



2021 Hamaspik Medicare Select Formulary



H0034_FORM0920_C

HAMASPIK, INC.



**Hamaspik Medicare Select (HMO D-SNP)
and
Hamaspik Medicare Choice (HMO D-SNP)**

2021 Formulary

List of Covered Drugs

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

This formulary was updated on 8/25/2020

For more recent information or other questions, please contact Member Services, at 1-833-426-2774. TTY users, please call 711.

From October 1, 2020 through March 31, 2021, our hours are 7 days a week, from 8:00 am to 8:00 pm. From April 2021 thru September 2021, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm.

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

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08/25/2020

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of 8/25/2020. 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. 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, 2021, and from time to time during the year.

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

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year 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 to you will include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?”

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 8/25/2020. To get updated information about the drugs covered by Hamaspik Medicare Select, please contact us. Our contact information appears on the front and back cover pages. You can request an updated copy of the formulary at any time by calling Member Services. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Hamaspik Medicare Select and Hamaspik Medicare Choice requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Hamaspik Medicare Select or Hamaspik Medicare Choice before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Hamaspik Medicare Select and Hamaspik Medicare Choice limits the amount of the drug that the plan will cover. For example, Hamaspik Medicare Select and Hamaspik Medicare Choice provide a maximum of 60 capsules every 30 days for Lyrica (300 MG). This may be provided to you in a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Hamaspik Medicare Select and Hamaspik Medicare Choice require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Hamaspik Medicare Select and Hamaspik Medicare Choice 2021 Part D Comprehensive Formulary

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site (www.hamaspik.com). We have posted on-line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Hamaspik Medicare Select and Hamaspik Medicare Choice pays for certain OTC drugs as a supplemental benefit. Hamaspik Medicare Select and Hamaspik Medicare Choice will provide these OTC drugs at no cost to you. The cost to Hamaspik Medicare Select and Hamaspik Medicare Choice of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap. Please see Chapter 4 of your Evidence of Coverage for more information on your OTC benefits.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. If you learn that Hamaspik Medicare Select or Hamaspik Medicare Choice does not cover your drug, you have two options:

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

How do I request an exception to the Hamaspik Medicare Select or Hamaspik Medicare Choice Formulary?

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

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

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

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 will 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.

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In addition, at the beginning of the new year, if you are taking a drug that has been removed from the formulary, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum 30-day supply of medication.

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

For more information

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

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

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

Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

The information in the Requirements/Limits column tells you if Hamaspik Medicare Select or Hamaspik Medicare Choice has any special requirements for coverage of your drug. You can find information on what the abbreviations on this table mean by going to the “Formulary Key to Abbreviations” listed on the following page.

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

*If you speak Spanish, language translation services are available to you free of charge. Call 833-426-2774. (TTY: 711.)
Si habla español, los servicios de traducción de idiomas están disponibles sin cargo. Llame al 833-426-2774. (TTY: 711.)*

08/25/2020

FORMULARY KEY TO ABBREVIATIONS

LA: Limited Availability: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-833-426-2774. TTY users should call 711.

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

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

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

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

Hamaspik (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	1	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1	
<i>diclofenac sodium 1% gel</i>	1	QL (1000 PER 30 DAYS)
<i>diclofenac sodium er</i>	1	
<i>diflunisal</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen 600 mg tablet</i>	1	
<i>flurbiprofen</i>	1	
<i>IBU</i>	1	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>ketorolac 10 mg tablet</i>	1	QL (20 PER 30 OVER TIME)
<i>ketorolac tromethamine (15 mg/ml vial, 15 mg/ml syringe, 30 mg/ml carpject, 30 mg/ml syringe, 30 mg/ml vial, 30 mg/ml isecure syr, 60 mg/2 ml syringe, 60 mg/2 ml carpject, 60 mg/2 ml vial)</i>	1	
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tablet, 375 mg tablet, dr 375 mg tablet, dr 500 mg tablet, 500 mg kit, 500 mg tablet)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen sodium ds</i>	1	
<i>naproxen-esomeprazole mag</i>	1	PA, QL (60 PER 30 DAYS)
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
SPRIX	1	QL (5 PER 30 OVER TIME)
<i>sulindac</i>	1	
<i>tolmetin sodium (400 mg cap, 600 mg tab)</i>	1	

Opioid Analgesics, Long-acting

EMBEDA	1	
<i>fentanyl</i>	1	
INFUMORPH	1	
<i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, hcl 10 mg/ml vial, 10 mg/ml oral conc, 10 mg/5 ml solution, hcl 10 mg tablet, hcl 200 mg/20 ml v)</i>	1	
METHADONE INTENSOL	1	
METHADOSE 10 MG/ML ORAL CONC	1	
MITIGO	1	
<i>morphine sulfate er (sulf er 15 mg tablet, sulf er 30 mg tablet, sulf er 60 mg tablet, sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 10 mg cap, sulfate er 20 mg cap, sulfate er 30 mg cap, sulfate er 40 mg cap, sulfate er 50 mg cap, sulfate er 60 mg cap, sulfate er 80 mg cap, sulfate er 100 mg cap)</i>	1	
<i>oxymorphone hcl er</i>	1	
XTAMPZA ER	1	

Opioid Analgesics, Short-acting

ABSTRAL (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>butorphanol 10 mg/ml spray</i>	1	
<i>codeine sulfate</i>	1	
ENDOCET	1	
<i>fentanyl citrate (50 mcg/ml vial, 100 mcg/2 ml ampul, 100 mcg/2 ml syringe, 100 mcg/2 ml vial, 100 mcg/2 ml carpuct, 250 mcg/5 ml vial, 250 mcg/5 ml ampul, 500 mcg/10 ml vial, 1,000 mcg/20 ml ampul, 1,000 mcg/20 ml vial, 2,500 mcg/50 ml vial)</i>	1	PA - Part B vs D Determination
<i>fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit otfc 1,200 mcg, cit otfc 1,600 mcg, citrate otfc 200 mcg, citrate otfc 400 mcg, citrate otfc 600 mcg, citrate otfc 800 mcg)</i>	1	PA
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 5-300 mg, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 7.5-300, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 10-300 mg, hydrocodone-acetamin 7.5-325/15)</i>	1	
<i>hydromorphone hcl (0.5 mg/0.5 ml, hcl 1 mg/ml amp, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, 1 mg/ml solution, 2 mg/ml carpuct, 2 mg/ml vial, hcl 2 mg/ml amp, 2 mg tablet, 2 mg/ml isecure, hcl 4 mg/ml amp, 4 mg/ml carpuct, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet, 10 mg/ml vial, 10 mg/ml ampule, 50 mg/5 ml vial, 50 mg/5 ml amp, 500 mg/50 ml vial)</i>	1	
LORCET	1	
LORCET HD	1	
LORCET PLUS	1	
<i>morphine sulfate (sulfate 1 mg/ml vial, sulfate 4 mg/ml vial, sulfate 5 mg/ml vial, sulfate 8 mg/ml vial, sulfate 10 mg/ml vial, 100 mg/10 ml vial)</i>	1	PA - Part B vs D Determination

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (sulfate 2 mg/ml vial, 2 mg/ml syringe, 4 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml isecure syr, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml isecure syrng, 8 mg/ml carpuject, 10 mg/ml isecure syrg, 10 mg/10 ml vial, sulf 10 mg/5 ml soln, 10 mg/ml carpuject, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i>	1	
OXAYDO	1	
<i>oxycodone hcl (5 mg/5 ml soln, 5 mg capsule, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet, 100 mg/5 ml conc)</i>	1	
<i>oxycodone hcl-aspirin</i>	1	
<i>oxycodone hcl-ibuprofen</i>	1	
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol hcl-acetaminophen</i>	1	

Anesthetics

Local Anesthetics

GLYDO	1	PA, QL (30 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA
<i>lidocaine hcl (jel urojet ac, jelly, jelly uro-jet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	1	PA, QL (250 PER 30 DAYS)
<i>lidocaine-prilocaine</i>	1	PA, QL (30 PER 30 DAYS)

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIVITROL	1	
Opioid Dependence		
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	
<i>buprenorphine-naloxone (bupreno-nalox 2-0.5 mg film, buprenorp-nalox 8-2 mg film, buprenorphin-naloxon 8-2 mg)</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (buprenor-nalox 12-3 mg film, buprenorp-nalox 4-1 mg film)</i>	1	QL (60 PER 30 DAYS)
<i>buprenorphn-naloxn 2-0.5 mg sl</i>	1	QL (360 PER 30 DAYS)
LUCEMYRA	1	QL (224 PER 14 DAYS)
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml carpuject, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	1	
NARCAN	1	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
CHANTIX	1	QL (504 PER 365 OVER TIME)
NICOTROL	1	QL (2688 PER 365 OVER TIME)
NICOTROL NS	1	QL (360 PER 365 OVER TIME)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin sulfate (1.2 gram/30 ml vial, 1.2 gm vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antibacterials, Other		
<i>aztreonam</i>	1	
CLEOCIN 100 MG VAGINAL OVULE	1	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, 300 mg/2 ml addvan, ph 600 mg/4 ml vl, 600 mg/4 ml addvan, ph 900 mg/6 ml vl, phos 1% pledget, 900 mg/6 ml addvan)</i>	1	
<i>colistimethate</i>	1	
<i>daptomycin</i>	1	
IMPAVIDO	1	
<i>linezolid 100 mg/5 ml susp</i>	1	QL (1800 PER 28 DAYS)
<i>linezolid 600 mg tablet</i>	1	QL (56 PER 28 DAYS)
<i>linezolid-d5w</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	1	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
<i>polymyxin b sulfate</i>	1	
SIVEXTRO 200 MG TABLET	1	QL (6 PER 30 OVER TIME)
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 250 mg vial, 250 mg/5 ml soln, 500 mg vial, 500 mg add-van vial, hcl 750 mg vial, 750 mg add-van vial)</i>	1	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
VANDAZOLE	1	
XENLETA 600 MG TABLET	1	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg/5 ml susp, 500 mg capsule)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 500 mg vial)</i>	1	
<i>cefдинир (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	1	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	1	
<i>cefotaxime sodium (1 gm vial, 500 mg vial)</i>	1	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	1	
<i>cefoxitin</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp, 100 mg tablet, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm vial, 2 gm add vial, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 500 mg capsule)</i>	1	
FETROJA	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	1	
TAZICEF	1	
TEFLARO	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clarithromycin er</i>	1	
DIFICID	1	
ERYPED 400	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (250 mg filmtab, dr 250 mg tablet, dr 250 mg cap, dr 333 mg tablet, 500 mg filmtab, dr 500 mg tablet)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, es 400 mg tab, 400 mg/5 ml susp)</i>	1	

Quinolones

BAXDELA 450 MG TABLET	1	
<i>ciprofloxacin 200 mg/100ml-d5w</i>	1	
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 500 mg/20 ml soln, 750 mg/30 ml vial, 750 mg tablet)</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	1	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	

Sulfonamides

<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet, susp)</i>	1	

Tetracyclines

<i>demeclocycline hcl</i>	1	
DOXY 100	1	
<i>doxycycline hyclate (50 mg cap, 100 mg tab, 100 mg vl, 100 mg cap)</i>	1	
<i>doxycycline ir-dr</i>	1	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	
MONDOXYNE NL 100 MG CAPSULE	1	
MORGIDOX 100 MG CAPSULE	1	
NUZYRA (150 MG TABLET-7 DAY, 150 MG TABLET, 150 MG-7 DAY WITH LOAD)	1	
SEYSARA	1	
<i>tetracycline hcl</i>	1	
VIBRAMYCIN 50 MG/5 ML SYRUP	1	

Anticonvulsants

Anticonvulsants, Other

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUBVENITE	1	
SUBVENITE (BLUE)	1	
SUBVENITE (GREEN)	1	
SUBVENITE (ORANGE)	1	
<i>topiramate</i>	1	
<i>valproic acid (250 mg/5 ml soln, 250 mg capsule, 500 mg/10 ml sol)</i>	1	
XCOPRI	1	PA - FOR NEW STARTS ONLY

Calcium Channel Modifying Agents

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

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	1	
<i>clonazepam (0.125 mg odt, 0.125 mg dis tab, 0.25 mg odt, 0.5 mg tablet, 0.5 mg dis tablet, 0.5 mg odt, 1 mg tablet, 1 mg odt, 1 mg dis tablet)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL (300 PER 30 DAYS)
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	1	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	1	QL (2160 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml soln, 20 mg/5 ml elix, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	PA - FOR NEW STARTS ONLY
<i>phenobarbital sodium</i>	1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>primidone</i>	1	
SYMPAZAN	1	
<i>tiagabine hcl</i>	1	
VALTOCO	1	QL (10 PER 30 OVER TIME)
<i>vigabatrin</i>	1	PA - FOR NEW STARTS ONLY

Sodium Channel Agents

APTiom	1	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	1	
<i>carbamazepine (100 mg/5 ml susp, 100 mg tab chew, 200 mg tablet)</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN 30 MG CAPSULE	1	
EPITOL	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
PEGANONE	1	
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium extended</i>	1	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	1	
<i>zonisamide</i>	1	

Antidementia Agents

Antidementia Agents, Other

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

Cholinesterase Inhibitors

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil hcl odt</i>	1	
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine</i>	1	

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

<i>memantine hcl (hcl 2 mg/ml solution, hcl 5 mg tablet, 5-10 mg titration pk, hcl 10 mg tablet)</i>	1	
<i>memantine hcl er</i>	1	QL (30 PER 30 DAYS)

Antidepressants

Antidepressants, Other

<i>bupropion hcl</i>	1	
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>chlordiazepoxide-amitriptyline</i>	1	PA - FOR NEW STARTS ONLY
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>perphenazine-amitriptyline</i>	1	PA - FOR NEW STARTS ONLY
SPRAVATO (56 MG PACK, 84 MG PACK)	1	PA - FOR NEW STARTS ONLY

Monoamine Oxidase Inhibitors

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

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

<i>citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml sol, 40 mg tablet)</i>	1	
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desvenlafaxine succnt er 100mg</i>	1	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	1	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	1	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl (dr 30 mg cap, dr 40 mg cap)</i>	1	QL (90 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, oxalate 5 mg/5 ml, 10 mg tablet, 20 mg tablet)</i>	1	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	ST, QL (56 PER 365 OVER TIME)
<i>fluoxetine hcl (hcl 10 mg tablet, hcl 10 mg capsule, hcl 20 mg tablet, hcl 20 mg capsule, 20 mg/5 ml solution, hcl 40 mg capsule)</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>nefazodone hcl</i>	1	
<i>paroxetine cr</i>	1	
<i>paroxetine er</i>	1	
<i>paroxetine hcl</i>	1	
<i>paroxetine mesylate</i>	1	QL (30 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	1	
<i>sertraline hcl (20 mg/ml oral conc, hcl 25 mg tablet, hcl 50 mg tablet, hcl 100 mg tablet)</i>	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	1	QL (60 PER 365 OVER TIME)
Tricyclics		
<i>amitriptyline hcl</i>	1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	PA - FOR NEW STARTS ONLY
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	

Antiemetics

Antiemetics, Other

COMPRO	1	
<i>doxylamine succ-pyridoxine hcl</i>	1	PA, QL (120 PER 30 DAYS)
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
PHENADOZ	1	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vial</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 12.5 mg suppos, 25 mg tablet, 25 mg suppository, 50 mg tablet)</i>	1	PA
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	1	PA
<i>scopolamine</i>	1	

Emetogenic Therapy Adjuncts

AKYNZEO 300-0.5 MG CAPSULE	1	PA - Part B vs D Determination, QL (2 PER 30 OVER TIME)
ANZEMET	1	PA - Part B vs D Determination, QL (5 PER 30 OVER TIME)
<i>aprepitant 125 mg capsule</i>	1	PA - Part B vs D Determination, QL (2 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aprepitant 125-80-80 mg pack</i>	1	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)
<i>aprepitant 40 mg capsule</i>	1	PA - Part B vs D Determination, QL (1 PER 30 OVER TIME)
<i>aprepitant 80 mg capsule</i>	1	PA - Part B vs D Determination, QL (8 PER 30 OVER TIME)
<i>dronabinol</i>	1	PA, QL (60 PER 30 OVER TIME)
EMEND 125 MG POWDER PACKET	1	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)
<i>granisetron hcl 1 mg tablet</i>	1	PA - Part B vs D Determination, QL (30 PER 30 OVER TIME)
<i>ondansetron 4 mg/5 ml solution</i>	1	PA - Part B vs D Determination, QL (450 PER 30 DAYS)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	PA - Part B vs D Determination
<i>ondansetron hcl 24 mg tablet</i>	1	PA - Part B vs D Determination, QL (14 PER 28 OVER TIME)
<i>ondansetron odt</i>	1	PA - Part B vs D Determination
SANCUSO	1	QL (2 PER 30 OVER TIME)
SYNDROS	1	PA, QL (120 PER 30 DAYS)

Antifungals

ABELCET	1	PA - Part B vs D Determination
AMBISOME	1	PA - Part B vs D Determination
<i>amphotericin b</i>	1	PA - Part B vs D Determination
<i>caspofungin acetate</i>	1	
<i>clotrimazole (1% topical cream, 10 mg troche)</i>	1	
CRESEMBA 186 MG CAPSULE	1	
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole in saline (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>flucytosine</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	1	PA
JUBLIA	1	
<i>ketconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>miconazole 3 200 mg vag supp</i>	1	
<i>naftifine hcl</i>	1	
NOXAFIL 40 MG/ML SUSPENSION	1	
NYAMYC	1	
<i>nystatin (100,000 unit/gm powd, 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)</i>	1	
NYSTOP	1	
<i>posaconazole dr 100 mg tablet</i>	1	
<i>terbinafine hcl</i>	1	QL (84 PER 180 OVER TIME)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	
TOLSURA	1	PA
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg vial, 200 mg tablet)</i>	1	

Antigout Agents

<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	1	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine 1 mg/ml amp</i>	1	PA
<i>dihydroergotamine 4 mg/ml spry</i>	1	PA, QL (8 PER 30 OVER TIME)
ERGOMAR	1	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	1	
Prophylactic		
AIMOVIG 140 MG/ML AUTOINJECTOR	1	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	1	PA, QL (2 PER 30 DAYS)
AIMOVIG AUTOINJECTOR (2 PACK)	1	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	1	PA, QL (1 PER 30 DAYS)
EMGALITY PEN	1	PA, QL (1 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	1	PA, QL (3 PER 30 DAYS)
NURTEC ODT	1	PA, QL (15 PER 30 OVER TIME)
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
UBRELVY	1	PA, QL (16 PER 30 OVER TIME)
Serotonin (5-HT) Receptor Agonist		
<i>eletriptan hbr</i>	1	QL (12 PER 30 OVER TIME)
<i>frovatriptan succinate</i>	1	QL (12 PER 30 OVER TIME)
<i>naratriptan hcl</i>	1	QL (9 PER 30 OVER TIME)
<i>rizatriptan</i>	1	QL (18 PER 30 OVER TIME)
<i>sumatriptan</i>	1	QL (12 PER 30 OVER TIME)
<i>sumatriptan 6 mg/0.5 ml cart</i>	1	
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5 ml inject, 4 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5 ml inject)</i>	1	QL (5 PER 30 OVER TIME)
TOSYMRA	1	QL (12 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan</i>	1	QL (12 PER 30 OVER TIME)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	1	
<i>pyridostigmine bromide (60 mg/5 ml soln, br 60 mg tablet)</i>	1	
<i>pyridostigmine bromide er</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
<i>rifabutin</i>	1	
Antituberculars		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
PASER	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SIRTURO	1	
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA - Part B vs D Determination
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	1	
<i>ifosfamide 3 gm vial</i>	1	
LEUKERAN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MATULANE	1	
<i>thiotepa 100 mg vial</i>	1	
VALCHLOR	1	PA - FOR NEW STARTS ONLY
ZEPZELCA	1	PA - FOR NEW STARTS ONLY
Antiandrogens		
<i>abiraterone acetate</i>	1	PA - FOR NEW STARTS ONLY
<i>bicalutamide</i>	1	
ERLEADA	1	PA - FOR NEW STARTS ONLY
<i>flutamide</i>	1	
<i>nilutamide</i>	1	
NUBEQA	1	PA - FOR NEW STARTS ONLY
XTANDI	1	PA - FOR NEW STARTS ONLY
YONSA	1	PA - FOR NEW STARTS ONLY
ZYTIGA 500 MG TABLET	1	PA - FOR NEW STARTS ONLY
Antiangiogenic Agents		
POMALYST	1	PA - FOR NEW STARTS ONLY
QINLOCK	1	PA - FOR NEW STARTS ONLY
REVLIMID	1	PA - FOR NEW STARTS ONLY
TABRECTA	1	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
THALOMID	1	PA - FOR NEW STARTS ONLY
Antiestrogens/Modifiers		
EMCYT	1	
SOLTAMOX	1	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	
Antimetabolites		
ADRUCIL	1	PA - Part B vs D Determination
<i>cytarabine</i>	1	PA - Part B vs D Determination
DROXIA	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml vial, 5 gm/100 ml btl, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	1	PA - Part B vs D Determination
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	1	
SIKLOS	1	PA
TABLOID	1	

Antineoplastics, Other

<i>bleomycin sulfate</i>	1	PA - Part B vs D Determination
<i>daunorubicin hcl (20 mg/4 ml vial, 50 mg/10 ml vial)</i>	1	
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	1	PA - FOR NEW STARTS ONLY
IDHIFA	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
INREBIC	1	PA - FOR NEW STARTS ONLY
KISQALI FEMARA CO-PACK	1	PA - FOR NEW STARTS ONLY
LONSURF	1	PA - FOR NEW STARTS ONLY
NINLARO	1	PA - FOR NEW STARTS ONLY
PEMAZYRE	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
PHESGO	1	PA - FOR NEW STARTS ONLY
RETEVMO	1	PA - FOR NEW STARTS ONLY
<i>romidepsin 27.5 mg/5.5 ml vial</i>	1	PA - FOR NEW STARTS ONLY
SYNRIBO	1	PA - FOR NEW STARTS ONLY
TAZVERIK	1	PA - FOR NEW STARTS ONLY
TUKYSA	1	PA - FOR NEW STARTS ONLY
<i>vinorelbine tartrate</i>	1	
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	1	PA - FOR NEW STARTS ONLY
ZOLINZA	1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	1	
<i>irinotecan hcl (40 mg/2 ml vial, 500 mg/25 ml v)</i>	1	
TOPOSAR	1	
Molecular Target Inhibitors		
AFINITOR 10 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
AFINITOR DISPERZ	1	PA - FOR NEW STARTS ONLY
ALECENSA	1	PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	1	PA - FOR NEW STARTS ONLY, QL (60 PER 365 OVER TIME)
AYVAKIT	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BALVERSA	1	PA - FOR NEW STARTS ONLY
BOSULIF	1	PA - FOR NEW STARTS ONLY
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
BRUKINSA	1	PA - FOR NEW STARTS ONLY
CABOMETYX	1	PA - FOR NEW STARTS ONLY
CALQUENCE	1	PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA - FOR NEW STARTS ONLY
COMETRIQ	1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPIKTRA	1	PA - FOR NEW STARTS ONLY
COTELLIC	1	PA - FOR NEW STARTS ONLY
DAURISMO	1	PA - FOR NEW STARTS ONLY
ERIVEDGE	1	PA - FOR NEW STARTS ONLY
<i>erlotinib hcl</i>	1	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)</i>	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
GILOTRIF	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
ICLUSIG 15 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
ICLUSIG 45 MG TABLET	1	PA - FOR NEW STARTS ONLY
<i>imatinib mesylate</i>	1	PA - FOR NEW STARTS ONLY
IMBRUVICA	1	PA - FOR NEW STARTS ONLY
INLYTA	1	PA - FOR NEW STARTS ONLY
IRESSA	1	PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	1	PA - FOR NEW STARTS ONLY
JAKAFI 10 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
KISQALI	1	PA - FOR NEW STARTS ONLY
KOSELUGO	1	PA - FOR NEW STARTS ONLY
LENVIMA	1	PA - FOR NEW STARTS ONLY
LORBRENA	1	PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TABLET, 150 MG TABLET)	1	PA - FOR NEW STARTS ONLY
MEKINIST	1	PA - FOR NEW STARTS ONLY
MEKTOVI	1	PA - FOR NEW STARTS ONLY
NERLYNX	1	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
NEXAVAR	1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ODOMZO	1	PA - FOR NEW STARTS ONLY
PIQRAY	1	PA - FOR NEW STARTS ONLY
ROZLYTREK	1	PA - FOR NEW STARTS ONLY
RUBRACA	1	PA - FOR NEW STARTS ONLY
RYDAPT	1	PA - FOR NEW STARTS ONLY
SPRYCEL	1	PA - FOR NEW STARTS ONLY
STIVARGA	1	PA - FOR NEW STARTS ONLY
SUTENT	1	PA - FOR NEW STARTS ONLY
TAFINLAR	1	PA - FOR NEW STARTS ONLY
TAGRISSO 40 MG TABLET	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
TAGRISSO 80 MG TABLET	1	PA - FOR NEW STARTS ONLY
TALZENNA	1	PA - FOR NEW STARTS ONLY
TASIGNA	1	PA - FOR NEW STARTS ONLY
TIBSOVO	1	PA - FOR NEW STARTS ONLY
TURALIO	1	PA - FOR NEW STARTS ONLY
TYKERB	1	PA - FOR NEW STARTS ONLY
VENCLEXTA	1	PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK	1	PA - FOR NEW STARTS ONLY
VERZENIO	1	PA - FOR NEW STARTS ONLY
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
VIZIMPRO	1	PA - FOR NEW STARTS ONLY
VOTRIENT	1	PA - FOR NEW STARTS ONLY
XALKORI	1	PA - FOR NEW STARTS ONLY
XOSPATA	1	PA - FOR NEW STARTS ONLY
ZEJULA	1	PA - FOR NEW STARTS ONLY
ZELBORAF	1	PA - FOR NEW STARTS ONLY
ZYDELIG	1	PA - FOR NEW STARTS ONLY
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	1	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN	1	PA - FOR NEW STARTS ONLY
DARZALEX FASPRO	1	PA - FOR NEW STARTS ONLY
HERCEPTIN 150 MG VIAL	1	PA - FOR NEW STARTS ONLY
HERCEPTIN HYLECTA	1	PA - FOR NEW STARTS ONLY
MVASI	1	PA - FOR NEW STARTS ONLY
ONTRUZANT	1	PA - FOR NEW STARTS ONLY
RITUXAN	1	PA - FOR NEW STARTS ONLY
RITUXAN HYCELA	1	PA - FOR NEW STARTS ONLY
RUXIENCE	1	PA - FOR NEW STARTS ONLY
SARCLISA	1	PA - FOR NEW STARTS ONLY
TRODELVY	1	PA - FOR NEW STARTS ONLY
ZIRABEV	1	PA - FOR NEW STARTS ONLY
Retinoids		
<i>bexarotene</i>	1	PA - FOR NEW STARTS ONLY
PANRETIN	1	
TARGRETIN 1% GEL	1	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg capsule</i>	1	
Treatment Adjuncts		
<i>leucovorin calcium (100 mg/10 ml vl, 500 mg/50 ml vl)</i>	1	PA - Part B vs D Determination
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vl)</i>	1	
MESNEX 400 MG TABLET	1	
Antiparasitics		
Anthelmintics		
<i>albendazole</i>	1	
<i>ivermectin 3 mg tablet</i>	1	
<i>praziquantel</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiprotozoals		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	1	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
<i>pentamidine 300 mg inhal powdr</i>	1	PA - Part B vs D Determination
<i>pentamidine 300 mg vial</i>	1	
<i>primaquine</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	1	
Antiparkinson Agents, Other		
<i>entacapone</i>	1	
GOCOVRI	1	PA
<i>tolcapone</i>	1	
Dopamine Agonists		
APOKYN	1	PA, QL (90 PER 30 DAYS)
<i>bromocriptine mesylate</i>	1	
NEUPRO	1	ST
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
INBRIJA	1	PA
RYTARY	1	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl (10 mg tablet, 25 mg/ml ampule, 25 mg/ml amp, 25 mg tablet, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine</i>	1	
<i>molindone hcl</i>	1	
<i>perphenazine</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	PA - FOR NEW STARTS ONLY
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
2nd Generation/Atypical		
ABILIFY MAINTENA	1	
ABILIFY MYCITE	1	ST, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	1	QL (60 PER 30 DAYS)
ARISTADA	1	
ARISTADA INITIO	1	
CAPLYTA	1	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	1	ST, QL (8 PER 180 OVER TIME)
INVEGA SUSTENNA	1	
INVEGA TRINZA	1	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	1	QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	1	QL (60 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 17 MG TABLET, 34 MG CAPSULE)	1	PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	
<i>olanzapine odt</i>	1	QL (30 PER 30 DAYS)
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
PERSERIS	1	
<i>quetiapine er 200 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	1	QL (60 PER 30 DAYS)
REXULTI	1	QL (30 PER 30 DAYS)
RISPERDAL CONSTA	1	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1	QL (240 PER 30 DAYS)
<i>risperidone odt</i>	1	QL (60 PER 30 DAYS)
SAPHRIS	1	QL (60 PER 30 DAYS)
SECUADO	1	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	1	ST, QL (14 PER 365 OVER TIME)
<i>ziprasidone hcl</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV	1	

Treatment-Resistant

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

Antispasticity Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	1	QL (30 PER 30 DAYS)
DOVATO	1	QL (30 PER 30 DAYS)
GENVOYA	1	QL (30 PER 30 DAYS)
ISENTRESS	1	
ISENTRESS HD	1	
JULUCA	1	QL (30 PER 30 DAYS)
STRIBILD	1	QL (30 PER 30 DAYS)
TIVICAY	1	
TIVICAY PD	1	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	1	QL (30 PER 30 DAYS)
COMPLERA	1	QL (30 PER 30 DAYS)
DELSTRIGO	1	QL (30 PER 30 DAYS)
EDURANT	1	
<i>efavirenz</i>	1	
INTELENCE	1	
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	1	
SYMFI	1	QL (30 PER 30 DAYS)
SYMFI LO	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	1	
<i>abacavir-lamivudine</i>	1	QL (30 PER 30 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
CIMDUO	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DESCOVY	1	QL (30 PER 30 DAYS)
<i>didanosine (dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i>	1	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	1	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	1	
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	1	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	1	
<i>stavudine</i>	1	
TEMIXYS	1	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	1	QL (30 PER 30 DAYS)
TRUVADA	1	QL (30 PER 30 DAYS)
VIDEX	1	
VIDEX EC 125 MG CAPSULE	1	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	1	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	
Anti-HIV Agents, Other		
FUZEON	1	
RUKOBIA	1	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	1	
TYBOST	1	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	1	
<i>atazanavir sulfate</i>	1	
CRIXIVAN	1	
EVOTAZ	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fosamprenavir calcium</i>	1	
INVIRASE 500 MG TABLET	1	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	1	
LEXIVA 50 MG/ML SUSPENSION	1	
<i>lopinavir-ritonavir</i>	1	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	1	
PREZCOBIX	1	QL (30 PER 30 DAYS)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
REYATAZ 50 MG POWDER PACKET	1	
<i>ritonavir</i>	1	
SYMTUZA	1	QL (30 PER 30 DAYS)
VIRACEPT	1	

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir</i>	1	
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	1	PA - Part B vs D Determination
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	1	
<i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>	1	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	QL (600 PER 30 DAYS)
<i>entecavir</i>	1	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</i>	1	
VEMLIDY	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-hepatitis C (HCV) Agents		
MAVYRET	1	PA, QL (336 PER 365 OVER TIME)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
<i>sofosbuvir-velpatasvir</i>	1	PA, QL (84 PER 365 OVER TIME)
VOSEVI	1	PA, QL (84 PER 365 OVER TIME)
Anti-influenza Agents		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	1	
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phos 45 mg capsule</i>	1	QL (84 PER 365 OVER TIME)
<i>oseltamivir phos 75 mg capsule</i>	1	QL (110 PER 365 OVER TIME)
<i>rimantadine hcl</i>	1	
XOFLUZA 20 MG TAB (40 MG DOSE)	1	QL (4 PER 365 OVER TIME)
Antitherpetic Agents		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	1	PA - Part B vs D Determination
<i>famciclovir</i>	1	
<i>valacyclovir</i>	1	QL (120 PER 30 DAYS)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	PA
Benzodiazepines		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alprazolam er 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>chlordiazepoxide 10 mg capsule</i>	1	PA, QL (900 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	1	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide 5 mg capsule</i>	1	PA, QL (120 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	1	QL (720 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg/2 ml syringe, 10 mg/2 ml carpject, 50 mg/10 ml vial)</i>	1	
<i>diazepam 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>diazepam 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
<i>lorazepam (2 mg/ml carpject, 2 mg/ml syringe, 2 mg/ml vial, 2 mg/ml oral concent, 4 mg/ml vial, 4 mg/ml carpject, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	1	PA
<i>lorazepam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
LORAZEPAM INTENSOL	1	PA

Bipolar Agents

Mood Stabilizers

EQUETRO	1
<i>lithium</i>	1
<i>lithium carbonate</i>	1
<i>lithium carbonate er</i>	1

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	
CYCLOSET	1	
FARXIGA	1	ST
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin hcl</i>	1	
GLYXAMBI	1	ST
JANUMET	1	ST
JANUMET XR	1	ST
JANUVIA	1	ST
JARDIANCE	1	ST
JENTADUETO	1	ST
JENTADUETO XR	1	ST
<i>metformin hcl (500 mg tablet, 500 mg/5 ml soln, 850 mg tablet, 1,000 mg tablet)</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
OZEMPIC 0.25-0.5 MG DOSE PEN	1	ST, QL (1.5 PER 28 DAYS)
OZEMPIC 1 MG DOSE PEN	1	ST, QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYBELSUS (7 MG TABLET, 14 MG TABLET)	1	ST, QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	1	ST, QL (60 PER 365 OVER TIME)
SYMLINPEN 120	1	PA
SYMLINPEN 60	1	PA
SYNJARDY	1	ST
SYNJARDY XR	1	ST
<i>tolazamide</i>	1	
TRADJENTA	1	ST
TRIJARDY XR	1	ST
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	1	QL (2 PER 28 DAYS)
VICTOZA 2-PAK	1	ST, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	1	ST, QL (9 PER 30 DAYS)
XIGDUO XR	1	ST

Glycemic Agents

<i>diazoxide</i>	1	
GLUCAGEN 1 MG HYPOKIT	1	
GLUCAGON EMERGENCY KIT	1	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
PROGLYCEM	1	

Insulins

HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN U-100	1	
HUMALOG KWIKPEN U-200	1	
HUMALOG MIX 50-50	1	
HUMALOG MIX 50-50 KWIKPEN	1	
HUMALOG MIX 75-25	1	
HUMALOG MIX 75-25 KWIKPEN	1	
HUMULIN R U-500	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500 KWIKPEN	1	
<i>insulin lispro</i>	1	
<i>insulin lispro junior kwikpen</i>	1	
<i>insulin lispro kwikpen u-100</i>	1	
<i>insulin lispro protamine mix</i>	1	
LANTUS	1	
LANTUS SOLOSTAR	1	
LEVEMIR	1	
LEVEMIR FLEXTOUCH	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRESIBA	1	
TRESIBA FLEXTOUCH U-100	1	
TRESIBA FLEXTOUCH U-200	1	

Blood Products and Modifiers

Anticoagulants

ELIQUIS 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	1	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	1	QL (148 PER 365 OVER TIME)
<i>enoxaparin 30 mg/0.3 ml syr</i>	1	QL (10.5 PER 90 OVER TIME)
<i>enoxaparin 300 mg/3 ml vial</i>	1	QL (105 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	1	QL (14 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	1	QL (21 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	1	QL (35 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	1	QL (28 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	1	QL (28 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (17.5 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	1	QL (14 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	1	QL (21 PER 90 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	1	QL (7 PER 90 OVER TIME)
FRAGMIN 10,000 UNIT/ML SYRINGE	1	QL (35 PER 90 OVER TIME)
FRAGMIN 12,500 UNIT/0.5 ML SYR	1	QL (17.5 PER 90 OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	1	QL (21 PER 90 OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	1	QL (25.3 PER 90 OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	1	QL (10.5 PER 90 OVER TIME)
FRAGMIN 95,000 UNIT/3.8 ML VL	1	QL (22.8 PER 90 OVER TIME)
<i>heparin sodium (sod 5,000 unit/ml syrg, 5,000 unit/ml carpuct, sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)</i>	1	
JANTOVEN	1	
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	1	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	1	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (102 PER 365 OVER TIME)

Blood Products and Modifiers, Other

ADAKVEO	1	PA
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	1	PA
FULPHILA	1	PA
GRANIX (300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL)	1	ST
LEUKINE	1	PA
MOZOBIL	1	PA, QL (38.4 PER 365 OVER TIME)
MULPLETA	1	PA
NEULASTA	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEUPOGEN	1	ST
NIVESTYM	1	ST
NPLATE	1	PA
OXBRYTA	1	PA, QL (90 PER 30 DAYS)
PROMACTA	1	PA
REBLOZYL	1	PA
RETACRIT	1	PA
UDENYCA	1	PA
ZARXIO	1	
ZIEXTENZO	1	PA

Hemostasis Agents

<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	1	
<i>tranexamic acid 650 mg tablet</i>	1	

Platelet Modifying Agents

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

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
NORTHERA	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hcl</i>	1	
<i>prazosin hcl</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
DIGITEK	1	
DIGOX	1	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet, 500 mcg/2 ml ampule)</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flecainide acetate</i>	1	
LANOXIN 62.5 MCG TABLET	1	
<i>mexiletine hcl</i>	1	
NORPACE CR	1	
PACERONE	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine sulfate</i>	1	
SORINE	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	1	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol hcl er</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	1	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT	1	
DILT-XR	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr er</i>	1	
<i>diltiazem 24hr er (cd)</i>	1	
<i>diltiazem 24hr er (la)</i>	1	
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
MATZIM LA	1	
TAZTIA XT	1	
TIADYLT ER	1	
<i>verapamil er</i>	1	
<i>verapamil er pm</i>	1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet, 360 mg cap pellet)</i>	1	
<i>verapamil sr</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
ALDACTAZIDE 50-50 TABLET	1	
<i>aliskiren</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
valsartan-hydrochlorothiazide	1	
VYNDAMAX	1	PA, QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg/4 ml vial, 1 mg tablet, 2 mg tablet, 2.5 mg/10 ml vial)	1	
ethacrynic acid	1	
furosemide (10 mg/ml solution, 20 mg/2 ml vial, 20 mg tablet, 40 mg/4 ml syringe, 40 mg/5 ml soln, 40 mg/4 ml vial, 40 mg tablet, 80 mg tablet, 100 mg/10 ml vial, 100 mg/10 ml syringe)	1	
toremide	1	
Diuretics, Potassium-sparing		
amiloride hcl	1	
eplerenone	1	
spironolactone	1	
Diuretics, Thiazide		
chlorothiazide	1	
chlorthalidone	1	
DIURIL	1	
hydrochlorothiazide	1	
indapamide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (40 mg tablet, 43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 120 mg tablet, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	1	
fenofibric acid (dr 45 mg cap, dr 135 mg cap)	1	
gemfibrozil	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin er	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluvastatin sodium</i>	1	
LIVALO	1	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
<i>colesevelam 625 mg tablet</i>	1	
<i>colestipol hcl (hcl 1 gm tablet, hcl granules, hcl granules packet, micronized 1 gm tab)</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
JUXTAPID	1	PA, QL (30 PER 30 DAYS)
<i>niacin 500 mg tablet</i>	1	
<i>niacin er</i>	1	
NIACOR	1	
<i>omega-3 acid ethyl esters</i>	1	PA
PREVALITE (PACKET, POWDER)	1	
REPATHA PUSHTRONEX	1	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	1	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	1	PA, QL (3 PER 28 DAYS)
VASCEPA	1	PA

Vasodilators, Direct-acting Arterial

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

Vasodilators, Direct-acting Arterial/Venous

DILATRATE-SR	1	
<i>isosorbide dinitrate</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
MINITRAN	1	
NITRO-BID	1	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	1	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	
<i>nitroglycerin patch</i>	1	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>dextroamphetamine 10 mg tab</i>	1	PA, QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>dextroamphetamine 5 mg/5 ml</i>	1	PA, QL (1800 PER 30 DAYS)
<i>dextroamphetamine er 10 mg cap</i>	1	PA, QL (180 PER 30 DAYS)
<i>dextroamphetamine er 15 mg cap</i>	1	PA, QL (120 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	1	PA, QL (60 PER 30 DAYS)
<i>dextroamphetamine-amphet er</i>	1	PA, QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine</i>	1	PA, QL (90 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>clonidine hcl er</i>	1	
<i>dexmethylphenidate hcl</i>	1	PA, QL (60 PER 30 DAYS)
<i>dexmethylphenidate hcl er</i>	1	PA, QL (30 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	
<i>methylphenidate 10 mg chew tab</i>	1	PA, QL (180 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 18 mg tab, er 20 mg cap, er 27 mg tab, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 54 mg tab, er 60 mg cap, er 72 mg tab)</i>	1	PA, QL (30 PER 30 DAYS)
<i>methylphenidate er (la)</i>	1	PA, QL (30 PER 30 DAYS)
<i>methylphenidate er 10 mg tab</i>	1	PA, QL (180 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate er 36 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg tablet, 5 mg chew tab, 10 mg tablet, 20 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl cd</i>	1	PA, QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd)</i>	1	PA, QL (30 PER 30 DAYS)
<i>methylphenidate la</i>	1	PA, QL (30 PER 30 DAYS)
RELEXXII	1	PA, QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO	1	PA, QL (120 PER 30 DAYS)
<i>butalb-acetamin-caff 50-325-40</i>	1	PA
<i>butalbital-acetaminophn 50-325</i>	1	PA
<i>butalbital-asa-caffeine cap</i>	1	PA
FIRDAPSE	1	PA, QL (240 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
INGREZZA 80 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	1	PA, QL (56 PER 365 OVER TIME)
NUEDEXTA	1	PA
RADICAVA	1	PA
<i>riluzole</i>	1	PA
RUZURGI	1	PA, QL (300 PER 30 DAYS)
TENCON	1	PA
<i>tetrabenazine</i>	1	PA
TIGLUTIK	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Fibromyalgia Agents		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)
<i>pregabalin 300 mg capsule</i>	1	QL (60 PER 30 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	1	QL (110 PER 365 OVER TIME)
Multiple Sclerosis Agents		
AVONEX PEN	1	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	1	PA, QL (4 PER 28 DAYS)
BETASERON	1	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er</i>	1	PA, QL (60 PER 30 DAYS)
EXTAVIA	1	PA, QL (15 PER 30 DAYS)
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
GLATOPA 20 MG/ML SYRINGE	1	PA, QL (30 PER 30 DAYS)
GLATOPA 40 MG/ML SYRINGE	1	PA, QL (12 PER 28 DAYS)
MAVENCLAD	1	PA
MAYZENT 0.25 MG STARTER PACK	1	PA, QL (24 PER 365 OVER TIME)
MAYZENT 0.25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
MAYZENT 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>mitoxantrone hcl</i>	1	PA - FOR NEW STARTS ONLY
OCREVUS	1	PA, QL (40 PER 365 OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER PACK	1	PA, QL (2 PER 365 OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	1	PA, QL (4 PER 365 OVER TIME)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	1	PA, QL (6 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	1	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	1	PA, QL (8.4 PER 365 OVER TIME)
REBIF TITRATION PACK	1	PA, QL (8.4 PER 365 OVER TIME)
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)	1	PA, QL (60 PER 30 DAYS)
TECFIDERA STARTER PACK	1	PA, QL (120 PER 365 OVER TIME)
TYSABRI	1	PA
VUMERITY	1	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.23-0.46 MG START PCK	1	PA, QL (14 PER 365 OVER TIME)
ZEPOSIA 0.23-0.46-0.92 MG KIT	1	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA 0.92 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)

Dental and Oral Agents

<i>chlorhexidine 0.12% rinse</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>lidocaine hcl viscous</i>	1	
ORALONE	1	
PAROEX	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>triamcinolone 0.1% paste</i>	1	

Dermatological Agents

Acne and Rosacea Agents

<i>acitretin</i>	1	
<i>adapalene (0.1% cream, 0.1% gel, 0.3% gel, 0.3% gel pump)</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AMNESTEEM	1	PA
AVITA	1	PA
<i>azelaic acid</i>	1	
CLARAVIS	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clind ph-benzoyl perox 1.2-5%</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA 15% FOAM	1	
<i>isotretinoin</i>	1	PA
<i>metronidazole (0.75% lotion, topical 0.75% gl, 0.75% cream, top 1% gel pump, topical 1% gel)</i>	1	
MIRVASO	1	PA
MYORISAN	1	PA
ROSADAN (CREAM, GEL)	1	
<i>tazarotene</i>	1	
<i>tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.05% cream, 0.05% gel, 0.1% cream)</i>	1	PA
<i>tretinoin microsphere</i>	1	PA
ZENATANE	1	PA

Dermatitis and Pruitus Agents

<i>alclometasone dipropionate</i>	1	
<i>ammonium lactate</i>	1	
<i>betamethasone diprop augmented (crm, gel, lot, oin)</i>	1	
<i>betamethasone dipropionate (crm, lot, oint)</i>	1	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	1	
<i>clobetasol emollient 0.05% crm</i>	1	
<i>clobetasol propionate (cream, gel, ointment, prop spray, solution, topical lotn)</i>	1	
CORDRAN 0.025% CREAM	1	
<i>desonide (cream, gel, lotion, ointment)</i>	1	
<i>desoximetasone (cream, ointment)</i>	1	
EUCRISA	1	PA
<i>fluocinolone acetonide (0.01% solution, 0.01% cream, 0.025% ointment, 0.025% cream)</i>	1	
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinonide 0.1% cream</i>	1	QL (120 PER 30 DAYS)
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	
<i>halobetasol propionate (cream, ointmnt)</i>	1	
HALOG 0.1% SOLUTION	1	
<i>hydrocortisone (cream, lotion, ointment)</i>	1	
<i>hydrocortisone butyrate (buty cream, butyr oint, butyr soln)</i>	1	
<i>hydrocortisone val 0.2% cream</i>	1	QL (60 PER 30 DAYS)
<i>hydrocortisone val 0.2% ointmt</i>	1	
<i>mometasone furoate (cream, oint, soln)</i>	1	
<i>pimecrolimus</i>	1	
<i>prednicarbate</i>	1	
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	
TOVET EMOLLIENT	1	
<i>triamcinolone acetonide (0.025% oint, 0.025% cream, 0.025% lotion, 0.05% ointment, 0.1% cream, 0.1% ointment, 0.1% lotion, 0.5% ointment, 0.5% cream)</i>	1	
TRIANEX	1	
TRIDERM	1	

Dermatological Agents, Other

<i>calcipotriene (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% solution</i>	1	QL (60 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>diclofenac sodium 3% gel</i>	1	
DUOBRII	1	PA
FLUOROPLEX	1	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	
<i>hydrocort-pramoxine 1%-1% crm</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imiquimod 5% cream packet</i>	1	
<i>methoxsalen</i>	1	
<i>nystatin-triamcinolone</i>	1	
OTEZLA 30 MG TABLET	1	PA
PICATO	1	
<i>podofilox</i>	1	
SANTYL	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
Pediculicides/Scabicides		
CROTAN	1	
<i>ivermectin 1% cream</i>	1	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
Topical Anti-infectives		
<i>acyclovir 5% ointment</i>	1	
BACTROBAN NASAL	1	
CICLODAN 8% SOLUTION	1	PA
<i>ciclopirox (0.77% topical susp, 0.77% cream, 0.77% gel, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	PA
<i>clindamycin ph 1% solution</i>	1	
<i>dapsone 5% gel</i>	1	
DENAVIR	1	
ERY	1	
<i>erythromycin (gel, pledgets, solution)</i>	1	
<i>mupirocin 2% ointment</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II 10% IV SOLUTION	1	PA - Part B vs D Determination
AMINOSYN-PF 10% IV SOLUTION	1	PA - Part B vs D Determination
CARBAGLU	1	
<i>dextrose 5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</i>	1	
<i>dextrose in water (50 ml, 100 ml, iv soln, vial)</i>	1	
<i>glucose in water</i>	1	
KLOR-CON	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON SPRINKLE	1	
<i>lactated ringers injection</i>	1	
<i>potassium chloride (er 8 meq capsule, er 8 meq tablet, er 10 meq capsule, 10% (20 meq/15ml), 10% (40 meq/30ml), er 10 meq tablet, er 20 meq tablet, 20% (40 meq/15ml), 20 meq packet)</i>	1	
<i>potassium citrate er (er 5 tab, er 10 tb)</i>	1	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 50 ml, sodium chloride 0.9% solution, sodium chloride 0.9% soln, sodium chloride 0.9% sol-excel, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 100 ml, sodium chloride 0.9% vial, sodium chloride 0.9% 250 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% 500 ml, sodium chloride 3% iv soln)</i>	1	
<i>sodium chloride-water</i>	1	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	
CLOVIQUE	1	PA
<i>deferasirox (90 mg tablet, 90 mg granule, 125 mg tb for susp, 180 mg granule, 180 mg tablet, 250 mg tb for susp, 360 mg granule, 360 mg tablet, 500 mg tb for susp)</i>	1	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	1	PA
FERRIPROX (2 TIMES A DAY)	1	PA
JADENU SPRINKLE	1	PA
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)	1	QL (56 PER 28 DAYS)
JYNARQUE 15 MG TABLET	1	QL (60 PER 30 DAYS)
JYNARQUE 30 MG TABLET	1	QL (30 PER 30 DAYS)
<i>sodium polystyrene sulf powder</i>	1	
<i>trientine hcl</i>	1	PA
Phosphate Binders		
AURYXIA	1	PA
<i>calcium acetate (667 mg capsule, 667 mg tablet, 667 mg gelcap)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	1	
Potassium Binders		
KIONEX 15 GM/60 ML SUSPENSION	1	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	1	
SPS	1	
VELTASSA	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vitamins		
PRENATAL VITAMINS	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	1	QL (60 PER 30 DAYS)
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
<i>lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)</i>	1	
LINZESS	1	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE)	1	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	1	ST, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	1	ST, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
<i>alosetron hcl</i>	1	PA
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
<i>loperamide 2 mg capsule</i>	1	
XERMELO	1	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
CUVPOSA	1	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	1	
GLYCATE	1	
<i>glycopyrrolate (1 mg tablet, 1.5 mg tablet, 2 mg tablet)</i>	1	
<i>methscopolamine bromide</i>	1	
Gastrointestinal Agents, Other		
CHENODAL	1	PA
CLENPIQ	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GATTEX	1	PA
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml sol, 10 mg tablet)</i>	1	
MYALEPT	1	PA
OCALIVA	1	PA, QL (30 PER 30 DAYS)
<i>opium tincture</i>	1	
<i>peg 3350-electrolyte</i>	1	
<i>peg-3350 and electrolytes</i>	1	
RECTIV	1	
SUPREP	1	
TRILYTE WITH FLAVOR PACKETS	1	
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	1	
XIFAXAN	1	PA
ZORBTIVE	1	PA

Histamine2 (H2) Receptor Antagonists

<i>famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)</i>	1	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	1	

Protectants

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

Proton Pump Inhibitors

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (60 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	1	PA
ARALAST NP	1	PA
CERDELGA	1	PA
CEREZYME	1	PA
CHOLBAM	1	PA
CREON	1	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CYSTAGON	1	
ELAPRASE	1	PA
ENDARI	1	PA
FABRAZYME 35 MG VIAL	1	PA
GALAFOLD	1	PA, QL (14 PER 28 DAYS)
GLASSIA	1	PA
KANUMA	1	PA
KEVEYIS	1	PA, QL (120 PER 30 DAYS)
KUVAN	1	PA
LUMIZYME	1	PA
<i>miglustat</i>	1	PA
NAGLAZYME	1	PA
<i>nitisinone</i>	1	
NITYR	1	
ONPATTRO	1	PA
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	1	
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	1	PA
PROLASTIN C	1	PA
RAVICTI	1	PA
REVCovi	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium phenylbutyrate powder</i>	1	
STRENSIQ	1	PA
TEGSEDI	1	PA
VIMIZIM	1	PA
VPRIV	1	PA
VYNDAQEL	1	PA, QL (120 PER 30 DAYS)
XURIDEN	1	PA, QL (120 PER 30 DAYS)
ZEMAIRA	1	PA
ZENPEP	1	

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	1	
<i>flavoxate hcl</i>	1	
MYRBETRIQ	1	
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride</i>	1	
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrig soln</i>	1	
<i>bethanechol chloride</i>	1	
D-PENAMINE	1	
ELMIRON	1	
<i>penicillamine 250 mg tablet</i>	1	
THIOLA EC	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	1	PA
<i>cortisone acetate</i>	1	
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
DEXAMETHASONE INTENSOL	1	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	1	PA
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 5 mg tab dose pack, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
RAYOS	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate (0.01% spray, 0.01% solution, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 40 mcg/10 ml vial)</i>	1	
EGRIFTA SV	1	PA, QL (30 PER 30 DAYS)
GENOTROPIN	1	PA
INCRELEX	1	PA
STIMATE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	1	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	1	PA
<i>oxandrolone 10 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>oxandrolone 2.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)
Androgens		
ANDRODERM	1	PA
<i>danazol</i>	1	
<i>testosterone (1.62% gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA
<i>testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/5 ml, testosterone 500 mg/2.5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA
Estrogens		
ALTAVERA	1	
ALYACEN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMABELZ	1	
AMETHIA	1	QL (91 PER 91 DAYS)
AMETHIA LO	1	QL (91 PER 91 DAYS)
AMETHYST	1	
APRI	1	
ARANELLE	1	
ASHLYNA	1	QL (91 PER 91 DAYS)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 24 FE	1	
AVIANE	1	
BALZIVA	1	
BEKYREE	1	
BLISOVI 24 FE	1	
BLISOVI FE	1	
BRIELLYN	1	
CAMRESE	1	QL (91 PER 91 DAYS)
CAMRESE LO	1	QL (91 PER 91 DAYS)
CAZANT	1	
CHATEAL	1	
CLIMARA PRO	1	
CRYSELLE	1	
CYCLAFEM	1	
CYRED	1	
CYRED EQ	1	
DASETTA	1	
DAYSEE	1	QL (91 PER 91 DAYS)
<i>desogestr-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
DOTTI	1	
<i>drospirenone-eth estra-levomef</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>drospirenone-ethinyl estradiol</i>	1	
ELESTRIN	1	
ELINEST	1	
EMOQUETTE	1	
ENPRESSE	1	
ENSKYCE	1	
ESTARYLLA	1	
<i>estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1	
<i>estradiol (once weekly)</i>	1	
<i>estradiol (twice weekly)</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
ESTRING	1	QL (1 PER 90 OVER TIME)
<i>ethynodiol-ethinyl estradiol</i>	1	
FALMINA	1	
FAYOSIM	1	QL (91 PER 91 DAYS)
FEMYNOR	1	
FYAVOLV	1	
GIANVI	1	
HAILEY 24 FE	1	
INTROVALE	1	QL (91 PER 91 DAYS)
ISIBLOOM	1	
JASMIEL	1	
JINTELI	1	
JOLESSA	1	QL (91 PER 91 DAYS)
JULEBER	1	
JUNEL	1	
JUNEL FE	1	
JUNEL FE 24	1	
KAITLIB FE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KARIVA	1	
KELNOR 1-35	1	
KELNOR 1-50	1	
KURVELO	1	
LARIN	1	
LARIN 24 FE	1	
LARIN FE	1	
LARISSIA	1	
LAYOLIS FE	1	
LEENA	1	
LESSINA	1	
LEVONEST	1	
<i>levonor-eth estrad 0.15-0.03</i>	1	QL (91 PER 91 DAYS)
<i>levonorg-eth estrad eth estrad</i>	1	QL (91 PER 91 DAYS)
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad triphasic)</i>	1	
LEVORA-28	1	
LO LOESTRIN FE	1	
LOPREEZA	1	
LORYNA	1	
LOW-OGESTREL	1	
LUTERA	1	
MARLISSA	1	
MELODETTA 24 FE	1	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	1	
MIBELAS 24 FE	1	
MICROGESTIN	1	
MICROGESTIN FE	1	
MILI	1	
MIMVEY	1	
MIMVEY LO	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MONO-LINYAH	1	
MONONESSA	1	
NECON 0.5-35-28 TABLET	1	
NIKKI	1	
<i>norethin-eth estra-ferrous fum</i>	1	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5, norethind-eth 1-0.02 mg)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
NORLYDA	1	
NORTREL	1	
OCELLA	1	
OGESTREL	1	
ORSYTHIA	1	
PHILITH	1	
PIMTREA	1	
PIRMELLA	1	
PORTIA	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	1	
PREMPHASE	1	
PREMPRO	1	
PREVIFEM	1	
RECLIPSEN	1	
RIVELSA	1	QL (91 PER 91 DAYS)
SETLAKIN	1	QL (91 PER 91 DAYS)
SPRINTEC	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARINA FE 1-20 EQ	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-PREVIFEM	1	
TRI-SPRINTEC	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TRIVORA-28	1	
TYDEMY	1	
VELIVET	1	
VIENVA	1	
VIORELE	1	
VYFEMLA	1	
VYLIBRA	1	
WERA	1	
WYMZYA FE	1	
XULANE	1	
YUVAFEM	1	
ZARAH	1	
ZOVIA 1-35E	1	
ZUMANDIMINE	1	

Progestins

CAMILA	1	
DEBLITANE	1	
DEPO-PROVERA 400 MG/ML VIAL	1	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104	1	QL (0.65 PER 90 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERRIN	1	
HEATHER	1	
<i>hydroxyprogesterone caproate (250 mg/ml vial, 1,250 mg/5 ml)</i>	1	PA
INCASSIA	1	
JENCYCLA	1	
JOLIVETTE	1	
LYZA	1	
MAKENA 275 MG/1.1 ML AUTOINJCT	1	PA
<i>medroxyprogesterone 150 mg/ml</i>	1	QL (1 PER 90 OVER TIME)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1	PA - FOR NEW STARTS ONLY
NORA-BE	1	
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule, 500 mg/10 ml vial)</i>	1	
SHAROBEL	1	
TULANA	1	

Selective Estrogen Receptor Modifying Agents

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

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	1	PA
LYSODREN	1	
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA	1	PA
<i>cabergoline</i>	1	
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	1	PA - FOR NEW STARTS ONLY, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
<i>leuprolide acetate (1 mg/0.2 ml kit, 14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA - FOR NEW STARTS ONLY
LUPANETA PK 11.25-5 MG 3MO KIT	1	PA, QL (1 PER 84 DAYS)
LUPANETA PK 3.75-5 MG 1MO KIT	1	PA, QL (1 PER 28 DAYS)
LUPRON DEPO 11.25MG (LUPANETA)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	1	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT-PED 11.25 MG 3MO	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED 30 MG 3MO KIT	1	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED 7.5 MG KIT	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYCAPSSA	1	PA, QL (112 PER 28 DAYS)
<i>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 vl, acet 100 mcg/ml syr, acet 200 mcg/ml vl, acet 500 mcg/ml syr, acet 500 mcg/ml vl, acet 500 mcg/ml amp, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1	PA
ORIAHNN	1	PA, QL (56 PER 28 DAYS)
ORILISSA 150 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	1	PA
SIGNIFOR	1	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR	1	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	1	PA
SOMATULINE DEPOT 120 MG/0.5 ML	1	PA - FOR NEW STARTS ONLY
SOMAVERT	1	PA
SUPPRELIN LA	1	PA, QL (1 PER 365 OVER TIME)
SYNAREL	1	
TRELSTAR 11.25 MG VIAL	1	PA - FOR NEW STARTS ONLY, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	1	PA - FOR NEW STARTS ONLY, QL (1 PER 168 OVER TIME)
TRELSTAR 3.75 MG VIAL	1	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
TRIPTODUR	1	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	1	QL (1 PER 28 DAYS)

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	1
<i>propylthiouracil</i>	1

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents		
Angioedema Agents		
BERINERT	1	PA
CINRYZE	1	PA
HAEGARDA	1	PA
<i>icatibant</i>	1	PA
KALBITOR	1	PA
RUCONEST	1	PA
TAKHZYRO	1	PA
Immunoglobulins		
ASCENIV	1	PA
BIVIGAM	1	PA
CARIMUNE NF NANOFILTERED	1	PA
CUTAQUIG	1	PA
CUVITRU	1	PA
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	1	PA
GAMASTAN	1	PA
GAMASTAN S-D	1	PA
GAMMAGARD LIQUID	1	PA
GAMMAGARD S-D	1	PA
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	1	PA
GAMMAPLEX	1	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	1	PA
HEPAGAM B	1	PA - Part B vs D Determination
HIZENTRA	1	PA
HYPERHEP B S-D	1	PA - Part B vs D Determination
HYPERRAB	1	PA - Part B vs D Determination

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYPERRHO S-D	1	
MICRHOGAM ULTRA-FILTERED PLUS	1	
NABI-HB	1	PA - Part B vs D Determination
OCTAGAM	1	PA
PANZYGA	1	PA
PRIVIGEN	1	PA
RHOGAM ULTRA-FILTERED PLUS	1	
RHOPHYLAC	1	
SYNAGIS	1	PA
VARIZIG	1	PA
XEMBIFY	1	PA

Immunological Agents, Other

ACTEMRA ACTPEN	1	PA
ARCALYST	1	PA
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	1	PA
COSENTYX (2 SYRINGES)	1	PA
COSENTYX PEN	1	PA
COSENTYX PEN (2 PENS)	1	PA
COSENTYX SYRINGE	1	PA
DUPIXENT 200 MG/1.14 ML SYRING	1	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	1	PA, QL (8 PER 28 DAYS)
DUPIXENT PEN	1	PA, QL (8 PER 30 DAYS)
ENTYVIO	1	PA
ILARIS	1	PA, QL (2 PER 28 DAYS)
ILUMYA	1	PA
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	1	PA
KINERET	1	PA
LEMTRADA	1	PA
OLUMIANT	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	1	PA
ORENCIA CLICKJECT	1	PA, QL (4 PER 28 DAYS)
RIDAURA	1	
RINVOQ	1	PA
SILIQ	1	PA
SKYRIZI (2 SYRINGES) KIT	1	PA
SOLIRIS	1	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	1	PA
SYLVANT	1	PA
TALTZ AUTOINJECTOR	1	PA
TALTZ AUTOINJECTOR (2 PACK)	1	PA
TALTZ AUTOINJECTOR (3 PACK)	1	PA
TALTZ SYRINGE	1	PA
TREMFYA	1	PA
ULTOMIRIS	1	PA
XELJANZ	1	PA
XELJANZ XR	1	PA
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	1	PA

Immunostimulants

ACTIMMUNE	1	PA - FOR NEW STARTS ONLY
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	1	PA - FOR NEW STARTS ONLY
PEGASYS	1	PA
PEGASYS PROCLICK 180 MCG/0.5	1	PA
SYLATRON (200 MCG KIT, 300 MCG KIT)	1	PA - FOR NEW STARTS ONLY

Immunosuppressants

AZASAN	1	PA - Part B vs D Determination
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You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azathioprine</i>	1	PA - Part B vs D Determination
BENLYSTA (120 MG VIAL, 400 MG VIAL)	1	PA
CIMZIA	1	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	PA - Part B vs D Determination
<i>cyclosporine modified (25 mg, 50 mg, 100mg/ml, 100 mg)</i>	1	PA - Part B vs D Determination
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 25 MG KIT, 50 MG/ML SYRINGE)	1	PA
ENBREL MINI	1	PA
ENBREL SURECLICK	1	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	1	PA - FOR NEW STARTS ONLY
GENGRAF (25 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	1	PA - Part B vs D Determination
HUMIRA	1	PA
HUMIRA PEDIATRIC CROHN'S	1	PA
HUMIRA PEN	1	PA
HUMIRA PEN CROHN'S-UC-HS	1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS	1	PA
HUMIRA(CF)	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S	1	PA
HUMIRA(CF) PEN (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA
INFLECTRA	1	PA
<i>leflunomide</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	1	PA - Part B vs D Determination
<i>mycophenolic acid</i>	1	PA - Part B vs D Determination

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NULOJIX	1	PA - FOR NEW STARTS ONLY
ORENCIA 250 MG VIAL	1	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	1	PA - Part B vs D Determination
RASUVO 10 MG/0.2 ML AUTOINJ	1	PA, QL (0.8 PER 28 DAYS)
RASUVO 12.5 MG/0.25 ML AUTOINJ	1	PA, QL (1 PER 28 DAYS)
RASUVO 15 MG/0.3 ML AUTOINJ	1	PA, QL (1.2 PER 28 DAYS)
RASUVO 17.5 MG/0.35 ML AUTOINJ	1	PA, QL (1.4 PER 28 DAYS)
RASUVO 20 MG/0.4 ML AUTOINJ	1	PA, QL (1.6 PER 28 DAYS)
RASUVO 22.5 MG/0.45 ML AUTOINJ	1	PA, QL (1.8 PER 28 DAYS)
RASUVO 25 MG/0.5 ML AUTOINJ	1	PA, QL (2 PER 28 DAYS)
RASUVO 30 MG/0.6 ML AUTOINJ	1	PA, QL (2.4 PER 28 DAYS)
RASUVO 7.5 MG/0.15 ML AUTOINJ	1	PA, QL (0.6 PER 28 DAYS)
REMICADE	1	PA
RENFLEXIS	1	PA
SANDIMMUNE 100 MG/ML SOLN	1	PA - Part B vs D Determination
SIMPONI ARIA	1	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA - Part B vs D Determination
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	PA - Part B vs D Determination
XATMEP	1	
ZORTRESS 1 MG TABLET	1	PA - FOR NEW STARTS ONLY

Vaccines

ACTHIB	1	
ADACEL TDAP	1	
<i>bcg vaccine (tice strain)</i>	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
<i>diphtheria-tetanus toxoids-ped</i>	1	
ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	1	PA - Part B vs D Determination

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENGERIX-B PEDIATRIC-ADOLESCENT	1	PA - Part B vs D Determination
GARDASIL 9	1	
HAVRIX	1	
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA - Part B vs D Determination
INFANRIX DTAP	1	
IPOL	1	
IXIARO	1	
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENVEO A-C-Y-W-135-DIP	1	
PEDIARIX	1	
PEDVAXHIB	1	
PENTACEL	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA - Part B vs D Determination
RECOMBIVAX HB (5 MCG/0.5 ML VL, 5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	1	PA - Part B vs D Determination
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	
STAMARIL	1	
<i>tdvax</i>	1	
TENIVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	

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

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

Inflammatory Bowel Disease Agents

Aminosalicylates

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

Glucocorticoids

<i>budesonide ec</i>	1	
<i>budesonide er</i>	1	
CORTIFOAM	1	
<i>hydrocortisone 100 mg/60 ml</i>	1	
ORTIKOS	1	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOSOL-HC	1	
PROCTOZONE-HC	1	

Metabolic Bone Disease Agents

<i>alendronate sodium (sod 70 mg/75 ml, sodium 5 mg tablet, sodium 10 mg tab, sodium 35 mg tab, sodium 40 mg tab)</i>	1	
<i>alendronate sodium 70 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>calcitonin-salmon</i>	1	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl</i>	1	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVENITY	1	PA, QL (2.34 PER 28 DAYS)
EVENITY (2 SYRINGES)	1	PA, QL (2.34 PER 28 DAYS)
FORTEO	1	PA
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
NATPARA	1	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1	
PROLIA	1	QL (2 PER 365 OVER TIME)
RAYALDEE	1	
<i>teriparatide</i>	1	PA
TYMLOS	1	PA
XGEVA	1	PA

Miscellaneous Therapeutic Agents

AFIRMELLE	1	
AUROVELA	1	
AUROVELA FE	1	
AYUNA	1	
AZURETTE	1	
CHARLOTTE 24 FE	1	
CHATEAL EQ	1	
DOJOLVI	1	PA
ELLA	1	
GIVLAARI	1	PA
HAILEY	1	
HAILEY FE	1	
INSULIN PEN NEEDLE	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 PER 30 DAYS)
INTRALIPID 20% IV FAT EMUL	1	PA - Part B vs D Determination
JAIMIESS	1	QL (91 PER 91 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALLIGA	1	
<i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>	1	
<i>levocarnitine sf</i>	1	
LILLOW	1	
LO-ZUMANDIMINE	1	
LOJAIMIESS	1	QL (91 PER 91 DAYS)
MYZILRA	1	
<i>norethin-ee 1.5-0.03 mg(21) tb</i>	1	
<i>norethindrone-eth estradiol-fe</i>	1	
NUTRILIPID	1	PA - Part B vs D Determination
<i>omnipod dash pdm kit</i>	1	QL (1 PER 365 OVER TIME)
QUASENSE	1	QL (91 PER 91 DAYS)
SIMLIYA	1	
SIMPESSE	1	QL (91 PER 91 DAYS)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	1	
TILIA FE	1	
TRI FEMYNOR	1	
TRI-LO-MILI	1	
<i>v-go 20</i>	1	
<i>v-go 30</i>	1	
<i>v-go 40</i>	1	
<i>vgo 20</i>	1	
<i>vgo 30</i>	1	
<i>vgo 40</i>	1	
VISTOGARD	1	
VOLNEA	1	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	1	
<i>bacitracin-polymyxin</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
COMBIGAN	1	
CYSTARAN	1	PA, QL (60 PER 28 OVER TIME)
<i>dorzolamide-timolol (2%-0.5%, eye drops)</i>	1	
LACRISERT	1	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-poly-hc eye drops</i>	1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OXERVATE	1	PA, QL (56 PER 28 DAYS)
POLYCIN	1	
<i>polymyxin b sul-trimethoprim</i>	1	
PRED-G (1% DROPS, S.O.P. OINTMENT)	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
ROCKLATAN	1	QL (2.5 PER 25 DAYS)
SIMBRINZA	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX EYE OINTMENT	1	
TOBRADEX ST	1	
<i>tobramycin-dexamethasone</i>	1	
XIIDRA	1	QL (60 PER 30 DAYS)
ZYLET	1	
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	1	
BESIVANCE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gatifloxacin</i>	1	
GENTAK	1	
<i>gentamicin sulfate (0.3% drop, 3 mg/ml drop)</i>	1	
<i>levofloxacin 0.5% eye drops</i>	1	
<i>moxifloxacin 0.5% eye drops</i>	1	
NATACYN	1	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
TOBREX 0.3% EYE OINTMENT	1	
<i>trifluridine</i>	1	
ZIRGAN	1	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl 0.05% drops</i>	1	
BEPREVE	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	

Ophthalmic Anti-inflammatories

ALREX	1	
<i>bromfenac sodium</i>	1	
<i>dexamethasone 0.1% eye drop</i>	1	
<i>diclofenac 0.1% eye drops</i>	1	
DUREZOL	1	
FLAREX	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	1	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTEMAX 0.5% EYE OINTMENT	1	QL (14 PER 365 OVER TIME)
LOTEMAX 0.5% OPHTHALMIC GEL	1	QL (20 PER 365 OVER TIME)
LOTEMAX SM	1	QL (20 PER 365 OVER TIME)
<i>loteprednol etabonate</i>	1	
<i>prednisolone ac 1% eye drop</i>	1	
<i>prednisolone sod 1% eye drop</i>	1	
PROLENSA	1	QL (12 PER 365 OVER TIME)

Ophthalmic Beta-Adrenergic Blocking Agents

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

Ophthalmic Intraocular Pressure Lowering Agents, Other

<i>acetazolamide er</i>	1	
ALPHAGAN P 0.1% DROPS	1	
<i>apraclonidine hcl</i>	1	
AZOPT	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
IOPIDINE 1% EYE DROPS	1	
<i>methazolamide</i>	1	
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	
RHOPRESSA	1	QL (2.5 PER 25 DAYS)

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03% eye drops</i>	1	QL (5 PER 30 DAYS)
DURYSTA	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>latanoprost 0.005% eye drops</i>	1	
LUMIGAN	1	QL (2.5 PER 25 DAYS)
VYZULTA	1	QL (5 PER 25 DAYS)

Otic Agents

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

Respiratory Tract/Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

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

Antihistamines

<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone</i>	1	QL (23 PER 30 DAYS)

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

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

Antileukotrienes

<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST
ZYFLO	1	ST

Bronchodilators, Anticholinergic

ATROVENT HFA	1	QL (25.8 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	1	PA - Part B vs D Determination, QL (312.5 PER 30 DAYS)
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	
LONHALA MAGNAIR REFILL	1	QL (60 PER 30 DAYS)
SPIRIVA	1	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	1	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	1	QL (8 PER 28 DAYS)
YUPELRI	1	PA - Part B vs D Determination, QL (90 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol 2.5 mg/0.5 ml sol</i>	1	PA - Part B vs D Determination, QL (100 PER 30 DAYS)
<i>albuterol sul 2.5 mg/3 ml soln</i>	1	PA - Part B vs D Determination, QL (525 PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	PA - Part B vs D Determination, QL (375 PER 30 DAYS)
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate hfa</i>	1	QL (48 PER 30 DAYS)
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	1	
EPIPEN	1	
EPIPEN 2-PAK	1	
EPIPEN JR	1	
EPIPEN JR 2-PAK	1	
<i>levalbuterol 1.25 mg/3 ml sol</i>	1	PA - Part B vs D Determination, QL (270 PER 30 DAYS)
<i>levalbuterol concentrate</i>	1	PA - Part B vs D Determination, QL (90 PER 30 DAYS)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	1	PA - Part B vs D Determination, QL (540 PER 30 DAYS)
<i>levalbuterol tartrate hfa</i>	1	QL (30 PER 30 DAYS)
<i>metaproterenol 10 mg/5 ml syr</i>	1	
PERFOROMIST	1	PA - Part B vs D Determination, QL (120 PER 30 DAYS)
SEREVENT DISKUS	1	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	

Cystic Fibrosis Agents

CAYSTON	1	PA
KALYDECO	1	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	1	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	1	PA, QL (56 PER 28 DAYS)
PULMOZYME	1	PA
SYMDEKO 100/150 MG-150 MG TABS	1	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	1	PA, QL (60 PER 30 DAYS)
TOBI PODHALER	1	QL (224 PER 56 OVER TIME)
<i>tobramycin 300 mg/5 ml ampule</i>	1	PA - Part B vs D Determination
TRIKAFTA	1	PA, QL (84 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA - Part B vs D Determination
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	1	PA
<i>theophylline (er 400 mg tablet, er 600 mg tablet)</i>	1	
<i>theophylline er 300 mg tab</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	1	PA, QL (90 PER 30 DAYS)
ALYQ	1	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	1	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	1	PA, QL (60 PER 30 DAYS)
OPSUMIT	1	PA, QL (30 PER 30 DAYS)
ORENITRAM ER	1	PA
<i>sildenafil 10 mg/ml oral susp</i>	1	PA
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
UPTRAVI (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)	1	PA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	1	PA, QL (400 PER 365 OVER TIME)
VENTAVIS	1	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET	1	PA
OFEV	1	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA - Part B vs D Determination
ANORO ELLIPTA	1	QL (60 PER 30 DAYS)
BREO ELLIPTA	1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMBIVENT RESPIMAT	1	QL (8 PER 30 DAYS)
DULERA (100 MCG INHALER, 200 MCG INHALER)	1	QL (17.6 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER	1	QL (13 PER 30 DAYS)
FASENRA	1	PA
FASENRA PEN	1	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1	PA - Part B vs D Determination, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML SYRINGE, 100 MG VIAL, 100 MG/ML AUTO-INJECTOR)	1	PA, QL (3 PER 28 DAYS)
STIOLTO RESPIMAT	1	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	1	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	1	QL (13.8 PER 30 DAYS)
TRELEGY ELLIPTA	1	QL (60 PER 30 DAYS)
WIXELA INHUB	1	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

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

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA	1	QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>estazolam</i>	1	PA, QL (30 PER 30 DAYS)
<i>eszopiclone</i>	1	QL (30 PER 30 DAYS)
HETLIOZ	1	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temazepam</i>	1	PA, QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	1	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

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

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

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Important Plan Disclosures

Hamaspik Medicare Select (HMO D-SNP) is a Medicare Advantage and Prescription Drug Plan with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-426-2774. TTY users, call 711.

ATENCION: Si habla Espanol, los servicios de asistencia linguistica estan disponibles para usted, de forma gratuita. Llame al 1-833-426-2774. Usuarios de TTY, llamen al 711.

Out-of-network or non-contracted providers are under no obligation to treat Hamaspik Medicare Select members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Non-Discrimination Notice

Hamaspik Medicare Select complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hamaspik Medicare Select does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hamaspik Medicare Select:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Hamaspik Medicare Select's Member Services telephone number listed for your ID card. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY user should call 711.

If you believe that Hamaspik Medicare Select has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex,

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you can file a grievance by calling the number on your ID card and telling them you need help filing a grievance. Hamaspik Medicare Select's Member Services is available to help you. You can also send your grievance to:

Hamaspik Medicare Select
Attn: Grievance and Appeals
Route 59, Suite 1
Monsey, NY 10952

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. You can also file a grievance or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get Help in A Language That You Understand

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-426-2774 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-426-2774 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-833-426-2774 (TTY: 711)。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-426-2774 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés

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gratuitement. Appelez le 1-833-426-2774 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-426-2774 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-426-2774 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-426-2774 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-426-2774 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-426-2774 (رقم هاتف الصم والبكم: 117).

ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-833-426-2774 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-833-426-2774 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-833-426-2774 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-426-2774 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-833-426-2774 (TTY: 711).

意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-833-426-2774 (TTY: 711) まで、お電話にてご連絡ください。

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লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৪৬৯-৬২৯২ (TTY: ৭১১)।

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-833-426-2774 (TTY: 711)۔

אויפגעקלאמט: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך
הילף סערוויסעס פריי פון אפצאל. רופט (TTY: 1-833-426-2774) 1-711.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-833-426-2774 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-833-426-2774 (TTY: 711).

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This formulary was updated on 8/25/2020.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice Member Services, at 1-833-426-2774.
TTY users, please call 711.

From October 1, 2020 through March 31, 2021, our Member Services staff are available
7 days a week, from 8:00 am to 8:00 pm.

From April 2021 thru September 2021, our Member Service staff are available
Monday thru Friday, 8:00 am to 8:00 pm.

Please visit www.hamaspik.com for more information.