



2024

NETWORK HEALTH PRESCRIPTION DRUG LIST

Please read. This document contains information about the drugs we cover in this plan.

This formulary was updated on September 29, 2023. For more recent information or other questions, please contact Express Scripts Network Health Medicare Advantage Plan Customer Service at 800-316-3107 (TTY 800-899-2114) 24 hours a day/seven days a week, or visit networkhealth.com/look-up-medications.

**Network Health Group Medicare
Advantage PPO Plans**





Network Health Group Medicare Advantage PPO Plans

2024 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 24395, Version Number 17

This formulary was updated on 09/29/2023. For more recent information or other questions, please contact Network Health Group Medicare Advantage Plans customer service at 800-316-3107 (TTY users should call 800-899-2114), 24 hours a day, seven days a week, or visit networkhealth.com.

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 Network Health Insurance Corporation. When it refers to “plan” or “our plan,” it means Network Health Group Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/29/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Network Health Group Medicare Advantage Plans Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Network Health Group Medicare Advantage Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but 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 Network Health Group Medicare Advantage Plans’ Formulary?”

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

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

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

The enclosed formulary is current as of 09/29/2023. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Network Health Group Medicare Advantage Plans will update the printed formulary document with mid-year, non-maintenance changes on a quarterly basis. However, these types of changes will be available on our website at networkhealth.com 60 days prior to the change. Additionally, if you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on 113. 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 113. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Network Health Group Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health Group Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.

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

You can ask Network Health Group Medicare Advantage Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Network Health Group Medicare Advantage Plans' formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Network Health Group Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Network Health Group Medicare Advantage Plans' Formulary?

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

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

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

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

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

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

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

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

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

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

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

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

Network Health Group Medicare Advantage Plans Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NOVOLOG) and generic drugs are listed in lower-case italics (e.g., *warfarin*).

The information in the Requirements/Limits column tells you if Network Health Group Medicare Advantage Plans has any special requirements for coverage of your drug.

Legend

PA	Prior Authorization
QL	Quantity Limit
Part B vs D Determination	This 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.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day, seven days a week. TTY users should call 800-899-2114.
\$35	\$35 per month supply of insulin
\$0	This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
casprofungin acetate 50 MG VIAL	5	
casprofungin acetate 70 MG VIAL	4	
clotrimazole 10 MG TROCHE	2	
ERAXIS (WATER DILUENT) ERAXIS(WATER DIL) 100 MG VIAL	5	
ERAXIS (WATER DILUENT) ERAXIS(WATER DIL) 50 MG VIAL	4	
<i>fluconazole</i>	2	
<i>fluconazole in saline</i>	2	
<i>fluconazole-nacl</i>	2	
<i>flucytosine</i>	5	
griseofulvin 125 MG/5 ML SUSP	2	
griseofulvin MICRO 500 MG TAB	3	
<i>griseofulvin ultramicrosize</i>	4	
itraconazole 10 MG/ML SOLUTION, 100 MG/10 ML CUP	4	PA
itraconazole 100 MG CAPSULE	2	PA
ketoconazole 200 MG TABLET	2	
<i>micafungin</i>	5	
nystatin 100,000 UNIT/ML SUSP, 500,000 UNIT ORAL TAB, 500,000 UNIT/5 ML CUP	2	
posaconazole 200 MG/5 ML SUSP	5	QL (600 PER 30 DAYS)
posaconazole DR 100 MG TABLET	5	
<i>terbinafine hcl</i>	2	
voriconazole 200 MG VIAL	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
voriconazole 40 MG/ML SUSP	5	
voriconazole 50 MG TABLET, 200 MG TABLET	4	
ANTIVIRALS		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	4	
acyclovir 200 MG CAPSULE, 400 MG TABLET, 800 MG TABLET	2	
acyclovir 200 MG/5 ML SUSP	3	
acyclovir sodium 500 MG/10 ML VIAL, 1,000 MG/20 ML VIAL	2	PA
<i>adefovir dipivoxil</i>	4	
<i>amantadine</i>	2	
APTIVUS 250 MG CAPSULE	5	
<i>atazanavir sulfate</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	
BIKTARVY	5	
<i>cidofovir</i>	5	PA
CIMDUO	5	
COMPLERA	5	
<i>darunavir</i>	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	
EDURANT	5	
efavirenz 200 MG CAPSULE, 600 MG TABLET	4	
efavirenz 50 MG CAPSULE	3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	5	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
emtricitabine-tenofovir disop -100-150MG, -133-200MG, -167-250MG	5	
emtricitabine-tenofovir disop -TENOFV 200-300MG	4	
EMTRIVA 10 MG/ML SOLUTION	4	
<i>entecavir</i>	4	
EPCLUSA 150-37.5 MG PELLETT PKT, 200-50 MG PELLETT PACK	5	PA, QL (28 PER 28 DAYS)
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL (56 PER 28 DAYS)
<i>etravirine</i>	5	
EVOTAZ	5	
famciclovir 125 MG TABLET	2	QL (10 PER 5 DAYS)
famciclovir 250 MG TABLET	2	QL (60 PER 30 DAYS)
famciclovir 500 MG TABLET	2	QL (30 PER 10 DAYS)
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
<i>foscarnet sodium</i>	5	PA
FUZEON	5	
<i>ganciclovir sodium</i>	2	PA
GENVOYA	5	
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL (28 PER 28 DAYS)
HARVONI 45-200 MG PELLETT PACKT, 45-200 MG TABLET	5	PA, QL (56 PER 28 DAYS)
INTELENCE 25 MG TABLET	3	
ISENTRESS 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET	5	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD	5	
JULUCA	5	
LAGEVRIO (EUA)	3	QL (40 PER 180 DAYS)
<i>lamivudine</i>	2	
<i>lamivudine hbv</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine-zidovudine</i>	2	
<i>ledipasvir-sofosbuvir</i>	5	PA, QL (28 PER 28 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	
LIVTENCITY	5	PA, LA
<i>lopinavir-ritonavir</i>	4	
<i>maraviroc</i>	5	
MAVYRET 100-40 MG TABLET	5	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PELLETT PACKET	5	PA, QL (140 PER 28 DAYS)
<i>nevirapine</i>	2	
nevirapine er 100 MG TABLET	2	
nevirapine er 400 MG TABLET	4	
NORVIR 100 MG POWDER PACKET	4	
ODEFSEY	5	
<i>oseltamivir phosphate</i>	2	
PAXLOVID (EUA)	3	QL (30 PER 180 DAYS)
PIFELTRO	5	
PREVYMIS 240 MG TABLET, 480 MG TABLET	5	PA, QL (30 PER 30 DAYS)
PREZCOBIX	5	
PREZISTA 100 MG/ML SUSPENSION	5	
PREZISTA 75 MG TABLET, 150 MG TABLET	4	
RELENZA	4	
REYATAZ 50 MG POWDER PACKET	5	
ribavirin 200 MG CAPSULE, 200 MG TABLET	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELZENTRY 20 MG/ML ORAL SOLN, 75 MG TABLET	5	
SELZENTRY 25 MG TABLET	4	
<i>sofosbuvir-velpatasvir</i>	5	PA, QL (28 PER 28 DAYS)
SOVALDI 150 MG PELLET PACKET, 400 MG TABLET	5	PA, QL (28 PER 28 DAYS)
SOVALDI 200 MG PELLET PACKET, 200 MG TABLET	5	PA, QL (56 PER 28 DAYS)
<i>stavudine</i>	2	
STRIBILD	5	
SUNLENCA 4- 300 MG TABLET, 5-300 MG TABLET	5	
SYMTUZA	5	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10 MG TABLET	4	
TIVICAY 25 MG TABLET, 50 MG TABLET	5	
TIVICAY PD	5	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
TYBOST	3	
valacyclovir HCL 1 GRAM TABLET	2	QL (120 PER 30 DAYS)
valacyclovir HCL 500 MG TABLET	2	QL (60 PER 30 DAYS)
valganciclovir hcl 450 MG TABLET	3	QL (120 PER 30 DAYS)
valganciclovir hcl 50 MG/ML	5	QL (1080 PER 30 DAYS)
VEKLURY	5	
VEMLIDY	5	QL (30 PER 30 DAYS)
VIEKIRA PAK	5	PA
VIRACEPT	5	
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA
<i>zidovudine</i>	2	
CEPHALOSPORINS		
<i>cefaclor</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i>	3	
cefazolin sodium-dextrose 1 G/50 ML, 2 G/50 ML	3	
cefazolin sodium-dextrose 2 G/100 ML	4	
<i>cefdinir</i>	2	
<i>cefepime</i>	4	
<i>cefepime hcl</i>	4	
<i>cefepime-dextrose</i>	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i>	3	
<i>cefotetan</i>	2	
<i>cefoxitin</i>	3	
<i>cefoxitin sodium</i>	3	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	2	
ceftazidime 1 GM VIAL, 2 GM VIAL, 6 GM VIAL	3	
<i>ceftriaxone</i>	3	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium</i>	3	
cephalexin 125 MG/5 ML SUSP, 250 MG CAPSULE, 250 MG TABLET, 250 MG/5 ML SUSP, 500 MG CAPSULE, 500 MG TABLET	2	
FETROJA	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION	4	
TEFLARO	5	
ZERBAXA	5	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin 1 GM PWD PACKET, 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 500 MG TABLET, 600 MG TABLET	2	
azithromycin 500 MG ADD-VAN VL, I.V. 500 MG VIAL	3	
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	3	
DIFICID 200 MG TABLET	5	PA, QL (20 PER 10 DAYS)
DIFICID 40 MG/ML SUSPENSION	5	PA, QL (136 PER 10 DAYS)
erythromycin 250 MG TABLET, DR 250 MG CAP, DR 250 MG TABLET, DR 333 MG TABLET, 500 MG TABLET, DR 500 MG TABLET	3	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin lactobionate</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	
<i>albendazole</i>	5	
<i>amikacin sulfate</i>	3	
ARIKAYCE	5	PA, LA
<i>atovaquone</i>	5	
<i>atovaquone-proguanil hel</i>	2	
<i>aztreonam</i>	3	
bacitracin 50,000 UNIT VIAL	2	
<i>benznidazole</i>	3	
CAYSTON	5	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	
<i>clindamycin (pediatric)</i>	2	
<i>clindamycin hcl</i>	2	
clindamycin phosphate 9 G/60 ML VIAL, 300 MG/2 ML VL, 600 MG/4 ML VL, 900 MG/6 ML VL	3	
<i>clindamycin phosphate-d5w</i>	3	
<i>clindamycin-0.9% nacl</i>	3	
COARTEM	3	
<i>colistimethate</i>	4	
<i>cycloserine</i>	4	
DALVANCE	5	
dapsone 25 MG TABLET, 100 MG TABLET	3	
<i>daptomycin</i>	5	
daptomycin-0.9% nacl 350 MG/50 ML, 500 MG/50 ML	4	
EMVERM	5	
<i>ertapenem</i>	4	
<i>ethambutol hcl</i>	2	
gentamicin sulfate in ns ISO 100 MG/100 ML, ISO 120 MG/100 ML, ISOTON 60 MG/50 ML, ISOTON 80 MG/100 ML, ISOTON 80 MG/50 ML, ISOTON 100 MG/50 ML	3	
gentamicin sulfate PED 20 MG/2 ML VIAL, 80 MG/2 ML VIAL, 800 MG/20 ML VIAL	3	
hydroxychloroquine sulfate 100 MG TAB, 300 MG TAB, 400 MG TAB	3	
hydroxychloroquine sulfate 200 MG TAB	2	
<i>imipenem-cilastatin sodium</i>	3	
IMPAVIDO	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isoniazid</i>	2	
ivermectin 3 MG TABLET	3	PA
KIMYRSA	5	
KITABIS PAK	5	PA, QL (280 PER 28 DAYS)
KRINTAFEL	4	
LAMPIT	4	
<i>lincomycin hcl</i>	2	
linezolid 100 MG/5 ML SUSP	5	
linezolid 600 MG TABLET	4	
<i>linezolid-0.9% nacl</i>	4	
<i>linezolid-d5w</i>	4	
<i>mefloquine hcl</i>	2	
<i>meropenem</i>	4	
<i>meropenem-0.9% nacl</i>	4	
metronidazole 250 MG TABLET, 375 MG CAPSULE, 500 MG TABLET	2	
metronidazole 500 MG/100 ML	4	
<i>neomycin sulfate</i>	2	
<i>nitazoxanide</i>	5	
ORBACTIV	5	
<i>paromomycin sulfate</i>	4	
pentamidine isethionate 300 MG INHAL POWDR	3	PA
pentamidine isethionate 300 MG INJECT VIAL	3	
<i>polymyxin b sulfate</i>	2	
<i>praziquantel</i>	3	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>primaquine</i>	4	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinine sulfate</i>	2	
RECARBRIO	5	
<i>rifabutin</i>	4	
<i>rifampin</i>	2	
SIRTURO	5	LA
SIVEXTRO	5	
SOLOSEC	4	
<i>streptomycin sulfate</i>	4	
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	
TOBI PODHALER	5	QL (224 PER 28 DAYS)
tobramycin 300 MG/4 ML AMPULE	5	PA, QL (224 PER 28 DAYS)
tobramycin 300 MG/5 ML AMPULE	5	PA, QL (280 PER 28 DAYS)
<i>tobramycin sulfate</i>	4	
TRECTOR	4	
VABOMERE	4	
XENLETA 600 MG TABLET	5	
XIFAXAN 200 MG TABLET	3	PA, QL (9 PER 3 DAYS)
XIFAXAN 550 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ZEMDRI	5	
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin-clavulanate potass</i>	2	
<i>ampicillin sodium</i>	3	
ampicillin trihydrate 500 MG CAPSULE	2	
<i>ampicillin-sulbactam</i>	3	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nafcillin sodium 1 GM VIAL, 2 GM ADD-VANT VIAL, 2 GM VIAL	4	
nafcillin sodium 10 GM BULK VIAL	5	
<i>oxacillin</i>	4	
oxacillin sodium 1 GM VIAL, 2 GM VIAL, 10 GM VIAL	4	
<i>penicillin g potassium</i>	3	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin gk-iso-osm dextrose</i>	3	
<i>penicillin v potassium</i>	2	
PFIZERPEN	3	
<i>piperacillin-tazobactam</i>	3	
QUINOLONES		
BAXDELA	5	
ciprofloxacin hcl 100 MG TAB, 250 MG TAB, 500 MG TAB, 750 MG TAB	2	
<i>ciprofloxacin-d5w</i>	3	
levofloxacin 25 MG/ML SOLUTION, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET	2	
levofloxacin 500 MG/20 ML VIAL, 750 MG/30 ML VIAL	3	
<i>levofloxacin-d5w</i>	3	
moxifloxacin 400 MG/250 ML BAG	4	
<i>moxifloxacin hcl</i>	2	
ofloxacin 300 MG TABLET, 400 MG TABLET	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
DOXY 100	2	
doxycycline hyclate 20 MG TAB, 50 MG CAP, 100 MG CAP, 100 MG TAB, 100 MG VL	2	
doxycycline monohydrate 25 MG/5 ML SUSP, MONO 50 MG CAP, MONO 50 MG TABLET, MONO 75 MG TABLET, MONO 100 MG CAP, MONO 100 MG TABLET, MONO 150 MG TABLET	2	
<i>minocycline hcl</i>	2	
NUZYRA	5	
tetracycline hcl 250 MG CAPSULE	2	
tetracycline hcl 500 MG CAPSULE	4	
XERAVA	5	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
nitrofurantoin 25 MG CAP, 50 MG CAP, 100 MG CAP	2	
<i>nitrofurantoin mono-macro</i>	2	
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin</i>	3	
vancomycin hcl 1 GM ADD-VAN VIAL, 1 GM VIAL, HCL 1G/200 ML BAG, HCL 1.5 GRAM VIAL, HCL 5 GM VIAL, HCL 10 GM VIAL, 25 MG/ML ORAL SOLN, 50 MG/ML ORAL SOLN, HCL 100 GM SMARTPAK, 250 MG/5ML ORAL SOL, 500 MG ADD-VAN VIAL, 500 MG VIAL, 750 MG ADD-VAN VIAL, HCL 750 MG VIAL	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vancomycin hcl 1.25 GM/250 ML BAG, HCL 1.25 GRAM VIAL, 1.75 GM/350 ML BAG, HCL 125 MG CAPSULE, HCL 250 MG CAPSULE, HCL 250 MG VIAL, 750 MG/150 ML BAG	4	
vancomycin hcl-0.9% nacl 750 MG/250 ML	4	
vancomycin hcl-0.9% nacl VANCO 500 MG/100 ML, VANCO 750 MG/150 ML, VANCOMYCIN 1 G/200ML	3	
vancomycin hcl-d5w -500 MG/100 ML	3	
vancomycin hcl-d5w 1.25 GRAM/250ML	4	
VIBATIV	4	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

KEPIVANCE 6.25 MG VIAL	5	
KHAPZORY	5	PA
leucovorin calcium 5 MG TAB, 10 MG TAB, 15 MG TAB, 25 MG TAB	2	
leucovorin calcium CAL 100 MG/10 ML VL, CAL 500 MG/50 ML VL, CALCIUM 50 MG VIAL, CALCIUM 100 MG VIAL, CALCIUM 200 MG VIAL, CALCIUM 350 MG VIAL, CALCIUM 500 MG VIAL	2	PA
<i>levoleucovorin calcium</i>	5	PA
MESNEX 400 MG TABLET	5	
XGEVA	5	PA
<i>abiraterone acetate</i>	5	PA, QL (120 PER 30 DAYS)
ADCETRIS	5	PA
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALIQOPA	5	PA, LA
ALUNBRIG 30 MG TABLET	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	5	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALYMSYS	5	PA
<i>anastrozole</i>	1	
<i>arsenic trioxide</i>	5	PA
ARZERRA	5	PA
ASPARLAS	5	PA
ASTAGRAF XL	4	PA
AVASTIN	5	PA
AYVAKIT	5	PA, LA
<i>azacitidine</i>	5	PA
azathioprine 50 MG TABLET	2	PA
azathioprine 75 MG TABLET, 100 MG TABLET	3	PA
BALVERSA	5	PA, LA
BAVENCIO	5	PA
BELEODAQ	5	PA
<i>bendamustine hcl</i>	5	PA
BESPONSA	5	PA
bexarotene 1% GEL, 75 MG CAPSULE	5	PA
<i>bicalutamide</i>	2	
BLENREP	5	PA
<i>bleomycin sulfate</i>	5	PA
BLINCYTO 35MCG VL W-STABILIZER	5	PA
<i>bortezomib</i>	5	PA
BOSULIF 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BRAFTOVI	5	PA, LA
BRUKINSA	5	PA, LA
CABOMETYX 20 MG TABLET, 60 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX 40 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
CALQUENCE	5	PA, LA, QL (60 PER 30 DAYS)
CAPRELSA	5	PA, LA
<i>carboplatin</i>	2	PA
<i>carmustine</i>	5	PA
<i>cisplatin</i>	2	PA
<i>cladribine</i>	5	PA
<i>clofarabine</i>	5	PA
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, LA, QL (60 PER 30 DAYS)
COSMEGEN	5	PA
COTELLIC	5	PA, LA, QL (63 PER 21 DAYS)
cyclophosphamide 1 GM VIAL, 2 GM VIAL, 500 MG VIAL	2	PA
cyclophosphamide 1 GM/5 ML VL, 2 GM/10 ML VL, 500 MG/2.5 ML	4	PA
cyclophosphamide 25 MG CAPSULE, 25 MG TABLET, 50 MG CAPSULE, 50 MG TABLET	3	PA
cyclosporine 25 MG CAPSULE, 100 MG CAPSULE	2	PA
<i>cyclosporine modified</i>	2	PA
<i>cytarabine</i>	2	PA
<i>dacarbazine</i>	2	PA
<i>dactinomycin</i>	5	PA
DANYELZA	5	PA
DARZALEX	5	PA, LA
DARZALEX FASPRO	5	PA
daunorubicin hcl 20 MG/4 ML VIAL, 50 MG/10 ML VIAL	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>decitabine</i>	5	PA
docetaxel 20 MG/2 ML VIAL, 20 MG/ML VIAL, 80 MG/4 ML VIAL, 80 MG/8 ML VIAL, 160 MG/16 ML VIAL, 160 MG/8 ML VIAL	5	PA
<i>doxorubicin hcl</i>	2	PA
<i>doxorubicin hcl liposome</i>	5	PA
DROXIA	3	
ELIGARD 45 MG SYRINGE B, 45 MG SYRINGE KIT	4	PA
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT	3	PA
ELREXFIO	5	PA
ELZONRIS	5	PA
EMCYT	5	
EMPLICITI	5	PA
ENHERTU	5	PA
ENSPRYNG	5	PA
ENVARUSUS XR	4	PA
epirubicin hcl 50 MG VIAL	2	
epirubicin hcl 50 MG/25 ML VIAL, 200 MG/100 ML VIAL	2	PA
EPKINLY	5	PA
ERBITUX	5	PA
ERIVEDGE	5	PA, QL (28 PER 28 DAYS)
ERLEADA	5	PA
erlotinib hcl 100 MG TABLET, 150 MG TABLET	5	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERWINASE	5	PA
etoposide 100 MG/5 ML VIAL, 500 MG/25 ML VIAL, 1,000 MG/50 ML VIAL	2	PA
EULEXIN	5	
everolimus 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET, 2 MG TAB FOR SUSP, 2.5 MG TABLET, 3 MG TAB FOR SUSP, 5 MG TAB FOR SUSP, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	5	PA
<i>exemestane</i>	2	
EXKIVITY	5	PA, LA
FIRMAGON	4	PA
<i>floxuridine</i>	2	PA
<i>fludarabine phosphate</i>	2	PA
fluorouracil 1 GRAM/20 ML VIAL, 2.5 GRAM/50 ML VL, 5 GRAM/100 ML VL, 500 MG/10 ML VIAL	2	PA
FOTIVDA	5	PA, LA, QL (21 PER 28 DAYS)
<i>fulvestrant</i>	5	PA
FYARRO	5	PA
GAVRETO	5	PA, LA
GAZYVA	5	PA
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
<i>gemcitabine hcl</i>	5	PA
GENGRAF 100 MG CAPSULE, 100 MG/ML SOLUTION	4	PA
GENGRAF 25 MG CAPSULE	2	PA
GILOTRIF	5	PA
GLEOSTINE 10 MG CAPSULE	4	PA
GLEOSTINE 40 MG CAPSULE, 100 MG CAPSULE	5	PA
HALAVEN	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HERCEPTIN 150 MG VIAL	5	PA
HERCEPTIN HYLECTA	5	PA
HERZUMA	5	PA
<i>hydroxyurea</i>	2	
IBRANCE	5	PA, QL (21 PER 28 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
<i>idarubicin hcl</i>	2	PA
IDHIFA	5	PA, LA, QL (30 PER 30 DAYS)
<i>ifosfamide</i>	2	PA
<i>imatinib mesylate</i>	5	PA, QL (90 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 280 MG TABLET	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA 420 MG TABLET, 560 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
IMFINZI	5	PA, LA
IMJUDO	5	PA
IMLYGIC	5	PA
INFUGEM	5	PA
INLYTA	5	PA, QL (120 PER 30 DAYS)
INQOVI	5	PA, QL (5 PER 28 DAYS)
INREBIC	5	PA, LA
<i>irinotecan hcl</i>	2	PA
IXEMPRA	5	PA
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA	5	PA
JEMPERLI	5	PA
JEVTANA	5	PA
KADCYLA	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KANJINTI	5	PA
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA CO-PACK 200 MG	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	5	PA, QL (91 PER 28 DAYS)
KLISYRI	5	
KOSELUGO	5	PA
KRAZATI	5	PA
KYPROLIS	5	PA
<i>lanreotide acetate</i>	5	PA
<i>lapatinib</i>	5	PA
<i>lenalidomide</i>	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA	5	PA
<i>letrozole</i>	2	
LEUKERAN	5	
<i>leuprolide acetate</i>	2	
<i>leuprolide depot</i>	3	PA
LIBTAYO	5	PA
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (300 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS	5	PA
LUMOXITI	5	PA
LUNSUMIO	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPKYNIS	5	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (LUPANETA)	5	PA
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
LYTGOBI	5	PA, LA
MARGENZA	5	PA, LA
MARQIBO	4	PA
MATULANE	5	
<i>megestrol acetate</i>	2	
MEKINIST	5	PA
MEKTOVI	5	PA, LA
<i>melphalan</i>	3	PA
<i>melphalan hcl</i>	5	PA
<i>mercaptopurine</i>	2	
<i>methotrexate</i>	2	PA
<i>methotrexate sodium</i>	2	PA
mitomycin 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	2	PA
<i>mitoxantrone hcl</i>	2	PA
MONJUVI	5	PA
MVASI	5	PA
MYCAPSSA	5	PA, LA
mycophenolate mofetil 200 MG/ML SUSP	5	PA
mycophenolate mofetil 250 MG CAPSULE, 500 MG TABLET	2	PA
<i>mycophenolic acid</i>	3	PA
MYLOTARG	5	
<i>nelarabine</i>	5	PA
NERLYNX	5	PA, LA, QL (240 PER 30 DAYS)
<i>nilutamide</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	PA
NUBEQA	5	PA, LA
octreotide acetate ACET 0.05 MG/ML VL, ACET 50 MCG/ML AMP, ACET 50 MCG/ML SYR, ACET 50 MCG/ML VIAL, ACET 100 MCG/ML AMP, ACET 100 MCG/ML SYR, ACET 100 MCG/ML VL, ACET 200 MCG/ML VL, 1,000 MCG/5 ML VIAL	2	PA
octreotide acetate ACET 500 MCG/ML AMP, ACET 500 MCG/ML SYR, ACET 500 MCG/ML VL, 1,000 MCG/ML VIAL, 5,000 MCG/5 ML VIAL	5	PA
ODOMZO	5	PA, LA, QL (30 PER 30 DAYS)
OGIVRI	5	PA
ONCASPAR	5	PA
ONIVYDE	4	PA
ONTRUZANT	5	PA
ONUREG	5	PA, QL (14 PER 14 DAYS)
OPDIVO	5	PA
OPDUALAG	5	PA
ORGOVYX	5	PA, LA
ORSERDU	5	PA, LA
<i>oxaliplatin</i>	3	PA
<i>paclitaxel</i>	2	PA
PADCEV	5	PA
PEMAZYRE	5	PA, LA, QL (21 PER 28 DAYS)
pemetrexed 100 MG VIAL, 500 MG VIAL	5	PA
<i>pemetrexed disodium</i>	5	PA
PERJETA	5	PA
PHESGO	5	PA
PIQRAY	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POLIVY	5	PA
POMALYST	5	PA, LA, QL (90 PER 30 DAYS)
POTELIGEO	5	PA
PROGRAF 0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET	4	PA
PURIXAN	5	
QINLOCK	5	PA, LA
RETEVMO	5	PA, LA
REZLIDHIA	5	PA
REZUROCK	5	PA, LA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
<i>romidepsin</i>	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RUXIENCE	5	PA
RYBREVANT	5	PA
RYDAPT	5	PA, QL (240 PER 30 DAYS)
RYLAZE	5	PA
SANDIMMUNE 100 MG/ML SOLN	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SARCLISA	5	PA, LA
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SIKLOS 1,000 MG TABLET	5	
SIKLOS 100 MG TABLET	4	
sirolimus 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sirolimus 1 MG/ML SOLUTION	4	PA
SOLTAMOX	5	
SOMATULINE DEPOT	5	PA
<i>sorafenib</i>	5	PA
SPRYCEL 20 MG TABLET, 50 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SPRYCEL 70 MG TABLET, 100 MG TABLET, 140 MG TABLET	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
sunitinib malate 12.5 MG CAP, 25 MG CAPSULE, 50 MG CAPSULE	5	PA, QL (28 PER 28 DAYS)
sunitinib malate 37.5 MG CAP	5	PA, QL (56 PER 28 DAYS)
SYLVANT	5	PA
SYNRIBO	5	
TABLOID	3	
TABRECTA	5	PA
tacrolimus 0.5 MG CAPSULE, 0.5 MG CAPSULE (IR), 1 MG CAPSULE, 1 MG CAPSULE (IR), 5 MG CAPSULE, 5 MG CAPSULE (IR)	2	PA
TAFINLAR	5	PA
TAGRISSO	5	PA, LA, QL (30 PER 30 DAYS)
TALVEY 3 MG/1.5 ML VIAL	5	PA
TALZENNA	5	PA, QL (30 PER 30 DAYS)
<i>tamoxifen citrate</i>	2	
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, LA
TECENTRIQ	5	PA, LA
TECVAYLI	5	PA
TEMODAR 100 MG VIAL	5	PA
<i>temsirolimus</i>	5	PA
TEPMETKO	5	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>thiotepa</i>	5	PA
TIBSOVO	5	PA
TIVDAK	5	PA
topotecan hcl 4 MG VIAL, 4 MG/4 ML VIAL	5	PA
<i>toremifene citrate</i>	5	
TRAZIMERA	5	PA
TRELSTAR	4	PA
tretinoin 10 MG CAPSULE	5	
TRODELVY	5	PA, LA
TRUXIMA	5	PA
TUKYSA	5	PA, LA
TURALIO	5	PA
<i>valrubicin</i>	3	PA
VANFLYTA	5	PA
VECTIBIX	5	PA
VEGZELMA	5	PA
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	4	PA, LA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, LA, QL (180 PER 30 DAYS)
VERZENIO	5	PA, LA, QL (60 PER 30 DAYS)
VIJOICE	5	PA
<i>vinblastine sulfate</i>	2	PA
VINCASAR PFS	2	PA
<i>vincristine sulfate</i>	2	PA
<i>vinorelbine tartrate</i>	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITRAKVI 100 MG CAPSULE	5	PA, LA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, LA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, LA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
VYXEOS	5	PA
WELIREG	5	PA, LA
XALKORI	5	PA
XERMELO	5	PA, LA, QL (90 PER 30 DAYS)
XOSPATA	5	PA, LA
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	5	PA, LA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	5	PA, LA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, LA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, LA, QL (32 PER 28 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YERVOY	5	PA
YONDELIS	5	PA
ZALTRAP	5	PA
ZANOSAR	3	PA
ZEJULA 100 MG CAPSULE	5	PA, LA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZEPZELCA	5	PA
ZIRABEV	5	PA
ZOLADEX	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOLINZA	5	PA
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA	5	PA, QL (150 PER 30 DAYS)
ZYNLONTA	5	PA, LA
ZYNYZ	5	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM 200 MG TABLET, 400 MG TABLET	5	PA, QL (30 PER 30 DAYS)
APTIOM 600 MG TABLET, 800 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BRIVIACT 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	PA, QL (600 PER 30 DAYS)
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
clobazam 10 MG TABLET, 20 MG TABLET	3	QL (60 PER 30 DAYS)
clobazam 2.5 MG/ML SUSPENSION	3	QL (480 PER 30 DAYS)
clonazepam 0.125 MG DIS TAB, 0.125 MG ODT, 0.25 MG ODT, 0.5 MG DIS TABLET, 0.5 MG ODT, 1 MG DIS TABLET, 1 MG ODT, 2 MG ODT	3	
clonazepam 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET	2	
DIACOMIT	5	PA, LA
diazepam 2.5 MG GEL SYS, 10 MG GEL SYST, 20 MG GEL SYST	3	
DILANTIN 30 MG CAPSULE	3	PA
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
EPIDIOLEX	5	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPITOL	2	
EPRONTIA	4	PA
EQUETRO	4	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	4	
FINTEPLA	5	PA, LA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	5	PA, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
FYCOMPA 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (30 PER 30 DAYS)
<i>gabapentin</i>	2	
lacosamide 10 MG/ML SOLUTION, 50 MG/5 ML CUP, 100 MG/10 ML CUP, 150 MG/15 ML CUP, 200 MG/20 ML CUP	3	QL (1200 PER 30 DAYS)
lacosamide 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	3	QL (60 PER 30 DAYS)
<i>lamotrigine</i>	2	
<i>lamotrigine (blue)</i>	2	
<i>lamotrigine (green)</i>	2	
<i>lamotrigine (orange)</i>	2	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
levetiracetam 100 MG/ML SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML CUP, 500 MG/5 ML SOLN, 750 MG TABLET, 1,000 MG TABLET, 1,000MG/10ML CUP	2	
<i>levetiracetam er</i>	2	
<i>methsuximide</i>	3	PA
NAYZILAM	5	QL (10 PER 30 DAYS)
<i>oxcarbazepine</i>	2	
<i>phenobarbital</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin</i>	2	
<i>phenytoin sodium extended</i>	2	
pregabalin 20 MG/ML SOLUTION	2	QL (900 PER 30 DAYS)
pregabalin 225 MG CAPSULE, 300 MG CAPSULE	2	QL (60 PER 30 DAYS)
pregabalin 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	2	QL (120 PER 30 DAYS)
primidone 125 MG TABLET	4	
primidone 50 MG TABLET, 250 MG TABLET	2	
ROWEEPRA 500 MG TABLET	2	
rufinamide 200 MG TABLET	4	PA
rufinamide 40 MG/ML SUSPENSION, 400 MG TABLET	5	PA
SPRITAM	4	PA
SYMPAZAN	5	QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	3	
<i>topiramate</i>	2	
<i>valproic acid</i>	2	
VALTOCO	5	
<i>vigabatrin</i>	5	LA, QL (180 PER 30 DAYS)
XCOPRI 12.5-25 MG TITRATION PK	4	PA, QL (28 PER 28 DAYS)
XCOPRI 150 MG TABLET, 200 MG TABLET	5	PA, QL (60 PER 30 DAYS)
XCOPRI 250 MG DAILY PACK, 350 MG DAILY PACK	5	PA, QL (56 PER 28 DAYS)
XCOPRI 50 MG TABLET, 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
XCOPRI 50-100 MG PAK, 150-200 MG PK	5	PA, QL (28 PER 28 DAYS)
ZONISADE	5	PA
<i>zonisamide</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZTALMY	5	PA, LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine hcl</i>	5	
benztropine mesylate 0.5 MG TAB, 1 MG TABLET, 2 MG TABLET	2	
bromocriptine mesylate 2.5 MG TABLET	2	
bromocriptine mesylate 5 MG CAPSULE	4	
<i>carbidopa</i>	4	
carbidopa-levodopa -10-100 MG ODT, -25-100 MG ODT, -25-250 MG ODT	2	
carbidopa-levodopa -10-100 TAB, -25-100 TAB, -25-250 TAB	1	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	2	
NEUPRO	4	
NOURIANZ	5	LA
ONGENTYS	4	
OSMOLEX ER ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole er</i>	3	
<i>rasagiline mesylate</i>	3	
ropinirole er ER 2 MG TABLET, ER 4 MG TABLET, ER 6 MG TABLET, ER 8 MG TABLET	2	
ropinirole er HCL 12 MG TABLET	4	
<i>ropinirole hcl</i>	2	
RYTARY	4	
<i>selegiline hcl</i>	2	
<i>tolcapone</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trihexyphenidyl hcl</i>	3	
XADAGO	5	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR 140 MG/ML	3	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	3	PA, QL (2 PER 30 DAYS)
AJOVY AUTOINJECTOR	3	PA, QL (1.5 PER 30 DAYS)
AJOVY SYRINGE	3	PA, QL (1.5 PER 30 DAYS)
<i>almotriptan malate</i>	2	QL (9 PER 30 DAYS)
dihydroergotamine mesylate 4 MG/ML SPRY	5	QL (8 PER 28 DAYS)
<i>eletriptan hbr</i>	2	QL (9 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 300 (100 X3SYR)	3	PA, QL (3 PER 30 DAYS)
ERGOMAR	4	
<i>ergotamine-caffeine</i>	3	QL (40 PER 30 DAYS)
<i>frovatriptan succinate</i>	2	QL (27 PER 28 DAYS)
MIGERGOT	3	QL (20 PER 28 DAYS)
<i>naratriptan</i>	2	QL (9 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)
NURTEC ODT	5	PA, QL (16 PER 30 DAYS)
QULIPTA	5	PA, QL (30 PER 30 DAYS)
REYVOW	4	PA, QL (8 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (36 PER 28 DAYS)
sumatriptan 20 MG NASAL SPRAY	4	QL (12 PER 30 DAYS)
sumatriptan 5 MG NASAL SPRAY	4	QL (36 PER 30 DAYS)
sumatriptan succinate 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	2	QL (9 PER 30 DAYS)
sumatriptan succinate 4 MG/0.5 ML CART, 4 MG/0.5 ML INJECT, 6 MG/0.5 ML VIAL, 6 MG/0.5ML AUTOINJ	4	QL (8 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sumatriptan succinate 6 MG/0.5 ML CART	3	QL (8 PER 28 DAYS)
UBRELVY	5	PA, QL (20 PER 30 DAYS)
zolmitriptan 2.5 MG TABLET, 5 MG TABLET	2	QL (9 PER 30 DAYS)
zolmitriptan 5 MG NASAL SPRAY	4	PA, QL (18 PER 28 DAYS)
<i>zolmitriptan odt</i>	2	QL (9 PER 30 DAYS)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	4	
AUSTEDO	5	PA, LA
AUSTEDO XR	5	PA, LA
AUSTEDO XR TITRATION KT(WK1-4)	5	PA, QL (42 PER 30 DAYS)
BAFIERTAM	5	QL (120 PER 30 DAYS)
COPAXONE	5	PA
<i>dalfampridine er</i>	3	PA, QL (60 PER 30 DAYS)
DAYBUE	5	PA
<i>dichlorphenamide</i>	5	PA
<i>dimethyl fumarate</i>	5	
donepezil hcl 23 MG TABLET	4	
donepezil hcl 5 MG TABLET, 10 MG TABLET	1	
<i>donepezil hcl odt</i>	1	
EVRYSDI	5	PA, LA
<i>fingolimod</i>	5	QL (30 PER 30 DAYS)
FIRDAPSE	5	PA, LA
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	2	
GILENYA	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA	5	PA, LA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	5	PA, LA, QL (28 PER 28 DAYS)
KESIMPTA PEN	5	
LUCEMYRA	5	PA
MAYZENT 0.25 MG TABLET, 0.25MG START-2MG MAINT, 1 MG TABLET, 2 MG TABLET	5	PA
MAYZENT 0.25MG START-1MG MAINT	4	PA
memantine hcl 2 MG/ML SOLUTION	3	PA
memantine hcl 5 MG TABLET, 10 MG TABLET	2	
memantine hcl 5-10 MG TITRATION PK	4	PA
<i>memantine hcl er</i>	3	PA
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
PONVORY 14-DAY STARTER PACK	5	QL (14 PER 30 DAYS)
PONVORY 20 MG TABLET	5	QL (30 PER 30 DAYS)
RADICAVA ORS	5	PA
RELYVRIO	5	PA
rivastigmine 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	2	
rivastigmine 4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PTCH	4	
SKYCLARYS	5	PA, LA
TEGSEDI	5	PA, LA
<i>teriflunomide</i>	5	PA, QL (30 PER 30 DAYS)
tetrabenazine 12.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
tetrabenazine 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
VUMERITY	5	
VYVGART HYTRULO	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEPOSIA 0.92 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (28-DAY)	5	PA, QL (28 PER 28 DAYS)
ZEPOSIA STARTER KIT (37-DAY)	5	PA, QL (37 PER 30 DAYS)
ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL (7 PER 30 DAYS)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

baclofen 10 MG TABLET, 20 MG TABLET	2	
baclofen 5 MG TABLET	3	
chlorzoxazone 500 MG TABLET	3	
cyclobenzaprine hcl 5 MG TABLET, 10 MG TABLET	2	
cyclobenzaprine hcl 7.5 MG TABLET	3	
dantrolene sodium 25 MG CAP, 50 MG CAP, 100 MG CAP	2	
metaxalone 800 MG TABLET	3	
methocarbamol 500 MG TABLET, 750 MG TABLET	3	
<i>orphenadrine citrate er</i>	3	
pyridostigmine bromide 30 MG TABLET	4	
pyridostigmine bromide 60 MG TABLET	3	
pyridostigmine bromide 60 MG/5 ML CUP, 60 MG/5 ML SOLN	5	
<i>pyridostigmine bromide er</i>	3	
tizanidine hcl 2 MG TABLET, 4 MG TABLET	2	

NARCOTIC ANALGESICS

acetamin-caff-dihydrocodeine ACETAMN--DIHYDRCODEIN 320.5	2	QL (300 PER 30 DAYS)
acetaminophen-codeine -#2 TABLET, -#3 TABLET	3	QL (360 PER 30 DAYS)
acetaminophen-codeine -#4 TABLET	3	QL (180 PER 30 DAYS)
acetaminophen-codeine ACETAMIN-CODEIN 300-30 MG/12.5, ACETAMINOP-CODEINE 120-12 MG/5	3	QL (4500 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BELBUCA	4	QL (60 PER 30 DAYS)
<i>buprenorphine</i>	3	QL (4 PER 28 DAYS)
buprenorphine hcl 2 MG TABLET, 8 MG TABLET	2	QL (90 PER 30 DAYS)
butalbital-acetaminophen-caffe --50-325-40	3	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine --TB	3	QL (180 PER 30 DAYS)
<i>codeine sulfate</i>	3	QL (180 PER 30 DAYS)
ENDOCET	3	QL (360 PER 30 DAYS)
fentanyl 12 MCG/HR PATCH, 25 MCG/HR PATCH, 50 MCG/HR PATCH, 75 MCG/HR PATCH, 100 MCG/HR PATCH	3	QL (10 PER 30 DAYS)
fentanyl 37.5 MCG/HR PATCH, 62.5 MCG/HR PATCH	4	QL (10 PER 30 DAYS)
fentanyl 87.5 MCG/HR PATCH	5	QL (10 PER 30 DAYS)
fentanyl citrate CIT 1,200 MCG, CIT 1,600 MCG, CITRATE 400 MCG, CITRATE 600 MCG, CITRATE 800 MCG	5	PA, QL (120 PER 30 DAYS)
fentanyl citrate OTFC 200 MCG	4	PA, QL (120 PER 30 DAYS)
hydrocodone bitartrate er ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE	4	QL (90 PER 30 DAYS)
hydrocodone bitartrate er ER 100 MG TABLET, ER 120 MG TABLET	5	QL (60 PER 30 DAYS)
hydrocodone bitartrate er ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET	4	QL (60 PER 30 DAYS)
hydrocodone-acetaminophen -5-300 MG, -10-300 MG, -7.5-300	3	QL (390 PER 30 DAYS)
hydrocodone-acetaminophen -5-325 MG, -10-325 MG, -7.5-325	3	QL (360 PER 30 DAYS)
hydrocodone-acetaminophen -ACETAMIN 2.5-108/5, -ACETAMIN 5-217/10, -ACETAMIN 10-325/15, -ACETAMN 7.5-325/15	3	QL (5550 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone-ibuprofen</i>	3	QL (50 PER 30 DAYS)
<i>hydromorphone er</i>	4	QL (60 PER 30 DAYS)
hydromorphone hcl 1 MG/ML SOLUTION, 5 MG/5 ML SOLN	3	QL (2400 PER 30 DAYS)
hydromorphone hcl 10 MG/ML AMPULE, 10 MG/ML VIAL, 50 MG/5 ML AMP, 50 MG/5 ML VIAL, 500 MG/50 ML VL	3	QL (240 PER 30 DAYS)
hydromorphone hcl 2 MG TABLET, 4 MG TABLET	3	QL (180 PER 30 DAYS)
hydromorphone hcl 8 MG TABLET	3	
methadone hcl 10 MG/5 ML SOLUTION	3	QL (600 PER 30 DAYS)
methadone hcl 10 MG/ML ORAL CONC, HCL 10 MG TABLET	3	QL (120 PER 30 DAYS)
methadone hcl 5 MG TABLET	3	QL (240 PER 30 DAYS)
methadone hcl 5 MG/5 ML SOLUTION	3	QL (1200 PER 30 DAYS)
METHADONE INTENSOL	3	QL (120 PER 30 DAYS)
morphine sulfate 10 MG/5 ML SOLN, 20 MG/5 ML SOLN, 100 MG/5 ML CONC	3	QL (900 PER 30 DAYS)
morphine sulfate er ER 10 MG CAP, ER 20 MG CAP, ER 30 MG CAP, ER 50 MG CAP, ER 60 MG CAP, ER 80 MG CAP, ER 100 MG CAP	3	QL (90 PER 30 DAYS)
morphine sulfate er ER 15 MG TABLET, ER 30 MG TABLET, ER 60 MG TABLET, ER 200 MG TABLET	3	QL (120 PER 30 DAYS)
morphine sulfate er ER 45 MG CAP, ER 75 MG CAP	4	QL (60 PER 30 DAYS)
morphine sulfate er SULF ER 100 MG TABLET, SULFATE ER 90 MG CAP, SULFATE ER 120 MG CAP	3	QL (60 PER 30 DAYS)
morphine sulfate IR 15 MG TAB, IR 30 MG TAB	3	QL (180 PER 30 DAYS)
oxycodone hcl (IR) 10 MG TAB, (IR) 15 MG TAB, (IR) 20 MG TAB, (IR) 30 MG TAB, 100 MG/5 ML CONC	3	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxycodone hcl (IR) 5 MG CAP, (IR) 5 MG TABLET, 5 MG TABLET	3	QL (360 PER 30 DAYS)
oxycodone hcl 5 MG/5 ML CUP, 5 MG/5 ML SOLN	4	QL (1200 PER 30 DAYS)
oxycodone hcl er 80 MG TABLET	3	QL (60 PER 30 DAYS)
oxycodone hcl er ER 10 MG TABLET, ER 20 MG TABLET, ER 40 MG TABLET	3	QL (90 PER 30 DAYS)
oxycodone-acetaminophen - ACETAMINOPHEN 5-325, - ACETAMINOPHEN 10-325, - ACETAMINOPHN 2.5-325, - ACETAMINOPHN 7.5-325	3	QL (360 PER 30 DAYS)
oxymorphone hcl 10 MG TABLET	4	QL (360 PER 30 DAYS)
oxymorphone hcl 5 MG TABLET	4	QL (180 PER 30 DAYS)
<i>oxymorphone hcl er</i>	4	QL (90 PER 30 DAYS)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone -12-3MG FLM	2	QL (60 PER 30 DAYS)
buprenorphine-naloxone -2-FM, -2-TB	2	QL (360 PER 30 DAYS)
buprenorphine-naloxone BUPRENORPHIN-NALOXON 8-2 MG SL, BUPRENORPHINE-NALOX 4-1MG FILM, BUPRENORPHINE-NALOX 8-2 MG TAB, BUPRENORPHINE-NALOX 8-2MG FILM	2	QL (90 PER 30 DAYS)
butorphanol tartrate 10 MG/ML SPRAY	2	QL (5 PER 28 DAYS)
<i>celecoxib</i>	2	
diclofenac potassium 50 MG POWDR PKT	4	QL (9 PER 30 DAYS)
diclofenac potassium 50 MG TABLET	2	
<i>diclofenac sodium er</i>	2	
diclofenac sodium SOD DR 25 MG TAB, SOD DR 50 MG TAB, SOD DR 75 MG TAB, SOD EC 25 MG TAB, SOD EC 50 MG TAB, SOD EC 75 MG TAB, SODIUM 1% GEL	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium-misoprostol</i>	3	
<i>diflunisal</i>	2	
<i>etodolac</i>	3	
<i>etodolac er</i>	3	
flurbiprofen 100 MG TABLET	2	
IBU	2	
<i>ibuprofen</i>	2	
indomethacin 25 MG CAPSULE, 50 MG CAPSULE	3	PA
<i>indomethacin er</i>	3	PA
meclofenamate sodium 100 MG CAPSULE	4	
meclofenamate sodium 50 MG CAPSULE	2	
<i>mefenamic acid</i>	2	
meloxicam 7.5 MG TABLET, 15 MG TABLET	1	
<i>nabumetone</i>	2	
<i>nalmefene hcl</i>	3	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
naproxen 250 MG TABLET, 375 MG TABLET, 500 MG KIT, 500 MG TABLET	2	
<i>naproxen sodium</i>	2	
OPVEE	3	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
tramadol hcl 50 MG TABLET	2	QL (240 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tramadol hcl er ER 100 MG TABLET, ER 200 MG TABLET, ER 300 MG TABLET, HCL ER 100 MG TABLET, HCL ER 200 MG TABLET, HCL ER 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)
VIVITROL	5	
ZUBSOLV 0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET	4	QL (30 PER 30 DAYS)
ZUBSOLV 1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET	4	QL (90 PER 30 DAYS)
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30 DAYS)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	5	
ABILIFY MAINTENA	5	
ADZENYS XR-ODT	4	
<i>alprazolam</i>	2	
<i>alprazolam er</i>	3	
ALPRAZOLAM INTENSOL	3	
<i>alprazolam xr</i>	3	
<i>amitriptyline hcl</i>	3	
<i>amoxapine</i>	2	
<i>amphetamine sulfate</i>	3	PA
aripiprazole 1 MG/ML SOLUTION	4	QL (750 PER 30 DAYS)
aripiprazole 2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	2	QL (30 PER 30 DAYS)
<i>aripiprazole odt</i>	4	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>armodafinil</i>	3	PA
<i>asenapine maleate</i>	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atomoxetine hcl</i>	2	
AUVELITY	5	QL (60 PER 30 DAYS)
AZSTARYS	4	
BELSOMRA	4	QL (30 PER 30 DAYS)
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	1	
bupropion xl 150 MG TABLET, 300 MG TABLET	2	
<i>bupropion hcl</i>	2	
CAPLYTA	5	PA, QL (30 PER 30 DAYS)
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	3	
citalopram hbr 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	
citalopram hbr 10 MG/5 ML SOLN, 20 MG/10 ML CUP	2	
clomipramine hcl 25 MG CAPSULE, 50 MG CAPSULE	3	
clomipramine hcl 75 MG CAPSULE	4	
<i>clonidine hcl er</i>	2	
<i>clorazepate dipotassium</i>	3	
<i>clozapine</i>	2	
<i>clozapine odt</i>	4	PA
COTEMPLA XR-ODT	4	
DAYTRANA	4	
DAYVIGO	4	QL (30 PER 30 DAYS)
<i>desipramine hcl</i>	2	
<i>desvenlafaxine er</i>	4	
<i>desvenlafaxine succinate er</i>	2	
<i>dexmethylphenidate hcl</i>	2	
dexmethylphenidate hcl er ER 15 MG, ER 25 MG, ER 30 MG, ER 35 MG, ER 40 MG	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexmethylphenidate hcl er ER 5 MG CAP, ER 10 MG CP, ER 20 MG CP	4	
<i>dextroamphetamine sulfate</i>	2	
dextroamphetamine sulfate er 5 MG CAP	2	
dextroamphetamine sulfate er ER 10 MG CAP, ER 15 MG CAP	4	
<i>dextroamphetamine-amphet er</i>	2	
<i>dextroamphetamine-amphetamine</i>	2	
diazepam 2 MG TABLET, 5 MG TABLET, 10 MG TABLET	2	
diazepam 5 MG/5 ML ORAL CUP, 5 MG/5 ML SOLUTION, 5 MG/ML ORAL CONC, 25 MG/5 ML ORAL CONC	3	
doxepin hcl HCL 3 MG TABLET, HCL 6 MG TABLET, 10 MG CAPSULE, 10 MG/ML ORAL CONC, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE	3	
<i>duloxetine hcl</i>	2	
DYANA VEL XR	4	
EMSAM	5	QL (30 PER 30 DAYS)
<i>ergoloid mesylates</i>	2	
escitalopram oxalate 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
escitalopram oxalate 5 MG/5 ML	2	
<i>eszopiclone</i>	3	
EVEKEO ODT	4	PA
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET	4	PA, QL (60 PER 30 DAYS)
FANAPT 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (8 PER 8 DAYS)
FETZIMA	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluoxetine hcl 10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE	1	
fluoxetine hcl 20 MG/5 ML SOLUTION	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>guanfacine hcl er</i>	3	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol decanoate 100</i>	2	
haloperidol lactate 2 MG/ML CONC, 5 MG/ML AMPUL, 5 MG/ML VIAL, 10 MG/5 ML CUP, 50 MG/10 ML VL	2	
HETLIOZ LQ	5	PA, QL (158 PER 30 DAYS)
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA SUSTENNA 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML	5	
INVEGA TRINZA	5	
<i>lisdexamfetamine dimesylate</i>	3	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
lorazepam 0.5 MG TABLET, 1 MG TABLET	2	
lorazepam 2 MG TABLET, 2 MG/ML ORAL CONCENT	3	
LORAZEPAM INTENSOL	3	
<i>loxapine</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl</i>	5	PA, QL (30 PER 30 DAYS)
LYBALVI	5	QL (30 PER 30 DAYS)
MARPLAN	3	
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate</i>	4	
<i>methylphenidate er (la)</i>	2	
methylphenidate er 36 MG TAB	2	QL (60 PER 30 DAYS)
methylphenidate er ER 10 MG CAP, ER 10 MG TAB, ER 20 MG CAP, ER 20 MG TAB, ER 30 MG CAP, ER 40 MG CAP, ER 50 MG CAP, ER 60 MG CAP, ER 72 MG TAB	4	
methylphenidate er ER 18 MG TAB, ER 27 MG TAB, ER 54 MG TAB	2	QL (30 PER 30 DAYS)
methylphenidate hcl 10 MG/5 ML SOL	4	
methylphenidate hcl 2.5 MG CHEW TB, 5 MG CHEW TAB, 5 MG TABLET, 5 MG/5 ML SOLN, 10 MG CHEW TAB, 10 MG TABLET, 20 MG TABLET	2	
<i>methylphenidate hcl cd</i>	2	
<i>methylphenidate hcl er (cd)</i>	2	
<i>methylphenidate la</i>	2	
mirtazapine 15 MG ODT, 30 MG ODT, 45 MG ODT	2	
mirtazapine 7.5 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	1	
<i>modafinil</i>	3	PA
<i>molindone hcl</i>	2	
MYDAYIS	4	
<i>nefazodone hcl</i>	2	
nortriptyline hcl 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	1	
nortriptyline hcl 10 MG/5 ML SOLN	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUPLAZID 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
NUPLAZID 34 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
olanzapine 10 MG VIAL	2	
olanzapine 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	2	QL (30 PER 30 DAYS)
<i>olanzapine odt</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl</i>	4	PA
<i>oxazepam</i>	3	
paliperidone er 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
paliperidone er ER 1.5 MG TABLET, ER 3 MG TABLET, ER 9 MG TABLET	4	PA, QL (30 PER 30 DAYS)
<i>paroxetine cr</i>	2	
<i>paroxetine er</i>	2	
paroxetine hcl 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	1	
paroxetine hcl 10 MG/5 ML SUSP	3	
<i>perphenazine</i>	2	
PERSERIS	5	PA
<i>phenelzine sulfate</i>	2	
<i>pimozide</i>	2	
PROCENTRA	2	
<i>protriptyline hcl</i>	3	
QELBREE	4	QL (60 PER 30 DAYS)
quetiapine fumarate 150 MG TABLET	4	QL (60 PER 30 DAYS)
quetiapine fumarate 25 MG TAB	2	QL (120 PER 30 DAYS)
quetiapine fumarate 300 MG TAB, 400 MG TAB	2	QL (60 PER 30 DAYS)
quetiapine fumarate 50 MG TAB, 100 MG TAB, 200 MG TAB	2	QL (90 PER 30 DAYS)
quetiapine fumarate er ER 150 MG TABLET, ER 200 MG TABLET	2	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
quetiapine fumarate er ER 50 MG TABLET, ER 300 MG TABLET, ER 400 MG TABLET	2	PA, QL (60 PER 30 DAYS)
<i>ramelteon</i>	3	
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	5	PA, QL (30 PER 30 DAYS)
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL	3	
RISPERDAL CONSTA 37.5 MG VIAL, 50 MG VIAL	5	
risperidone 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	2	
risperidone 1 MG/ML SOLUTION	4	
<i>risperidone odt</i>	4	
SECUADO	5	PA, QL (30 PER 30 DAYS)
sertraline hcl 20 MG/ML ORAL CONC	2	
sertraline hcl 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
<i>sodium oxybate</i>	5	PA, LA, QL (540 PER 30 DAYS)
SUNOSI	4	PA, QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam</i>	3	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>tranylcypromine sulfate</i>	4	
trazodone hcl 300 MG TABLET	3	
trazodone hcl 50 MG TABLET, 100 MG TABLET, 150 MG TABLET	1	
<i>triazolam</i>	3	
<i>trifluoperazine hcl</i>	2	
<i>trimipramine maleate</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRINTELLIX	4	PA
UZEDY	5	
<i>venlafaxine hcl</i>	2	
venlafaxine hcl er ER 37.5 MG CAP, ER 75 MG CAP, ER 150 MG CAP	2	
VERSACLOZ	5	PA
<i>vilazodone hcl</i>	3	
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	5	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	
VYVANSE	3	
XELSTRYM	4	
XYWAV	5	PA, LA, QL (540 PER 30 DAYS)
<i>zaleplon</i>	3	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
zolpidem tartrate 1.75 MG TAB, 3.5 MG TABLET	3	PA, QL (20 PER 30 DAYS)
zolpidem tartrate 5 MG TABLET, 10 MG TABLET	2	
<i>zolpidem tartrate er</i>	3	
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT	3	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

amiodarone hcl 100 MG TABLET, 200 MG TABLET, 400 MG TABLET	2	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MULTAQ	3	
NORPACE CR	4	
PACERONE	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	3	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
SORINE	2	
<i>sotalol</i>	2	
SOTALOL AF	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl</i>	2	
ALDACTAZIDE 50-50 TABLET	4	
<i>aliskiren</i>	4	
<i>amiloride hcl</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril hcl</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
betaxolol hcl 10 MG TABLET, 20 MG TABLET	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>bumetanide</i>	2	
<i>candesartan cilexetil</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>captopril</i>	1	
CARDURA XL	4	
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	3	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	2	
clonidine hcl 0.1 MG TABLET, 0.2 MG TABLET, 0.3 MG TABLET	1	
DILT-XR	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
diltiazem hcl 30 MG TABLET, 60 MG TABLET, 90 MG TABLET, 120 MG TABLET	2	
DIURIL	4	
<i>doxazosin mesylate</i>	2	
enalapril maleate 2.5 MG TAB, 5 MG TABLET, 10 MG TAB, 20 MG TAB	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynic acid</i>	4	
<i>felodipine er</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
furosemide 10 MG/ML SOLUTION, 20 MG/2 ML VIAL, 40 MG/4 ML VIAL, 40 MG/5 ML SOLN, 100 MG/10 ML VIAL	2	
furosemide 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>guanfacine hcl</i>	3	
hydralazine hcl 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide dinit-hydralazine</i>	3	
<i>isradipine</i>	2	
KERENDIA	4	PA, QL (30 PER 30 DAYS)
labetalol hcl 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
MATZIM LA	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
metoprolol tartrate 25 MG TAB, 50 MG TAB, 100 MG TAB	1	
metoprolol tartrate 37.5 MG TB, 75 MG TAB	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	1	
<i>nadolol</i>	3	
<i>nebivolol hcl</i>	1	
nicardipine hcl 20 MG CAPSULE, 30 MG CAPSULE	3	
<i>nifedipine er</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nimodipine</i>	4	
<i>nisoldipine</i>	4	
NYMALIZE 30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION	5	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM ER 0.125 MG TABLET	4	PA
ORENITRAM ER ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET	5	PA
ORENITRAM MONTH 1 TITRATION KT	5	PA
ORENITRAM MONTH 2 TITRATION KT	5	PA
ORENITRAM MONTH 3 TITRATION KT	5	PA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl</i>	5	
<i>pindolol</i>	2	
<i>prazosin hcl</i>	2	
propranolol hcl 10 MG TABLET, 20 MG TABLET, 20 MG/5 ML SOLN, 40 MG TABLET, 40 MG/5 ML SOLN, 60 MG TABLET, 80 MG TABLET	2	
<i>propranolol hcl er</i>	2	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone-hctz</i>	2	
TAZTIA XT	2	
<i>telmisartan</i>	1	
<i>terazosin hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIADYLT ER	2	
timolol maleate 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	2	
<i>torseamide</i>	2	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI 1,800 MCG VIAL	5	PA, LA
UPTRAVI 200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	5	PA, LA, QL (200 PER 30 DAYS)
valsartan 40 MG TABLET, 80 MG TABLET, 160 MG TABLET, 320 MG TABLET	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	3	
verapamil hcl 40 MG TABLET, 80 MG TABLET, 120 MG TABLET	2	
<i>verapamil sr</i>	2	
CARDIAC GLYCOSIDES		
DIGITEK	2	
DIGOX	2	
digoxin 0.05 MG/ML SOLUTION, 0.125 MG TABLET, 0.25 MG TABLET, 125 MCG TABLET, 250 MCG TABLET	2	
digoxin 62.5 MCG TABLET	3	
COAGULATION THERAPY		
aminocaproic acid 0.25 GRAM/ML, 500 MG TAB, 1,000 MG TAB	5	
<i>aspirin-dipyridamole er</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRILINTA	3	
<i>cilostazol</i>	2	
clopidogrel 300 MG TABLET	2	
clopidogrel 75 MG TABLET	1	
<i>dabigatran etexilate</i>	3	
dipyridamole 25 MG TABLET, 50 MG TABLET, 75 MG TABLET	3	
DOPTELET	5	PA, LA
ELIQUIS	3	
<i>enoxaparin sodium</i>	4	
fondaparinux sodium 2.5 MG/0.5 ML SYR	2	QL (15 PER 30 DAYS)
fondaparinux sodium 5 MG/0.4 ML, 7.5 MG/0.6 ML, 10 MG/0.8 ML	5	
FRAGMIN 10,000 UNIT/4 ML VIAL, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL	5	
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL (6 PER 30 DAYS)
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (9 PER 30 DAYS)
heparin sodium SOD 1,000 UNIT/ML VIAL, SOD 5,000 UNIT/ML VIAL, 10,000 UNIT/10 ML VIAL, SOD 10,000 UNIT/ML VL, SOD 20,000 UNIT/ML VL, 30,000 UNIT/30 ML VIAL, 40,000 UNIT/4 ML VIAL, 50,000 UNIT/10 ML VIAL, 50,000 UNIT/5 ML VIAL	2	
JANTOVEN	1	
MULPLETA	5	PA
<i>pentoxifylline</i>	2	
<i>prasugrel hcl</i>	2	
PROMACTA	5	PA, LA
TAVALISSE	5	PA, LA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>warfarin sodium</i>	1	
XARELTO 1 MG/ML SUSPENSION	5	
XARELTO 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	2	
fenofibrate 43 MG CAPSULE, 48 MG TABLET, 54 MG TABLET, 67 MG CAPSULE, 134 MG CAPSULE, 145 MG TABLET, 160 MG TABLET, 200 MG CAPSULE	2	
<i>fenofibric acid</i>	2	
<i>fluvastatin er</i>	1	
<i>fluvastatin sodium</i>	1	
<i>gemfibrozil</i>	2	
<i>icosapent ethyl</i>	3	
<i>lovastatin</i>	1	
NEXLETOL	4	PA, QL (30 PER 30 DAYS)
NEXLIZET	4	PA, QL (30 PER 30 DAYS)
<i>niacin er</i>	2	
<i>omega-3 acid ethyl esters</i>	2	
<i>pravastatin sodium</i>	1	
PREVALITE	2	
REPATHA PUSHTRONEX	3	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (3 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SYRINGE	3	PA, QL (3 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	

MISCELLANEOUS CARDIOVASCULAR AGENTS

CAMZYOS	5	PA, QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	4	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	4	QL (450 PER 30 DAYS)
ENTRESTO	3	QL (60 PER 30 DAYS)
FILSPARI	5	PA
<i>ranolazine er</i>	2	
VERQUVO	4	
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)

NITRATES

isosorbide dinitrate 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	2	
nitroglycerin 0.3 MG TABLET SL, 0.4 MG TABLET SL, LINGUAL 0.4 MG, 0.6 MG TABLET SL, 400 MCG SPRAY	2	
<i>nitroglycerin patch</i>	2	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	
calcipotriene 0.005% CREAM	4	QL (120 PER 30 DAYS)
calcipotriene 0.005% OINTMENT	3	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
calcipotriene 0.005% SOLUTION	3	QL (60 PER 30 DAYS)
<i>calcipotriene-betamethasone</i>	4	
calcitriol 3 MCG/G OINTMENT	4	
COSENTYX (2 SYRINGES)	5	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY (2 PENS)	5	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY PEN	5	PA, QL (10 PER 28 DAYS)
COSENTYX SYRINGE 150 MG/ML	5	PA, QL (10 PER 28 DAYS)
COSENTYX SYRINGE 75 MG/0.5 ML	5	PA, QL (2.5 PER 28 DAYS)
COSENTYX UNOREADY PEN	5	PA, QL (10 PER 28 DAYS)
DUPIXENT PEN 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
DUPIXENT SYRINGE 100 MG/0.67 ML	5	PA, QL (1.34 PER 28 DAYS)
DUPIXENT SYRINGE 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
ILUMYA	5	PA, QL (2 PER 28 DAYS)
PRAMOSONE 1% LOTION, 1%-1% CREAM, 2.5%-1% LOTION	4	
selenium sulfide 2.5% LOTION	2	
SILIQ	5	PA, QL (6 PER 28 DAYS)
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SKYRIZI PEN	5	PA, QL (1 PER 28 DAYS)
SOTYKTU	5	PA, QL (30 PER 30 DAYS)
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL	5	PA, QL (0.5 PER 28 DAYS)
STELARA 90 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
TALTZ AUTOINJECTOR	5	PA, QL (2 PER 28 DAYS)
TALTZ SYRINGE	5	PA, QL (2 PER 28 DAYS)
TREMFYA	5	PA, QL (2 PER 28 DAYS)
VTAMA	5	PA
ZORYVE	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA, QL (6 PER 28 DAYS)
<i>ammonium lactate</i>	2	
CIBINQO	5	PA, QL (30 PER 30 DAYS)
diclofenac sodium 3% GEL	4	PA, QL (100 PER 30 DAYS)
doxepin hcl 5% CREAM	4	PA
EUCRISA	4	
fluorouracil 2% TOPICAL SOLN, 5% CREAM, 5% TOPICAL SOLN	2	
HYFTOR	5	PA
imiquimod 5% CREAM PACKET	3	
<i>methoxsalen</i>	5	
OPZELURA	5	PA, QL (240 PER 28 DAYS)
PANRETIN	5	PA
<i>pimecrolimus</i>	3	
<i>podofilox</i>	2	
PRUDOXIN	5	PA
REGRANEX	5	PA
tacrolimus 0.03%, 0.1%	3	
VALCHLOR	5	PA
THERAPY FOR ACNE		
AC CUTANE	3	
adapalene 0.1% CREAM	2	PA
adapalene 0.3% GEL	4	PA
AKLIEF	4	PA
ALTRENO	4	PA
AMNESTEEM	3	
<i>azelaic acid</i>	3	
AZELEX	4	
brimonidine tartrate 0.33% GEL PUMP	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLARAVIS	3	
<i>clindamycin phos-benzoyl perox</i>	2	
<i>clindamycin phos-tretinoin</i>	2	PA
clindamycin phosphate 1% GEL	2	QL (120 PER 30 DAYS)
clindamycin phosphate PH 1% SOLUTION, PHOS 1% PLEDGET, PHOSP 1% LOTION	2	
clindamycin-benzoyl peroxide -1-5%	4	
dapsone 5% GEL, 7.5% GEL PUMP	4	
ERY	2	
ERYGEL	2	
erythromycin 2% GEL, 2% SOLUTION	2	
<i>erythromycin-benzoyl peroxide</i>	2	
ivermectin 1% CREAM	3	
metronidazole 0.75% CREAM, 0.75% LOTION, TOPICAL 0.75% GL, TOPICAL 1% GEL	2	
RHOFADE	4	PA
ROSADAN 0.75% CREAM, 0.75% GEL	2	
tazarotene 0.05% GEL, 0.1% CREAM, 0.1% GEL	3	PA
tretinoin 0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.05% GEL, 0.1% CREAM	2	PA
<i>tretinoin microsphere</i>	4	PA
ZENATANE	3	
TOPICAL ANESTHETICS		
GLYDO	2	
lidocaine 5% OINTMENT	4	QL (110 PER 30 DAYS)
lidocaine 5% PATCH	2	PA
lidocaine hcl 2% JEL UROJET AC, 2% JELLY URO-JET, 4% SOLUTION	2	
<i>lidocaine hcl viscous</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine-prilocaine</i>	2	
TOPICAL ANTIBACTERIALS		
gentamicin sulfate 0.1% CREAM, 0.1% OINTMENT	2	
<i>mafenide acetate</i>	4	
mupirocin 2% CREAM	3	
mupirocin 2% OINTMENT	2	
NEO-SYNALAR -0.5%-0.025% CREAM	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
sulfacetamide sodium SOD 10% TOP SUSP, SODIUM 10% LOTN	2	
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
ciclopirox 0.77% CREAM, 0.77% GEL, 0.77% TOPICAL SUSP, 1% SHAMPOO, 8% SOLUTION	2	
clotrimazole 1% SOLUTION, 1% TOPICAL CREAM	2	
<i>clotrimazole-betamethasone</i>	2	
<i>econazole nitrate</i>	4	
ketoconazole 2% CREAM, 2% SHAMPOO	2	
naftifine hcl 1%, 2%	4	
NYAMYC	2	
nystatin UNIT/GM CREAM, UNIT/GM OINT, UNIT/GM POWD	2	
<i>nystatin-triamcinolone</i>	2	
NYSTOP	2	
<i>tavaborole</i>	4	
TOPICAL ANTIVIRALS		
acyclovir 5% CREAM	4	QL (5 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
acyclovir 5% OINTMENT	4	QL (30 PER 30 DAYS)
<i>penciclovir</i>	4	QL (5 PER 30 DAYS)
TOPICAL CORTICOSTEROIDS		
ALA-CORT -1% CREAM	2	
<i>alclometasone dipropionate</i>	2	
amcinonide 0.1% LOTION	4	
BESER	4	
<i>betamethasone diprop augmented</i>	2	
<i>betamethasone dipropionate</i>	2	
betamethasone valerate VA 0.1% CREAM, VA 0.1% LOTION, VALER 0.1% OINTM	2	
CAPEX SHAMPOO	4	
clobetasol emollient 0.05% CRM	2	
clobetasol propionate 0.05% CREAM, 0.05% GEL, 0.05% SOLUTION	2	
clobetasol propionate 0.05% OINTMENT, 0.05% SHAMPOO, 0.05% TOPICAL LOTN	4	
CLOBEX 0.05% SHAMPOO	4	
CLODAN 0.05% SHAMPOO	4	
desonide 0.05% CREAM, 0.05% LOTION	4	
desonide 0.05% OINTMENT	2	
desoximetasone 0.05% CREAM, 0.05% OINTMENT, 0.25% OINTMENT	4	
desoximetasone 0.05% GEL, 0.25% CREAM, 0.25% SPRAY	2	
<i>fluocinolone acetonide</i>	3	
fluocinonide 0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.05% SOLUTION	2	
fluocinonide 0.1% CREAM	3	
<i>fluocinonide-e</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flurandrenolide 0.05% CREAM, 0.05% LOTION	2	QL (120 PER 30 DAYS)
flurandrenolide 0.05% OINTMENT	3	QL (120 PER 30 DAYS)
fluticasone propionate 0.005% OINT, 0.05% CREAM	2	
fluticasone propionate 0.05% LOTION	4	
<i>halcinonide</i>	3	
halobetasol propionate 0.05% CREAM, 0.05% OINTMNT	3	
HALOG 0.1% OINTMENT, 0.1% SOLUTION	4	
hydrocortisone 1% CREAM, 1% OINTMENT, 2.5% CREAM, 2.5% LOTION, 2.5% OINTMENT	2	
hydrocortisone butyrate 0.1% LOTN	3	
hydrocortisone butyrate 0.1% OINT, 0.1% SOLN	2	
hydrocortisone butyrate HYDROCORT 0.1% LIPID CRM, HYDROCORT 0.1% LIPO CREAM, HYDROCORTISONE 0.1% CREAM	4	
<i>hydrocortisone valerate</i>	2	
mometasone furoate 0.1% CREAM, 0.1% OINT, 0.1% SOLN	2	
prednicarbate 0.1% OINTMENT	2	
triamcinolone acetonide 0.025% CREAM, 0.025% LOTION, 0.025% OINT, 0.05% OINTMENT, 0.1% CREAM, 0.1% LOTION, 0.1% OINTMENT, 0.5% CREAM, 0.5% OINTMENT	2	
triamcinolone acetonide 0.147 MG/G SPRAY	2	QL (126 PER 28 DAYS)
TRIDERM	2	
TRITOCIN	2	
TOPICAL ENZYMES		
SANTYL	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	5	
EURAX	3	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
<i>spinosad</i>	4	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate calcium</i>	2	
<i>anagrelide hcl</i>	2	
ARALAST NP	5	PA, LA
AURYXIA	5	PA
caffeine citrate 60 MG/3 ML ORAL	2	
<i>carglumic acid</i>	5	PA, LA
<i>cevimeline hcl</i>	2	
CHEMET	3	
CLINIMIX 4.25%-5% SOLUTION	4	PA
CLINIMIX E 2.75%-5% SOLUTION	4	PA
deferasirox 90 MG GRANULE PKT, 180 MG GRANULE PKT, 180 MG TABLET, 250 MG TB FOR SUSP, 360 MG GRANULE PKT, 360 MG TABLET, 500 MG TB FOR SUSP	5	PA
deferasirox 90 MG TABLET, 125 MG TB FOR SUSP	4	PA
<i>deferiprone</i>	5	PA
<i>deferiprone (3 times a day)</i>	5	PA
<i>dextrose 10%-0.2% nacl</i>	4	
<i>dextrose 10%-0.45% nacl</i>	4	
<i>dextrose 2.5%-0.45% nacl</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5%-0.2% nacl</i>	4	
<i>dextrose 5%-0.225% nacl</i>	4	
<i>dextrose 5%-0.3% nacl</i>	4	
<i>dextrose 5%-0.33% nacl</i>	4	
<i>dextrose 5%-0.45% nacl</i>	4	
<i>dextrose 5%-0.9% nacl</i>	4	
<i>dextrose in lactated ringers</i>	4	
dextrose in water 5%-100 ML, 5%-50 ML, 5%-IV SOLN, 5%-VIAL, 10%-IV SOLUTION, 50%-ABBOJECT, 50%-IV SOLN, 50%-SYRINGE, 50%-VIAL, 70%-IV SOLN	4	
<i>disulfiram</i>	2	
droxidopa 100 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
droxidopa 200 MG CAPSULE, 300 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
EMPAVELI	5	PA, LA
ENDARI	5	PA
EXSERVAN	5	PA
GALAFOLD	5	PA, LA
GLASSIA	5	PA, LA
<i>glucose in water</i>	4	
INCRELEX	5	LA
ISTURISA	5	PA, LA
JOENJA	5	PA
<i>lanthanum carbonate</i>	4	
levocarnitine 1 G/10 ML SOLN, 330 MG TABLET	2	
<i>levocarnitine sf</i>	2	
LITHOSTAT	4	
LOKELMA	4	
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pilocarpine hcl 5 MG TABLET, 7.5 MG TABLET	2	
PROLASTIN C	5	PA, LA
PYRUKYND	5	PA, LA
RAVICTI	5	PA, QL (525 PER 30 DAYS)
<i>riluzole</i>	2	
risedronate sodium 30 MG TAB	2	QL (30 PER 30 DAYS)
sevelamer carbonate 0.8 GM PACKET, 2.4 GM PACKET	4	
sevelamer carbonate 800 MG TAB	2	
sodium chloride 0.9% 100 ML, 0.9% 1,000 ML, 0.9% 50 ML, 0.9% 500 ML, 0.9% AMPULE, 0.9% IRRIG., 0.9% PRCSS SOL, 0.9% SOL-EXCEL, 0.9% SOLN, 0.9% SOLUTION, 0.9% VIAL	4	
<i>sodium chloride-water</i>	4	
<i>sodium phenylbutyrate</i>	5	PA
sodium polystyrene sulfonate POWDER	2	
SPS	2	
TAVNEOS	5	PA, LA
THIOLA EC	5	PA
TIGLUTIK	5	PA
<i>tiopronin</i>	5	PA
trientine hcl 250 MG CAPSULE	5	QL (240 PER 30 DAYS)
VELTASSA	5	
VOXZOGO	5	PA
XURIDEN	5	
ZEMAIRA	5	PA, LA
ZOKINVY	5	PA, LA
SMOKING DETERRENTS		
NICOTROL	4	
NICOTROL NS	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline tartrate</i>	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine hcl 0.1% (137 MCG) SPRY, 0.15% NASAL SPRAY	2	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate</i>	1	
CLINPRO 5000	4	
DENTA 5000 PLUS	2	
DENTAGEL	2	
FLUORIDEX	4	
FLUORIDEX SENSITIVITY RELIEF	4	
ipratropium bromide 0.03% SPRAY	2	QL (60 PER 30 DAYS)
ipratropium bromide 0.06% SPRAY	2	QL (45 PER 30 DAYS)
JUST RIGHT 5000	4	
olopatadine hcl 665 MCG NASAL SPRY	2	QL (30.5 PER 30 DAYS)
PAROEX	2	
PERIOGARD	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
sodium fluoride 0.2% RINSE, 1.1% CREAM, 1.1% GEL, 5000 PPM CREAM, 5000 PPM PASTE	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS	2	
<i>sodium fluoride enamel protect</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium fluoride sensitive</i>	2	
triamcinolone acetonide 0.1% PASTE	2	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid 2% EAR SOLUTION	2	
ciprofloxacin hcl 0.2% OTIC SOLN	2	
FLAC OTIC OIL	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
ofloxacin 0.3% EAR DROPS	2	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	
neomycin-polymyxin-hc --EAR SUSP	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone acetate</i>	2	
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	2	
DEXAMETHASONE INTENSOL	2	
<i>fludrocortisone acetate</i>	2	
hydrocortisone 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	2	
<i>methylprednisolone</i>	2	
prednisolone 15 MG/5 ML SOLN, 15 MG/5 ML SYRUP	2	
prednisolone 5 MG TABLET	4	
prednisolone sodium phosphate 5 MG/5 ML SOLN, 10 MG/5 ML SOLN, 15MG/5ML SOLN CUP, 20 MG/5 ML SOLN, SOD PH 25 MG/5 ML	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisone 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 50 MG TABLET	1	
prednisone 5 MG TAB DOSE PACK, 5 MG/5 ML SOLUTION, 10 MG TAB DOSE PACK	2	
PREDNISONE INTENSOL	2	
TARPEYO	5	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
DIABETES THERAPY		
acarbose 100 MG TABLET	2	QL (90 PER 30 DAYS)
acarbose 25 MG TABLET	2	QL (360 PER 30 DAYS)
acarbose 50 MG TABLET	2	QL (180 PER 30 DAYS)
ADMELOG	4	PA, \$35
ADMELOG SOLOSTAR	4	PA, \$35
AFREZZA	4	\$35
<i>alogliptin</i>	4	PA, QL (30 PER 30 DAYS)
<i>alogliptin-metformin</i>	4	PA, QL (60 PER 30 DAYS)
alogliptin-pioglitazone -12.5-30 MG, -25-15 MG TB, -25-30 MG TB, -25-45 MG TB	4	PA, QL (30 PER 30 DAYS)
APIDRA	4	PA, \$35
APIDRA SOLOSTAR	4	PA, \$35
BAQSIMI	3	
BASAGLAR KWIKPEN U-100	4	PA, \$35
BASAGLAR TEMPO PEN U-100	4	PA, \$35
BYDUREON BCISE	3	PA, QL (4 PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL (2.4 PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL (1.2 PER 30 DAYS)
<i>cequr simplicity</i>	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cequr simplicity inserter</i>	4	PA
CYCLOSET	4	QL (180 PER 30 DAYS)
<i>diazoxide</i>	3	
FARXIGA 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
FIASP	3	\$35
FIASP FLEXTOUCH	3	\$35
FIASP PENFILL	3	\$35
<i>gauze pads & dressings - pads 2 x 2</i>	3	
glimepiride 1 MG TABLET	1	QL (240 PER 30 DAYS)
glimepiride 2 MG TABLET	1	QL (120 PER 30 DAYS)
glimepiride 4 MG TABLET	1	QL (60 PER 30 DAYS)
glipizide 10 MG TABLET	1	QL (120 PER 30 DAYS)
glipizide 5 MG TABLET	1	QL (240 PER 30 DAYS)
glipizide er 10 MG TABLET	1	QL (60 PER 30 DAYS)
glipizide er 2.5 MG TABLET	1	QL (240 PER 30 DAYS)
glipizide er 5 MG TABLET	1	QL (120 PER 30 DAYS)
glipizide xl 10 MG TABLET	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 MG TABLET	1	QL (240 PER 30 DAYS)
glipizide xl 5 MG TABLET	1	QL (120 PER 30 DAYS)
glipizide-metformin -2.5-250 MG	1	QL (240 PER 30 DAYS)
glipizide-metformin -2.5-500 MG, -5-500 MG	1	QL (120 PER 30 DAYS)
GLUCAGON EMERGENCY KIT	3	
GLYXAMBI	3	QL (30 PER 30 DAYS)
GVOKE	4	
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE PFS 1-PACK SYRINGE	4	
GVOKE PFS 2-PACK SYRINGE	4	
HUMALOG	4	PA, \$35

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG JUNIOR KWIKPEN	4	PA, \$35
HUMALOG KWIKPEN U-100	4	PA, \$35
HUMALOG KWIKPEN U-200	4	PA, \$35
HUMALOG MIX 50-50	4	PA, \$35
HUMALOG MIX 50-50 KWIKPEN	4	PA, \$35
HUMALOG MIX 75-25	4	PA, \$35
HUMALOG MIX 75-25 KWIKPEN	4	PA, \$35
HUMALOG TEMPO PEN U-100	4	PA, \$35
HUMULIN 70-30	4	PA, \$35
HUMULIN 70/30 KWIKPEN	4	PA, \$35
HUMULIN N	4	PA, \$35
HUMULIN N KWIKPEN	4	PA, \$35
HUMULIN R	4	PA, \$35
HUMULIN R U-500	3	PA, \$35
HUMULIN R U-500 KWIKPEN	3	PA, \$35
<i>inpen (for humalog)</i>	4	
<i>inpen (for novolog or fiasp)</i>	4	
<i>insulin aspart</i>	3	\$35
<i>insulin aspart flexpen</i>	3	\$35
<i>insulin aspart penfill</i>	3	\$35
<i>insulin aspart prot mix 70-30</i>	3	\$35
<i>insulin degludec</i>	4	PA, \$35
<i>insulin degludec pen (u-100)</i>	4	PA, \$35
<i>insulin degludec pen (u-200)</i>	4	PA, \$35
<i>insulin glargine</i>	4	PA, \$35
<i>insulin glargine solostar</i>	4	PA, \$35
<i>insulin glargine-yfgn</i>	4	PA, \$35
<i>insulin lispro</i>	4	PA, \$35
<i>insulin lispro junior kwikpen</i>	4	PA, \$35
<i>insulin lispro kwikpen u-100</i>	4	PA, \$35

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>insulin lispro protamine mix</i>	4	PA, \$35
<i>insulin pen needle</i>	3	
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
<i>insulin syringe u-500</i>	3	
INVOKAMET 50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKAMET XR 50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (90 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUMET XR 50-500 MG TABLET, 100-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4	PA, QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LANTUS	3	\$35

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANTUS SOLOSTAR	3	\$35
LEVEMIR	4	PA, \$35
LEVEMIR FLEXPEN	4	PA, \$35
LEVEMIR FLEXTOUCH	4	PA, \$35
LYUMJEV	4	PA, \$35
LYUMJEV KWIKPEN U-100	4	PA, \$35
LYUMJEV KWIKPEN U-200	4	PA, \$35
LYUMJEV TEMPO PEN U-100	4	PA, \$35
metformin hcl 1,000 MG TABLET	1	QL (75 PER 30 DAYS)
metformin hcl 500 MG TABLET	1	QL (150 PER 30 DAYS)
metformin hcl 850 MG TABLET	1	QL (90 PER 30 DAYS)
metformin hcl er 500 MG TABLET	1	QL (120 PER 30 DAYS)
metformin hcl er 750 MG TABLET	1	QL (75 PER 30 DAYS)
miglitol 100 MG TABLET	2	QL (90 PER 30 DAYS)
miglitol 25 MG TABLET	2	QL (360 PER 30 DAYS)
miglitol 50 MG TABLET	2	QL (180 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
nateglinide 120 MG TABLET	1	QL (90 PER 30 DAYS)
nateglinide 60 MG TABLET	1	QL (180 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	
NOVOLIN 70-30	3	\$35
NOVOLIN 70-30 FLEXPEN	3	\$35
NOVOLIN N	3	\$35
NOVOLIN N FLEXPEN	3	\$35
NOVOLIN R	3	\$35
NOVOLIN R FLEXPEN	3	\$35
NOVOLOG	3	\$35
NOVOLOG FLEXPEN	3	\$35
NOVOLOG MIX 70-30	3	\$35
NOVOLOG MIX 70-30 FLEXPEN	3	\$35

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG PENFILL	3	\$35
<i>novopen echo</i>	4	
<i>omnipod 5 g6 intro kit (gen 5)</i>	3	PA, QL (1 PER 720 DAYS)
<i>omnipod 5 g6 pods (gen 5)</i>	3	PA
<i>omnipod classic pods (gen 3)</i>	3	PA
<i>omnipod dash intro kit (gen 4)</i>	3	PA, QL (1 PER 720 DAYS)
<i>omnipod dash pods (gen 4)</i>	3	PA
<i>omnipod go pods</i>	3	PA
ONGLYZA	4	PA, QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA, QL (3 PER 30 DAYS)
<i>pioglitazone hcl</i>	1	QL (30 PER 30 DAYS)
QTERN	4	PA, QL (30 PER 30 DAYS)
repaglinide 0.5 MG TABLET	1	QL (960 PER 30 DAYS)
repaglinide 1 MG TABLET	1	QL (480 PER 30 DAYS)
repaglinide 2 MG TABLET	1	QL (240 PER 30 DAYS)
REZVOGLAR KWIKPEN	4	PA, \$35
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
saxagliptin hcl 2.5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
saxagliptin-metformin er - METFORMIN ER 5-500, - METFORMIN ER 5-1000	4	PA, QL (30 PER 30 DAYS)
saxagliptin-metformin er SAXAGLIPTN-2.5-1000	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SEMGLEE (YFGN)	4	PA, \$35
SEMGLEE (YFGN) PEN	4	PA, \$35
SOLQUA 100-33	3	QL (15 PER 25 DAYS), \$35
STEGLATRO 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STEGLATRO 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
STEGLUJAN	4	PA, QL (30 PER 30 DAYS)
SYMLINPEN 120	5	QL (18.9 PER 30 DAYS)
SYMLINPEN 60	5	QL (10.5 PER 30 DAYS)
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10- MG TABLET, 12.5-MG TAB	3	QL (60 PER 30 DAYS)
TOUJEO MAX SOLOSTAR	3	\$35
TOUJEO SOLOSTAR	3	\$35
TRADJENTA	3	QL (30 PER 30 DAYS)
TRESIBA	4	PA, \$35
TRESIBA FLEXTOUCH U-100	4	PA, \$35
TRESIBA FLEXTOUCH U-200	4	PA, \$35
TRIJARDY XR 10-5-MG TAB, 25-5- MG TAB	3	QL (30 PER 30 DAYS)
TRIJARDY XR 5-2.5-MG TAB, 12.5- 2.5-MG	3	QL (60 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	4	PA, QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	4	PA, QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	3	QL (15 PER 30 DAYS), \$35
ZEGALOGUE AUTOINJECTOR	4	
ZEGALOGUE SYRINGE	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS HORMONES		
ANDRODERM	4	PA
<i>cabergoline</i>	3	
calcitonin-salmon -200 UNITS SP	2	
calcitriol 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML SOLUTION	2	
CERDELGA	5	PA
CEREZYME	5	PA
cinacalcet hcl 30 MG TABLET, 60 MG TABLET	4	PA, QL (60 PER 30 DAYS)
cinacalcet hcl 90 MG TABLET	5	PA, QL (120 PER 30 DAYS)
danazol 200 MG CAPSULE	4	
danazol 50 MG CAPSULE, 100 MG CAPSULE	2	
desmopressin acetate 0.01% SOLUTION, 10 MCG/0.1 ML SPR	4	
desmopressin acetate 0.1 MG, 0.2 MG	2	
doxercalciferol 0.5 MCG CAP	4	
doxercalciferol 1 MCG CAPSULE, 2.5 MCG CAP	2	
ELELYSO	5	PA
JATENZO 158 MG CAPSULE, 198 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
JATENZO 237 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
JYNARQUE 15 MG TABLET, 30 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
JYNARQUE 15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET	5	PA, LA, QL (56 PER 28 DAYS)
KORLYM	5	PA, QL (120 PER 30 DAYS)
<i>miglustat</i>	5	PA, LA
MYALEPT	5	PA, LA
NATPARA	5	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxandrolone 10 MG TABLET	4	PA
oxandrolone 2.5 MG TABLET	2	PA
paricalcitol 1 MCG CAPSULE, 4 MCG CAPSULE	2	
paricalcitol 2 MCG CAPSULE	4	
RAYALDEE	5	QL (60 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5	PA
SOMAVERT	5	PA
STRENSIQ	5	PA, LA
SYNAREL	5	
testosterone 1% (25MG/2.5G) PK, 1% (50 MG/5 G) PK, 1.62% (2.5 G) PKT, 1.62% GEL PUMP, 1.62%(1.25 G) PKT, 30 MG/1.5 ML PUMP, 50 MG/5 GRAM GEL, 50 MG/5 GRAM PKT	3	PA
testosterone 10 MG GEL PUMP, 12.5 MG/1.25 GRAM	4	PA
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
TLANDO	4	PA
tolvaptan 15 MG TABLET	5	PA, QL (30 PER 30 DAYS)
tolvaptan 30 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VPRIV	5	PA
THYROID HORMONES		
ARMOUR THYROID	3	
EUTHYROX	1	
LEVO-T	1	
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	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEVOXYL	2	
liothyronine sodium 5 MCG TAB, 25 MCG TAB, 50 MCG TAB	2	
NP THYROID	2	
SYNTHROID	3	
UNITHROID	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

dicyclomine hcl 10 MG CAPSULE, 10 MG/5 ML SOLN, 20 MG TABLET	3	
<i>diphenoxylate-atropine</i>	4	
glycopyrrolate 1 MG TABLET, 2 MG TABLET	2	
glycopyrrolate 1 MG/5 ML SOLN	4	
<i>loperamide</i>	2	
<i>methscopolamine bromide</i>	2	

MISCELLANEOUS GASTROINTESTINAL AGENTS

AKYNZEO 235-0.25 MG VIAL, 235-0.25 MG/20 ML VIAL	5	
<i>alosetron hcl</i>	5	
ANZEMET	4	PA, QL (8 PER 28 DAYS)
aprepitant 125 MG CAPSULE	3	PA, QL (4 PER 28 DAYS)
aprepitant 125-80-80 MG PACK	3	PA, QL (12 PER 28 DAYS)
aprepitant 40 MG CAPSULE	3	PA
aprepitant 80 MG CAPSULE	3	PA, QL (8 PER 28 DAYS)
<i>balsalazide disodium</i>	2	
<i>betaine anhydrous</i>	5	
budesonide 2 MG RECTAL FOAM	4	
<i>budesonide dr</i>	3	
<i>budesonide ec</i>	3	
<i>budesonide er</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BYLVAY	5	PA, LA
CHENODAL	5	PA, LA
CHOLBAM	5	PA
CIMZIA	5	PA, QL (2 PER 28 DAYS)
CINVANTI	4	
CLENPIQ	4	
COMPRO	2	
CONSTULOSE	2	
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE	3	
CREON DR 36,000 UNIT CAPSULE	5	
cromolyn sodium 100 MG/5 ML ORAL CONC	4	
<i>dronabinol</i>	4	PA
EMEND 125 MG POWDER PACKET	4	PA, QL (4 PER 28 DAYS)
ENULOSE	2	
<i>fosaprepitant dimeglumine</i>	3	
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GENERLAC	2	
granisetron hcl 0.1 MG/ML VIAL, 1 MG/ML VIAL, 4 MG/4 ML VIAL	2	
granisetron hcl 1 MG TABLET	2	PA, QL (56 PER 28 DAYS)
hydrocortisone 100 MG/60 ML	2	
hydrocortisone-pramoxine -1%-1% CRM	2	
lactulose 10 GM/15 ML SOLN CUP, 10 GM/15 ML SOLUTION, 20 GM/30 ML SOLN CUP, 20 GM/30 ML SOLUTION	2	
LINZESS	3	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIVMARLI	5	PA, LA
<i>lubiprostone</i>	3	
meclizine hcl 12.5 MG TABLET, 25 MG TABLET	2	
mesalamine 800 MG DR TABLET, 1,000 MG SUPP	4	
<i>mesalamine dr</i>	2	
mesalamine DR 1.2 GM TABLET, 4 GM/60 ML ENEMA, 4 GM/60 ML KIT	2	
<i>mesalamine er</i>	2	
metoclopramide hcl 5 MG TABLET, 5 MG/5 ML SOLN, 10 MG TABLET, 10 MG/10 ML CUP, 10 MG/10 ML SOL	2	
MOVANTIK	4	
OICALIVA	5	PA, LA
ondansetron hcl 4 MG/5 ML SOLN CUP, 4 MG/5 ML SOLUTION, HCL 4 MG TABLET, HCL 8 MG TABLET	2	PA
<i>ondansetron odt</i>	2	PA
<i>palonosetron hcl</i>	4	
PANCREAZE DR 2,600 UNIT CAP, DR 4,200 UNIT CAP, DR 10,500 UNIT CAP, DR 16,800 UNIT CAP, DR 21,000 UNIT CAP	4	PA
PANCREAZE DR 37,000 UNIT CAP	5	PA
peg 3350-electrolyte -SOLUTION	2	
<i>peg-3350 and electrolytes</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTO-MED HC	2	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
RECTIV	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SANCUSO	5	QL (4 PER 28 DAYS)
<i>scopolamine</i>	4	
SKYRIZI ON-BODY 180 MG/1.2 ML	5	PA, QL (1.2 PER 56 DAYS)
SKYRIZI ON-BODY 360 MG/2.4 ML	5	PA, QL (2.4 PER 56 DAYS)
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUCRAID	5	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	
SUTAB	4	
SYMPROIC	4	
SYNDROS	5	PA
TRULANCE	3	
ursodiol 250 MG TABLET, 300 MG CAPSULE, 500 MG TABLET	3	
VARUBI	3	PA, QL (4 PER 28 DAYS)
VIOKACE	4	PA
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE	3	
ZENPEP DR 40,000 UNIT CAPSULE	5	
ULCER THERAPY		
<i>cimetidine</i>	2	
<i>dexlansoprazole dr</i>	4	QL (30 PER 30 DAYS)
esomeprazole magnesium DR 20 MG CAP, DR 40 MG CAP	3	
famotidine 20 MG TABLET, 40 MG TABLET	1	
<i>lansoprazol-amoxicil-clarithro</i>	2	
lansoprazole DR 15 MG CAPSULE, DR 30 MG CAPSULE	2	
<i>misoprostol</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nizatidine 150 MG CAPSULE, 300 MG CAPSULE	2	
OMECLAMOX-PAK	4	
omeprazole DR 10 MG CAPSULE	1	QL (30 PER 30 DAYS)
omeprazole DR 20 MG CAPSULE, DR 40 MG CAPSULE	1	
pantoprazole sodium DR 20 MG TAB, DR 40 MG TAB	1	
pantoprazole sodium DR 40 MG SUSP PKT	3	
rabeprazole sodium DR 20 MG TAB	3	
sucralfate 1 GM TABLET	2	
sucralfate 1 GM/10 ML, 1 GM/10 ML CUP	4	
TALICIA	4	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL	3	PA
ARANESP 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	5	PA
ARCALYST	5	PA
AVONEX	5	
AVONEX PEN	5	
BESREMI	5	PA, LA
BETASERON	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EGRIFTA SV	5	PA
EXTAVIA	5	
FULPHILA	5	PA
FYLNETRA	5	PA
GENOTROPIN MINIQUICK 0.2 MG	4	PA
GENOTROPIN MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE	5	PA
GRANIX	5	PA
HUMATROPE	5	PA
LEUKINE	5	PA
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN	5	PA
NIVESTYM	5	PA
NORDITROPIN FLEXP	5	PA
NUTROPIN AQ NUSPIN	5	PA
NYVEPRIA	5	PA
OMNITROPE	5	PA
PEGASYS	5	
PLEGRIDY	5	
PLEGRIDY PEN	5	
PROLEUKIN	5	PA
REBIF	5	
REBIF REBIDOSE	5	
RELEUKO	5	PA
RETACRIT 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL	3	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA
SAIZEN	5	PA
SAIZEN-SAIZENPREP	5	PA
SEROSTIM	5	PA
SKYTROFA	5	PA
SOGROYA	5	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA
ZOMACTON 10 MG VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA

VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ABRYSVO	3	\$0 (Smart UM #6)
ACTHIB	3	
ADACEL TDAP	3	\$0 (Smart UM #6)
AREXVY	3	\$0 (Smart UM #6)
ATGAM	5	PA
<i>bcg (tice strain)</i>	3	PA
<i>bcg vaccine (tice strain)</i>	3	\$0 (Smart UM #6)
BEXSERO	3	\$0 (Smart UM #6)
BIVIGAM	5	PA
BOOSTRIX TDAP	3	\$0 (Smart UM #6)
CUTAQUIG	5	PA
CUVITRU	5	PA
CYTOGAM	4	PA
DAPTACEL DTAP	3	
DENGVAXIA	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diphtheria-tetanus toxoids-ped</i>	3	
ENGERIX-B ADULT	3	PA, \$0 (Smart UM #6)
ENGERIX-B PEDIATRIC-ADOLESCENT	3	PA, \$0 (Smart UM #6)
FLEBOGAMMA DIF	5	PA
GAMASTAN	4	
GAMASTAN S-D	4	
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
GARDASIL 9	3	
HAVRIX 1,440 UNIT/ML SYRINGE	3	\$0 (Smart UM #6)
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEPLISAV-B	3	PA, \$0 (Smart UM #6)
HIBERIX	3	
HIZENTRA	5	PA
HYPERHEP B	5	
HYQVIA	5	PA
IMOVAX RABIES VACCINE	3	\$0 (Smart UM #6)
INFANRIX DTAP SYRINGE	3	
IPOL	3	\$0 (Smart UM #6)
IXIARO	3	\$0 (Smart UM #6)
JYNNEOS (NATIONAL STOCKPILE)	3	PA, \$0 (Smart UM #6)
KEDRAB	4	
KINRIX TIP-LOK SYRINGE	3	
M-M-R II VACCINE	3	\$0 (Smart UM #6)
MENACTRA	3	\$0 (Smart UM #6)
MENQUADFI	3	\$0 (Smart UM #6)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENVEO A-C-Y-W-135-DIP	3	\$0 (Smart UM #6)
NABI-HB	5	
OCTAGAM	5	PA
PANZYGA	5	PA
PEDIARIX	3	
PEDVAXHIB	3	
PENTACEL	3	
PREHEVBRIO	3	PA, \$0 (Smart UM #6)
PRIORIX	3	\$0 (Smart UM #6)
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	\$0 (Smart UM #6)
RECOMBIVAX HB	3	PA, \$0 (Smart UM #6)
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	\$0 (Smart UM #6)
STAMARIL	3	\$0 (Smart UM #6)
<i>tdvax</i>	3	\$0 (Smart UM #6)
TENIVAC	3	\$0 (Smart UM #6)
TICOVAC	3	
TRUMENBA	3	\$0 (Smart UM #6)
TWINRIX	3	\$0 (Smart UM #6)
TYPHIM VI	3	\$0 (Smart UM #6)
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL	3	
VAQTA 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	3	\$0 (Smart UM #6)
VARIVAX VACCINE	3	\$0 (Smart UM #6)
VARIZIG	5	
XEMBIFY	5	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YF-VAX	3	\$0 (Smart UM #6)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol 100 MG TABLET, 300 MG TABLET	1	
colchicine 0.6 MG TABLET	3	
COLCRYS	3	
DUZALLO	4	
<i>febuxostat</i>	3	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
OSTEOPOROSIS THERAPY		
alendronate sodium 10 MG TAB	2	QL (30 PER 30 DAYS)
alendronate sodium 35 MG TAB, 70 MG TAB	1	QL (5 PER 30 DAYS)
alendronate sodium 5 MG TABLET	2	QL (30 PER 30 DAYS)
alendronate sodium 70 MG/75 ML	2	QL (375 PER 30 DAYS)
FORTEO	5	PA, QL (2.4 PER 28 DAYS)
ibandronate sodium 150 MG TAB	2	QL (1 PER 30 DAYS)
PROLIA	4	
<i>raloxifene hcl</i>	2	
risedronate sodium 150 MG TAB	2	QL (1 PER 30 DAYS)
risedronate sodium 35 MG TAB	2	QL (5 PER 30 DAYS)
risedronate sodium 5 MG TABLET	2	QL (30 PER 30 DAYS)
<i>risedronate sodium dr</i>	2	QL (5 PER 30 DAYS)
<i>teriparatide</i>	5	PA, QL (2.48 PER 28 DAYS)
TYMLOS	5	PA, QL (1.56 PER 30 DAYS)
OTHER RHEUMATOLOGICALS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTEMRA ACTPEN	5	PA, QL (3.6 PER 28 DAYS)
<i>adalimumab-adaz(cf)</i>	5	PA, QL (2.4 PER 28 DAYS)
<i>adalimumab-adaz(cf) pen</i>	5	PA, QL (2.4 PER 28 DAYS)
adalimumab-fkjp(cf) -20 MG SYRG	5	PA, QL (2 PER 28 DAYS)
adalimumab-fkjp(cf) -40 MG SYRG	5	PA, QL (4 PER 28 DAYS)
<i>adalimumab-fkjp(cf) pen</i>	5	PA, QL (6 PER 28 DAYS)
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	5	PA
ENBREL 25 MG KIT	5	PA, QL (16 PER 28 DAYS)
ENBREL 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	5	PA, QL (8 PER 28 DAYS)
ENBREL MINI	5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK	5	PA, QL (8 PER 28 DAYS)
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL (6 PER 28 DAYS)
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) 10 MG/0.1 ML SYRING, 20 MG/0.2 ML SYRING	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	5	PA, QL (2 PER 30 DAYS)
HUMIRA(CF) PEDIATRIC CROHN'S 80MG/0.8	5	PA, QL (3 PER 30 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) PEN CROHN'S-UC- HS	5	PA, QL (3 PER 28 DAYS)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA, QL (4 PER 180 DAYS)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, QL (3 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KEVZARA	5	PA, QL (2.28 PER 28 DAYS)
KINERET	5	PA, QL (20.1 PER 30 DAYS)
<i>leflunomide</i>	2	
OLUMIANT	5	PA, QL (30 PER 30 DAYS)
ORENCIA 125 MG/ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL (1.6 PER 28 DAYS)
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL (2.8 PER 28 DAYS)
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS)
OTEZLA 28 DAY STARTER PACK	5	PA, QL (55 PER 28 DAYS)
OTEZLA 30 MG TABLET	5	PA, QL (60 PER 30 DAYS)
OTEZLA STARTER PACK	5	PA, QL (27 PER 14 DAYS)
penicillamine 250 MG TABLET	5	
REDITREX	4	
RIDAURA	5	
RINVOQ	5	PA, QL (30 PER 30 DAYS)
SAVELLA	3	
SIMPONI 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SIMPONI 50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE	5	PA, QL (0.5 PER 28 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ 5 MG TABLET, 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR	5	PA, QL (30 PER 30 DAYS)
YUSIMRY(CF) PEN	5	PA, QL (4.8 PER 28 DAYS)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

AMABELZ	2	
ANGELIQ	4	
BIJUVA	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAMILA	2	
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE	4	PA
DEBLITANE	2	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
DOTTI	2	
DUAVEE	3	
ERRIN	2	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
estradiol 0.01% CREAM, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 10 MCG VAGINAL INSRT	2	
estradiol 0.1% (0.25MG) GEL PK, 0.1% (0.5MG) GEL PKT, 0.1% (0.75MG) GEL PK, 0.1% (1 MG) GEL PKT	3	QL (30 PER 30 DAYS)
estradiol 0.1% (1.25MG) GEL PK	3	
<i>estradiol valerate</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
ESTRING	4	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
IMVEXXY	4	
INCASSIA	2	
JENCYCLA	2	
JINTELI	2	
LYLEQ	2	
LYLLANA	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYZA	2	
<i>medroxyprogesterone acetate</i>	2	
MENEST	4	
MENOSTAR	4	
MIMVEY	2	
NORA-BE	2	
norethindron-ethinyl estradiol NORIN-1 MG-5 MCG, NORIND-0.5-2.5	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
PREFEST	3	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET	3	
PREMARIN VAGINAL CREAM-APPL	4	
PREMPHASE	4	
PREMPRO	4	
<i>progesterone</i>	2	
SHAROBEL	2	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
CLEOCIN 100 MG VAGINAL OVULE	4	
clindamycin phosphate 2% VAGINAL CREAM	2	
<i>clomiphene citrate</i>	2	PA
ELURYNG	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
GYNAZOLE 1	4	
HALOETTE	2	
INTRAROSA	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPANETA PACK PK 3.75-5 MG 1MO KIT	5	
metronidazole VAGINAL 0.75% GL	2	
<i>miconazole 3</i>	2	
MYFEMBREE	5	
ORIAHNN	5	
ORILISSA	5	
OSPHENA	4	PA
<i>terconazole</i>	2	
tranexamic acid 650 MG TABLET	3	
VANDAZOLE	2	
XULANE	2	
ZAFEMY	2	

ORAL CONTRACEPTIVES / RELATED AGENTS

AFIRMELLE	2	
ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHYST	2	
APRI	2	
ARANELLE	2	
ASHLYNA	2	
AUBRA	2	
AUBRA EQ	2	
AUROVELA	2	
AUROVELA 24 FE	2	
AUROVELA FE	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALZIVA	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLISOVI 24 FE	2	
BLISOVI FE	2	
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZIAN	2	
CHATEAL	2	
CHATEAL EQ	2	
CRYSSELLE	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
DOLISHALE	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELINEST	2	
ENPRESSE	2	
ENSKYCE	2	
ESTARYLLA	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
FALMINA	2	
FINZALA	2	
HAILEY	2	
HAILEY 24 FE	2	
HAILEY FE	2	
ISIBLOOM	2	
JAIMIESS	2	
JASMIEL	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	
KALLIGA	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	
LARIN FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
<i>levonorg-eth estrad eth estrad</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
LEVORA-28	2	
LO-ZUMANDIMINE	2	
LOJAIMIESS	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
MARLISSA	2	
MICROGESTIN	2	
MICROGESTIN 24 FE	2	
MICROGESTIN FE	2	
MILI	2	
MONO-LINYAH	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NECON	2	
NIKKI	2	
norethin-eth estra-ferrous fum --0.4-0.035(21)-75	2	
norethindron-ethinyl estradiol NORETHIN-EE 1.5-0.03 MG(21) TB, NORETHIND-ETH ESTRAD 1-0.02 MG	2	
<i>norethindrone-e.estradiol-iron</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL	2	
NYLIA	2	
NYMYO	2	
OCELLA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA 1-35 28 TABLET, 1-35-28 TABLET	2	
PORTIA	2	
RECLIPSEN	2	
SETLAKIN	2	
SIMLIYA	2	
SIMPESSE	2	
SPRINTEC	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TRI-ESTARYLLA	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-NYMYO	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRIVORA-28	2	
VELIVET	2	
VESTURA	2	
VIENVA	2	
VIORELE	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
WYMZYA FE	2	
ZARAH	2	
ZOVIA 1-35	2	
ZUMANDIMINE	2	
OXYTOCICS		
METHERGINE	5	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	
bacitracin 500 UNIT/GM OPHTH	2	
<i>bacitracin-polymyxin</i>	2	
BESIVANCE	4	
ciprofloxacin hcl 0.3% EYE DROP	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
erythromycin 0.5% EYE OINTMENT	2	
<i>gatifloxacin</i>	2	
gentamicin sulfate 0.3% EYE DROP	2	
levofloxacin 1.5% EYE DROPS	2	
moxifloxacin 0.5% DROPS, 0.5% DRP-VISC	2	
NATACYN	3	
NEO-POLYCIN	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
ofloxacin 0.3% EYE DROPS	2	
<i>polymyxin b sul-trimethoprim</i>	2	
tobramycin 0.3% EYE DROP	2	
TOBREX 0.3% EYE OINTMENT	4	
ANTIVIRALS		
<i>trifluridine</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
betaxolol hcl 0.5% EYE DROP	2	
BETOPTIC S	4	PA
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	2	
timolol maleate 0.25% EYE DROP	1	PA
timolol maleate 0.25% GEL-SOLUTION, 0.5% EYE DROP, 0.5% GEL-SOLUTION, 0.5% GFS GEL-SOLUTION	2	
timolol maleate 0.5% EYE DROP	2	PA
timolol maleate 0.5% EYE DROPS	1	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1% EYE DROPS	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIRECT ACTING MIOTICS		
PHOSPHOLINE IODIDE	5	
pilocarpine hcl 1% DROPS, 2% DROPS, 4% DROPS	2	
MISCELLANEOUS OPHTHALMOLOGICS		
azelastine hcl 0.05% DROPS	2	
<i>bepotastine besilate</i>	2	
CEQUA	4	
cromolyn sodium 4% EYE DROPS	2	
cyclosporine 0.05% EYE EMULS	3	
CYSTARAN	5	
<i>epinastine hcl</i>	2	
LACRISERT	3	
olopatadine hcl 0.1% DROPS, 0.2% DROP	2	
OXERVATE	5	PA, QL (112 PER 365 DAYS)
RESTASIS	3	
RESTASIS MULTIDOSE	3	
TYRVAYA	4	QL (8.4 PER 30 DAYS)
XIIDRA	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac sodium</i>	2	
BROMSITE	4	
diclofenac sodium 0.1% EYE DROPS	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
ketorolac tromethamine 0.4%, 0.5%	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acetazolamide er</i>	2	
methazolamide 25 MG TABLET	2	
methazolamide 50 MG TABLET	4	
OTHER GLAUCOMA DRUGS		
bimatoprost 0.03% EYE DROPS	2	
<i>brimonidine tartrate-timolol</i>	2	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl</i>	2	
dorzolamide-timolol -2%-0.5%	2	
dorzolamide-timolol -EYE DROPS	1	
latanoprost 0.005% EYE DROPS	1	
LUMIGAN	4	PA
RHOPRESSA	4	PA
ROCKLATAN	4	PA
SIMBRINZA	4	PA
<i>tafluprost</i>	4	PA
<i>travoprost</i>	2	PA
VYZULTA	4	PA
STEROID-ANTIBIOTIC COMBINATIONS		
NEO-POLYCIN HC	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
neomycin-polymyxin-hc --EYE DROPS	2	
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STEROIDS		
ALREX	4	
dexamethasone sodium phosphate 0.1% EYE DROP	2	
<i>difluprednate</i>	2	
EYSUVIS	4	
<i>fluorometholone</i>	2	
INVELTYS	4	
LOTEMAX 0.5% EYE OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	2	
prednisolone acetate 1% EYE DROP	2	
prednisolone sodium phosphate 1% EYE DROP	2	
SULFONAMIDES		
sulfacetamide sodium 10% DROPS, 10% OINTMENT	2	
SYMPATHOMIMETICS		
ALPHAGAN P ALHAGAN 0.1% DROS	4	PA
<i>apraclonidine hcl</i>	2	
brimonidine tartrate TARTRATE 0.15% DRP, 0.2% EYE DROP	2	
IOPIDINE 1% EYE DROPS	4	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine hcl</i>	2	
desloratadine 5 MG TABLET	2	
epinephrine 0.15 MG -INJECT, 0.3 MG - INJECT	3	QL (4 PER 30 DAYS)
<i>epinephrine 0.15 mg auto-inject (mylan)</i>	3	QL (4 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydroxyzine hcl 10 MG TABLET, 25 MG TABLET, 50 MG TABLET	2	
<i>hydroxyzine pamoate</i>	2	
<i>levocetirizine dihydrochloride</i>	2	
promethazine hcl 6.25 MG/5 ML SOLN, 6.25 MG/5 ML SYRP, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET	3	PA
SYMJEPI	3	QL (4 PER 30 DAYS)
PULMONARY AGENTS		
acetylcysteine 10% VIAL, 20% VIAL	3	PA
ADEMPAS	5	PA, LA, QL (90 PER 30 DAYS)
<i>albuterol sulfate hfa</i>	2	QL (36 PER 30 DAYS)
albuterol sulfate SUL 0.63 MG/3 ML SOL, SUL 1.25 MG/3 ML SOL, 2.5 MG/0.5 ML SOL, SUL 2.5 MG/3 ML SOLN, 5 MG/ML SOLUTION, 25 MG/5 ML SOLUTION, 75 MG/15 ML SOLN, 100 MG/20 ML SOLN	2	PA
albuterol sulfate SULF 2 MG/5 ML SYRUP, SULFATE 2 MG TAB, SULFATE 4 MG TAB	3	
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, LA, QL (30 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>arformoterol tartrate</i>	3	PA, QL (120 PER 30 DAYS)
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
ASMANEX TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120	3	QL (1 PER 30 DAYS)
ASMANEX TWISTHALER 220 MCG #14	3	
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azelastine-fluticasone</i>	3	PA, QL (23 PER 30 DAYS)
BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
<i>bosentan</i>	5	PA, LA, QL (60 PER 30 DAYS)
BREYNA	3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
BRONCHITOL	5	
budesonide 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML INH	2	PA
<i>budesonide-formoterol fumarate</i>	3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
cromolyn sodium 20 MG/2 ML NEB SOLN	2	PA
DULERA	3	QL (13 PER 30 DAYS)
DUPIXENT PEN 200 MG/1.14 ML	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT SYRINGE 200 MG/1.14 ML	5	PA, QL (4.56 PER 28 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>flunisolide</i>	2	QL (50 PER 30 DAYS)
fluticasone propionate 50 MCG SPRAY	2	QL (16 PER 30 DAYS)
fluticasone propionate hfa 110 MCG, 220 MCG	3	QL (24 PER 30 DAYS)
fluticasone propionate hfa 44 MCG	3	QL (10.6 PER 30 DAYS)
fluticasone-salmeterol -100-50, -250-50, -500-50	2	QL (60 PER 30 DAYS)
fluticasone-salmeterol -55-14, -113-14, -232-14	2	QL (1 PER 30 DAYS)
<i>fluticasone-salmeterol hfa</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone-vilanterol</i>	3	QL (60 PER 30 DAYS)
<i>formoterol fumarate</i>	3	PA
HAEGARDA	5	PA, LA
<i>icatibant</i>	5	PA, QL (27 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
ipratropium bromide 0.02% SOLN	2	PA
<i>ipratropium-albuterol</i>	2	PA
KALBITOR	5	PA
KALYDECO 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>levalbuterol concentrate</i>	4	PA
levalbuterol hcl 0.31 MG/3 ML, 0.63 MG/3 ML	2	PA
levalbuterol hcl 1.25 MG/3 ML SOL	4	PA
<i>levalbuterol tartrate hfa</i>	3	QL (30 PER 30 DAYS)
mometasone furoate 50 MCG SPRY	2	PA, QL (34 PER 30 DAYS)
montelukast sodium 4 MG TAB CHEW, 5 MG TAB CHEW, 10 MG TABLET	1	
NUCALA 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE	5	PA, LA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
OPSUMIT	5	PA, LA, QL (30 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	5	PA, QL (112 PER 28 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	5	PA, QL (56 PER 28 DAYS)
ORLADEYO	5	PA, LA
pirfenidone 267 MG CAPSULE	5	PA, QL (270 PER 30 DAYS)
pirfenidone 267 MG TABLET, 534 MG TABLET, 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
PULMOZYME	5	PA, QL (150 PER 30 DAYS)
QVAR REDHALER	3	QL (21.2 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>roflumilast</i>	3	
RYALTRIS	4	PA, QL (29 PER 30 DAYS)
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
sildenafil citrate 20 MG TABLET	3	PA
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)
SYMDEKO	5	PA
tadalafil 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
TAKHZYRO	5	PA, LA
terbutaline sulfate 2.5 MG TAB, 5 MG TAB	3	
TEZSPIRE	5	PA, QL (1 PER 28 DAYS)
THEO-24	4	
<i>theophylline</i>	2	
<i>theophylline anhydrous</i>	2	
<i>theophylline er</i>	2	
<i>tiotropium bromide</i>	3	QL (30 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	5	PA, QL (56 PER 28 DAYS)
TUDORZA PRESSAIR	4	PA, QL (1 PER 30 DAYS)
TYVASO	5	PA
TYVASO DPI	5	PA
TYVASO INSTITUTIONAL START KIT	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, QL (210 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, QL (90 PER 30 DAYS)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE	5	PA, LA, QL (8 PER 28 DAYS)
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)
YUPELRI	5	PA, QL (90 PER 30 DAYS)
<i>zafirlukast</i>	2	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin er</i>	2	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride 5 MG TABLET, 5 MG/5 ML SOLUTION, 5 MG/5 ML SYRUP	2	
<i>oxybutynin chloride er</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	3	QL (30 PER 30 DAYS)
finasteride 5 MG TABLET	1	
<i>silodosin</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamsulosin hcl</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	3	LA
ELMIRON	4	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
OXLUMO	5	PA
<i>potassium citrate er</i>	2	
PROCYSBI	5	PA
RENACIDIN	3	
tadalafil 2.5 MG TABLET, 5 MG TABLET	3	PA, QL (30 PER 30 DAYS)

Uncategorized

Unclassified

COLUMVI	5	PA
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VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate</i>	2	
EFFER-K EFFER-10 TABLET EFF, EFFER-20 TABLET EFF	4	
EFFER-K ER-25 MEQ TABLET	2	
K-TAB ER -20 MEQ LET	3	
<i>kcl-d5w-0.2% nacl</i>	4	
kcl-d5w-0.225% nacl 10MEQ/500ML-- 0.225%NACL, 20 MEQ/L--0.225% NACL	4	
<i>kcl-d5w-0.3% nacl</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kcl-d5w-0.45% nacl</i>	4	
<i>kcl-d5w-0.9% nacl</i>	4	
KLOR-CON	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON-EF	2	
magnesium sulfate 50% 1 G/2 ML, 50% 10G/20ML, 50% 25G/50ML, 50% 5 G/10ML, 50% SYRINGE	4	
potassium chloride 2 MEQ/ML CONC, 10 MEQ/100 ML SOL, 10 MEQ/5 ML CONC, 10 MEQ/50 ML SOL, 20 MEQ PACKET, 20 MEQ/10 ML CONC, 20 MEQ/100 ML SOL, 20 MEQ/50 ML SOL, 40 MEQ/100 ML SOL, 40 MEQ/20 ML CONC, 60 MEQ/30 ML CONC	4	
potassium chloride CL10%(20MEQ/15ML)CUP, CL10%(40MEQ/30ML)CUP, CL20%(40MEQ/15ML)CUP, CL 10% (20 MEQ/15ML), CL 10% (40 MEQ/30ML), CL 20% (40 MEQ/15ML), CL ER 8 MEQ CAPSULE, CL ER 8 MEQ TABLET, CL ER 10 MEQ CAPSULE, CL ER 10 MEQ TABLET, CL ER 15 MEQ TABLET, CL ER 20 MEQ TABLET	2	
<i>potassium chloride in d5lr</i>	4	
<i>potassium chloride-0.45% nacl</i>	4	
potassium chloride-0.9% nacl 20 MEQ/1,000ML, 40 MEQ/1,000ML	4	
potassium chloride-dextrose 5% KCL 20 MEQ/L IN D5W SOLUTION	4	
potassium chloride-water CL 20MEQ/100ML	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ringers injection</i>	2	
sodium chloride SALINE 0.45% SOLN-EXCEL CON, SODIUM CHLORIDE 0.45% SOLN, SODIUM CHLORIDE 3% IV SOLN, SODIUM CHLORIDE 5% IV SOLN	4	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 4.25%-10% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 6%-5% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION	4	PA
CLINIMIX E 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION	4	PA
INTRALIPID	4	PA
ISOLYTE P WITH DEXTROSE	4	
ISOLYTE S	4	
<i>multiple electrolytes t1 ph5.5</i>	4	
<i>multiple electrolytes t1 ph7.4</i>	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A PH 7.4	4	
PLENAMINE	4	PA
PREMASOL	4	PA
PROSOL	4	PA
TRAVASOL	4	PA
TROPHAMINE	4	PA
VITAMINS / HEMATINICS		
ELITE-OB	2	
FOLIVANE-OB	2	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	2	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARON-C DHA	2	

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

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2024 Part D Formulary

As an enrollee of our plan, you can get a long-term supply (up to 90 days) of drugs shipped to your home using our plan's in-network mail order delivery program. Usually, you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts Customer Service at 800-316-3107 (TTY 800-899-2114), 24 hours a day, seven days a week.

This formulary was updated on 09/29/2023. For more recent information or other questions, please contact Network Health Group Medicare Advantage Plans customer service, at 800-316-3107 (TTY users should call 800-899-2114), 24 hours a day, seven days a week, or visit [networkhealth.com](https://www.networkhealth.com).

Multi-Language Insert – REQUIRED INFORMATION

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-378-5234 (TTY 800-947-3529). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-378-5234 (TTY 800-947-3529). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-378-5234 (TTY 800-947-3529)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-378-5234 (TTY 800-947-3529)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-378-5234 (TTY 800-947-3529). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-378-5234 (TTY 800-947-3529) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 5234-378-800 (TTY 3529-947-800). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (800-378-5234 (TTY 800-947-3529) على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-378-5234 (TTY 800-947-3529) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-378-5234 (TTY 800-947-3529). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-378-5234 (TTY 800-947-3529). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-378-5234 (TTY 800-947-3529). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog peb li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau peb ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.



**WE DO WHAT'S RIGHT
BECAUSE IT'S WHO WE ARE.**

1570 Midway Pl.
Menasha, WI 54952
800-378-5234
TTY 800-947-3529
Monday-Friday, 8 a.m. to 8 p.m.
networkhealth.com

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