Health Alliance™

Health Alliance Medicare
2023 Formulary
(List of Covered Drugs)
For University of Iowa Retirees

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

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Health Alliance™ Medicare Member Services at (877) 917-8550 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit HealthAlliance.org/Medicare.

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

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Health Alliance Medicare. When it refers to "plan" or "our plan," it means Health Alliance Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (877) 917-8550 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (877) 917-8550 (TTY: 711).

GMCMHA23-UIAhmoformulary-0922

Health Alliance Medicare Part D HMO and POS Formulary 00023538 Version 6

What is the Health Alliance Medicare Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

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

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

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

Changes that will not affect you if you are currently taking the drug.

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

The enclosed formulary is current as of 09/01/2022. To get updated information about the drugs covered by Health Alliance Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 [69]. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before you fill your prescriptions. If you don't get approval, Health Alliance Medicare may not cover the drug.

- **Quantity Limits:** For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Health Alliance Medicare 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, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 Health Alliance Medicare 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 Health Alliance Medicare formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Health Alliance Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Health Alliance Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Health Alliance Medicare.

- You can ask Health Alliance Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Health Alliance Medicare formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Alliance Medicare 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, Health Alliance Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions, would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

Health Alliance Medicare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at HealthAlliance.org/Medicare for further details.

For more information

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

If you have questions about Health Alliance Medicare, 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.

Health Alliance Medicare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Health Alliance Medicare. If you have trouble finding your drug in the list, turn to the index that begins on page 69.

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

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

Drug Name	Drug Tier	Requirements/Limits
Opthalmic Agents		
Opthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA Each.

PA Prior Authorization. Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before you fill your prescriptions. If you don't get approval, Health Alliance Medicare may not cover the drug.

QL Quantity Limit. For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

ST Step Therapy. In some cases, Health Alliance Medicare 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, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

Brand-name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps	2	
diclofenac potassium tabs 50mg	2	
diclofenac sodium dr	1	
diclofenac sodium er	1	
diclofenac sodium/misoprostol	2	
diclofenac sodium gel 1%	2	
diclofenac sodium gel 3%	4	
diflunisal tabs 500mg	2	
ec-naproxen	1	
etodolac er	2	
etodolac caps, tabs	2	
fenoprofen calcium caps 400mg	1	
fenoprofen calcium tabs	1	
flurbiprofen tabs	1	
ibu	1	
ibuprofen/famotidine	2	
ibuprofen susp	1	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ketorolac tromethamine inj 15mg/ml, 30mg/ml	2	
meclofenamate sodium caps	1	
mefenamic acid caps	2	
meloxicam tabs	1	
nabumetone tabs	1	
naproxen sodium tabs 275mg, 550mg	1	
naproxen tbec	1	
naproxen susp	2	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin	2	
piroxicam caps	2	
salsalate tabs	2	
sulindac tabs	1	
Opioid Analgesics, Long-acting		
BELBUCA	4	QL (60 EA per 30 days)
buprenorphine	2	
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr	2	QL (10 EA per 30 days)
fentanyl pt72 100mcg/hr	2	QL (20 EA per 30 days)
methadone hcl inj	2	
methadone hcl oral soln	2	QL (1800 ML per 30 days)
methadone hcl tabs	2	QL (360 EA per 30 days)
methadone hydrochloride intensol	2	QL (1800 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone hydrochloride conc	2	QL (1800 ML per 30 days)
methadose sugar-free	2	QL (1800 ML per 30 days)
methadose conc 10mg/ml	2	QL (1800 ML per 30 days)
morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	2	QL (60 EA per 30 days)
morphine sulfate er tbcr	2	QL (120 EA per 30 days)
NUCYNTA ER	3	
oxycodone hcl er t12a	2	QL (60 EA per 30 days)
OXYCONTIN T12A	4	QL (60 EA per 30 days)
oxymorphone hydrochloride er tb12 30mg	2	QL (120 EA per 30 days)
oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg	2	QL (60 EA per 30 days)
oxymorphone hydrochlorideer	2	QL (120 EA per 30 days)
tramadol hcl er cp24 100mg, 200mg, 300mg	2	QL (60 EA per 30 days) ST
tramadol hcl er tb24	2	QL (30 EA per 30 days) ST
Opioid Analgesics, Short-acting		
acetaminophen/caffeine/dihydrocodeine tabs	2	QL (300 EA per 30 days)
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	QL (180 EA per 30 days)
acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg	2	QL (360 EA per 30 days)
acetaminophen/codeine soln	2	QL (4500 ML per 30 days)
acetaminophen/codeine tabs 300mg; 60mg	2	QL (180 EA per 30 days)
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg	2	QL (360 EA per 30 days)
ascomp/codeine	2	
butalbital/acetaminophen/caffeine/codeine	2	
butalbital/aspirin/caffeine/codeine	2	
butorphanol tartrate inj	2	
butorphanol tartrate nasal soln	2	QL (5 ML per 28 days)
codeine sulfate tabs	2	QL (180 EA per 30 days)
duramorph	2	
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL (240 EA per 30 days)
fentanyl citrate oral transmucosal lpop 200mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL (120 EA per 30 days) PA
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	2	QL (2700 ML per 30 days)
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	2	QL (240 EA per 30 days)
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	QL (240 EA per 30 days)
hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	2	QL (150 EA per 30 days)
hydromorphone hcl liqd	2	QL (1200 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml	2	
hydromorphone hcl tabs 8mg	2	QL (120 EA per 30 days)
hydromorphone hcl tabs 2mg, 4mg	2	QL (180 EA per 30 days)
hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml	2	
LAZANDA SOLN 100MCG/ACT, 400MCG/ACT	5	PA
morphine sulfate tabs	2	QL (180 EA per 30 days)
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML	2	
morphine sulfate inj 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml	2	B/D
morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml	2	
morphine sulfate oral soln 20mg/ml	2	QL (200 ML per 30 days)
morphine sulfate oral soln 20mg/5ml	2	QL (300 ML per 30 days)
morphine sulfate oral soln 10mg/5ml	2	QL (700 ML per 30 days)
nalbuphine hcl inj 10mg/ml, 20mg/ml	1	
oxycodone hcl caps	2	QL (180 EA per 30 days)
oxycodone hydrochloride soln	2	QL (1300 ML per 30 days)
oxycodone hydrochloride caps, tabs	2	QL (180 EA per 30 days)
oxycodone hydrochloride conc	2	QL (180 ML per 30 days)
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL (240 EA per 30 days)
oxymorphone hydrochloride	2	QL (180 EA per 30 days)
tramadol hcl tabs	2	QL (240 EA per 30 days)
tramadol hydrochloride/acetaminophen	2	QL (240 EA per 30 days)
tramadol hydrochloride tabs 100mg	2	QL (120 EA per 30 days)
Anesthetics		
Local Anesthetics		
glydo	1	QL (30 ML per 30 days) PA
lidocaine hcl jelly prsy	1	QL (30 ML per 30 days) PA
lidocaine hcl jelly gel	4	QL (30 ML per 30 days) PA
lidocaine hcl/dextrose intraspinal soln 7.5%; 5%	2	
lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%	1	
lidocaine hcl prsy 2%	1	QL (30 ML per 30 days) PA
lidocaine hcl external soln 4%	1	QL (250 ML per 30 days) PA
lidocaine hydrochloride inj 1%, 2%	1	
lidocaine/prilocaine crea	2	QL (30 GM per 30 days) PA
lidocaine oint 5%	2	QL (150 GM per 30 days) PA
lidocaine ptch 5%	2	PA
PLIAGLIS CREA	4	QL (30 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	2	
disulfiram tabs	2	
VIVITROL	5	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
Opioid Dependence		
buprenorphine hcl/naloxone hcl	2	QL (90 EA per 30 days)
buprenorphine hcl subl	2	QL (90 EA per 30 days)
buprenorphine hcl inj	4	
buprenorphine hydrochloride/naloxone hydrochloride film	2	QL (90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg	2	QL (90 EA per 30 days)
LUCEMYRA	4	
naltrexone hcl tabs	1	
Opioid Reversal Agents		
naloxone hcl inj 2mg/2ml, 4mg/10ml	1	
naloxone hydrochloride liqd	2	
naloxone hydrochloride inj 0.4mg/ml	1	
NARCAN LIQD	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	
NICOTROL INHALER	4	QL (480 EA per 30 days)
NICOTROL NS	4	QL (720 ML per 365 days)
VARENICLINE STARTING MONTH BOX	2	
varenicline tartrate	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	2	
gentak	1	
gentamicin sulfate pediatric	1	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	
gentamicin sulfate ophthalmic soln	1	
gentamicin sulfate crea, oint	2	
gentamicin sulfate inj 40mg/ml	1	
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	
neomycin sulfate	2	
neomycin/polymyxin b sulfates	2	
paromomycin sulfate	1	
streptomycin sulfate inj 1gm	1	
tobramycin sulfate inj	2	
tobramycin soln 0.3%	1	
ZEMDRI	5	
Antibacterials, Other		
AEMCOLO	3	QL (12 EA per 30 days)
bacitracin inj	1	
bacitracin oint	2	
chloramphenicol sodium succinate	1	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN SUPP	4	
clindacin etz pledgets	2	
clindamycin hcl caps 300mg	1	
clindamycin hydrochloride caps 150mg, 75mg	1	
clindamycin palmitate hcl	1	
clindamycin phosphate/dextrose	2	
clindamycin phosphate crea, foam, gel, lotn, external soln, swab	2	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml	1	
colistimethate sodium	4	
DALVANCE	5	
daptomycin	5	
fosfomycin tromethamine	2	
KIMYRSA	5	
lincomycin hcl inj	2	
linezolid tabs	4	QL (56 EA per 28 days)
linezolid susr	5	QL (1800 ML per 28 days)
linezolid inj 600mg/300ml	2	
mafenide acetate pack	4	
methenamine hippurate	2	
metronidazole vaginal	2	
metronidazole caps 375mg	1	
metronidazole inj 500mg/100ml	1	
metronidazole tabs 250mg, 500mg	1	
mupirocin oint	2	
nitrofurantoin macrocrystals	2	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate caps	2	
NUVESSA	4	
ORBACTIV	5	
polymyxin b sulfate inj	2	
silver sulfadiazine crea	1	
SIVEXTRO	5	QL (6 EA per 30 days)
ssd	1	
SULFAMYLON	4	
SYNERCID INJ 350MG; 150MG	5	
tigecycline	2	
trimethoprim tabs	1	
vancomycin hcl inj 0.9%; 1gm/200ml, 10gm	4	
vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml	4	
vancomycin hydrochloride caps	4	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
vancomycin hydrochloride inj 1000mg/200ml, 1gm, 250mg, 500mg, 5gm, 750mg	4	
vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	4	
vandazole	2	
XIFAXAN	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
cefaclor er tb12 500mg	2	
cefaclor caps	2	
cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
cefadroxil	2	
cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%	2	
cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg	2	
CEFAZOLIN INJ 2GM	2	
cefdinir	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM	3	
CEFEPIME/DEXTROSE	3	
cefixime	2	
CEFOTAXIME SODIUM INJ 1GM	1	
cefotaxime sodium inj 2gm	1	
cefotetan/dextrose	1	
cefotetan inj 1gm, 2gm	1	
cefoxitin sodium	1	
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime/dextrose	1	
ceftazidime inj 1gm, 2gm, 6gm	1	
ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0	4	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	4	
ceftriaxone/dextrose	4	
cefuroxime axetil tabs	2	
cefuroxime sodium inj 1.5gm, 750mg	2	
cephalexin	1	
FETROJA	5	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
tazicef inj 1gm, 2gm, 6gm	1	
TEFLARO	5	
ZERBAXA	5	

Drug Name	Drug Tier	Requirements/Limits
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium	2	
amoxicillin/clavulanate potassium er	2	
amoxicillin chew 125mg, 250mg	1	
amoxicillin caps, susr, tabs	1	
ampicillin sodium inj	1	
ampicillin-sulbactam	1	
ampicillin caps 500mg	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
dicloxacillin sodium	1	
NAFCILLIN	5	
nafcillin sodium inj 10gm, 1gm, 2gm	2	
oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml	2	
penicillin g potassium in iso-osmotic dextrose	1	
penicillin g potassium inj 20000000unit, 5000000unit	1	
penicillin g procaine	1	
penicillin v potassium	1	
piperacillin sodium/tazobactam sodium	2	
Carbapenems		
aztreonam	2	
ertapenem	4	
ertapenem sodium	4	
imipenem/cilastatin	1	
meropenem	2	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	5	
meropenem/sodium chloride inj 500mg; 0.9%	2	
Macrolides		
azithromycin pack, susr, tabs	2	
azithromycin inj 500mg	2	
clarithromycin er	2	
clarithromycin susr, tabs	2	
DIFICID	5	
e.e.s. 400 tabs	2	
ery	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
erythrocin stearate tabs 250mg	2	
erythromycin base tabs	2	
erythromycin dr	2	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate susr, tabs	2	
ERYTHROMYCIN LACTOBIONATE	3	
erythromycin oint	1	
erythromycin cpep, gel	2	
erythromycin soln 2%	2	
Quinolones		
BAXDELA	5	
ciprofloxacin hcl tabs 100mg, 750mg	1	
ciprofloxacin hydrochloride soln	1	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	1	
ciprofloxacin soln	2	
gatifloxacin	2	
levofloxacin	2	
levofloxacin in d5w	2	
moxifloxacin hydrochloride/sodium hydrochloride	2	
moxifloxacin hydrochloride inj, ophthalmic soln, tabs	2	
ofloxacin ophthalmic soln, otic soln	1	
ofloxacin tabs 300mg, 400mg	1	
Sulfonamides		
sodium sulfacetamide	2	
sulfacetamide sodium soln	1	
sulfacetamide sodium lotn, oint	2	
sulfadiazine tabs	1	
sulfamethoxazole/trimethoprim	1	
sulfamethoxazole/trimethoprim ds	1	
Tetracyclines		
demeclocycline hcl tabs	2	
demeclocycline hydrochloride tabs 300mg	2	
doxy 100	2	
doxycycline hyclate dr tbec 150mg, 75mg	2	
doxycycline hyclate caps, inj	2	
doxycycline hyclate tabs 100mg, 20mg	2	
doxycycline monohydrate caps, tabs	2	
doxycycline susr	2	
MINOCIN INJ	5	
minocycline hcl caps 75mg	1	
minocycline hcl tabs	1	
minocycline hydrochloride er tb24 135mg, 45mg, 90mg	2	
minocycline hydrochloride caps	1	
mondoxyne nl caps 100mg	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tetracycline hydrochloride caps	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM	5	ST
BRIVIACT	5	ST
ELEPSIA XR	5	ST
EPIDIOLEX	5	PA
EPRONTIA	4	
felbamate tabs	2	
felbamate susp	5	
FINTEPLA	5	PA
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG, 8MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG	5	
lamotrigine er	2	
lamotrigine titration	2	
lamotrigine chew, tabs	1	
levetiracetam er	1	
levetiracetam/sodium chloride	2	
levetiracetam oral soln, tabs	1	
levetiracetam inj 500mg/5ml	1	
levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml	2	
NAYZILAM	5	
roweepra tabs 500mg	1	
SPRITAM	4	ST
subvenite	1	
topiramate er	2	
topiramate cpsp, tabs	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	
XCOPRI TABS 200MG	5	
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
ethosuximide	2	
pregabalin	2	
zonisamide	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	4	
clonazepam odt	2	

Drug Name	Drug Tier	Requirements/Limits
clonazepam tabs	2	
DIACOMIT	5	PA
diazepam rectal gel	2	
divalproex sodium dr	1	
divalproex sodium er	2	
divalproex sodium csdr	1	
gabapentin caps, soln	1	
gabapentin tabs 600mg, 800mg	1	
phenobarbital sodium inj 130mg/ml, 65mg/ml	2	
phenobarbital elix 20mg/5ml	2	
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	2	
primidone tabs	1	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
tiagabine hydrochloride	2	
valproate sodium inj	1	
valproic acid caps, soln	1	
VALTOCO	5	
vigabatrin	5	
vigadrone	5	
Sodium Channel Agents		
carbamazepine er	2	
carbamazepine chew, susp, tabs	1	
DILANTIN INFATABS	4	
DILANTIN CAPS	4	
epitol	1	
fosphenytoin sodium	1	
lacosamide	2	
oxcarbazepine	2	
OXTELLAR XR	4	
phenytoin infatabs	1	
phenytoin sodium extended	2	
phenytoin sodium inj	1	
phenytoin chew, susp	1	
rufinamide susp	5	
RUFINAMIDE TABS 200MG	3	
rufinamide tabs 400mg	5	
VIMPAT INJ	3	
VIMPAT ORAL SOLN	5	
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	
Antidementia Agents		

Drug Name	Drug Tier	Requirements/Limits
Cholinesterase Inhibitors		
donepezil hcl tbdp	1	
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	2	
donepezil hydrochloride odt	1	
donepezil hydrochloride tabs 10mg, 5mg	1	
galantamine hydrobromide er	2	
galantamine hydrobromide soln, tabs	2	
rivastigmine tartrate	2	
rivastigmine transdermal system	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	1	
memantine hydrochloride er	2	
memantine hydrochloride tabs	1	
memantine hydrochloride soln	2	
Antidepressants		
Antidepressants, Other		
bupropion hcl tabs 100mg	1	
bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg	1	
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	4	ST
bupropion hydrochloride er (xl) tb24 150mg, 300mg	2	
bupropion hydrochloride tabs 75mg	1	
FORFIVO XL	4	ST
mirtazapine odt	1	
mirtazapine tabs	1	
olanzapine/fluoxetine	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days)
MARPLAN	4	
phenelzine sulfate	2	
tranylcypromine sulfate	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln, tabs	1	
citalopram hydrobromide caps	4	ST
desvenlafaxine er tb24 100mg, 50mg	2	
desvenlafaxine er tb24 100mg, 25mg, 50mg	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	4	
duloxetine hcl cpep 40mg	2	
duloxetine hydrochloride cpep	2	
escitalopram oxalate tabs	1	

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate soln	4	
FETZIMA	4	ST
FETZIMA TITRATION PACK	4	ST
fluoxetine dr	1	
fluoxetine hcl caps 20mg	1	
fluoxetine hcl soln	1	
fluoxetine hydrochloride caps 10mg, 40mg	1	
fluoxetine hydrochloride tabs 60mg	4	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	
nefazodone hydrochloride	2	
paroxetine	2	
paroxetine hcl er	2	
paroxetine hcl tabs 30mg, 40mg	1	
paroxetine hydrochloride susp	1	
paroxetine hydrochloride tabs 10mg, 20mg	1	
PEXEVA	4	ST
sertraline hcl conc	1	
sertraline hcl tabs 25mg, 50mg	1	
sertraline hydrochloride caps	4	ST
sertraline hydrochloride tabs 100mg	1	
trazodone hydrochloride tabs 100mg, 150mg, 50mg	1	
trazodone hydrochloride tabs 300mg	2	
TRINTELLIX	4	ST
VENLAFAXINE BESYLATE ER	4	ST
venlafaxine hcl er cp24 150mg, 37.5mg	1	
venlafaxine hydrochloride	1	
venlafaxine hydrochloride er cp24 75mg	1	
venlafaxine hydrochloride er tb24 150mg, 75mg	1	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days) ST
VIIBRYD TABS	4	QL (30 EA per 30 days) ST
vilazodone hydrochloride	2	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg	4	PA
amitriptyline hydrochloride tabs 10mg, 50mg	4	PA
amoxapine	2	
chlordiazepoxide/amitriptyline	4	PA
clomipramine hydrochloride	4	PA
desipramine hydrochloride	2	
doxepin hcl caps 75mg	4	PA
doxepin hcl conc	4	PA
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
imipramine hcl tabs 25mg, 50mg	4	PA
imipramine hydrochloride tabs 10mg	4	PA
imipramine pamoate	4	PA
nortriptyline hcl caps 25mg, 75mg	2	
nortriptyline hcl soln	2	
nortriptyline hydrochloride caps 10mg, 50mg	2	
perphenazine/amitriptyline	4	PA
protriptyline hcl	2	
trimipramine maleate caps	2	
Antiemetics		
Antiemetics, Other		
compro	2	
dimenhydrinate inj	1	
droperidol inj	1	
meclizine hcl tabs	2	
meclizine hydrochloride tabs 25mg	2	
prochlorperazine edisylate inj 10mg/2ml	2	
prochlorperazine maleate tabs	2	
prochlorperazine supp 25mg	2	
promethazine hcl supp 12.5mg, 25mg	2	
promethazine hcl tabs 12.5mg	4	PA
promethazine hydrochloride tabs 25mg, 50mg	4	PA
promethegan	2	
scopolamine	2	
Emetogenic Therapy Adjuncts		
aprepitant	4	PA
CINVANTI	4	PA
dronabinol	2	B/D
EMEND INJ, SUSR	4	PA
fosaprepitant dimeglumine	2	PA
granisetron hcl inj 1mg/ml	2	
granisetron hydrochloride tabs	2	B/D
granisetron hydrochloride inj	2	
ondansetron hcl soln	2	B/D
ondansetron hcl tabs 24mg	2	B/D
ondansetron hydrochloride tabs	2	B/D
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	2	
ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml	2	
ondansetron odt	2	B/D
palonosetron hydrochloride	4	
SANCUSO	5	
Antifungals		
Antifungals		

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Drug Name	Drug Tier	Requirements/Limits
ABELCET	4	PA
amphotericin b liposome	5	PA
amphotericin b inj	2	B/D
caspofungin acetate inj 70mg	4	
caspofungin acetate inj 50mg	5	
ciclodan soln	2	
ciclopirox nail lacquer	2	
ciclopirox olamine crea	2	
ciclopirox gel, sham, susp	2	
clotrimazole/betamethasone dipropionate	2	
clotrimazole crea, soln, troc	2	
CRESEMBA	5	PA
econazole nitrate crea	2	
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	5	
fluconazole in nacl inj 200mg/100ml; 0.9%	2	
fluconazole in sodium chloride	2	
fluconazole susr, tabs	2	
flucytosine caps	5	
griseofulvin microsize	2	
griseofulvin ultramicrosize tabs 125mg, 250mg	2	
itraconazole caps	2	
itraconazole soln	5	
ketoconazole crea, sham, tabs	2	
MENTAX	4	ST
micafungin inj 100mg	2	
micafungin inj 50mg	5	
miconazole 3 supp	1	
NAFTIFINE HCL	3	ST
NAFTIFINE HYDROCHLORIDE	3	ST
NAFTIN GEL 2%	4	ST
NATACYN	3	
NOXAFIL INJ	5	
nyamyc	2	
nystatin/triamcinolone	2	
nystatin crea, oint, powd, susp, tabs	2	
nystop	2	
ORAVIG	4	
posaconazole dr	5	
terbinafine hcl tabs	2	
terconazole	2	
voriconazole tabs	4	
voriconazole susr	5	

Drug Name	Drug Tier	Requirements/Limits
voriconazole inj	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tabs	1	
colchicine tabs 0.6mg	2	
febuxostat	2	
KRYSTEXXA	5	PA
probenecid/colchicine	1	
probenecid tabs	1	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate soln	5	QL (8 ML per 23 days)
ERGOMAR	4	
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	
Prophylactic		
AIMOVIG	4	QL (2 ML per 30 days) PA
EMGALITY INJ 120MG/ML	4	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	4	QL (3 ML per 30 days) PA
NURTEC	5	QL (18 EA per 30 days) PA
VYEPTI	5	PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl	2	QL (18 EA per 30 days)
REYVOW TABS 50MG	4	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	4	QL (8 EA per 30 days) PA
rizatriptan benzoate	2	QL (18 EA per 30 days)
rizatriptan benzoate odt	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL (4 ML per 30 days)
sumatriptan succinate tabs	2	QL (9 EA per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	2	QL (4 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	2	QL (6 ML per 30 days)
sumatriptan soln 20mg/act	2	QL (12 EA per 30 days)
sumatriptan soln 5mg/act	2	QL (18 EA per 30 days)
zolmitriptan odt	2	QL (9 EA per 30 days)
zolmitriptan tabs	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide soln	5	
pyridostigmine bromide tabs 60mg	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		

Drug Name	Drug Tier	Requirements/Limits
dapsone tabs	2	
PRETOMANID	4	QL (30 EA per 30 days) PA
rifabutin	2	
Antituberculars		
CAPASTAT SULFATE	4	
cycloserine	2	
ethambutol hydrochloride	2	
isoniazid inj, syrp, tabs	1	
PASER	4	
PRIFTIN	4	
pyrazinamide tabs	1	
rifampin caps, inj	2	
SIRTURO	5	PA
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
BENDEKA	5	PA
BICNU	5	
busulfan	5	
BUSULFEX	5	
carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	1	
CARMUSTINE INJ 300MG, 50MG	5	
carmustine inj 100mg	5	
cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	5	
CYCLOPHOSPHAMIDE CAPS, TABS	3	B/D
CYCLOPHOSPHAMIDE INJ 500MG/2.5ML	5	
cyclophosphamide inj 1gm/5ml, 500mg	2	
cyclophosphamide inj 1gm, 2gm	5	
dacarbazine inj 100mg, 200mg	1	
EVOMELA	5	PA
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
ifosfamide inj 1gm/20ml, 3gm/60ml	1	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LEUKERAN	5	
MATULANE	5	PA
melphalan hydrochloride	2	PA
oxaliplatin inj 50mg/10ml	2	
oxaliplatin inj 100mg/20ml, 100mg, 50mg	5	
paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
TEMODAR INJ	5	PA
thiotepa inj 100mg, 15mg	5	PA
TREANDA INJ 100MG, 25MG	5	PA
VALCHLOR	5	PA
YONDELIS	5	PA
ZANOSAR	5	
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate	5	PA
bicalutamide	1	
ERLEADA	5	PA
flutamide	2	
nilutamide	5	
NUBEQA	5	PA
XTANDI	5	PA
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
lenalidomide	5	PA
POMALYST	5	QL (21 EA per 28 days) PA
QINLOCK	5	PA
REVLIMID CAPS 2.5MG, 20MG	5	PA
TABRECTA	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
fulvestrant	5	
SOLTAMOX	5	
tamoxifen citrate tabs	1	
toremifene citrate	5	PA
Antimetabolites		
ALIMTA	5	PA
ARRANON	5	
cladribine	5	B/D
clofarabine	5	
cytarabine aqueous	1	B/D
cytarabine inj 100mg/ml, 20mg/ml	1	B/D
DROXIA	4	
floxuridine inj	2	B/D
FLUOROPLEX	5	
FLUOROURACIL CREA 0.5%	5	
fluorouracil crea 5%	2	

Drug Name	Drug Tier	Requirements/Limits
fluorouracil external soln	2	
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	2	B/D
FOLOTYN	5	
gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml	2	
gemcitabine hydrochloride inj 1gm/10ml, 200mg/2ml, 2gm/20ml	5	
hydroxyurea caps	1	
INFUGEM	5	PA
LONSURF	5	PA
mercaptopurine tabs	2	
nelarabine	5	
pemetrexed disodium	5	PA
PEMETREXED INJ 1GM/40ML, 850MG/34ML	4	PA
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	PA
pemetrexed inj 1000mg, 100mg, 500mg, 750mg	5	PA
PEMFEXY	5	PA
PURIXAN	5	
SIKLOS	4	
TABLOID	4	PA
VYXEOS	5	PA
Antineoplastics, Other		
ABRAXANE	5	
adriamycin inj 10mg, 2mg/ml, 50mg	1	B/D
ARSENIC TRIOXIDE INJ 10MG/10ML	3	
arsenic trioxide inj 12mg/6ml	5	
azacitidine	5	
BESREMI	5	PA
bleomycin sulfate	1	B/D
BORTEZOMIB INJ 1MG, 2.5MG	4	PA
BORTEZOMIB INJ 3.5MG	5	PA
bortezomib inj 3.5mg	5	PA
BRAFTOVI	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
dactinomycin	5	PA
daunorubicin hydrochloride	1	
DAURISMO	5	PA
decitabine	5	
dexrazoxane	5	

Drug Name	Drug Tier	Requirements/Limits
docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml	2	
docetaxel inj 20mg/2ml	5	
doxorubicin hcl inj 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal	5	
doxorubicin hydrochloride inj 10mg	1	B/D
ELZONRIS	5	PA
ERWINASE	5	
FARYDAK	5	PA
fludarabine phosphate	1	
GAVRETO	5	PA
HALAVEN	5	
IBRANCE	5	PA
idarubicin hcl	2	
idarubicin hydrochloride	2	
INREBIC	5	PA
ISTODAX (OVERFILL)	5	
IXEMPRA KIT	5	
JEVTANA	5	
KIMMTRAK	5	PA
KISQALI	5	PA
leucovorin calcium tabs	1	
leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg	1	
levoleucovorin inj 50mg	5	
LORBRENA	5	PA
LUMAKRAS	5	PA
LYNPARZA	5	PA
MARQIBO	5	PA
MEKTOVI	5	PA
mitomycin inj 20mg, 40mg, 5mg	5	
mitoxantrone hcl inj 2mg/ml	2	
mutamycin	5	
NERLYNX	5	PA
NINLARO	5	PA
ONCASPAR	5	
ONUREG	5	
paclitaxel	1	
PACLITAXEL PROTEIN-BOUND PARTICLES	5	
PEMAZYRE	5	PA
PHESGO	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE	5	PA
PROLEUKIN	5	
RETEVMO	5	PA
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
romidepsin inj 10mg	5	
ROZLYTREK	5	PA
RYDAPT	5	PA
RYLAZE	5	
SCEMBLIX	5	PA
SYNRIBO	5	
TALZENNA	5	PA
TAZVERIK	5	PA
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	
TRUSELTIQ	5	PA
TUKYSA	5	PA
valrubicin	5	
VALSTAR	5	
VELCADE	5	PA
VERZENIO	5	PA
vinblastine sulfate inj 1mg/ml	1	B/D
vincasar pfs	1	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate	1	
VITRAKVI	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZALTRAP	5	
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs	1	
exemestane	2	
letrozole	2	
Enzyme Inhibitors		
BALVERSA	5	PA
ETOPOPHOS	5	
etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml	1	
KYPROLIS	5	

Drug Name	Drug Tier	Requirements/Limits
toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
topotecan hcl inj 4mg/4ml	2	
topotecan hydrochloride	2	
ZYDELIG	5	PA
Molecular Target Inhibitors		
ALECENSA	5	PA
ALIQOPA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA
BELEODAQ	5	PA
BOSULIF	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
ERIVEDGE	5	PA
erlotinib hydrochloride	5	PA
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	5	PA
everolimus tbso 2mg, 3mg, 5mg	5	PA
EXKIVITY	5	PA
FYARRO	5	PA
GILOTRIF	5	PA
ICLUSIG	5	PA
IDHIFA	5	PA
imatinib mesylate	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA
KOSELUGO	5	PA
lapatinib ditosylate	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	5	PA
RUBRACA	5	PA
sorafenib	5	PA
sorafenib tosylate	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
sunitinib malate	5	PA
TAFINLAR	5	PA
TAGRISSO	5	PA
TASIGNA	5	PA
temsirolimus	5	
TEPMETKO	5	PA
TIBSOVO	5	PA
TORISEL	5	
TURALIO	5	PA
UKONIQ	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYKADIA TABS	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	5	
ALYMSYS	5	PA
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA
BESPONSA	5	PA
BLINCYTO	5	PA
CYRAMZA	5	PA
DANYELZA	5	PA
DARZALEX	5	PA
DARZALEX FASPRO	5	PA
EMPLICITI	5	PA
ENHERTU	5	PA
ERBITUX	5	PA
GAZYVA	5	PA

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN HYLECTA	5	PA
HERCEPTIN INJ 150MG	5	PA
HERZUMA	5	PA
IMFINZI	5	PA
JEMPERLI	5	PA
KADCYLA	5	
KANJINTI	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
MVASI	5	PA
MYLOTARG	5	PA
OGIVRI INJ 1.1%; 420MG, 150MG	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
PADCEV	5	PA
PERJETA	5	PA
POLIVY	5	PA
PORTRAZZA	5	PA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TIVDAK	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
TRUXIMA	5	PA
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA
YERVOY	5	PA
ZYNLONTA	5	PA
Retinoids		
bexarotene	5	PA
PANRETIN	5	
TARGRETIN GEL	5	PA
tretinoin caps 10mg	5	PA
Treatment Adjuncts		
ELITEK	5	PA
mesna	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
albendazole tabs	5	
ivermectin tabs 3mg	2	PA
praziquantel tabs	2	
Antiprotozoals		
atovaquone	2	
atovaquone/proguanil hcl	2	
chloroquine phosphate tabs	1	
COARTEM	4	
hydroxychloroquine sulfate tabs	1	
KRINTAFEL	3	
mefloquine hcl	1	
nitazoxanide	5	
pentamidine isethionate inhalation solr	2	B/D
pentamidine isethionate inj	2	
PRIMAQUINE PHOSPHATE TABS	3	
pyrimethamine tabs	5	
quinine sulfate caps 324mg	2	PA
tinidazole tabs	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs	1	
trihexyphenidyl hydrochloride	2	
Antiparkinson Agents, Other		
entacapone	2	
ONGENTYS	4	ST
tolcapone	5	
Dopamine Agonists		
apomorphine hydrochloride inj	5	PA
bromocriptine mesylate caps, tabs	2	
NEUPRO	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	2	
ropinirole er	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tabs 0.25mg, 3mg	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	1	
carbidopa/levodopa er	2	
carbidopa/levodopa odt	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa/levodopa/entacapone	4	
carbidopa tabs	2	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs	2	
selegiline hcl caps, tabs	2	
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl inj, tabs	2	
chlorpromazine hydrochloride conc	2	
fluphenazine decanoate inj	2	
fluphenazine hcl conc, inj, tabs	2	
fluphenazine hydrochloride elix	2	
haloperidol decanoate inj	2	
haloperidol lactate	2	
haloperidol conc, tabs	2	
loxapine	1	
MOLINDONE HYDROCHLORIDE	3	
perphenazine tabs	2	
pimozide	2	
thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg	2	
thiothixene caps 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tabs 1mg	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	ST
ABILIFY MYCITE MAINTENANCE KIT	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE STARTER KIT	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE TABS 30MG	5	QL (30 EA per 30 days) ST
aripiprazole	2	
aripiprazole odt	5	
ARISTADA	5	ST
ARISTADA INITIO	5	ST
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL (30 EA per 30 days) ST
FANAPT TITRATION PACK	4	ST
FANAPT TABS 1MG, 2MG, 4MG	4	ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA	5	ST
LATUDA	5	ST
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID CAPS	5	QL (30 EA per 30 days) PA
NUPLAZID TABS 10MG	5	QL (90 EA per 30 days) PA
olanzapine odt	2	
OLANZAPINE INJ	3	
olanzapine tabs	2	
paliperidone er	4	ST
PERSERIS	5	ST
quetiapine fumarate er	2	
quetiapine fumarate tabs 100mg, 200mg, 25mg, 300mg, 400mg, 50mg	1	
quetiapine fumarate tabs 150mg	1	QL (90 EA per 30 days)
REXULTI	5	ST
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	ST
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	ST
risperidone	2	
risperidone odt	2	
SECUADO	4	ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
ziprasidone hcl	2	
ziprasidone mesylate	2	ST
ZYPREXA RELPREVV INJ 210MG	4	ST
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST
Treatment-Resistant		
clozapine odt	4	
clozapine tabs 100mg, 200mg, 25mg, 50mg	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs	2	
baclofen inj 40mg/20ml	2	B/D
baclofen inj 50mcg/ml	4	B/D
baclofen inj 20000mcg/20ml, 500mcg/ml	5	B/D
BOTOX	4	PA
dantrolene sodium caps	1	
DYSPORT	4	PA
GABLOFEN	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA

Drug Name	Drug Tier	Requirements/Limits
tizanidine hcl caps 4mg	2	
tizanidine hcl tabs 2mg	1	
tizanidine hydrochloride tabs	1	
tizanidine hydrochloride caps	2	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir inj 500mg/10ml, 500mg	1	B/D
LIVTENCITY	5	
PREVYMIS	5	
valganciclovir	2	
valganciclovir hydrochloride	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	2	
BARACLUDE SOLN	5	
entecavir	4	
EPIVIR HBV SOLN	4	
INTRON A	5	
lamivudine tabs 100mg	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	
CABENUVA	5	
DELSTRIGO	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	

Drug Name	Drug Tier	Requirements/Limits
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
TRIUMEQ	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
EDURANT	5	
efavirenz	4	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	
etravirine tabs 100mg	4	
etravirine tabs 200mg	5	
INTELENCE TABS 25MG	4	
nevirapine	2	
nevirapine er	2	
ODEFSEY	5	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	2	
abacavir sulfate	2	
abacavir sulfate/lamivudine	4	
abacavir sulfate/lamivudine/zidovudine	5	
CIMDUO	5	
DESCOVY	5	
emtricitabine	2	
emtricitabine/tenofovir disoproxil	5	
emtricitabine/tenofovir disoproxil fumarate	5	
EMTRIVA SOLN	4	
lamivudine/zidovudine	4	
lamivudine soln 10mg/ml	2	
lamivudine tabs 150mg, 300mg	2	
RETROVIR IV INFUSION	4	
STAVUDINE CAPS	1	
TEMIXYS	5	
tenofovir disoproxil fumarate	4	
TRIUMEQ PD	5	
TRIZIVIR	5	QL (60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	

Drug Name	Drug Tier	Requirements/Limits
zidovudine	1	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
atazanavir	4	
atazanavir sulfate	4	
EVOTAZ	5	
fosamprenavir calcium	5	
INVIRASE TABS	5	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
lopinavir/ritonavir	4	
NORVIR PACK, SOLN	3	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	5	
ritonavir	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
amantadine hcl caps, soln, tabs	2	
oseltamivir phosphate caps 75mg	2	QL (110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL (168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL (84 EA per 365 days)
oseltamivir phosphate susr	2	QL (1080 ML per 365 days)
RELENZA DISKHALER	3	
rimantadine hydrochloride	1	
XOFLUZA TBPK 80MG	4	QL (2 EA per 365 days)
XOFLUZA TBPK 20MG, 40MG	4	QL (4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	2	B/D
acyclovir caps, susp, tabs	2	
acyclovir crea, oint	4	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tabs	2	
trifluridine	2	
valacyclovir hcl tabs 1gm	2	
valacyclovir hydrochloride tabs 500mg	2	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg, 30mg	2	
buspirone hydrochloride tabs 10mg, 5mg, 7.5mg	2	
meprobamate	4	PA
Benzodiazepines		
alprazolam er tb24 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam er tb24 2mg, 3mg	2	QL (90 EA per 30 days)
alprazolam odt tbdp 0.25mg, 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam odt tbdp 2mg	2	QL (150 EA per 30 days)
alprazolam xr tb24 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam xr tb24 2mg, 3mg	2	QL (90 EA per 30 days)
alprazolam tabs 0.25mg, 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam tabs 2mg	2	QL (150 EA per 30 days)
chlordiazepoxide hcl caps 10mg, 5mg	2	QL (120 EA per 30 days)
chlordiazepoxide hydrochloride caps 25mg	2	QL (120 EA per 30 days)
clorazepate dipotassium tabs 15mg	2	QL (180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	2	QL (360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	2	QL (720 EA per 30 days)
diazepam intensol	2	
diazepam conc, oral soln	2	
diazepam tabs	2	QL (120 EA per 30 days)
diazepam inj 5mg/ml	2	
estazolam	2	QL (30 EA per 30 days)
lorazepam inj 2mg/ml, 4mg/ml	2	
lorazepam tabs 0.5mg	2	QL (120 EA per 30 days)
lorazepam tabs 2mg	2	QL (150 EA per 30 days)
lorazepam tabs 1mg	2	QL (90 EA per 30 days)
midazolam hcl syrp	2	
midazolam hcl inj 10mg/10ml, 10mg/2ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml	2	
midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml	2	
oxazepam	2	QL (120 EA per 30 days)
temazepam	2	QL (30 EA per 30 days)
triazolam	2	QL (30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	

Drug Name	Drug Tier	Requirements/Limits
lithium	1	
lithium carbonate er	1	
lithium carbonate caps, tabs	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs	1	
ALOGLIPTIN	4	QL (30 EA per 30 days) ST
ALOGLIPTIN/METFORMIN HCL	4	QL (60 EA per 30 days) ST
ALOGLIPTIN/PIOGLITAZONE	4	QL (30 EA per 30 days) ST
BYDUREON BCISE	4	
CYCLOSET	3	
glimepiride	1	
glipizide er	1	
glipizide xl	1	
glipizide/metformin hydrochloride	2	
glipizide tabs	1	
INVOKAMET	3	QL (60 EA per 30 days)
INVOKAMET XR	3	QL (60 EA per 30 days)
INVOKANA	3	QL (30 EA per 30 days)
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	
JENTADUETO	3	QL (60 EA per 30 days) ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) ST
KAZANO	4	QL (60 EA per 30 days) ST
KORLYM	5	PA
metformin hydrochloride er tb24 500mg, 750mg	1	
metformin hydrochloride soln	1	
metformin hydrochloride tabs 1000mg, 500mg, 850mg	1	
miglitol	2	
nateglinide	2	
NESINA	4	QL (30 EA per 30 days) ST
OSENI	4	QL (30 EA per 30 days) ST
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML	3	
pioglitazone hcl-glimepiride	2	
pioglitazone hcl/metformin hcl	2	
pioglitazone hcl tabs 45mg	2	
pioglitazone hydrochloride tabs 15mg, 30mg	2	
repaglinide	2	
RYBELSUS	3	
SYMLINPEN 120	4	PA

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	4	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL (30 EA per 30 days) ST
TRULICITY	3	
VICTOZA	3	
Glycemic Agents		
diazoxide susp	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
Insulins		
HUMALOG	3	QL (60 ML per 30 days) ; Select Insulin
HUMALOG JUNIOR KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
HUMALOG KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
HUMALOG MIX 50/50	3	QL (60 ML per 30 days) ; Select Insulin
HUMALOG MIX 50/50 KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
HUMALOG MIX 75/25	3	QL (60 ML per 30 days) ; Select Insulin
HUMALOG MIX 75/25 KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
humulin 70/30	2	QL (60 ML per 30 days) ; Select Insulin
HUMULIN 70/30 KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
humulin n	2	QL (60 ML per 30 days) ; Select Insulin
HUMULIN N KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
humulin r	2	QL (60 ML per 30 days) ; Select Insulin
HUMULIN R U-500 (CONCENTRATED)	3	QL (60 ML per 30 days) ; Select Insulin
HUMULIN R U-500 KWIKPEN	3	QL (60 ML per 30 days) ; Select Insulin
LANTUS	3	QL (60 ML per 30 days) ; Select Insulin

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR	3	QL (60 ML per 30 days) ; Select Insulin
LEVEMIR	3	QL (60 ML per 30 days) ; Select Insulin
LEVEMIR FLEXTOUCH	3	QL (90 ML per 30 days) ; Select Insulin
NOVOLOG	4	QL (60 ML per 30 days) ST
NOVOLOG FLEXPEN	4	QL (60 ML per 30 days) ST
NOVOLOG FLEXPEN RELION	4	QL (60 ML per 30 days) ST
NOVOLOG MIX 70/30	4	QL (60 ML per 30 days) ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL (60 ML per 30 days) ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	QL (60 ML per 30 days) ST
NOVOLOG MIX 70/30 RELION	4	QL (60 ML per 30 days) ST
NOVOLOG PENFILL	4	QL (60 ML per 30 days) ST
NOVOLOG RELION	4	QL (60 ML per 30 days) ST
TOUJEO MAX SOLOSTAR	3	QL (27 ML per 30 days) ; Select Insulin
TOUJEO SOLOSTAR	3	QL (27 ML per 30 days) ; Select Insulin
TRESIBA	3	QL (54 ML per 30 days) ; Select Insulin
TRESIBA FLEXTOUCH	3	QL (54 ML per 30 days) ; Select Insulin
XULTOPHY 100/3.6	4	ST
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate	2	
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 80mg/0.8ml	4	QL (30 ML per 90 days)
enoxaparin sodium inj 120mg/0.8ml, 60mg/0.6ml	4	QL (35 ML per 90 days)
fondaparinux sodium inj 2.5mg/0.5ml	4	
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml	2	
heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml	2	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%	2	
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%	2	
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	2	
jantoven	1	
PRADAXA	4	
warfarin sodium tabs	1	
XARELTO	3	
XARELTO STARTER PACK	3	
Blood Products and Modifiers, Other		
anagrelide hydrochloride	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	5	PA
DOPTELET	5	PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
MULPLETA	5	PA
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
UDENYCA	5	
ZIEXTENZO	5	
Hemostasis Agents		
aminocaproic acid inj	1	
aminocaproic acid tabs	2	
tranexamic acid inj, tabs	2	
Platelet Modifying Agents		
aspirin/dipyridamole	2	
aspirin/dipyridamole er	2	
BRILINTA	3	
CABLIVI	5	PA
cilostazol	1	
clopidogrel	1	
prasugrel	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl ptwk	2	
clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg	1	
droxidopa	5	
midodrine hcl	2	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride	5	
phentolamine mesylate inj 5mg	1	
prazosin hydrochloride caps	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
candesartan cilexetil/hydrochlorothiazide	2	
irbesartan	1	
irbesartan/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
losartan potassium tabs	1	
olmesartan medoxomil/hydrochlorothiazide	2	
olmesartan medoxomil tabs	2	
telmisartan	2	
telmisartan/hydrochlorothiazide	2	
valsartan/hydrochlorothiazide	1	
valsartan tabs	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl/hydrochlorothiazide	1	
benazepril hcl tabs 10mg, 40mg, 5mg	1	
benazepril hydrochloride/hydrochlorothiazide	1	
benazepril hydrochloride tabs 20mg	1	
captopril tabs	2	

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate/hydrochlorothiazide	1	
enalapril maleate tabs	1	
enalapril maleate soln	4	
enalaprilat	1	
fosinopril sodium	1	
fosinopril sodium/hydrochlorothiazide	2	
lisinopril/hydrochlorothiazide	1	
lisinopril tabs	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl tabs 20mg, 40mg	1	
quinapril hydrochloride tabs 10mg, 5mg	1	
quinapril/hydrochlorothiazide	1	
ramipril	1	
trandolapril	1	
trandolapril/verapamil hcl er	2	
Antiarrhythmics		
amiodarone hcl inj 50mg/ml, 900mg/18ml	1	
amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml	1	
amiodarone hydrochloride tabs 200mg	1	
amiodarone hydrochloride tabs 100mg, 400mg	2	
digitek tabs 0.125mg	1	
digitek tabs 0.25mg	2	
DIGOXIN SOLN	3	
digoxin tabs 125mcg	1	
digoxin tabs 250mcg	2	
digox tabs 125mcg	1	
digox tabs 250mcg	2	
dofetilide	2	
flecainide acetate	2	
LANOXIN PEDIATRIC	4	
lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml	2	
lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml	2	
lidocaine hcl inj 100mg/5ml, 50mg/5ml	1	
mexiletine hcl	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
procainamide hcl inj	1	
procainamide hydrochloride	1	
propafenone hcl	2	
propafenone hydrochloride er	2	

Drug Name	Drug Tier	Requirements/Limits
quinidine gluconate cr	2	
quinidine gluconate er	2	
quinidine sulfate tabs	1	
sorine	1	
sotalol hcl	1	
sotalol hcl (af) tabs 80mg	1	
sotalol hcl af	1	
sotalol hydrochloride (af)	1	
sotalol hydrochloride tabs 120mg, 160mg, 80mg	1	
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	1	
atenolol/chlorthalidone	1	
atenolol tabs	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate	1	
bisoprolol fumarate/hydrochlorothiazide	1	
carvedilol	1	
carvedilol phosphate er	2	
esmolol hcl inj 100mg/10ml	1	
esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
labetalol hydrochloride tabs	1	
labetalol hydrochloride inj 5mg/ml	1	
metoprolol succinate er	1	
metoprolol tartrate tabs	1	
metoprolol tartrate inj 5mg/5ml	1	
metoprolol/hydrochlorothiazide	1	
nadolol tabs 20mg, 40mg, 80mg	2	
nebivolol hydrochloride	2	
nebivolol tabs 5mg	2	
pindolol tabs	2	
propranolol hcl er cp24 120mg, 160mg	2	
propranolol hcl inj, oral soln	1	
propranolol hcl tabs 40mg	1	
propranolol hydrochloride er cp24 60mg, 80mg	2	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	1	
timolol maleate tabs 10mg, 20mg, 5mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs	1	
CARDENE IV INJ 4.8%; 20MG/200ML	3	

Drug Name	Drug Tier	Requirements/Limits
felodipine er	2	
isradipine	2	
nicardipine hcl caps	2	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	3	
nicardipine hydrochloride inj 2.5mg/ml	2	
nifedipine er	1	
nimodipine caps	4	
NYMALIZE SOLN 6MG/ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	1	
diltiazem hcl cd	2	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er cp12	1	
diltiazem hcl er tb24	2	
diltiazem hcl tabs	1	
diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml	1	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg	1	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tb24	2	
diltiazem hydrochloride inj 25mg/5ml	1	
matzim la	2	
taztia xt	2	
tiadylt er	2	
verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg	1	
verapamil hcl er tbcr 120mg, 240mg	1	
verapamil hcl sr cp24	1	
verapamil hcl tabs 40mg, 80mg	1	
verapamil hydrochloride er cp24	1	
verapamil hydrochloride er tbcr 180mg	1	
verapamil hydrochloride inj, tabs	1	
Cardiovascular Agents, Other		
acetazolamide sodium	5	
aliskiren	4	
amlodipine besylate/benazepril hcl caps 10mg; 40mg	1	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	2	
atropine sulfate inj 0.25mg/5ml	1	
CAMZYOS	5	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
CORLANOR	4	
dobutamine hcl/d5w inj 5%; 1mg/ml	1	B/D
dobutamine hcl inj 250mg/20ml	1	B/D
dobutamine hydrochloride/dextrose 5%	1	B/D
dopamine hydrochloride	1	B/D
dopamine hydrochloride/dextrose	1	B/D
dopamine/d5w inj 5%; 3.2mg/ml	1	B/D
ENTRESTO	3	
KERENDIA	4	QL (30 EA per 30 days) PA
metyrosine	5	
milrinone lactate in dextrose	1	B/D
norepinephrine bitartrate	2	
pentoxifylline er	1	
PRALUENT	3	QL (2 ML per 28 days) PA
ranolazine er	2	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	5	PA
VYNDAMAX	5	PA
VYNDAQEL	5	PA
Diuretics, Loop		
bumetanide inj, tabs	2	
ethacrynate sodium	5	
ethacrynic acid tabs	4	
furosemide inj, oral soln, tabs	1	
torsemide tabs	1	
Diuretics, Potassium-sparing		
amiloride hcl tabs	1	
amiloride/hydrochlorothiazide	1	
eplerenone	2	
spironolactone/hydrochlorothiazide	1	
spironolactone tabs	1	
triamterene/hydrochlorothiazide	1	
triamterene caps	2	
Diuretics, Thiazide		
chlorothiazide sodium	1	
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP	4	
hydrochlorothiazide caps, tabs	1	
indapamide tabs	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized caps 134mg, 200mg, 67mg	2	
fenofibrate caps 150mg, 200mg, 43mg, 50mg, 67mg	2	
fenofibrate tabs	2	
fenofibric acid	2	
fenofibric acid dr	2	
gemfibrozil tabs	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin sodium er	2	
lovastatin tabs	1	
pravastatin sodium	1	
rosuvastatin calcium	2	
simvastatin tabs	1	
Dyslipidemics, Other		
cholestyramine light	2	
cholestyramine pack, powd	2	
colesevelam hydrochloride pack	2	
colestipol hcl	2	
ezetimibe	2	
icosapent ethyl	2	PA
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
NEXLETOL	3	QL (30 EA per 30 days) PA
NEXLIZET	3	QL (30 EA per 30 days) PA
niacin er	2	
niacin tabs 500mg	2	
niacor	2	
omega-3-acid ethyl esters	2	
prevalite	2	
VASCEPA CAPS 0.5GM	4	PA
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	4	
isosorbide dinitrate/hydralazine hydrochloride	2	
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	1	
isosorbide dinitrate tabs 40mg	5	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
nitroglycerin in dextrose 5%	2	
nitroglycerin lingual soln	2	
nitroglycerin transdermal	1	
nitroglycerin inj 5mg/ml	2	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	2	

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial		
hydralazine hcl inj	1	
hydralazine hcl tabs 10mg	1	
hydralazine hydrochloride tabs 100mg, 25mg, 50mg	1	
minoxidil tabs	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24	2	QL (120 EA per 30 days)
amphetamine/dextroamphetamine tabs	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er	2	QL (180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN	3	QL (1800 ML per 30 days)
dextroamphetamine sulfate tabs 10mg, 5mg	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg	2	
atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg	2	
clonidine hydrochloride er	2	
clonidine hydrochloride tb12 0.1mg	2	
dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg	2	QL (30 EA per 30 days)
dexmethylphenidate hcl tabs 10mg, 5mg	2	QL (60 EA per 30 days)
dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg	2	QL (30 EA per 30 days)
dexmethylphenidate hydrochloride cp24	2	QL (30 EA per 30 days)
dexmethylphenidate hydrochloride tabs 2.5mg	2	QL (60 EA per 30 days)
methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg, 50mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er tb24	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er tbcr 27mg, 36mg, 54mg, 72mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg	2	QL (90 EA per 30 days)
methylphenidate hydrochloride chew 10mg	2	QL (180 EA per 30 days)
methylphenidate hydrochloride chew 2.5mg, 5mg	2	QL (90 EA per 30 days)
methylphenidate hydrochloride tabs	2	QL (90 EA per 30 days)
methylphenidate hydrochloride soln	2	QL (900 ML per 30 days)
relexxii	2	QL (30 EA per 30 days)
Central Nervous System, Other		
butalbital/acetaminophen/caffeine caps	2	
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	

Drug Name	Drug Tier	Requirements/Limits
butalbital/aspirin/caffeine caps	2	
caffeine citrate inj	2	
caffeine citrate oral soln 20mg/ml	2	
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	3	PA
riluzole	4	
tetrabenazine	5	PA
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AUBAGIO	5	
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BAFIERTAM	5	QL (120 EA per 30 days)
BETASERON	5	
dalfampridine er	3	PA
dimethyl fumarate	5	QL (60 EA per 30 days)
dimethyl fumarate starterpack	5	QL (120 EA per 365 days)
EXTAVIA	5	
GILENYA	5	
glatiramer acetate	5	
glatopa	5	
MAVENCLAD	5	PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (14 EA per 365 days)
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (24 EA per 365 days)
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days)
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days)
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
TYSABRI	5	PA
VUMERITY	5	
ZEPOSIA	5	PA
ZEPOSIA 7-DAY STARTER PACK	5	PA
ZEPOSIA STARTER KIT	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride	2	

Drug Name	Drug Tier	Requirements/Limits
chlorhexidine gluconate soln	1	
KEPIVANCE	5	PA
lidocaine hcl viscous	1	
lidocaine hcl mouth/throat soln 4%	1	
lidocaine viscous	1	
oralone dental paste	2	
periogard	1	
pilocarpine hydrochloride	2	
triamcinolone acetonide dental paste	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane	4	PA
acitretin	4	
adapalene pump	2	
adapalene crea, gel	2	
amnesteem	4	PA
avita	2	PA
azelaic acid	2	
AZELEX	4	PA
claravis	4	PA
FINACEA FOAM	4	
isotretinoin caps	4	PA
metronidazole crea 0.75%	2	
metronidazole gel 0.75%, 1%	2	
metronidazole lotn 0.75%	2	
myorisan	4	PA
rosadan	2	
tazarotene crea	4	PA
TAZORAC GEL	4	PA
TAZORAC CREA 0.05%	4	PA
tretinoin microsphere	4	PA
tretinoin microsphere pump	4	PA
tretinoin crea 0.025%, 0.05%, 0.1%	2	PA
tretinoin gel 0.01%, 0.025%, 0.05%	2	PA
zenatane	4	PA
Dermatitis and Pruitus Agents		
ala-cort crea 2.5%	1	
ammonium lactate lotn	1	
clobetasol propionate e	2	
clobetasol propionate emollient crea	2	
clobetasol propionate emollient foam	4	
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	4	

Drug Name	Drug Tier	Requirements/Limits
desoximetasone crea 0.25%	2	
desoximetasone crea 0.05%	4	
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL (90 GM per 30 days)
fluocinonide soln	2	
fluocinonide crea, gel, oint	4	
hydrocortisone crea 2.5%	1	
pimecrolimus	2	
selenium sulfide	1	
tacrolimus oint 0.03%, 0.1%	2	
tovet	4	
Dermatological Agents, Other		
calcipotriene soln	2	
calcipotriene crea, oint	4	
calcitriol oint 3mcg/gm	2	
imiquimod pump	5	
imiquimod crea 5%	2	
methoxsalen caps	5	
podofilox	1	
REGRANEX	5	PA
SANTYL	4	
VEREGEN	5	
Pediculicides/Scabicides		
crotan	2	
ivermectin crea 1%	4	
ivermectin lotn 0.5%	2	
lindane sham	2	
malathion	1	
permethrin crea	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CRYSVITA	5	PA
dextrose 10%/nacl 0.45%	1	
dextrose 5% /electrolyte #48 viaflex	1	
dextrose 10%	1	
dextrose 10%/nacl 0.2%	1	
dextrose 2.5%/nacl 0.45%	1	
dextrose 25% inj 250mg/ml	1	
dextrose 5%	1	
dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	1	
dextrose 5%/nacl 0.2%	1	
dextrose 5%/nacl 0.3%	1	
dextrose 5%/nacl 0.33%	1	
dextrose 5%/nacl 0.45%	1	
dextrose 5%/nacl 0.9%	1	
dextrose 50%	1	
dextrose/sodium chloride	1	
dextrose inj 20%	1	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
kcl 0.075%/d5w/nacl 0.45%	1	
kcl 0.15%/d5w/nacl 0.2%	1	
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	1	
kcl 0.15%/d5w/nacl 0.45%	1	
kcl 0.15%/d5w/nacl 0.9%	1	
kcl 0.3%/d5w/nacl 0.45%	1	
kcl 0.3%/d5w/nacl 0.9%	1	
klor-con	2	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
magnesium sulfate in d5w inj 5%; 1gm/100ml	1	
magnesium sulfate/dextrose inj 5%; 1gm/100ml	1	
magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml	1	

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate inj 50%	2	
NORMOSOL-M/D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
potassium chloride er	1	
potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	1	
potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%	1	
potassium chloride/dextrose inj 5%; 20meq/l	1	
potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	1	
potassium chloride pack, oral soln	2	
potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	1	
potassium citrate er	1	
PROCALAMINE	3	B/D
ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
sodium chloride 0.45% inj	2	
sodium chloride inj 0.45%, 0.9%, 3%, 5%	2	
sodium fluoride chew 1mg	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
deferasirox tbso	5	PA
deferiprone	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
JYNARQUE TABS	5	QL (120 EA per 30 days) PA
JYNARQUE TBPK	5	QL (56 EA per 28 days) PA
penicillamine caps, tabs	5	
SAMSCA TABS 15MG	5	PA
sodium polystyrene sulfonate	1	
sps	1	
TOLVAPTAN TABS 15MG	5	PA
tolvaptan tabs 30mg	5	PA
trientine hydrochloride	5	
VELTASSA	4	
Phosphate Binders		
calcium acetate caps	2	
calcium acetate tabs 667mg	2	
FOSRENOL PACK	5	
lanthanum carbonate	5	

Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA	4	
sevelamer carbonate tabs	4	
sevelamer carbonate pack	5	
sevelamer hydrochloride	4	
Vitamins		
prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg	2	
prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
virt-c dha	2	
vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2500unit; 2.2mg; 6mg; 30unit; 20mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	3	QL (60 EA per 30 days)
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	2	
KRISTALOSE	3	
lactulose soln	2	
LINZESS	3	
LUBIPROSTONE	3	QL (60 EA per 30 days)
OSMOPREP	4	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	
SUPREP BOWEL PREP KIT	4	
Anti-Diarrheal Agents		
alosetron hydrochloride	5	
VIBERZI	5	PA
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl soln	2	
dicyclomine hydrochloride caps, tabs	2	
glycopyrrolate oral soln	2	
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	2	
GLYCOPYRROLATE TABS 1.5MG	4	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate tabs 1mg, 2mg	2	
methscopolamine bromide tabs	2	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CHOLBAM	5	PA
cromolyn sodium conc 100mg/5ml	4	
diphenoxylate hydrochloride/atropine sulfate	4	
diphenoxylate/atropine	4	
GATTEX	5	PA
loperamide hcl caps	2	
metoclopramide hcl inj, oral soln	2	
metoclopramide hcl tabs 5mg	2	
metoclopramide hydrochloride tabs 10mg	2	
metoclopramide odt	2	
MOVANTIK	4	QL (30 EA per 30 days)
OCALIVA	5	QL (30 EA per 30 days) PA
peg-3350/electrolytes/ascorbate	2	
RECTIV	4	
RELISTOR INJ	5	PA
RELISTOR TABS	5	QL (90 EA per 30 days) PA
SYMPROIC	4	QL (30 EA per 30 days)
ursodiol caps 300mg	2	
ursodiol tabs	2	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl soln	2	
cimetidine hydrochloride	2	
cimetidine tabs	2	
famotidine premixed	2	
famotidine susr	2	
famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml	2	
famotidine tabs 20mg, 40mg	2	
nizatidine	2	
Protectants		
misoprostol	1	
sucralfate susp, tabs	2	
Proton Pump Inhibitors		
DEXILANT	4	ST
DEXLANSOPRAZOLE	4	ST
esomeprazole magnesium cpdr	2	
lansoprazole cpdr	2	
omeprazole dr cpdr	2	
omeprazole cpdr 20mg, 40mg	2	
pantoprazole sodium inj, tbec	2	

Drug Name	Drug Tier	Requirements/Limits
rabeprazole sodium	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
betaine anhydrous	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTAGON	4	PA
ELAPRASE	5	PA
ELELYSO	5	PA
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
miglustat	5	PA
NAGLAZYME	5	PA
nitisinone	5	PA
ORFADIN SUSP	5	PA
ORFADIN CAPS 20MG	5	PA
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PROCYSBI	5	PA
RAVICTI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate tabs	5	
STRENSIQ	5	PA
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
DARIFENACIN HYDROBROMIDE ER	3	
fesoterodine fumarate er	2	
flavoxate hcl	1	
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride syrp, tabs	2	
solifenacin succinate	2	
tolterodine tartrate	2	
tolterodine tartrate er	2	
TOVIAZ	3	
trospium chloride	2	
trospium chloride er	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	1	
doxazosin tabs 2mg	1	
dutasteride caps	2	
finasteride tabs	1	
silodosin	2	
tadalafil tabs 5mg	2	PA
tamsulosin hydrochloride	1	
terazosin hcl caps 10mg, 1mg, 5mg	1	
terazosin hydrochloride caps 2mg	1	
Genitourinary Agents, Other		
acetic acid 0.25%	2	
bethanechol chloride tabs	2	
ELMIRON	4	
LITHOSTAT	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	
tiopronin	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort crea 1%	1	
alclometasone dipropionate	1	
amcinonide	1	
betamethasone dipropionate augmented	2	
betamethasone dipropionate crea, lotn, oint	2	
betamethasone sodium phosphate/betamethasone acetate	1	
betamethasone valerate crea, lotn, oint	2	
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	2	
clobetasol propionate gel 0.05%	2	
clobetasol propionate oint 0.05%	2	
clobetasol propionate soln 0.05%	2	
CORDRAN	4	
desonide crea, lotn, oint	2	
DEXAMETHASONE INTENSOL	3	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	2	
dexamethasone soln	2	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs	1	
fluocinolone acetonide body	2	
fluocinolone acetonide scalp	2	
fluocinolone acetonide crea 0.01%, 0.025%	2	
fluocinolone acetonide oint 0.025%	2	
fluocinolone acetonide soln 0.01%	2	
flurandrenolide	4	
fluticasone propionate crea 0.05%	1	
fluticasone propionate oint 0.005%	1	
halobetasol propionate	2	
hydrocortisone butyrate (lipid)	1	
hydrocortisone butyrate (lipophilic)	1	
hydrocortisone butyrate crea, oint, soln	1	
hydrocortisone butyrate lotn	2	
hydrocortisone crea 1%, 2.5%	1	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 1%, 2.5%	1	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml	2	
methylprednisolone dose pack tbpk	2	
methylprednisolone sodium succinate	2	
methylprednisolone sodiumsuccinate inj 125mg, 40mg	2	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone tabs	2	
mometasone furoate crea, oint, soln	1	
nolix	4	
prednicarbate	2	
prednisolone sodium phosphate odt	2	
prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	2	
prednisolone soln	2	
PREDNISONE INTENSOL	3	
prednisone soln, tbpk	1	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
triamcinolone acetonide aers, crea, lotn, oint	1	
triderm	1	
UCERIS FOAM	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin	4	PA
desmopressin acetate inj, tabs	2	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
desmopressin acetate nasal soln 0.01%	2	
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL INJ 5000UNIT	4	PA
novarel inj 10000unit	4	PA
OMNITROPE	5	PA
pregnyl w/diluent benzyl alcohol/nacl	4	PA
SEROSTIM	5	PA
STIMATE SOLN	5	
vasopressin inj 20unit/ml	2	
vasostrict	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
OXANDROLONE TABS 2.5MG	3	QL (240 EA per 30 days) PA
oxandrolone tabs 10mg	2	QL (60 EA per 30 days) PA
Androgens		
danazol caps	2	PA
testosterone cypionate inj 100mg/ml, 200mg/ml	2	
testosterone enanthate inj	2	
testosterone pump	2	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	2	PA
Estrogens		
amabelz tabs 1mg; 0.5mg	2	
aurovela 24 fe	2	
blisovi 24 fe	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
dotti	2	
estarylla	2	
estradiol valerate inj 20mg/ml, 40mg/ml	1	
estradiol/norethindrone acetate tabs 1mg; 0.5mg	2	
ESTRADIOL VAGINAL TABS	3	
estradiol crea, pttw, ptwk, oral tabs	2	
ESTRING	3	
FEMRING	4	
femynor	2	
fyavolv	2	
hailey 24 fe	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
jinteli	2	
junel fe 24	2	
larin 24 fe	2	
lyllana	2	
microgestin 24 fe	2	
mili	2	
mimvey	2	
mono-linyah	2	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	2	
norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg	2	
nymyo	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
previfem	2	
sprintec 28	2	
tarina 24 fe	2	
vylibra	2	
xulane	2	
YUVAFEM	3	
zafemy	2	
Progestins		

Drug Name	Drug Tier	Requirements/Limits
camila	2	
CRINONE	4	PA
deblitane	2	
DEPO-SUBQ PROVERA 104	3	
errin	2	
heather	2	
hydroxyprogesterone caproate inj 1.25gm/5ml	5	
incassia	2	
jencycla	2	
lyleq	2	
lyza	2	
medroxyprogesterone acetate inj, tabs	1	
megestrol acetate susp, tabs	2	PA
nora-be	2	
norethindrone acetate tabs	1	
norethindrone tabs	2	
norlyda	2	
norlyroc	2	
progesterone caps, inj	1	
sharobel	2	
tulana	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL (30 EA per 30 days) PA
raloxifene hydrochloride	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t	1	
levothyroxine sodium tabs	1	
levothyroxine sodium caps	4	
levothyroxine sodium inj	5	
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
liothyronine sodium inj, tabs	2	
np thyroid 120	2	
np thyroid 15	2	
np thyroid 30	2	
np thyroid 60	2	
np thyroid 90	2	
SYNTHROID TABS	3	
TIROSINT	4	

Drug Name	Drug Tier	Requirements/Limits
unithroid	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	2	
ELIGARD	4	PA
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE	5	PA
leuprolide acetate inj	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate inj 500mcg/ml	5	PA
ORGOVYX	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJ 11.25MG	4	PA
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	5	PA
ZOLADEX INJ 3.6MG	4	PA
ZOLADEX INJ 10.8MG	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg, 5mg	1	
propylthiouracil tabs	1	
Immunological Agents		
Angioedema Agents		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
icatibant acetate	5	PA

Drug Name	Drug Tier	Requirements/Limits
RUCONEST	5	PA
sajazir	5	PA
TAKHZYRO INJ 300MG/2ML	5	PA
Immunoglobulins		
ASCENIV	5	B/D
ATGAM	5	
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF	5	B/D
GAMASTAN	4	
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRAB	3	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	B/D
IMOGAM RABIES-HT INJ 300UNIT/2ML	3	B/D
KEDRAB	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM	5	B/D
PANZYGA	5	B/D
PRIVIGEN	5	B/D
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML	4	
WINRHO SDF INJ 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
Immunological Agents, Other		
ACTEMRA	5	PA
ACTEMRA ACTPEN	5	PA
ACTIMMUNE	5	

Drug Name	Drug Tier	Requirements/Limits
ARCALYST	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI	5	PA
ILARIS INJ 150MG/ML	5	PA
leflunomide tabs	2	
LEMTRADA	5	PA
OTEZLA	5	PA
RIDAURA	5	
RINVOQ	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 75MG/0.83ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
Immunostimulants		
PEGASYS	5	
ribavirin tabs 200mg	2	
Immunosuppressants		
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AVSOLA	5	PA
azathioprine inj	4	B/D
azathioprine tabs 50mg	1	B/D
azathioprine tabs 100mg, 75mg	2	B/D
BENLYSTA	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
cyclosporine modified	2	B/D
cyclosporine caps 100mg, 25mg	2	B/D
cyclosporine inj 50mg/ml	2	
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
everolimus tabs 0.25mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
everolimus tabs 0.5mg, 0.75mg, 1mg	5	B/D
gengraf caps 100mg, 25mg	2	B/D
gengraf soln	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
INFLECTRA	5	PA
infliximab	5	PA
KINERET	5	PA
LUPKYNIS	5	QL (180 EA per 30 days) PA
methotrexate sodium tabs	1	
methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	1	
methotrexate inj 50mg/2ml	1	
MYCOPHENOLATE MOFETIL INJ	3	B/D
mycophenolate mofetil caps, susr, tabs	2	B/D
mycophenolic acid dr	2	B/D
NULOJIX	5	
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
PROGRAF PACK	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL (60 EA per 30 days) PA
sirolimus tabs	2	B/D
sirolimus soln	5	B/D
tacrolimus caps 0.5mg, 1mg, 5mg	2	B/D
XATMEP	4	
Vaccines		
ACTHIB INJ 0	3	
ADACEL	3	
BCG VACCINE INJ 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	4	
PREHEVBRIO	3	B/D
PRIORIX	4	
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLN	4	
SHINGRIX	3	
STAMARIL	4	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	
VAXELIS	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	2	
DIPENTUM	5	

Drug Name	Drug Tier	Requirements/Limits
mesalamine dr	2	
mesalamine er cp24	2	
mesalamine enem, kit	4	
sulfasalazine tabs, tbec	1	
Glucocorticoids		
budesonide er	5	
budesonide cpep 3mg	4	
CORTIFOAM FOAM	3	
hydrocortisone crea 1%	1	
hydrocortisone enem 100mg/60ml	4	
ORTIKOS	5	
procto-pak	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium soln	1	
alendronate sodium tabs 10mg, 35mg, 5mg, 70mg	1	
calcitonin salmon nasal soln	2	
calcitonin salmon inj	5	
calcitonin-salmon soln	2	
calcitriol caps 0.25mcg, 0.5mcg	1	
calcitriol inj 1mcg/ml	1	
calcitriol oral soln 1mcg/ml	1	
cinacalcet hydrochloride tabs 30mg, 60mg	4	
cinacalcet hydrochloride tabs 90mg	5	
doxercalciferol caps 0.5mcg	2	PA
doxercalciferol caps 1mcg, 2.5mcg	4	PA
doxercalciferol inj	2	PA
FORTEO INJ 600MCG/2.4ML	5	PA
ibandronate sodium tabs	2	
MIACALCIN INJ	5	
NATPARA	5	PA
pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml	1	
PARICALCITOL CAPS	3	
paricalcitol inj	4	
PROLIA	4	
risedronate sodium	2	
risedronate sodium dr	2	
TERIPARATIDE	5	PA
XGEVA	5	PA
zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
acetylcysteine inj 200mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PREP PADS	3	
AMINOSYN II	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINISOL SF 15%	3	B/D
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	
CURITY GAUZE PADS 2"X2"	3	
deferoxamine mesylate inj 2gm	2	PA
deferoxamine mesylate inj 500mg	5	PA
DROPLET PEN NEEDLES 29GX10MM	3	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
ELLA	3	
fomepizole inj 1.5gm/1.5ml	5	
FREAMINE III	3	B/D
GLOBAL ALCOHOL PREP EASE PADS	3	
GRASTEK	4	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
KALBITOR	5	PA
KEVEYIS	5	PA
lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	3	
LAGEVRIO	4	QL (40 EA per 5 days)
levocarnitine soln, tabs	1	
methergine tabs	5	
methylergonovine maleate inj	1	
methylergonovine maleate tabs	5	
MYALEPT	5	PA
NUTRILIPID	3	B/D
ORALAIR	4	
ORLADEYO	5	PA
PAXLOVID TBPK 150MG; 100MG	4	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	4	QL (30 EA per 5 days)

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Drug Name	Drug Tier	Requirements/Limits
PLENAMINE	3	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
PROTOPAM CHLORIDE INJ	4	
RAGWITEK	4	
REMDESIVIR	5	
ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
sodium chloride 0.9%	2	
sodium phenylacetate/sodium benzoate	5	
sterile water for irrigation	1	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	3	
tis-u-sol	1	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	3	
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
VEKLURY	5	
VISTOGARD	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
ak-poly-bac	2	
atropine sulfate soln 1%	1	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	2	
COMBIGAN	3	
cyclopentolate hcl	1	
cyclopentolate hydrochloride soln 1%	1	
cyclosporine emul 0.05%	4	
CYSTADROPS	5	QL (20 ML per 28 days) PA
CYSTARAN	5	QL (60 ML per 28 days) PA
dorzolamide hcl/timolol maleate	1	
dorzolamide hydrochloride/timolol maleate pf	1	
neo-polycin	2	
neo-polycin hc	2	
neomycin/bacitracin/polymyxin	2	
neomycin/polymyxin/bacitracin/hydrocortisone	2	
neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/gramicidin	1	
OXERVATE	5	PA
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	1	
proparacaine hcl	1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS	4	
RESTASIS MULTIDOSE	4	
RHOPRESSA	4	
ROCKLATAN	4	
SIMBRINZA	3	
trimethoprim sulfate/polymyxin b sulfate	1	
VABYSMO	5	
XIIDRA	3	
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
azelastine hcl ophthalmic soln 0.05%	2	
cromolyn sodium soln 4%	1	
epinastine hcl	2	
olopatadine hcl	2	
olopatadine hydrochloride soln 0.2%	2	
phenylephrine hcl	1	
Ophthalmic Anti-inflammatories		
bromfenac	2	
BROMSITE	4	
dexamethasone sodium phosphate ophthalmic soln 0.1%	1	
diclofenac sodium soln 0.1%	2	
fluorometholone	2	
flurbiprofen sodium	1	
ILEVRO	4	
ketorolac tromethamine ophthalmic soln 0.4%, 0.5%	1	
loteprednol etabonate susp	2	
neomycin/polymyxin/dexamethasone	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	2	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic soln 1%	1	
sulfacetamide sodium/prednisolone sodium phosphate	1	
tobramycin/dexamethasone	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl soln 0.5%	1	
carteolol hcl	1	
levobunolol hcl soln 0.5%	1	
timolol maleate ophthalmic gel forming	2	
timolol maleate soln 0.25%, 0.5%	1	
timolol maleate soln 0.5%	2	; Once Daily
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide	2	
acetazolamide er	2	

Drug Name	Drug Tier	Requirements/Limits
apraclonidine	1	
brimonidine tartrate	2	
brinzolamide	2	
dorzolamide hydrochloride	1	
methazolamide tabs	2	
pilocarpine hcl soln 1%, 2%, 4%	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost soln	1	
LUMIGAN	3	
travoprost	2	
VYZULTA	4	
XELPROS	4	
ZIOPTAN	4	
Otic Agents		
Otic Agents		
acetic acid	2	
ciprofloxacin/dexamethasone	2	
flac	2	
fluocinolone acetonide ear drops	2	
fluocinolone acetonide oil 0.01%	2	
hydrocortisone/acetic acid	2	
neomycin/polymyxin/hc	2	
neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ASMANEX HFA	3	
ASMANEX TWISTHALER 120 METERED DOSES	3	
ASMANEX TWISTHALER 14 METERED DOSES	3	
ASMANEX TWISTHALER 30 METERED DOSES	3	
ASMANEX TWISTHALER 60 METERED DOSES	3	
ASMANEX TWISTHALER 7 METERED DOSES	3	
BREZTRI AEROSPHERE	3	
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	2	B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL (240 EA per 30 days) ST
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL (60 EA per 30 days) ST
FLOVENT HFA AERO 44MCG/ACT	4	QL (21.2 GM per 30 days) ST
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) ST
flunisolide soln 0.025%	1	
fluticasone propionate/salmeterol diskus	2	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act	2	
fluticasone propionate susp 50mcg/act	2	
PULMICORT FLEXHALER	3	
QVAR REDIHALER	3	
wixela inhub	2	
Antihistamines		
azelastine hcl nasal soln 0.15%	2	
azelastine hydrochloride soln 0.1%	2	
cetirizine hydrochloride soln 1mg/ml	2	
cyproheptadine hcl syrp	2	
cyproheptadine hydrochloride tabs	2	
desloratadine	2	
diphenhydramine hcl elix	2	PA
diphenhydramine hcl inj 50mg/ml	2	
diphenhydramine hydrochloride inj	2	
hydroxyzine hcl tabs 50mg	4	PA
hydroxyzine hydrochloride tabs 10mg, 25mg	4	PA
hydroxyzine pamoate caps	4	PA
levocetirizine dihydrochloride tabs	2	
Antileukotrienes		
montelukast sodium chew, pack, tabs	1	
zafirlukast	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
ipratropium bromide/albuterol sulfate	1	B/D
ipratropium bromide inhalation soln	1	B/D
ipratropium bromide nasal soln	1	
LONHALA MAGNAIR REFILL KIT	4	
LONHALA MAGNAIR STARTER KIT	4	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TUDORZA PRESSAIR	3	
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aers 108mcg/act	1	
albuterol sulfate hfa aers 108mcg/act	2	
albuterol sulfate syrp	1	
albuterol sulfate nebu	2	B/D
albuterol sulfate tabs	2	
arformoterol tartrate	4	B/D
BEVESPI AEROSPHERE	4	
BROVANA	4	B/D

Drug Name	Drug Tier	Requirements/Limits
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	2	
isoproterenol hydrochloride	2	
ISUPREL INJ	3	
levalbuterol hcl nebu	4	B/D
levalbuterol tartrate hfa	2	
PROAIR DIGIHALER	3	
proair hfa	2	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
terbutaline sulfate tabs	2	
terbutaline sulfate inj	5	
ventolin hfa	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
KITABIS PAK	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
SYMDEKO	5	PA
TOBI PODHALER	5	PA
tobramycin nebu 300mg/5ml	5	PA
TRIKAFTA	5	PA
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	4	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline inj	1	
DALIRESP	4	ST
elixophyllin	1	
THEO-24	3	
theophylline er tb24	2	
theophylline er tb12 300mg, 450mg	2	
theophylline soln	1	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
alyq	5	PA
ambrisentan	5	PA
epoprostenol sodium inj 0.5mg	2	PA
epoprostenol sodium inj 1.5mg	5	PA
OPSUMIT	5	PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA

Drug Name	Drug Tier	Requirements/Limits
SILDENAFIL CITRATE TABS	3	PA
sildenafil citrate susr	5	PA
sildenafil inj	5	PA
tadalafil tabs 20mg	5	PA
treprostinil	5	PA
TYVASO	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI TBPK	5	QL (400 EA per 365 days) PA
UPTRAVI INJ, TABS	5	QL (60 EA per 30 days) PA
VENTAVIS	5	PA
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	QL (60 EA per 30 days) PA
pirfenidone tabs 267mg, 801mg	5	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation soln 10%, 20%	2	B/D
ANORO ELLIPTA	3	
ARALAST NP INJ 500MG	4	PA
ARALAST NP INJ 1000MG	5	PA
DULERA	3	
GLASSIA	5	PA
NUCALA	5	PA
PROLASTIN-C INJ 1000MG	4	PA
PROLASTIN-C INJ 1000MG/20ML	5	PA
ribavirin solr 6gm	5	PA
STIOLTO RESPIMAT	3	
SYMBICORT	3	
TEZSPIRE	5	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA	3	
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs	2	PA
methocarbamol tabs	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	
DAYVIGO	3	
doxepin hydrochloride tabs 3mg, 6mg	2	

Drug Name	Drug Tier	Requirements/Limits
flurazepam hcl	2	QL (30 EA per 30 days)
HETLIOZ	5	PA
HETLIOZ LQ	5	PA
NEMBUTAL SODIUM	4	
pentobarbital sodium	4	
ramelteon	4	QL (30 EA per 30 days)
zolpidem tartrate tabs	2	
Wakefulness Promoting Agents		
armodafinil	2	PA
MODAFINIL	3	PA
SUNOSI	4	QL (30 EA per 30 days) PA
XYREM	5	PA

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abiraterone acetate	17
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acamprosate calcium dr	3
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acetaminophen/caffeine/dihydrocodeine	2
acetaminophen/codeine	2
acetaminophen/codeine phosphate	2
acetazolamide	63
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acetic acid	64
acetic acid 0.25%	50
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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, gender identity or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 3310 Fields South Drive, Champaign, IL 61822 or 411 N. Chelan Avenue, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: (800) 965-4022; telephone for members in Washington:
(877) 750-3350 TTY: 711, fax: (217) 902-9705, MemberServices@HealthAlliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. 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, 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, (800) 368-1019, TTY: (800) 537-7697.

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

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame (800) 965-4022, WA Llame: (877) 750-3350 (TTY: 711).

注意：如果你講中文，語言協助服務，免費的，都可以給你。IA, IL, IN, OH: 呼叫 (800) 965-4022, WA: 呼叫 (877) 750-3350（TTY: 711）。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń (800) 965-4022, WA: Zadzwoń (877) 750-3350 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi (800) 965-4022, WA: Gọi (877) 750-3350 (TTY: 711).

주의 : 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. (800) 965-4022 IA, IL, IN, OH: 전화 WA: (877) 750-3350 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов (800) 965-4022, WA: Вызов (877) 750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag (800) 965-4022, WA: Tumawag (877) 750-3350 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم 965-4022 (800)، ولاية واشنطن: اتصل بالرقم: 750-3350 (877) (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistenzdienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf (800) 965-4022, WA: Anruf (877) 750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez (800) 965-4022, WA: Appelez (877) 750-3350 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કૉલ (800) 965-4022, WA: કૉલ (877) 750-3350 (TTY: 711).

注意：あなたは、日本語 、無料で言語支援サービスを、話す場合は、あなたに利用可能です。(800) 965-4022 IA, IL, IN, OH: コール (877) 750-3350 WA: コール（TTY: 711）。

LET OP: Services Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: IA, IL, IN, OH: Call (800) 851-3379 WA: Call (877) 750-3515 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. IA, IL, IN, OH: Виклик (800) 965-4022, WA: Виклик (877) 750-3350 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare (800) 965-4022, WA: Chiamare (877) 750-3350 (TTY: 711).

Health Alliance™

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (800) 965-4022 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (800) 965-4022 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (800) 965-4022 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (800) 965-4022 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (800) 965-4022 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (800) 965-4022 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi (800) 965-4022 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (800) 965-4022 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (800) 965-4022 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (800) 965-4022 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية ليس عليك سوى الاتصال بنا على (TTY:711)800-965-4022 . سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (800) 965-4022 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (800) 965-4022 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (800) 965-4022 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (800) 965-4022 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (800) 965-4022 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、(800) 965-4022 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Health Alliance Medicare Member Services, at (877) 917-8550 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit HealthAlliance.org/IA-Retirees.

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(877) 917-8550, TTY/TDD 711
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