Health Alliance

Health Alliance Medicare

2025 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 12/01/2025, Version 22. For more recent information or other questions, please contact Health Alliance™ Medicare Member Services at (800) 965-4022 (TTY users should call 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.

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 Drug List (formulary) for our plan which is current as of 11/01/2025, Version 17. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (800) 965-4022 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (800) 965-4022 (TTY: 711).

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Health Alliance Medicare Part D HMO and POS Formulary 00025411 Version 22

What is the Health Alliance Medicare formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.HealthAlliance.org/Medicare/Pharmacy

Changes that can affect you this year:

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30 day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

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The enclosed formulary is current as of 7/01/2025, Version 17. 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 74. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5*,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered.

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 prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before Health Alliance Medical Plans will cover 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 18 tablets per prescription of naratriptan hcl. 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 documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 them 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 Health Alliance Medicare's 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.

- 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.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved 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 below 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 72.

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	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 your prescription will be covered by Health Alliance. If you don't get approval, Health Alliance Medicare may not cover the drug.

PANSO Prior Authorization for New Starts Only

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 18 tablets per prescription for naratriptan hcl. 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.

ST NSO Step Therapy for New Starts Only.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps	2	
diclofenac sodium dr	1	
diclofenac sodium er	1	
diclofenac sodium/misoprostol tbec 75mg; 200mcg	2	
diclofenac sodium gel 1%	2	
diclofenac sodium external soln 1.5%	4	PA
etodolac er	2	
fenoprofen calcium caps 400mg	1	
fenoprofen calcium tabs	1	
flurbiprofen tabs	1	
ibu	1	
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 550mg	1	
naproxen susp	5	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs	2	
piroxicam caps	2	
salsalate tabs	2	
sulindac tabs	1	
Opioid Analgesics, Long-acting		
buprenorphine ptwk 10mcg/hr, 15mcg/hr, 5mcg/hr, 7.5mcg/hr	2	
buprenorphine ptwk 20mcg/hr	4	
fentanyl pt72 25mcg/hr	2	QL(10 EA per 30 days)
fentanyl pt72 12mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	4	QL(10 EA per 30 days)
fentanyl pt72 100mcg/hr	4	QL(20 EA per 30 days)
fentanyl pt72 87.5mcg/hr	5	QL(10 EA per 30 days)
methadone hcl inj	2	
methadone hcl tabs	2	QL(360 EA per 30 days)
methadone hcl oral soln 5mg/5ml	2	QL(1800 ML per 30 days)
methadone hydrochloride intensol	2	QL(1800 ML per 30 days)
methadone hydrochloride conc	2	QL(1800 ML per 30 days)
methadone hydrochloride soln 10mg/5ml	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)

Drug Name	Drug Tier	Requirements/Limits
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)
OXYCODONE HYDROCHLORIDE ER T12A 40MG	2	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 80MG	5	QL(60 EA per 30 days)
oxycodone hydrochloride er t12a 10mg, 20mg	2	QL(60 EA per 30 days)
OXYCONTIN T12A	4	QL(60 EA per 30 days)
oxymorphone hydrochloride er tb12 30mg	4	QL(120 EA per 30 days)
oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg	4	QL(60 EA per 30 days)
oxymorphone hydrochlorideer	4	QL(120 EA per 30 days)
tramadol hcl er cp24 100mg, 200mg, 300mg	4	QL(60 EA per 30 days); ST
tramadol hcl er tb24	4	QL(30 EA per 30 days); ST
tramadol hydrochloride er	4	QL(30 EA per 30 days); ST
Opioid Analgesics, Short-acting		
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 caps 325mg; 50mg; 40mg; 30mg	2	
butalbital/aspirin/caffeine/codeine	2	
butorphanol tartrate inj	2	
butorphanol tartrate nasal soln	2	QL(5 ML per 28 days)
CODEINE SULFATE TABS 60MG	4	QL(180 EA per 30 days)
codeine sulfate tabs 15mg, 30mg	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 7.5mg; 200mg	2	QL(150 EA per 30 days)
hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg	4	QL(150 EA per 30 days)
hydromorphone hcl liqd	2	QL(1200 ML per 30 days)
hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
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	
morphine sulfate tabs	2	QL(180 EA per 30 days)
MORPHINE SULFATE INJ 2MG/ML	2	
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 100mg/5ml	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 hydrochloride	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 hydrochloride/acetaminophen	2	QL(240 EA per 30 days)
tramadol hydrochloride tabs 100mg	2	QL(120 EA per 30 days)
tramadol hydrochloride tabs 50mg	2	QL(240 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 inj 0.5%, 1.5%, 4%	1	
lidocaine hcl prsy 2%	1	QL(30 ML per 30 days); PA
lidocaine hydrochloride external soln	1	QL(250 ML per 30 days); PA
lidocaine hydrochloride inj 1%, 2%	1	
lidocaine/prilocaine crea	2	QL(60 GM per 30 days); PA
lidocaine oint 5%	2	QL(150 GM per 30 days); PA
lidocaine ptch 5%	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	2	
disulfiram tabs	2	
naltrexone hydrochloride tabs	1	
VIVITROL	5	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
lofexidine hydrochloride	5	
LUCEMYRA	5	
Opioid Reversal Agents		
naloxone hcl inj 4mg/10ml	1	
naloxone hydrochloride liqd	2	
naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml	1	
OPVEE	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	
NICOTROL INHALER	4	QL(480 EA per 30 days)
varenicline starting month	2	
varenicline tartrate tabs 1mg	2	
varenicline tartrate tabs 0.5mg	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	2	
ARIKAYCE	5	QL(525 ML per 30 days); PA
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 crea 0.1%	2	
gentamicin sulfate inj 40mg/ml	1	
gentamicin sulfate oint 0.1%	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	
neomycin sulfate	2	
neomycin/polymyxin b sulfates	2	
STREPTOMYCIN SULFATE INJ 1GM	5	
tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 40mg/ml	2	
tobramycin sulfate inj 10mg/ml, 80mg/2ml	4	
ZEMDRI	5	
Antibacterials, Other		
aztreonam inj 1gm	2	
aztreonam inj 2gm	5	
chloramphenicol sodium succinate	1	
clindacin etz pledgets	2	
clindamycin hcl caps 300mg	1	
clindamycin hydrochloride caps 150mg, 75mg	1	
clindamycin palmitate hydrochloride	1	
clindamycin phosphate/dextrose	2	
clindamycin phosphate crea 2%	2	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate inj 600mg/4ml, 9000mg/60ml, 900mg/6ml	1	
clindamycin phosphate swab 1%	2	
colistimethate sodium	5	
daptomycin	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
fosfomycin tromethamine	2	
IMPAVIDO	5	
KIMYRSA	5	
lincomycin hydrochloride	2	
linezolid tabs	4	QL(56 EA per 28 days)
linezolid susr	5	QL(1800 ML per 28 days)
linezolid inj 600mg/300ml	4	
methenamine hippurate	2	
metronidazole vaginal	2	
metronidazole caps 375mg	1	
metronidazole inj 500mg/100ml	1	
metronidazole tabs 250mg, 500mg	1	
nitrofurantoin macrocrystals	2	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate caps	2	
NUVESSA	4	
ORBACTIV	5	
polymyxin b sulfate inj	2	
SIVEXTRO INJ	5	QL(6 EA per 30 days)
tigecycline	5	
tinidazole	4	
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	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
vancomycin hydrochloride inj 1.75gm, 1000mg/200ml, 1gm, 2gm, 500mg, 5gm, 750mg	4	
vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	4	
Beta-lactam, Cephalosporins		
AVYCAZ	5	
cefaclor er tb12 500mg	2	
cefaclor caps	2	
cefaclor susr 250mg/5ml	2	
cefadroxil	2	
cefazolin sodium/dextrose inj 3gm; 2%	2	

Drug Name	Drug Tier	Requirements/Limits
cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%	2	
cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg	2	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	2	
CEFAZOLIN INJ 2GM	2	
cefazolin inj 2gm, 3gm	2	
cefdinir	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM, 2GM	3	
CEFEPIME/DEXTROSE	3	
cefixime	2	
CEFOTAXIME SODIUM INJ 1GM	1	
cefotaxime sodium inj 2gm	1	
cefotetan inj 1gm, 2gm	1	
cefoxitin sodium	1	
cefpodoxime proxetil	2	
cefprozil	2	
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	
tazicef inj 1gm, 2gm, 6gm	1	
TEFLARO	5	
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 inj 10gm; 5gm, 1gm; 0.5gm	1	
ampicillin/sulbactam inj 2gm; 1gm	1	
ampicillin caps 500mg	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	1	
NAFCILLIN	5	
nafcillin sodium inj 10gm, 1gm, 2gm	4	

Drug Name	Drug Tier	Requirements/Limits
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 v potassium	1	
piperacillin sodium/tazobactam sodium	2	
Carbapenems		
ertapenem sodium	4	
imipenem/cilastatin inj 250mg; 250mg	1	
imipenem/cilastatin inj 500mg; 500mg	3	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
meropenem/sodium chloride inj 500mg; 0.9%	4	
meropenem inj 1gm, 500mg	3	
meropenem inj 2gm	4	
Macrolides		
azithromycin pack, susr, tabs	2	
azithromycin inj 500mg	2	
clarithromycin er	2	
clarithromycin susr, tabs	2	
DIFICID	5	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
erythrocin stearate tabs 250mg	2	
erythromycin base tabs	4	
erythromycin dr cpep	2	
erythromycin dr tbec 500mg	2	
erythromycin dr tbec 250mg, 333mg	4	
erythromycin ethylsuccinate tabs	4	
erythromycin ethylsuccinate susr 200mg/5ml	2	
erythromycin ethylsuccinate susr 400mg/5ml	5	
erythromycin lactobionate	5	
fidaxomicin	5	
Quinolones		
BAXDELA TABS	5	
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	1	
levofloxacin in d5w	2	
LEVOFLOXACIN INJ 25MG/ML	2	
levofloxacin oral soln 25mg/ml	2	
levofloxacin tabs 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride	2	
moxifloxacin hydrochloride inj 400mg/250ml	2	
moxifloxacin hydrochloride tabs 400mg	2	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin tabs 300mg, 400mg	1	
Sulfonamides		
sodium sulfacetamide	2	
sulfacetamide sodium lotn 10%	2	
sulfadiazine tabs	4	
sulfamethoxazole/trimethoprim	1	
sulfamethoxazole/trimethoprim ds	1	
Tetracyclines		
demeclocycline hcl tabs	4	
demeclocycline hydrochloride tabs 300mg	4	
doxy 100	2	
doxycycline hyclate caps 100mg, 50mg	2	
doxycycline hyclate inj 100mg	2	
doxycycline hyclate tabs 100mg	2	
doxycycline monohydrate caps 100mg, 50mg	2	
doxycycline monohydrate tabs	2	
doxycycline susr	2	
MINOCIN INJ	5	
minocycline hcl caps 75mg	1	
minocycline hcl tabs 100mg, 75mg	4	
minocycline hydrochloride caps 100mg, 50mg	1	
minocycline hydrochloride tabs 50mg	4	
mondoxyne nl caps 100mg	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL(30 EA per 30 days)
tetracycline hydrochloride caps	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	ST NSO
ELEPSIA XR	5	ST NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
felbamate tabs	2	
felbamate susp	4	
FINTEPLA	5	PA NSO
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
lamotrigine er	2	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	
lamotrigine starter kit/orange	4	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine titration	4	
lamotrigine chew, tabs	1	
levetiracetam er	1	
levetiracetam/sodium chloride	2	
LEVETIRACETAM TB3D	4	
levetiracetam inj, oral soln, tabs	1	
NAYZILAM	4	
perampanel tabs 2mg	4	
perampanel tabs 10mg, 12mg, 4mg, 6mg, 8mg	5	
roweepra tabs 500mg	1	
SPRITAM	4	ST NSO
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
SUBVENITE SUSP	4	
subvenite tabs	1	
topiramate er cs24	4	
topiramate cpsp 15mg, 25mg	2	
topiramate cpsp 50mg	3	
topiramate tabs	2	
topiramate soln	4	
valproate sodium inj 100mg/ml	1	
valproic acid	1	
Calcium Channel Modifying Agents		
ethosuximide	2	
METHSUXIMIDE	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam	4	
clonazepam odt	2	
clonazepam tabs	2	
DIACOMIT	5	PA NSO
diazepam rectal gel	4	
divalproex sodium dr	1	
divalproex sodium er	2	
gabapentin caps, soln	1	
gabapentin tabs 600mg, 800mg	1	
LIBERVANT	4	QL(10 EA per 30 days)
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	
pregabalin	2	
primidone tabs	1	
SYMPAZAN	5	

Drug Name	Drug Tier	Requirements/Limits
tiagabine hydrochloride	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
vigabatrin	5	
vigadrone	5	
VIGAFYDE	5	PA NSO
vigpoder	5	
ZTALMY	5	PA NSO
Sodium Channel Agents		
APTIOM	5	ST NSO
carbamazepine er	2	
carbamazepine chew 100mg	1	
carbamazepine tabs	1	
carbamazepine susp	2	
DILANTIN INFATABS	4	
DILANTIN CAPS 30MG	4	
epitol	1	
eslicarbazepine acetate	4	
fosphenytoin sodium	1	
lacosamide oral soln, tabs	2	
lacosamide inj	5	
oxcarbazepine tabs	3	
oxcarbazepine susp	4	
phenytek	2	
phenytoin infatabs	1	
phenytoin sodium extended	2	
phenytoin sodium inj	1	
phenytoin chew, susp	1	
rufinamide susp	5	
rufinamide tabs 200mg	4	
rufinamide tabs 400mg	5	
VIMPAT INJ	3	
XCOPRI TABS	5	
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	
ZONISADE	4	ST NSO
zonisamide	1	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABS	2	
memantine/donepezil hydrochloride er	4	QL(30 EA per 30 days)
NAMZARIC C4PK	4	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CP24	4	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tbdp	1	
donepezil hcl tabs 10mg	1	
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	4	
memantine hydrochloride tabs	1	
memantine hydrochloride soln	4	
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL(60 EA per 30 days); ST NSO
bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg	1	
bupropion hydrochloride er (xl) tb24 150mg, 300mg	2	
bupropion hydrochloride tabs	1	
EXXUA TITRATION PACK	5	ST NSO
EXXUA TB24 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST NSO
EXXUA TB24 18.2MG	5	ST NSO
mirtazapine odt	1	
mirtazapine tabs	1	
olanzapine/fluoxetine	4	
perphenazine/amitriptyline	4	PA NSO
quetiapine fumarate tabs 150mg	1	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
phenelzine sulfate	2	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln, tabs	1	
desvenlafaxine er	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4	
duloxetine hydrochloride dr cpep 20mg, 30mg, 60mg	2	

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate tabs	1	
escitalopram oxalate soln	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
fluoxetine dr	1	
fluoxetine hydrochloride caps, soln	1	
fluoxetine hydrochloride tabs 60mg	4	
fluvoxamine maleate er	4	
fluvoxamine maleate tabs 100mg, 50mg	1	
fluvoxamine maleate tabs 25mg	3	
nefazodone hydrochloride	2	
paroxetine hcl er	2	
paroxetine hcl tabs 30mg, 40mg	1	
paroxetine hydrochloride er tb24 12.5mg, 25mg	2	
paroxetine hydrochloride susp	1	
paroxetine hydrochloride tabs 10mg, 20mg	1	
RALDESY	5	
sertraline hcl conc	1	
sertraline hcl tabs 50mg	1	
sertraline hydrochloride tabs 100mg, 25mg	1	
trazodone hydrochloride tabs 100mg, 150mg, 50mg	1	
trazodone hydrochloride tabs 300mg	2	
TRINTELLIX	4	ST NSO
VENLAFAXINE BESYLATE ER	4	ST NSO
venlafaxine hydrochloride	1	
venlafaxine hydrochloride er cp24	1	
venlafaxine hydrochloride er tb24 150mg, 75mg	1	
vilazodone hydrochloride	2	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg	4	PA NSO
amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg	4	PA NSO
amoxapine	2	
clomipramine hydrochloride	4	PA NSO
desipramine hydrochloride	2	
doxepin hcl caps 75mg	4	PA NSO
doxepin hcl conc	4	PA NSO
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	4	PA NSO
imipramine hcl tabs 25mg, 50mg	4	PA NSO
imipramine hydrochloride tabs 10mg	4	PA NSO
imipramine pamoate caps 150mg, 75mg	4	PA NSO
nortriptyline hcl caps 25mg, 75mg	2	
nortriptyline hcl soln	2	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hydrochloride caps 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate caps	4	
Antiemetics		
Antiemetics, Other		
compro	2	
dimenhydrinate inj	1	
droperidol inj	1	
meclizine hcl tabs 25mg	2	
meclizine hcl tabs 12.5mg	2	
prochlorperazine edisylate inj 10mg/2ml	2	
prochlorperazine maleate tabs	2	
prochlorperazine supp 25mg	2	
promethazine hcl supp 12.5mg	2	
promethazine hydrochloride tabs	4	PA
promethazine hydrochloride supp 25mg	2	
promethegan supp 12.5mg, 25mg	2	
promethegan supp 50mg	4	
scopolamine	2	
Emetogenic Therapy Adjuncts		
APONVIE	4	PA
aprepitant	4	PA
CINVANTI	4	PA
dronabinol	4	B/D
EMEND INJ, SUSR	4	PA
fosaprepitant dimeglumine	2	PA
granisetron hcl inj 1mg/ml, 4mg/4ml	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 tbdp 4mg, 8mg	2	B/D
palonosetron hydrochloride	4	
SANCUSO	5	
Antifungals		
Antifungals		
ABELCET	4	PA
amphotericin b liposome	5	PA
amphotericin b inj	4	B/D
caspofungin acetate	4	
clotrimazole crea, soln, troc	2	

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA	5	PA
econazole nitrate crea	2	
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	
ketoconazole crea, sham, tabs	2	
klayesta	2	
micafungin	4	
miconazole 3 supp	1	
naftifine hydrochloride crea	4	ST
NOXAFIL INJ	5	
nyamyc	2	
nystatin crea, oint, powd, susp, tabs	2	
nystop	2	
ORAVIG	4	
posaconazole dr	5	
posaconazole inj	5	
terbinafine hcl tabs	2	
terconazole	2	
voriconazole tabs	4	
voriconazole susr	5	
voriconazole inj	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs 0.6mg	2	
febuxostat tabs 40mg	2	
febuxostat tabs 80mg	2	
KRYSTEXXA INJ 8MG/ML	5	PA
probenecid/colchicine	1	
probenecid tabs	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG	3	QL(2 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC	4	QL(18 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate soln	5	QL(8 ML per 23 days)
ERGOMAR	4	

Drug Name	Drug Tier	Requirements/Limits
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	
Prophylactic		
timolol maleate tabs 10mg, 20mg, 5mg	1	
VYEPTI	5	PA
Serotonin (5-HT) Receptor Agonist		
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 6mg/0.5ml	2	QL(6 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	4	QL(4 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 tabs	2	QL(9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tbcr	4	
pyridostigmine bromide soln	4	
pyridostigmine bromide tabs 60mg	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tabs	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
rifabutin	4	
Antituberculars		
CYCLOSERINE	5	
ethambutol hydrochloride	2	
isoniazid inj, tabs	1	
isoniazid syrp	4	
PRIFTIN	4	
pyrazinamide tabs	4	
rifampin caps, inj	2	
SIRTURO	5	PA
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
bendamustine hydrochloride	5	PA NSO
BENDEKA	5	PA NSO
busulfan	5	
BUSULFEX	5	

Drug Name	Drug Tier	Requirements/Limits
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 2GM/10ML	5	
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML, 500MG/ML	5	
cyclophosphamide inj 500mg	2	
cyclophosphamide inj 1000mg/10ml, 1gm/2ml, 1gm, 2000mg/20ml, 2gm/4ml, 2gm, 500mg/5ml	5	
dacarbazine inj 100mg, 200mg	1	
EVOMELA	5	PA NSO
FRINDOVYX	5	
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
GRAFAPEX	5	PA NSO
IFOSFAMIDE INJ 1GM/20ML	1	
ifosfamide inj 3gm/60ml	1	
IVRA	5	PA NSO
kemoplat	1	
LEUKERAN	5	
MATULANE	5	PA NSO
melphalan hydrochloride	2	PA NSO
OPDIVO QVANTIG	5	PA NSO
oxaliplatin inj 50mg/10ml	2	
oxaliplatin inj 100mg/20ml, 100mg, 50mg	5	
paraplatin inj 1000mg/100ml	1	
TEMODAR INJ	5	PA NSO
thiotepa inj 100mg, 15mg	5	PA NSO
TREANDA INJ 100MG, 25MG	5	PA NSO
VALCHLOR	5	PA NSO
VIVIMUSTA	5	PA NSO
YONDELIS	5	PA NSO
ZANOSAR	5	
ZEPZELCA	5	PA NSO
Antiandrogens		
abiraterone acetate tabs 250mg	4	PA NSO
abiraterone acetate tabs 500mg	5	PA NSO
abirtega	4	PA NSO
bicalutamide	1	
ERLEADA	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
EULEXIN	4	
nilutamide	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
YONSA	5	PA NSO
Antiangiogenic Agents		
lenalidomide	5	PA NSO
POMALYST	5	QL(21 EA per 28 days); PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
fulvestrant	5	
INLURIYO	5	PA NSO
ORSERDU	5	PA NSO
SOLTAMOX	5	
tamoxifen citrate tabs	1	
toremifene citrate	5	PA NSO
Antimetabolites		
ALIMTA	5	PA NSO
ARRANON	5	
AXTLE	5	PA NSO
cladribine	5	B/D
clofarabine	5	
cytarabine aqueous	1	B/D
cytarabine inj 100mg/ml, 20mg/ml	1	B/D
DROXIA CAPS 200MG	3	
DROXIA CAPS 300MG, 400MG	4	
FLOXURIDINE INJ	5	B/D
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	2	B/D
FOLOTYN INJ 40MG/2ML	5	
folotyn inj 20mg/ml	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	
INLEXZO	5	PA NSO
mercaptopurine tabs	2	
mercaptopurine susp	5	
nelarabine	5	
pemetrexed disodium	5	PA NSO
PEMETREXED INJ 1GM/40ML	4	PA NSO

Drug Name	Drug Tier	Requirements/Limits
PEMETREXED INJ 100MG, 500MG	5	PA NSO
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	5	PA NSO
pemetrexed inj 1000mg, 100mg, 500mg, 750mg	5	PA NSO
PEMFEXY	5	PA NSO
PEMRYDI RTU	5	PA NSO
PRALATREXATE	5	
PURIXAN	5	
TABLOID	5	PA NSO
VYXEOS	5	PA NSO
Antineoplastics, Other		
ABRAXANE	5	
adriamycin inj 50mg	1	B/D
ADSTILADRIN	5	PA NSO
AKEEGA	5	PA NSO
ANKTIVA	5	PA NSO
arsenic trioxide	5	
azacitidine	5	
bleomycin sulfate	1	B/D
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML	4	PA NSO
BORTEZOMIB INJ 3.5MG	5	PA NSO
bortezomib inj 3.5mg	5	PA NSO
COLUMVI	5	PA NSO
dactinomycin	5	PA NSO
daunorubicin hydrochloride	1	
decitabine	5	
DOCETAXEL INJ 80MG/8ML	5	
docetaxel inj 160mg/16ml, 20mg/ml, 80mg/4ml	2	
docetaxel inj 160mg/8ml, 20mg/2ml	5	
doxorubicin hcl inj 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal	5	
doxorubicin hydrochloride inj 10mg	1	B/D
ELREXFIO	5	PA NSO
ELZONRIS	5	PA NSO
EPKINLY	5	PA NSO
eribulin mesylate	5	
HALAVEN	5	
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NSO
idarubicin hcl	5	
idarubicin hydrochloride	5	
IMDELLTRA	5	PA NSO
INREBIC	5	PA NSO
ISTODAX	5	
ITOVEBI	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
IWILFIN	5	PA NSO
IXEMPRA KIT	5	
JEVTANA	5	
KIMMTRAK	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LAZCLUZE TABS 240MG	5	PA NSO
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO
leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg	1	
leucovorin calcium tabs 5mg	1	
leucovorin calcium tabs 10mg, 15mg, 25mg	4	
levoleucovorin inj 50mg	5	
LONSURF	5	PA NSO
LYNOZYFIC	5	PA NSO
LYSODREN	5	
mitomycin inj 20mg, 40mg, 5mg	5	
MODEYSO	5	PA NSO
mutamycin	5	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONCASPAR	5	
ONUREG	5	
paclitaxel	1	
paclitaxel protein-bound particles inj 900mg; 100mg	5	
PEMETREXED INJ 100MG/4ML	5	PA NSO
PHESGO	5	PA NSO
PROLEUKIN	5	
REVUFORJ	5	PA NSO
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
romidepsin inj 10mg	5	
RYLAZE	5	
TALVEY	5	PA NSO
TECVAYLI	5	PA NSO
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	
valrubicin	5	
VALSTAR	5	
VELCADE	5	PA NSO
vinblastine sulfate inj 1mg/ml	1	B/D
vincristine sulfate inj 1mg/ml	1	B/D
vinorelbine tartrate	1	
VONJO	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP	5	
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs	1	
exemestane	2	
letrozole	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK	5	PA NSO
ETOPOPHOS	5	
etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml	1	
KYPROLIS	5	
topotecan hcl inj 4mg/4ml	2	
topotecan hydrochloride	2	
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALIQOPA	5	PA NSO
ALUNBRIG	5	PA NSO
AUGTYRO CAPS 160MG	5	PA NSO
AUGTYRO CAPS 40MG	5	PA NSO
AYVAKIT	5	PA NSO
BALVERSA	5	PA NSO
BELEODAQ	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPS 75MG	5	PA NSO
BRUKINSA TABS	5	PA NSO
BRUKINSA CAPS	5	PA NSO
CABOMETYX	5	QL(30 EA per 30 days); PA NSO
CALQUENCE	5	PA NSO
CAPRELSA	5	PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DANZITEN	5	PA NSO
dasatinib	5	PA NSO
DAURISMO	5	PA NSO
ENSACOVE	5	PA NSO
ERIVEDGE	5	PA NSO
erlotinib hydrochloride tabs 100mg	4	PA NSO
erlotinib hydrochloride tabs 150mg, 25mg	5	PA NSO
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	5	PA NSO
everolimus tbso 2mg, 3mg, 5mg	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
EXKIVITY	5	PA NSO
FLUDARABINE PHOSPHATE INJ 50MG	5	
fludarabine phosphate inj 50mg/2ml	1	
FOTIVDA	5	PA NSO
FRUZAQLA	5	PA NSO
FYARRO	5	PA NSO
GAVRETO	5	PA NSO
gefitinib	5	PA NSO
GILOTRIF	5	PA NSO
GOMEKLI	5	PA NSO
HERNEXEOS	5	PA NSO
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NSO
IBTROZI	5	PA NSO
ICLUSIG	5	PA NSO
IDHIFA	5	PA NSO
imatinib mesylate tabs 100mg	3	PA NSO
imatinib mesylate tabs 400mg	4	PA NSO
IMBRUVICA CAPS, SUSP	5	PA NSO
IMBRUVICA TABS 420MG	5	PA NSO
IMKELDI	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABS 100MG	5	PA NSO
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO CPSP	5	PA NSO
KOSELUGO CAPS	5	PA NSO
KRAZATI	5	PA NSO
lapatinib ditosylate	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LUMAKRAS TABS 240MG	5	PA NSO
LUMAKRAS TABS 120MG, 320MG	5	PA NSO
LYNPARZA TABS	5	PA NSO
LYTGOBI	5	PA NSO
MEKINIST	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	5	PA NSO
NERLYNX	5	PA NSO
NILOTINIB	5	PA NSO
nilotinib hydrochloride	5	PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
PAZOPANIB HYDROCHLORIDE TABS 400MG	5	PA NSO
pazopanib hydrochloride tabs 200mg	5	PA NSO
PEMAZYRE	5	PA NSO
PHYRAGO	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO TABS	5	PA NSO
RETEVMO CAPS	5	PA NSO
REZLIDHIA	5	PA NSO
ROMVIMZA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
SCEMBLIX TABS 100MG	5	PA NSO
SCEMBLIX TABS 20MG, 40MG	5	PA NSO
sorafenib	5	PA NSO
sorafenib tosylate	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
sunitinib malate	5	PA NSO
TABRECTA	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSO	5	PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TAZVERIK	5	PA NSO
temsirolimus	5	
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TORISEL	5	
torpenz	5	PA NSO
TRUQAP	5	PA NSO
TUKYSA	5	PA NSO
TURALIO CAPS 125MG	5	PA NSO
VANFLYTA	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABS 10MG	3	PA NSO
VENCLEXTA TABS 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
XPOVIO TBPK 10MG	5	PA NSO
XPOVIO TBPK 40MG, 50MG, 60MG	5	PA NSO
ZEJULA CAPS	5	PA NSO
ZEJULA TABS 200MG, 300MG	5	PA NSO
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABS	5	PA NSO
Monoclonal Antibodies/Antibody-Drug Conjugates		
ADCETRIS	5	
ALYMSYS	5	PA NSO
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA NSO
BESPONSA	5	PA NSO
BIZENGRI	5	PA NSO
BLINCYTO	5	PA NSO
CYRAMZA	5	PA NSO
DANYELZA	5	PA NSO
DARZALEX	5	PA NSO
DARZALEX FASPRO	5	PA NSO
DATROWAY	5	PA NSO
ELAHERE	5	PA NSO
EMPLICITI	5	PA NSO
EMRELIS	5	PA NSO
ENHERTU	5	PA NSO
ERBITUX	5	PA NSO
GAZYVA	5	PA NSO
HERCEPTIN HYLECTA	5	PA NSO
HERCEPTIN INJ 150MG	5	PA NSO
HERZUMA	5	PA NSO
IMFINZI	5	PA NSO
IMJUDO	5	PA NSO
JEMPERLI	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
KADCYLA	5	
KANJINTI	5	PA NSO
KEYTRUDA QLEX	5	PA NSO
KEYTRUDA INJ 100MG/4ML	5	PA NSO
LIBTAYO	5	PA NSO
LOQTORZI	5	PA NSO
LUNSUMIO	5	PA NSO
MARGENZA	5	PA NSO
MONJUVI	5	PA NSO
MVASI	5	PA NSO
MYLOTARG	5	PA NSO
OGIVRI	5	PA NSO
ONTRUZANT	5	PA NSO
OPDIVO	5	PA NSO
PADCEV	5	PA NSO
PERJETA	5	PA NSO
POLIVY	5	PA NSO
PORTRAZZA	5	PA NSO
RIABNI	5	PA NSO
RITUXAN	5	PA NSO
RITUXAN HYCELA	5	PA NSO
RUXIENCE	5	PA NSO
RYBREVANT	5	PA NSO
SARCLISA	5	PA NSO
TECENTRIQ	5	PA NSO
TECENTRIQ HYBREZA	5	PA NSO
TEVIMBRA	5	PA NSO
TIVDAK	5	PA NSO
TRAZIMERA	5	PA NSO
TRODELVY	5	PA NSO
TRUXIMA	5	PA NSO
UNLOXCYT	5	PA NSO
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA NSO
VEGZELMA	5	PA NSO
VYLOY INJ 300MG	5	PA NSO
YERVOY	5	PA NSO
ZIIHERA	5	PA NSO
ZYNLONTA	5	PA NSO
ZYNYZ	5	PA NSO
Retinoids		
bexarotene	5	PA NSO
PANRETIN	5	
tretinoin caps 10mg	5	PA NSO
Treatment Adjuncts		

Drug Name	Drug Tier	Requirements/Limits
dexrazoxane	5	
dexrazoxane hydrochloride	5	
ELITEK	5	PA
mesna inj	1	
mesna tabs	5	
MESNEX TABS	5	
VORANIGO TABS 40MG	5	PA NSO
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
albendazole tabs	5	
IVERMECTIN TABS 6MG	2	PA
ivermectin tabs 3mg	2	PA
praziquantel tabs	4	
Antiprotozoals		
atovaquone	4	
atovaquone/proguanil hcl tabs 62.5mg; 25mg	2	
atovaquone/proguanil hydrochloride	2	
chloroquine phosphate tabs	1	
COARTEM	4	
hydroxychloroquine sulfate tabs	1	
mefloquine hydrochloride	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
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs	1	
trihexyphenidyl hydrochloride	2	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone	4	
entacapone	2	
ONGENTYS	4	ST
tolcapone	5	
Dopamine Agonists		
apomorphine hydrochloride inj	5	PA
bromocriptine mesylate caps, tabs	2	
pramipexole dihydrochloride	1	
ropinirole er	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tabs 0.25mg, 3mg	1	

Drug Name	Drug Tier	Requirements/Limits
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	1	
carbidopa/levodopa er tbcr	2	
carbidopa/levodopa odt	1	
carbidopa tabs	4	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs	2	
selegiline hcl caps, tabs	2	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl inj	2	
chlorpromazine hydrochloride conc, tabs	2	
fluphenazine decanoate inj	2	
fluphenazine hcl conc	2	
fluphenazine hydrochloride	2	
haloperidol decanoate inj	2	
haloperidol lactate	2	
haloperidol conc, tabs	2	
loxapine	1	
MOLINDONE HYDROCHLORIDE	3	
perphenazine tabs	2	
pimozide	2	
thioridazine hydrochloride	2	
thiothixene caps 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tabs 1mg	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	ST NSO
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST NSO
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); ST NSO
aripiprazole	2	
aripiprazole odt tbdp 15mg	4	
aripiprazole odt tbdp 10mg	5	
ARISTADA	5	ST NSO
ARISTADA INITIO	5	ST NSO
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL(30 EA per 30 days); ST NSO
FANAPT	5	ST NSO
FANAPT TITRATION PACK A	4	ST NSO
FANAPT TITRATION PACK B	4	ST NSO
FANAPT TITRATION PACK C	4	ST NSO
INVEGA HAFYERA	5	ST NSO

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST NSO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST NSO
INVEGA TRINZA	5	ST NSO
lurasidone hydrochloride	2	
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPS	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABS 10MG	5	QL(90 EA per 30 days); PA NSO
olanzapine odt	2	
OLANZAPINE INJ	3	
olanzapine tabs	2	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
paliperidone er	4	ST NSO
PERSERIS	5	ST NSO
quetiapine fumarate er	2	
quetiapine fumarate tabs 100mg, 200mg, 25mg, 300mg, 400mg, 50mg	1	
REXULTI	5	ST NSO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	ST NSO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	ST NSO
risperidone	2	
risperidone er inj 12.5mg	2	
risperidone er inj 25mg	4	
risperidone er inj 37.5mg, 50mg	5	
risperidone odt	2	
SECUADO	5	ST NSO
VRAYLAR CPPK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPS	5	QL(30 EA per 30 days); ST NSO
ziprasidone hcl	2	
ziprasidone mesylate	2	ST NSO
ZYPREXA RELPREVV INJ 210MG	4	ST NSO
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST NSO
Treatment-Resistant		
clozapine odt	4	
clozapine tabs 100mg, 200mg, 25mg, 50mg	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen inj 500mcg/ml	4	B/D
baclofen inj 20000mcg/20ml, 40mg/20ml, 50mcg/ml	5	B/D
baclofen tabs 10mg, 20mg, 5mg	2	
BOTOX	4	PA
dantrolene sodium caps 100mg, 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
DYSPORT	4	PA
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 40000MCG/20ML	4	B/D
GABLOFEN INJ 50MCG/ML	5	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA
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 INJ, TABS	5	
PREVYMIS PACK 20MG	4	
PREVYMIS PACK 120MG	5	
valganciclovir	2	
valganciclovir hydrochloride	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE SOLN	4	
entecavir	4	
lamivudine tabs 100mg	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
ribavirin tabs 200mg	2	
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	
CABENUVA	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	5	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
EDURANT PED	5	
efavirenz	4	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	5	
etravirine	5	
INTELENCE TABS 25MG	4	
nevirapine	2	
nevirapine er tb24 400mg	2	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	2	
abacavir sulfate/lamivudine	4	
abacavir tabs	2	
abacavir soln	4	
CIMDUO	5	
DESCOVY	5	
emtricitabine	4	
emtricitabine/tenofovir disoproxil	5	
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	4	
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg	5	
EMTRIVA SOLN	4	
lamivudine/zidovudine	4	
lamivudine soln 10mg/ml	2	
lamivudine tabs 150mg, 300mg	2	
ODEFSEY	5	
RETROVIR IV INFUSION	4	

Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate	4	
TRIUMEQ	5	
TRIUMEQ PD	4	
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
zidovudine	1	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SUNLENCA TABS	5	
SUNLENCA INJ, TBPK	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
atazanavir	4	
atazanavir sulfate	4	
darunavir	5	
EVOTAZ	5	
fosamprenavir calcium	5	
KALETRA SOLN	4	
LEXIVA SUSP	4	
lopinavir/ritonavir	4	
NORVIR PACK	3	
PREZCOBIX TABS 150MG; 675MG	5	
PREZCOBIX TABS 150MG; 800MG	5	
PREZISTA SUSP	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG	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)

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER	3	
rimantadine hydrochloride	1	
XOFLUZA TBPK 40MG, 80MG	4	
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	2	B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	2	
acyclovir tabs 400mg, 800mg	2	
famciclovir tabs	2	
valacyclovir hydrochloride	2	
Antiviral, Coronavirus Agents		
LAGEVRIO	4	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(11 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 5 days)
VEKLURY INJ 100MG	5	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	2	
buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg	2	
meprobamate	4	
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 2mg	2	
alprazolam odt tbdp 0.25mg, 0.5mg, 1mg	2	QL(120 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 oral soln	2	
diazepam tabs	2	QL(120 EA per 30 days)
diazepam inj 5mg/ml	2	
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	

Drug Name	Drug Tier	Requirements/Limits
midazolam hcl inj 10mg/10ml, 10mg/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)
Bipolar Agents		
Mood Stabilizers		
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/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
glimepiride tabs 1mg, 2mg, 4mg	1	
glipizide er	1	
glipizide xl	1	
glipizide/metformin hydrochloride	2	
GLIPIZIDE TABS 2.5MG	1	
glipizide tabs 10mg, 5mg	1	
GLYXAMBI	3	
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
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
metformin hydrochloride er tb24 500mg, 750mg	1	
metformin hydrochloride soln	1	
metformin hydrochloride tabs 1000mg, 500mg, 850mg	1	
miglitol	2	
MOUNJARO	3	PA
nateglinide	2	
NESINA	4	QL(30 EA per 30 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	PA
pioglitazone hcl-glimepiride	2	
pioglitazone hcl/metformin hcl	2	
pioglitazone hcl tabs 45mg	2	

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hydrochloride tabs 15mg, 30mg	2	
repaglinide	2	
RYBELSUS TABS 1.5MG, 4MG, 9MG	3	PA
RYBELSUS TABS 14MG, 3MG, 7MG	3	PA
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days); ST
TRIJARDY XR	3	
TRULICITY	3	PA
XIGDUO XR	3	
XULTOPHY 100/3.6	4	ST
Glycemic Agents		
diazoxide susp	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE KIT	4	
GVOKE PFS INJ 1MG/0.2ML	4	
Insulins		
HUMALOG	3	QL(60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 ML per 30 days)
humulin 70/30	2	QL(60 ML per 30 days)
HUMULIN 70/30 KWIKPEN	3	QL(60 ML per 30 days)
humulin n	2	QL(60 ML per 30 days)
HUMULIN N KWIKPEN	3	QL(60 ML per 30 days)
humulin r	2	QL(60 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 ML per 30 days)
HUMULIN R U-500 KWIKPEN	3	QL(60 ML per 30 days)
LANTUS	3	QL(60 ML per 30 days)
LANTUS SOLOSTAR	3	QL(60 ML per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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)
TOUJEO SOLOSTAR	3	QL(27 ML per 30 days)
TRESIBA	3	QL(54 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL(54 ML per 30 days)
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate caps 110mg	2	
dabigatran etexilate caps 150mg, 75mg	4	
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS CPSP	3	QL(84 EA per 28 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
ELIQUIS TBSO 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TBSO 0.5MG PACK 3 X 0.5 MG (1.5MG)	3	QL(420 EA per 28 days)
ELIQUIS TBSO 0.5MG PACK 4 X 0.5 MG (2MG)	3	QL(560 EA per 28 days)
enoxaparin sodium	4	
fondaparinux sodium inj 2.5mg/0.5ml	4	
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 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	
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 0.9% 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	
rivaroxaban susr	5	
warfarin sodium tabs	1	
XARELTO STARTER PACK	3	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS	3	
XARELTO SUSR	5	
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/ML	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/0.3ML	5	PA
eltrombopag olamine	5	PA
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
FULPHILA	5	
FYLNETRA	5	
GRANIX	5	
MOZOBIL	5	PA
MULPLETA	5	PA
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PLERIXAFOR	5	PA
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
STIMUFEND	5	
UDENYCA	5	
UDENYCA ONBODY	5	
ZIEXTENZO	5	
Hemostasis Agents		
aminocaproic acid inj	1	
aminocaproic acid tabs	2	
tranexamic acid inj, tabs	2	
Platelet Modifying Agents		

Drug Name	Drug Tier	Requirements/Limits
aspirin/dipyridamole	2	
aspirin/dipyridamole er	2	
BRILINTA	3	
CABLIVI	5	PA
cilostazol	1	
clopidogrel	1	
DOPTELET	5	PA
DOPTELET SPRINKLE	5	PA
prasugrel hydrochloride	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg	1	
clonidine ptwk 0.1mg/24hr	2	
droxidopa	5	
midodrine hydrochloride	2	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride	5	
phentolamine mesylate inj 5mg	1	
prazosin hydrochloride caps	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
irbesartan	1	
losartan potassium tabs	1	
olmesartan medoxomil tabs	2	
telmisartan	2	
valsartan tabs	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tabs	1	
captopril tabs	2	
enalapril maleate tabs	1	
enalapril maleate soln	4	
enalaprilat	1	
fosinopril sodium	1	
lisinopril tabs	1	
moexipril hydrochloride	1	
perindopril erbumine	1	
quinapril hydrochloride	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hydrochloride inj	1	
amiodarone hydrochloride tabs 200mg	1	
amiodarone hydrochloride tabs 100mg	2	
DIGOXIN SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
digoxin tabs 125mcg	1	
digoxin 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 hydrochloride caps	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
procainamide hydrochloride	1	
propafenone hcl	2	
propafenone hydrochloride	2	
propafenone hydrochloride er	2	
quinidine gluconate cr	2	
quinidine gluconate er	2	
quinidine sulfate tabs	2	
sorine tabs 120mg, 160mg, 80mg	1	
sotalol hcl (af) tabs 80mg	1	
sotalol hcl af	1	
sotalol hcl tabs 120mg, 160mg, 240mg	1	
sotalol hydrochloride (af)	1	
sotalol hydrochloride tabs 120mg, 160mg, 80mg	1	
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	1	
atenolol tabs	1	
betaxolol hcl tabs 10mg, 20mg	4	
bisoprolol fumarate tabs 10mg, 5mg	1	
carvedilol	1	
carvedilol phosphate er	4	
esmolol hcl inj 100mg/10ml	1	
esmolol hydrochloride in sodium chloride	2	
esmolol hydrochloride in sodium chloride double strength	2	
esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
labetalol hydrochloride inj 5mg/ml	1	
labetalol hydrochloride tabs 100mg, 200mg, 300mg	1	
metoprolol succinate er	1	
metoprolol tartrate tabs	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate inj 5mg/5ml	1	
nadolol tabs 20mg, 40mg, 80mg	2	
nebivolol hydrochloride	2	
pindolol tabs	2	
propranolol hcl inj	1	
propranolol hcl oral soln 40mg/5ml	1	
propranolol hcl tabs 40mg	1	
propranolol hydrochloride er	2	
propranolol hydrochloride soln	1	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs	1	
felodipine er	2	
isradipine	2	
nicardipine hcl caps 20mg	2	
nicardipine hcl caps 30mg	4	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
nicardipine hydrochloride/sodium chloride inj 20mg/200ml; 0.9%, 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	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	1	
diltiazem hcl cd	2	
diltiazem hcl er cp12 90mg	1	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er tb24	2	
diltiazem hcl inj 100mg, 50mg/10ml	1	
diltiazem hcl tabs 30mg, 60mg	1	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg	1	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride inj 125mg/25ml, 25mg/5ml	1	
diltiazem hydrochloride tabs 120mg, 90mg	1	
taztia xt	2	
tiadylt er	2	
verapamil hcl er cp24 100mg, 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er cp24 120mg, 180mg, 240mg	4	
verapamil hcl er tbcr 120mg	1	
verapamil hcl sr cp24 360mg	2	
verapamil hcl sr cp24 120mg, 180mg, 240mg	4	
verapamil hcl tabs 40mg, 80mg	1	
verapamil hydrochloride er cp24	2	
verapamil hydrochloride er tbcr 180mg, 240mg	1	
verapamil hydrochloride sr cp24 360mg	2	
verapamil hydrochloride inj	1	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
acetazolamide sodium	5	
aliskiren	4	
amiloride/hydrochlorothiazide	1	
amlodipine besylate/benazepril hcl caps 10mg; 40mg	1	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	2	
atenolol/chlorthalidone	1	
benazepril hydrochloride/hydrochlorothiazide	1	
bisoprolol fumarate/hydrochlorothiazide	1	
candesartan cilexetil/hydrochlorothiazide	2	
CORLANOR TABS	4	
CORLANOR SOLN	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 INJ 5%; 3.2MG/ML	1	B/D
dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml, 5%; 1.6mg/ml	1	B/D
dopamine/d5w inj 5%; 3.2mg/ml	1	B/D
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO CPSP	3	
ENTRESTO TABS	3	QL(60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide	2	
irbesartan/hydrochlorothiazide	1	
isosorbide dinitrate/hydralazine hydrochloride	4	
ivabradine hydrochloride	4	
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
metoprolol/hydrochlorothiazide	1	
metyrosine	5	
milrinone lactate in dextrose	1	B/D

Drug Name	Drug Tier	Requirements/Limits
norepinephrine bitartrate inj 1mg/ml	2	
olmesartan medoxomil/hydrochlorothiazide	2	
pentoxifylline er	1	
QUINAPRIL/HYDROCHLOROTHIAZIDE	1	
ranolazine er	2	
spironolactone/hydrochlorothiazide	1	
telmisartan/hydrochlorothiazide	2	
trandolapril/verapamil hcl er	2	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs	1	
valsartan/hydrochlorothiazide	1	
VYNDAMAX	5	PA
Diuretics, Loop		
bumetanide inj, tabs	2	
ethacrynate sodium	5	
furosemide inj, oral soln, tabs	1	
torsemide tabs	1	
Diuretics, Potassium-sparing		
amiloride hcl tabs	1	
triamterene caps	4	
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		
fenofibrate micronized caps 134mg, 200mg, 67mg	2	
fenofibrate caps 200mg, 43mg, 67mg	2	
fenofibrate tabs 120mg, 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid	2	
fenofibric acid dr	2	
gemfibrozil tabs	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
lovastatin tabs	1	
pravastatin sodium	1	
rosuvastatin calcium tabs	2	
simvastatin tabs	1	
Dyslipidemics, Other		
cholestyramine light	2	
cholestyramine pack, powd	2	
colesevelam hydrochloride pack	2	

Drug Name	Drug Tier	Requirements/Limits
colestipol hydrochloride gran, tabs	2	
ezetimibe	2	
icosapent ethyl	4	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
niacin er	4	
niacin tabs 500mg	2	
niacor	2	
omega-3-acid ethyl esters	4	
PRALUENT	3	QL(2 ML per 28 days)
prevalite	2	
REPATHA	3	QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days)
REPATHA SURECLICK	3	QL(3 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
eplerenone	2	
KERENDIA TABS 40MG	4	QL(30 EA per 30 days); PA
KERENDIA TABS 10MG, 20MG	4	QL(30 EA per 30 days); PA
spironolactone tabs	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	
JARDIANCE	3	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	3	
nitroglycerin in dextrose 5%	2	
nitroglycerin transdermal	1	
nitroglycerin inj 5mg/ml	2	
nitroglycerin translingual soln 0.4mg/spray	2	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride	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	4	QL(180 EA per 30 days)
dextroamphetamine sulfate soln	4	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		

Drug Name	Drug Tier	Requirements/Limits
atomoxetine	2	
atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg	2	
clonidine hydrochloride er	2	
clonidine hydrochloride tb12 0.1mg	2	
dexmethylphenidate hcl tabs 10mg, 5mg	2	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride er	4	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride tabs 2.5mg	2	QL(60 EA per 30 days)
methylphenidate hydrochloride er (cd)	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er (osm) tbcr 27mg, 36mg, 54mg, 72mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er (osm) tbcr 18mg	4	QL(90 EA per 30 days)
methylphenidate hydrochloride er tb24 18mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er tbcr 10mg, 20mg	2	QL(90 EA per 30 days)
methylphenidate hydrochloride chew 10mg	4	QL(180 EA per 30 days)
methylphenidate hydrochloride chew 2.5mg, 5mg	4	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)
Central Nervous System, Other		
butalbital/acetaminophen/caffeine caps	2	
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	
butalbital/aspirin/caffeine caps	2	
caffeine citrate inj	2	
caffeine citrate oral soln 20mg/ml	2	
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	5	PA
riluzole	4	
tetrabenazine tabs 12.5mg	4	PA
tetrabenazine tabs 25mg	5	PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	PA NSO
SAVELLA TITRATION PACK	3	PA NSO
Multiple Sclerosis Agents		
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BETASERON	5	
dalfampridine er	3	PA
dimethyl fumarate	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate starterpack	5	QL(120 EA per 365 days)
EXTAVIA	5	
fingolimod hydrochloride	5	
GILENYA CAPS 0.25MG	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)
mitoxantrone hcl inj 2mg/ml	2	
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
teriflunomide	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	
chlorhexidine gluconate soln	1	
doxycycline hyclate tabs 20mg	2	
KEPIVANCE INJ 5.16MG	5	PA
kourzeq	2	
lidocaine hcl mouth/throat soln 4%	1	
lidocaine hydrochloride viscous	1	
lidocaine viscous	1	
oralone dental paste	2	
periogard	1	
pilocarpine hydrochloride tabs 5mg, 7.5mg	2	
triamcinolone acetonide dental paste	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane	4	
acitretin	4	
adapalene gel 0.1%	2	
amnesteem caps 30mg	4	

Drug Name	Drug Tier	Requirements/Limits
amnesteem caps 10mg, 20mg, 40mg	4	
azelaic acid	2	
AZELEX	4	PA
claravis	4	
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	
isotretinoin caps 25mg, 35mg	5	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%, 1%	2	
metronidazole lotn 0.75%	2	
tazarotene crea 0.05%	4	PA
tazarotene crea 0.1%	4	PA
tazarotene gel	4	PA
tretinoin crea 0.025%	2	PA
tretinoin crea 0.05%, 0.1%	4	PA
tretinoin gel 0.05%	2	PA
tretinoin gel 0.01%, 0.025%	4	PA
zenatane	4	
Dermatitis and Pruritus Agents		
ADBRY INJ 300MG/2ML	5	PA
ala-cort	1	
alclometasone dipropionate	1	
amcinonide oint	1	
ammonium lactate lotn	1	QL(400 GM per 30 days)
betamethasone dipropionate augmented	2	
betamethasone dipropionate crea, lotn, oint	2	
betamethasone valerate crea, lotn, oint	2	
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%	2	
clobetasol propionate foam 0.05%	4	
clobetasol propionate gel, oint, soln	2	
desonide crea, lotn, oint	2	
desoximetasone crea 0.25%	2	
desoximetasone crea 0.05%	4	QL(15 GM per 30 days)
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
fluocinolone acetonide body	2	
fluocinolone acetonide scalp	2	
fluocinolone acetonide topical	2	
fluocinolone acetonide crea 0.01%, 0.025%	2	
fluocinolone acetonide oint 0.025%	2	
fluocinolone acetonide soln 0.01%	2	
fluocinonide crea 0.05%	4	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide crea 0.1%	4	QL(30 GM per 30 days)
fluocinonide soln	2	
fluocinonide gel, oint	4	
fluticasone propionate crea 0.05%	1	
fluticasone propionate oint 0.005%	1	
halobetasol propionate crea, oint	2	
hydrocortisone butyrate (lipid)	1	
hydrocortisone butyrate (lipophilic)	1	
hydrocortisone butyrate crea, oint, soln	1	
hydrocortisone crea 1%, 2.5%	1	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 1%, 2.5%	1	
mometasone furoate	1	
pimecrolimus	4	
selenium sulfide	1	
tacrolimus oint 0.03%	2	
tacrolimus oint 0.1%	2	QL(30 GM per 30 days)
triamcinolone acetonide aers, crea, lotn	1	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	
triderm	1	
Dermatological Agents, Other		
calcipotriene soln	2	
calcipotriene crea, oint	4	
calcitriol oint 3mcg/gm	2	
clotrimazole/betamethasone dipropionate	2	
diclofenac sodium gel 3%	4	QL(100 GM per 30 days)
FLUOROURACIL CREA 0.5%	4	QL(30 GM per 30 days)
fluorouracil crea 5%	2	
fluorouracil external soln 2%, 5%	2	
imiquimod crea 5%	2	
methoxsalen caps	5	
nystatin/triamcinolone	2	
nystatin/triamcinolone acetonide oint	2	
OTEZLA TABS 20MG, 30MG	5	PA
podofilox soln	1	
REGRANEX	5	PA
SANTYL	4	
silver sulfadiazine	1	
ssd	1	
Pediculicides/Scabicides		
ivermectin crea 1%	4	QL(45 GM per 30 days)
malathion	1	
permethrin crea	2	
Topical Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
acyclovir oint 5%	4	
ciclodan soln	2	
ciclopirox nail lacquer	2	
ciclopirox olamine	2	
ciclopirox gel, sham, susp	2	
clindacin	2	
clindamycin phosphate gel 1%	2	
clindamycin phosphate lotn 1%	2	QL(60 ML per 30 days)
clindamycin phosphate external soln 1%	2	
ery	2	
erythromycin gel 2%	2	
erythromycin soln 2%	2	
mupirocin oint	2	
SULFAMYLON CREA	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
carglumic acid	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D

Drug Name	Drug Tier	Requirements/Limits
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
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CLINISOL SF 15%	3	B/D
dextrose 5% /electrolyte #48 viaflex	1	
dextrose 10%	1	
dextrose 10%/sodium chloride 0.2%	1	
dextrose 10%/sodium chloride 0.45%	1	
dextrose 2.5%/sodium chloride 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%/sodium chloride 0.2%	1	
dextrose 5%/sodium chloride 0.3%	1	
dextrose 5%/sodium chloride 0.33%	1	
dextrose 5%/sodium chloride 0.45%	1	
dextrose 5%/sodium chloride 0.9%	1	
dextrose 50%	1	
dextrose/sodium chloride	1	
dextrose inj 20%	1	
fluoride chew 0.25mg, 0.5mg, 1mg	2	
glucose (dextrose) 50%	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% inj 5%; 10meq/l; 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% inj 5%; 20meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	1	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	1	
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	1	
magnesium sulfate inj 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml	1	
magnesium sulfate inj 50%	2	
multiple electrolytes injection type 1	1	
NORMOSOL-M/D5W	3	
NORMOSOL-R	3	
PLENAMINE	3	B/D
potassium chloride er cpcr	1	
POTASSIUM CHLORIDE ER TBCR 15MEQ	1	
potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq	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%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	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 inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	1	
potassium chloride oral soln 10%	2	
potassium citrate er	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL	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 0.25mg, 0.5mg, 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE SOLN 0.5MG/ML	2	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
deferasirox tbso 125mg	3	PA
deferasirox tbso 250mg, 500mg	5	PA
deferiprone	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
FERRIPROX TABS 1000MG	5	
JYNARQUE TABS	5	QL(120 EA per 30 days); PA
JYNARQUE TBPK	5	QL(56 EA per 28 days); PA
penicillamine tabs	5	
tolvaptan tbpk	5	QL(56 EA per 28 days); PA
TOLVAPTAN TABS 15MG	5	QL(120 EA per 30 days); PA
tolvaptan tabs 15mg, 30mg	5	QL(120 EA per 30 days); PA
tolvaptan tabs 30mg	5	QL(120 EA per 30 days); PA
trientine hydrochloride caps 250mg	5	
Phosphate Binders		
calcium acetate tabs 667mg	2	
FOSRENOL PACK	5	
lanthanum carbonate chew 1000mg	5	
sevelamer carbonate tabs	4	
sevelamer carbonate pack 2.4gm	4	
sevelamer hydrochloride	4	
Potassium Binders		
kionex susp	1	
LOKELMA	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powd	1	
sps	1	
VELTASSA PACK 1GM	4	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	4	

Drug Name	Drug Tier	Requirements/Limits
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	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
KRISTALOSE PACK 10GM	3	
lactulose soln	2	
LINZESS	3	QL(30 EA per 30 days)
LUBIPROSTONE	4	QL(60 EA per 30 days)
MOVANTIK	4	QL(30 EA per 30 days)
RELISTOR INJ	5	PA
SYMPROIC	4	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hydrochloride tabs 1mg	5	
diphenoxylate hydrochloride/atropine sulfate	4	
diphenoxylate/atropine liqd	4	
loperamide hydrochloride caps	2	
VIBERZI	5	PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl soln	2	
dicyclomine hydrochloride caps	2	
dicyclomine hydrochloride tabs 20mg	2	
glycopyrrolate oral soln	2	
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	2	
GLYCOPYRROLATE TABS 1.5MG	4	
glycopyrrolate tabs 1mg, 2mg	2	
methscopolamine bromide tabs	2	
Gastrointestinal Agents, Other		
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
metoclopramide hcl soln	2	
metoclopramide hydrochloride inj, tabs	2	
metoclopramide odt tbdp 5mg	2	
NITROGLYCERIN OINT 0.4%	4	
OCALIVA	5	QL(30 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
peg-3350/electrolytes	2	
peg-3350/electrolytes/ascorbate	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	4	
ursodiol caps 300mg	4	
ursodiol tabs	3	
VOWST	5	PA
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine tabs	2	
famotidine premixed	2	
famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml	2	
famotidine tabs 20mg, 40mg	2	
nizatidine caps	2	
Protectants		
misoprostol	1	
sucralfate tabs	2	
Proton Pump Inhibitors		
esomeprazole magnesium cpdr	2	
lansoprazole cpdr	2	
omeprazole dr cpdr 10mg, 40mg	2	
omeprazole cpdr 20mg, 40mg	2	
pantoprazole sodium inj, tbec	2	
rabeprazole sodium	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP INJ 1000MG, 500MG	5	PA
betaine anhydrous	5	
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium conc 100mg/5ml	4	
CRYSVITA	5	PA
CYSTAGON	4	PA
dichlorphenamide	5	PA
ELAPRASE	5	PA
ELELYSO	5	PA
ENDARI	5	
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
GLASSIA INJ 4GM/200ML, 5GM/250ML	5	PA
GLASSIA INJ 1000MG/50ML	5	PA
glycerol phenylbutyrate	5	PA
KANUMA	5	PA
l-glutamine	5	
LUMIZYME	5	PA
miglustat	5	PA
NAGLAZYME	5	PA
nitisinone	5	PA
ORFADIN SUSP	5	PA
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	
PROCYSBI	5	PA
PROLASTIN-C	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
VYNDAQEL	5	PA
WELIREG	5	PA NSO
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
yargesa	5	PA
zelvysia	5	PA
ZEMAIRA	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 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 soln, tabs	2	
solifenacin succinate	2	
tolterodine tartrate er cp24 4mg	2	
tolterodine tartrate er cp24 2mg	2	
tolterodine tartrate tabs 1mg	2	
tolterodine tartrate tabs 2mg	4	
trospium chloride	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	1	
doxazosin tabs 2mg	1	
dutasteride caps	2	
finasteride tabs	1	
silodosin caps 8mg	2	
silodosin caps 4mg	2	
tadalafil tabs 2.5mg, 5mg	4	QL(30 EA per 30 days); 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	5	
LITHOSTAT	4	
PHEXXI	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	

Drug Name	Drug Tier	Requirements/Limits
tiopronin	5	
tiopronin dr	5	
venxxiva	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
betamethasone sodium phosphate/betamethasone acetate	1	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	2	
dexamethasone elix, soln	2	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs	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 40mg	2	
methylprednisolone tabs	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 tbpk	1	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin	4	PA
desmopressin acetate tabs	2	
desmopressin acetate inj	5	
DESMOPRESSIN ACETATE NASAL SOLN 0.01%	2	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
desmopressin acetate nasal soln 0.01%	2	
INCRELEX	5	PA
ISTURISA TABS 1MG, 5MG	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL INJ 5000UNIT	4	PA
OMNITROPE	5	PA
PREGNYL	4	PA
pregnyl w/diluent benzyl alcohol/nacl	4	PA
SEROSTIM	5	PA
vasopressin +rfid	2	

Drug Name	Drug Tier	Requirements/Limits
vasopressin inj 20unit/ml	2	
vasostrict	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol caps	4	
testosterone cypionate inj 100mg/ml, 200mg/ml	2	
testosterone enanthate inj	2	
testosterone pump	4	PA
testosterone gel 10mg/act	2	PA
testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
abigale	2	
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7 tabs 35mcg; 0	2	
amabelz tabs 1mg; 0.5mg	2	
amethyst	2	
ANNOVERA	4	
apri	2	
ARANELLE	2	
ashlyna	2	
aubra eq	2	
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camrese	2	
camrese lo	2	
charlotte 24 fe	2	
chateal eq	2	
cryselle-28	2	
cyred eq	2	

Drug Name	Drug Tier	Requirements/Limits
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
delyla	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
desogestrel/ethinyl estradiol	2	
dolishale	2	
dotti	2	
drospirenone/ethinyl estradiol	2	
drospirenone/ethinyl estradiol/levomefolate calcium	2	
elinest	2	
eluryng	2	
enilloring	2	
enpresse-28	2	
enskyce	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	
ethynodiol diacetate/ethinyl estradiol	2	
etonogestrel/ethinyl estradiol	4	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
FEMRING	4	
finzala	2	
fyavolv	2	
galbriela	2	
gemmily	2	
hailey 1.5/30	2	
hailey 24 fe	2	
hailey fe 1.5/30	2	
hailey fe 1/20	2	
iclevia	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jinteli	2	
jolessa	2	

Drug Name	Drug Tier	Requirements/Limits
joyeaux	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kalliga	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
layolis fe	2	
leena	2	
lessina	2	
levonest	2	
levonorgestrel and ethinyl estradiol	2	
levonorgestrel/ethinyl estradiol	2	
levonorgestrel/ethinyl estradiol/ferrous bisglycinate	2	
levora 0.15/30-28	2	
LO LOESTRIN FE	4	
lo-zumandimine	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyllana	4	
marlissa	2	
merzee	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	

Drug Name	Drug Tier	Requirements/Limits
mimvey	2	
minzoya	2	
mono-linyah	2	
NATAZIA	4	
necon 0.5/35-28	2	
NEXTSTELLIS	4	
nikki	2	
norelgestromin/ethinyl estradiol	2	
norethindrone & ethinyl estradiol ferrous fumarate	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate	2	
norethindrone acetate/ethinyl estradiol tabs	2	
norethindrone/ethinyl estradiol/ferrous fumarate	2	
norgestimate/ethinyl estradiol	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
nymyo	2	
ocella	2	
philith	2	
pimtrea	2	
portia-28	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
taysofy	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	

Drug Name	Drug Tier	Requirements/Limits
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trivora-28	2	
turqoz	2	
TWIRLA	4	
TYBLUME	2	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
VELIVET	2	
vestura	2	
vienva	2	
viorele	2	
volnea	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	2	
YUVAFEM	3	
zafemy	4	
zovia 1/35	2	
zumandimine	2	
Progestins		
camila	2	
CRINONE	4	PA
deblitane	2	
DEPO-SUBQ PROVERA 104	3	
emzahh	2	
errin	2	
gallifrey	1	
heather	2	
incassia	2	
jencycla	2	
LILETTA	3	
lyleq	2	
lyza	2	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate inj, tabs	1	
megestrol acetate tabs	2	PA NSO
MEGESTROL ACETATE SUSP 625MG/5ML	4	PA NSO
megestrol acetate susp 40mg/ml	4	PA NSO
meleya	2	
NEXPLANON	3	
nora-be	2	
norethindrone acetate tabs	1	
norethindrone tabs	1	
norlyroc	2	
orquidea	2	
progesterone caps, inj	1	
sharobel	2	
SLYND	4	
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)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg	1	
euthyrox tabs 88mcg	2	
EVEXITHROID	4	
levo-t	1	
levothyroxine sodium tabs	1	
levothyroxine sodium caps	4	
LEVOTHYROXINE SODIUM INJ 100MCG/ML	5	
levothyroxine sodium inj 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg	5	
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
liomny	2	
LIOTHYRONINE SODIUM INJ	5	
liothyronine sodium tabs	2	
NIVA THYROID	4	
np thyroid 120	4	
np thyroid 15	4	
np thyroid 30	4	
np thyroid 60	4	
np thyroid 90	4	
RENTHYROID	4	
SYNTHROID TABS	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
unithroid	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	2	
ELIGARD	4	PA NSO
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	PA NSO
lanreotide acetate inj 120mg/0.5ml	5	PA NSO
LEUPROLIDE ACETATE INJ 22.5MG	4	PA NSO
leuprolide acetate inj 1mg/0.2ml	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	PA NSO
LUPRON DEPOT (3-MONTH)	5	PA NSO
LUPRON DEPOT (4-MONTH)	5	PA NSO
LUPRON DEPOT (6-MONTH)	5	PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
mifepristone tabs 300mg	5	PA
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate inj 10mg	5	PA
octreotide acetate inj 1000mcg/ml, 20mg, 30mg, 500mcg/ml	5	PA
ORGOVYX	5	PA NSO
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA NSO
ZOLADEX INJ 3.6MG	4	PA NSO
ZOLADEX INJ 10.8MG	5	PA NSO
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
KALBITOR	5	PA

Drug Name	Drug Tier	Requirements/Limits
ORLADEYO	5	PA
RUCONEST	5	PA
sajazir	5	PA
TAKHZYRO	5	PA
Immunoglobulins		
ALYGLO	5	B/D
ASCENIV	5	B/D
ATGAM	5	
BEYFORTUS	4	
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	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, 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 INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA INJ 10GM/50ML	5	PA
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B	5	B/D
HYPERRHO	4	
HYPERRHO MINI-DOSE	4	
HYQVIA	5	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	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	
VARIZIG INJ 125UNIT/1.2ML	5	

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
Immunological Agents, Other		
ACTEMRA	5	PA
ACTEMRA ACTPEN	5	PA
ARCALYST	5	PA
auranofin	5	
BENLYSTA INJ 200MG/ML	5	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	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
KINERET	5	PA
LEMTRADA	5	PA
ORENCIA CLICKJECT	5	PA
ORENCIA INJ 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	5	PA
OTEZLA TBPK 0	5	PA
OTULFI INJ 45MG/0.5ML	4	PA
OTULFI INJ 130MG/26ML, 90MG/ML	5	PA
PYZCHIVA INJ 45MG/0.5ML	3	PA
PYZCHIVA INJ 130MG/26ML, 90MG/ML	5	PA
RAGWITEK	4	
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SELARSDI INJ 45MG/0.5ML	4	PA
SELARSDI INJ 90MG/ML	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
STEQEYMA INJ 130MG/26ML, 45MG/0.5ML	4	PA
STEQEYMA INJ 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
TAVNEOS	5	QL(180 EA per 30 days); PA
TYENNE INJ 162MG/0.9ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
TYENNE INJ 162MG/0.9ML, 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA
WEZLANA	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
XOLAIR	5	PA
YESINTEK INJ 45MG/0.5ML	4	PA
YESINTEK INJ 130MG/26ML, 90MG/ML	5	PA
Immunostimulants		
ACTIMMUNE	5	
BESREMI	5	PA NSO
PEGASYS INJ 180MCG/ML	5	
Immunosuppressants		
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	5	PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	PA
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	PA
AMJEVITA INJ 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
ASTAGRAF XL	4	B/D
AVSOLA	5	PA
AZATHIOPRINE INJ	5	B/D
azathioprine tabs 50mg	1	B/D
azathioprine tabs 100mg, 75mg	2	B/D
BENLYSTA INJ 120MG, 400MG	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
cyclosporine modified	4	B/D
cyclosporine caps 100mg, 25mg	4	B/D
cyclosporine inj 50mg/ml	5	
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	PA
everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg	5	B/D
gengraf caps 100mg, 25mg	4	B/D
gengraf soln	4	B/D
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
INFLECTRA	5	PA
infliximab	5	PA
JYLAMVO	5	

Drug Name	Drug Tier	Requirements/Limits
leflunomide	2	
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, tabs	2	B/D
mycophenolate mofetil susr	5	B/D
mycophenolic acid dr	2	B/D
NULOJIX	5	
ORENCIA INJ 250MG	5	PA
PEGASYS INJ 180MCG/0.5ML	5	
PROGRAF PACK	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
sirolimus tabs	4	B/D
sirolimus soln	5	B/D
tacrolimus caps 0.5mg, 1mg, 5mg	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	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	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440UNIT/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXCHIQ	4	
IXIARO	4	
JYNNEOS	3	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	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	
PENBRAYA	3	
PENMENVY	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	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VAXELIS	4	
VIMKUNYA	4	
VIVOTIF	4	QL(4 EA per 365 days)
YF-VAX	4	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	2	
mesalamine dr	4	
mesalamine er cpcr	4	
mesalamine er cp24	4	
mesalamine enem, kit	4	
sulfasalazine tabs	1	

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine tbec	2	
Glucocorticoids		
budesonide cpep 3mg	4	
BUDESONIDE FOAM 2MG	3	
hydrocortisone crea 1%, 2.5%	1	
hydrocortisone enem 100mg/60ml	4	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tabs 10mg, 35mg, 5mg, 70mg	1	
BOMYNTRA	5	PA NSO
BONSITY	5	PA
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	4	
CONEXXENCE	4	
doxercalciferol inj	2	PA
doxercalciferol caps	4	PA
FORTEO INJ 560MCG/2.24ML	5	PA
ibandronate sodium tabs	2	
JUBBONTI	4	
MIACALCIN INJ	5	
OSENVELT	5	PA NSO
pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml	1	
PARICALCITOL CAPS 1MCG, 2MCG	3	
PARICALCITOL CAPS 4MCG	4	
paricalcitol inj	4	
PROLIA	4	
risedronate sodium	2	
risedronate sodium dr	2	
STOBOCLO	4	
TERIPARATIDE	5	PA
WYOST	5	PA NSO
XGEVA	5	PA NSO
zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	

Drug Name	Drug Tier	Requirements/Limits
atropine sulfate inj 0.25mg/5ml	1	
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	
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	
CURITY GAUZE PADS 2"X2" 12 PLY	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	
EASY COMFORT PEN NEEDLES 29GX4MM	3	
fomepizole inj 1.5gm/1.5ml	5	
GLOBAL ALCOHOL PREP EASE PADS	3	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	3	
levocarnitine soln, tabs	1	
methergine tabs	5	
methylergonovine maleate inj	1	
methylergonovine maleate tabs	5	
NUTRILIPID	3	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	4	PA
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 G7 PODS (GEN 5)	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	PA
OMNIPOD CLASSIC PODS (GEN 3)	4	PA
OMNIPOD DASH INTRO KIT (GEN 4)	4	PA
OMNIPOD DASH PDM KIT (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
PROTOPAM CHLORIDE INJ	4	
ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
sodium chloride 0.9%	2	
sodium phenylacetate/sodium benzoate	5	

Drug Name	Drug Tier	Requirements/Limits
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	
VISTOGARD	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate soln 1%	1	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	2	
cyclopentolate hcl soln 1%	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/dexamethasone	1	
neomycin/polymyxin/gramicidin	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	2	
OXERVATE	5	PA
phenylephrine hydrochloride soln 10%	1	
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	1	
proparacaine hcl	1	
RESTASIS	4	
RESTASIS MULTIDOSE	4	
ROCKLATAN	4	
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	1	
tobramycin/dexamethasone	2	
VABYSMO SOSY	5	
VABYSMO SOLN	5	
XIIDRA	3	
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
azelastine hcl ophthalmic soln 0.05%	2	
cromolyn sodium soln 4%	1	

Drug Name	Drug Tier	Requirements/Limits
olopatadine hydrochloride soln 0.2%	2	
Ophthalmic Anti-Infectives		
bacitracin	2	
ciprofloxacin hydrochloride soln 0.3%	1	
erythromycin oint 5mg/gm	1	
gatifloxacin	2	
gentamicin sulfate ophthalmic soln 0.3%	1	
levofloxacin ophthalmic soln 0.5%	2	
moxifloxacin hydrochloride ophthalmic soln 0.5%	2	
NATACYN	4	
ofloxacin ophthalmic soln 0.3%	1	
sulfacetamide sodium oint 10%	2	
sulfacetamide sodium soln 10%	1	
tobramycin soln 0.3%	1	
trifluridine	2	
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
bromfenac	4	
BROMFENAC SODIUM SOLN 0.075%	4	
dexamethasone sodium phosphate ophthalmic soln 0.1%	1	
diclofenac sodium ophthalmic soln 0.1%	2	
fluorometholone	2	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic soln 0.5%	1	
loteprednol etabonate susp 0.5%	4	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic soln 1%	1	
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 solg 0.25%	2	
timolol maleate ophthalmic gel forming solg 0.5%	4	
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	
apraclonidine	1	
brimonidine tartrate soln 0.15%, 0.2%	2	
dorzolamide hydrochloride	1	
methazolamide tabs	4	
pilocarpine hcl soln 1%, 2%, 4%	2	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hydrochloride soln 1%, 2%, 4%	2	
RHOPRESSA	4	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost soln	1	
LUMIGAN	3	
tafluprost	4	
travoprost	2	
VYZULTA	4	
Otic Agents		
Otic Agents		
acetic acid	2	
flac	2	
fluocinolone acetonide ear drops	2	
fluocinolone acetonide oil 0.01%	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	
ofloxacin otic soln 0.3%	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	2	B/D
flunisolide soln 0.025%	1	
fluticasone propionate susp 50mcg/act	2	
QVAR REDIHALER	3	
Antihistamines		
azelastine hcl nasal soln 0.15%	2	
azelastine hydrochloride soln 0.1%	2	
cetirizine hydrochloride soln 5mg/5ml	2	
cyproheptadine hcl syrp	2	
cyproheptadine hydrochloride tabs	2	
desloratadine tabs	2	
diphenhydramine hcl elix	2	PA
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		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	3	
ipratropium bromide inhalation soln	1	B/D
ipratropium bromide nasal soln	1	
SPIRIVA RESPIMAT	3	
tiotropium bromide	4	
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
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	2	
isoproterenol hydrochloride	2	
levalbuterol hcl nebu 0.63mg/3ml	4	B/D
levalbuterol hydrochloride nebu 0.63mg/3ml	4	B/D
levalbuterol tartrate hfa	2	
PROAIR DIGIHALER	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
terbutaline sulfate tabs	2	
terbutaline sulfate inj	5	
ventolin hfa	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
SYMDEKO	5	PA
TOBI PODHALER	5	PA
tobramycin nebu 300mg/5ml	5	PA
TRIKAFTA THPK	5	PA
TRIKAFTA TBPK 100MG; 0; 50MG	5	PA
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline inj	1	
elixophyllin	1	
roflumilast	4	ST
theophylline	1	
theophylline er tb24	2	
theophylline er tb12 300mg, 450mg	2	
Pulmonary Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	5	PA
alyq	4	PA
ambrisentan	5	PA
epoprostenol sodium	5	PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN INJ 8MG/20ML	5	PA
REMODULIN INJ 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML	5	PA
SILDENAFIL CITRATE TABS	3	PA
sildenafil inj	5	PA
tadalafil tabs 20mg	4	PA
treprostinil	5	PA
TYVASO	5	PA
TYVASO DPI INSTITUTIONAL KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	5	PA
TYVASO DPI MAINTENANCE KIT POWD 0, 16MCG, 32MCG, 48MCG, 64MCG	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
UPTRAVI	5	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
VENTAVIS	5	PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA
pirfenidone caps	5	PA
PIRFENIDONE TABS 534MG	5	PA
pirfenidone tabs 267mg, 801mg	5	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation soln	2	B/D
acetylcysteine inj	2	
ANORO ELLIPTA	3	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA	3	
breyna	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	
DULERA	3	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate/salmeterol diskus	2	
fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 500mcg/act; 50mcg/act, 55mcg/act; 14mcg/act	2	
ipratropium bromide/albuterol sulfate	1	B/D
NUCALA VIAL; PREFILLED SYRINGE	5	PA
ribavirin solr 6gm	5	PA
STIOLTO RESPIMAT	3	
TEZSPIRE	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	3	
wixela inhub	2	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs 10mg, 5mg	2	PA
methocarbamol tabs 500mg, 750mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	
DAYVIGO	3	
doxepin hydrochloride tabs 3mg, 6mg	2	
flurazepam hydrochloride	2	QL(30 EA per 30 days)
HETLIOZ LQ	5	PA
pentobarbital sodium	4	
ramelteon	4	QL(30 EA per 30 days)
tasimelteon	5	PA
temazepam	2	QL(30 EA per 30 days)
triazolam	2	QL(30 EA per 30 days)
zolpidem tartrate tabs	2	
Wakefulness Promoting Agents		
armodafinil	2	PA
MODAFINIL TABS	3	PA
SODIUM OXYBATE	5	PA
SUNOSI	4	QL(30 EA per 30 days); PA

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acamprosate calcium dr	3
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diazepam	31
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dichlorphenamide	52
diclofenac sodium	1
diclofenac sodium	45
diclofenac sodium	70
diclofenac sodium dr	1
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dicloxacillin sodium	6
dicyclomine hcl	50
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dobutamine hcl/d5w	39
dobutamine hydrochloride/dextrose 5%	39
DOCETAXEL	18
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donepezil hcl	11
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dorzolamide hydrochloride/timolol maleate pf	69
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emtricitabine/rilpivirine/tenofovir disoproxil fumarate	29
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erythromycin	70
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everolimus	64
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fluocinonide	44
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fluoxetine hydrochloride	12
fluphenazine decanoate	26
fluphenazine hcl	26
fluphenazine hydrochloride	26
flurazepam hydrochloride	74
flurbiprofen	1
flurbiprofen sodium	70
fluticasone propionate	45
fluticasone propionate	71
fluticasone propionate/salmeterol	74
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heparin sodium/dextrose	34
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heparin sodium/sodium chloride	34
heparin sodium/sodium chloride 0.9%	34
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hydrocortisone	54
hydrocortisone	67
hydrocortisone butyrate	45
hydrocortisone butyrate (lipid)	45
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hydromorphone hcl	2
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kcl 0.15%/d5w/nacl 0.2%	47
kcl 0.15%/d5w/nacl 0.225%	47
kcl 0.15%/d5w/nacl 0.45%	47
kcl 0.15%/d5w/nacl 0.9%	47
kcl 0.3%/d5w/nacl 0.45%	48
kcl 0.3%/d5w/nacl 0.9%	48
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KERENDIA	41
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mesalamine dr	66
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mesna	25
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metformin hydrochloride er	32
methadone hcl	1
methadone hydrochloride	1
methadone hydrochloride intensol	1
methadose	1
methadose sugar-free	1
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methenamine hippurate	5
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methimazole	61
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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.

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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.

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، ليس عليك سوى الاتصال بنا على (800-965-4022)TTY:711) . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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.

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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。

Form CMS-10802
(Expires 12/31/25)

DISCRIMINATION IS AGAINST THE LAW

Health Alliance™ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). Health Alliance:

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 or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes), you can file a grievance with: Health Alliance Medicare, Member Services, 3310 Fields South Drive, Champaign, IL 61822, telephone for members: (800) 965-4022 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. Llame (800) 965-4022 (TTY: 711).

注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫 (800) 965-4022 (TTY: 711)。

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń (800) 965-4022 (TTY: 711).

LƯU Ý: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi (800) 965-4022 (TTY: 711).

주의: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 965-4022로 전화하세요. (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Звоните (800) 965-4022. (TTY: 711).

Aird: Má tá Gaeilge agat, tá seirbhísí cúnaimh teanga, saor in aisce, ar fáil duit. Glaoigh ar (800) 965-4022 (TTY: 711).

اگر بینته ماتبڤن ملعربیةتتحدث لرقمتاصل.مجاڤاك احةللغویةلمساعدة (800) 965-4022 (للنصيالهاتف: 711).

Aufmerksamkeit: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Rufen Sie (800) 965-4022 an (TTY: 711).

ATTENTION: Si vous parlez français, des services d'assistance linguistique, gratuits, sont à votre disposition. Appelez le (800) 965-4022 (ATS : 711).

!ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે ि◌न:शु=क ઉપલ@ધ છે. (800) 965-4022 પર કૉલ કરો (TTY: 711).

注意: 日本語を話せる場合は、言語支援サービスを無料でご利用いただけます。 (800) 965-4022 に電話してください。 (TTY: 711)

LET OP: Als u Nederlands spreekt, zijn er gratis taalhulpdiensten voor u beschikbaar. Bel (800) 965-4022 (TTY: 711).

УВАГА: Якщо ви володієте українською мовою, вам надаються послуги мовної допомоги, безкоштовні. Телефонуйте (800) 965-4022 (TTY: 711).

ATTENZIONE: Se parli italiano sono a tua disposizione servizi di assistenza linguistica gratuiti. Chiama il numero (800) 965-4022 (TTY: 711).

This formulary was updated on 12/01/2025. For more recent information or other questions, please contact Health Alliance Medicare Member Services, at (800) 965-4022 (TTY users should call 711), 8a.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.
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Health Alliance™

(800) 965-4022, TTY/TDD 711
HealthAlliance.org/Medicare

Last updated 12/01/2025