW STARTS ONLY
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	1	PA - FOR NEW STARTS ONLY
LUPRON DEPO 11.25MG (LUPANETA)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	1	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT-PED 11.25 MG 3MO	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED 30 MG 3MO KIT	1	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED 7.5 MG KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
MYCAPSSA	1	PA
MYFEMBREE	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 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate</i>	1	PA
ORGOVYX	1	PA - FOR NEW STARTS ONLY
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 (60 MG/0.2 ML, 90 MG/0.3 ML)	1	PA
SOMATULINE DEPOT 120 MG/0.5 ML	1	PA - FOR NEW STARTS ONLY
SOMAVERT	1	PA
SUPPRELIN LA	1	PA, QL (1 PER 365 OVER TIME)
SYNAREL	1	
TRELSTAR 11.25 MG VIAL	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	1	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
TRIPTODUR	1	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	1	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

Immunoglobulins

ASCENIV	1	PA
BIVIGAM	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CUTAQUIG	1	PA
CUVITRU	1	PA
FLEBOGAMMA DIF	1	PA
GAMASTAN	1	PA
GAMASTAN S-D	1	PA
GAMMAGARD LIQUID	1	PA
GAMMAGARD 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
GAMMAPLEX	1	PA
GAMUNEX-C	1	PA
HEPAGAM B	1	PA - Part B vs D Determination
HIZENTRA	1	PA
HYPERHEP B	1	PA - Part B vs D Determination
HYPERRAB	1	PA - Part B vs D Determination
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
NABI-HB	1	PA - Part B vs D Determination
OCTAGAM	1	PA
PANZYGA	1	PA
PRIVIGEN	1	PA
SYNAGIS	1	PA
VARIZIG	1	PA
XEMBIFY	1	PA

Immunological Agents, Other

ACTEMRA 162 MG/0.9 ML SYRINGE	1	PA, QL (3.6 PER 28 DAYS)
ACTEMRA ACTPEN	1	PA
ADBRY	1	PA
ARCALYST	1	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX (2 SYRINGES)	1	PA
COSENTYX PEN	1	PA
COSENTYX PEN (2 PENS)	1	PA
COSENTYX SYRINGE	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
ENSPRYNG	1	PA
ENTYVIO	1	PA
ILUMYA	1	PA
LEMTRADA	1	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	1	PA
ORENCIA CLICKJECT	1	PA, QL (4 PER 28 DAYS)
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
RINVOQ ER 15 MG TABLET	1	PA
SAPHNELO	1	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	1	PA
SKYRIZI (2 SYRINGES) KIT	1	PA
SKYRIZI 360 MG/2.4 ML 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
STELARA 130 MG/26 ML VIAL	1	PA
TALTZ AUTOINJECTOR	1	PA
TALTZ AUTOINJECTOR (2 PACK)	1	PA
TALTZ AUTOINJECTOR (3 PACK)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TALTZ SYRINGE	1	PA
TREMFYA	1	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	1	PA
XELJANZ XR	1	PA
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	1	PA

Immunostimulants

ACTIMMUNE	1	PA - FOR NEW STARTS ONLY
INTRON A (10 MILLION UNITS VIAL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIAL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIAL)	1	PA - FOR NEW STARTS ONLY
PEGASYS	1	PA

Immunosuppressants

<i>azathioprine</i>	1	PA - Part B vs D Determination
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 - Part B vs D Determination
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA - Part B vs D Determination
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
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	1	PA - Part B vs D Determination
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA - Part B vs D Determination
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	1	PA
HUMIRA PEN	1	PA
HUMIRA PEN CROHN'S-UC-HS	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN PSOR-UEVITS-ADOL HS	1	PA
HUMIRA(CF)	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S	1	PA
HUMIRA(CF) PEN	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	1	PA
HUMIRA(CF) PEN PEDIATRIC UC	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA
INFLECTRA	1	PA
INFLIXIMAB	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 - Part B vs D Determination
<i>mycophenolic acid</i>	1	PA - Part B vs D Determination
ORENCIA 250 MG VIAL	1	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	1	PA - Part B vs D Determination
REMICADE	1	PA
RENFLEXIS	1	PA
REZUROCK	1	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	1	PA - Part B vs D Determination
SIMPONI ARIA	1	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA - Part B vs D Determination
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA - Part B vs D Determination
XATMEP	1	
ZORTRESS 1 MG TABLET	1	PA - Part B vs D Determination

Vaccines

ACTHIB	1	
ADACEL TDAP	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGRIX-B ADULT	1	PA - Part B vs D Determination
ENGRIX-B PEDIATRIC-ADOLESCENT	1	PA - Part B vs D Determination
GARDASIL 9	1	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	1	
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA - Part B vs D Determination
INFANRIX DTAP	1	
IPOL	1	
IXIARO	1	
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W KIT (2 VIALS)	1	
PEDIARIX	1	
PEDVAXHIB	1	
PENTACEL	1	
PREHEVBRIO	1	PA - Part B vs D Determination
PRIORIX	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA - Part B vs D Determination
RECOMBIVAX HB	1	PA - Part B vs D Determination
ROTARIX VACCINE SUSPENSION	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROTATEQ	1	
SHINGRIX	1	
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	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	
<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	
<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 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Metabolic Bone Disease Agents		
<i>alendronate sodium (5 mg tablet, 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 units sp</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	
TERIPARATIDE	1	PA
TYMLOS	1	PA
XGEVA	1	PA
Miscellaneous Therapeutic Agents		
ELLA	1	
GAUZE PADS & DRESSINGS - PADS 2 X 2	1	
INSULIN PEN NEEDLE	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1ML	1	QL (200 PER 30 DAYS)
ISOPROPYL ALCOHOL 70% MEDICATED PAD	1	
LAGEVRIO (EUA)	1	QL (80 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIVMARLI	1	PA, QL (90 PER 30 DAYS)
NEEDLES, INSULIN DISP., SAFETY	1	QL (200 PER 30 DAYS)
NUTRILIPID	1	PA - Part B vs D Determination
<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 OVER TIME)
<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)
OXLUMO	1	PA
PAXLOVID 300-100 MG PACK (EUA)	1	QL (60 PER 365 OVER TIME)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	1	
TAVNEOS	1	PA, QL (180 PER 30 DAYS)
<i>v-go 20</i>	1	
<i>v-go 30</i>	1	
<i>v-go 40</i>	1	
<i>vgo 20</i>	1	
<i>vgo 30</i>	1	
<i>vgo 40</i>	1	
VIJOICE (50 MG TABLET, 125 MG TABLET)	1	PA, QL (28 PER 28 DAYS)
VIJOICE 250 MG DAILY DOSE PACK	1	PA, QL (56 PER 28 DAYS)
VISTOGARD	1	
VOXZOGO	1	PA, QL (30 PER 30 DAYS)
VYVGART	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	1	
CYSTARAN	1	PA, QL (60 PER 28 OVER TIME)
<i>dorzolamide-timolol (2%-0.5%, 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	
PRED-G S.O.P. EYE OINTMENT	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
ROCKLATAN	1	QL (2.5 PER 25 DAYS)
SIMBRINZA	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX EYE OINTMENT	1	
TOBRADEX ST	1	
<i>tobramycin-dexamethasone</i>	1	
VABYSMO	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>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% ophthalmc 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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carteolol hcl</i>	1	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 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 tartrate (0.15% drp, 0.2% eye drop)</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide</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 Prostamide 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)
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 - Part B vs D Determination, 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	
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ipratropium br 0.02% soln</i>	1	PA - Part B vs D Determination, 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	
YUPELRI	1	PA - Part B vs D Determination, 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)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	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 (GENERIC PROVENTIL HFA)	1	QL (17 PER 30 DAYS)
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	PA - Part B vs D Determination, 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 - Part B vs D Determination, QL (375 PER 30 DAYS)
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1	PA - Part B vs D Determination, 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 - Part B vs D Determination, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levalbuterol 1.25 mg/3 ml sol</i>	1	PA - Part B vs D Determination, QL (270 PER 30 DAYS)
<i>levalbuterol concentrate</i>	1	PA - Part B vs D Determination, QL (90 PER 30 DAYS)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	1	PA - Part B vs D Determination, QL (540 PER 30 DAYS)
<i>levalbuterol tartrate hfa</i>	1	QL (30 PER 30 DAYS)
PERFOROMIST	1	PA - Part B vs D Determination, QL (120 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 (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/4 ml ampule, 300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	1	PA - Part B vs D Determination
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	1	PA, QL (84 PER 28 DAYS)

Mast Cell Stabilizers

<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA - Part B vs D Determination
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Phosphodiesterase Inhibitors, Airways Disease

DALIRESP	1	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline (er 400 mg tablet, er 600 mg tablet)</i>	1	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1	
<i>theophylline er</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 - Part B vs D Determination
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
<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)
UPTRAVI 1,800 MCG VIAL	1	PA
VENTAVIS	1	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET	1	PA
OFEV	1	PA
<i>pirfenidone (267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	1	PA

Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA - Part B vs D Determination
ANORO ELLIPTA	1	QL (60 PER 30 DAYS)
BREO ELLIPTA	1	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT	1	QL (8 PER 30 DAYS)
DULERA (100 MCG INHALER, 200 MCG INHALER)	1	QL (17.6 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER	1	QL (13 PER 30 DAYS)
FASENRA	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 - Part B vs D Determination, 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>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	

Sleep Disorder Agents

Sleep Promoting Agents

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

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
XYREM	1	PA, QL (540 PER 30 DAYS)
Uncategorized		
Unclassified		
<i>cortisone acetate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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Hamaspik Medicare Select (HMO D-SNP)
and
Hamaspik Medicare Choice (HMO D-SNP)
2022 Formulary
List of Covered Drugs

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

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This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Hamaspik's Member Service at 1-888-426-2774. (TTY users, please call 711.)

From October 1, 2021 through March 31, 2022, our hours are 7 days a week, from 8:00 am to 8:00 pm. From April 1, 2022 through September 30, 2022, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

You can also visit www.hamaspik.com for more information.