



2024 Formulary

Priority Health Medicare

List of covered drugs

Please read:

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

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This formulary was approved on 11/19/2024. For more recent information or other questions, please contact Priority Health Medicare toll-free at 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if your plan has a deductible). Call Customer Service for more information.

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

Important Message About What You Pay for Commercially Available Paxlovid – Our plan will cover Commercially Available Paxlovid at no cost to you, even if you haven't paid your deductible (if your plan has a deductible), when you fill at an in-network pharmacy. Call Customer Service for more information.

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 Priority Health.

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

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit.

Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Priority Health Medicare Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

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

The enclosed formulary is current as of December 1, 2024. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

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

1. Medical Condition

The formulary begins on page 10. 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 10. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on the page following the Drug List. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health 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, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Priority Health 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 Priority Health Medicare Formulary?*" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare Formulary?

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

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

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

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

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

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

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

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

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

For more information

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

If you have questions about Priority Health 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 medicare.gov.

Priority Health Medicare Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

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

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

List of Abbreviations

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending on your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

EA: Each

GM: Grams

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com.

ML: Milliliters

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

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.

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

Understanding your copayments/coinsurance

The tables below list the Priority Health Medicare drug tiers and the copayment or coinsurance amount associated with each tier during the initial coverage stage.

Drug Tiers	Priority Medicare Key SM (HMO-POS)	Priority Medicare Value SM (HMO-POS)	Priority Medicare SM (HMO-POS)	Priority Medicare ONE SM (HMO-POS)
Preferred retail pharmacy: one-month (30 day) supply				
Tier 1 Preferred generic	\$4 copay	\$2 copay	\$1 copay	\$0 copay
Tier 2 Generic	\$15 copay	\$10 copay	\$8 copay	\$10 copay
Tier 3 Preferred brand	\$42 copay	After deductible of \$75 is met: \$42 copay	\$38 copay	\$42 copay
Tier 4 Non-preferred drug	45% coinsurance	After deductible of \$75 is met: 50% coinsurance	45% coinsurance	45% coinsurance
Tier 5 Specialty (30-day supply only)	33% coinsurance	After deductible of \$75 is met: 31% coinsurance	33% coinsurance	33% coinsurance
Preferred retail pharmacy: three-month (90 day supply)				
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$45 copay	\$30 copay	\$24 copay	\$30 copay
Tier 3 Preferred brand	\$126 copay	After deductible of \$75 is met: \$126 copay	\$114 copay	\$126 copay
Tier 4 Non-preferred drug	45% coinsurance	After deductible of \$75 is met: 50% coinsurance	45% coinsurance	45% coinsurance
Preferred mail order: three month (90 day) supply*				
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3 Preferred brand	\$105 copay	After deductible of \$75 is met: \$105 copay	\$95 copay	\$105 copay
Tier 4 Non-preferred drug	45% coinsurance	After deductible of \$75 is met: 50% coinsurance	45% coinsurance	45% coinsurance

Drug Tiers	Priority Medicare Edge SM (PPO)	Priority Medicare Compass SM (PPO)	Priority Medicare Vital SM (PPO)	Priority Medicare Ideal SM (PPO)	Priority Medicare Merit SM (PPO)	Priority Medicare Select SM (PPO)	Priority Medicare Thrive SM (PPO)
Preferred retail pharmacy: one-month (30 day) supply							
Tier 1 Preferred generic	\$2 copay	\$4 copay	\$1 copay	\$4 copay	\$2 copay	\$1 copay	\$3 copay
Tier 2 Generic	\$8 copay	\$15 copay	\$10 copay	\$13 copay	\$10 copay	\$7 copay	\$10 copay
Tier 3 Preferred brand	\$38 copay	\$42 copay	After deductible of \$350 is met: \$42 copay	After deductible of \$125 is met: \$42 copay	\$42 copay	\$37 copay	\$42 copay
Tier 4 Non-preferred drug	40% coinsurance	45% coinsurance	After deductible of \$350 is met: 45% coinsurance	After deductible of \$125 is met: 50% coinsurance	50% coinsurance	45% coinsurance	45% coinsurance
Tier 5 Specialty (30-day supply only)	33% coinsurance	33% coinsurance	After deductible of \$350 is met: 26% coinsurance	After deductible of \$125 is met: 30% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Preferred retail pharmacy: three-month (90 day) supply							
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$24 copay	\$45 copay	\$30 copay	\$39 copay	\$30 copay	\$21 copay	\$30 copay
Tier 3 Preferred brand	\$114 copay	\$126 copay	After deductible of \$350 is met: \$126 copay	After deductible of \$125 is met: \$126 copay	\$126 copay	\$111 copay	\$126 copay
Tier 4 Non-preferred drug	40% coinsurance	45% coinsurance	After deductible of \$350 is met: 45% coinsurance	After deductible of \$125 is met: 50% coinsurance	50% coinsurance	45% coinsurance	45% coinsurance
Preferred mail order: three month (90 day) supply*							
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3 Preferred brand	\$95 copay	\$105 copay	After deductible of \$350 is met: \$105 copay	After deductible of \$125 is met: \$105 copay	\$105 copay	\$92.50 copay	\$105 copay
Tier 4 Non-preferred drug	40% coinsurance	45% coinsurance	After deductible of \$350 is met: 45% coinsurance	After deductible of \$125 is met: 50% coinsurance	50% coinsurance	45% coinsurance	45% coinsurance

2024 Formulary
Priority Health Medicare

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Priority Health Medicare

Drug Name	Drug Tiers	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral</i>	2	
<i>diclofenac epolamine external</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	4	
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	2	
<i>etodolac oral</i>	2	
<i>fenoprofen calcium oral tablet</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>mefenamic acid oral</i>	4	QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet</i>	2	
<i>piroxicam oral</i>	2	
<i>salsalate oral</i>	2	
<i>sulindac oral</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal</i>	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	QL (60 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary may be available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
methadone hcl oral tablet 10 mg	2	QL (90 EA per 30 days)
methadone hcl oral tablet 5 mg	2	QL (120 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg	2	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg	2	QL (120 EA per 30 days)
oxymorphone hcl er	4	QL (90 EA per 30 days)
tramadol hcl er	2	QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine #3	2	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 300-30 mg/12.5ml	4	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
butorphanol tartrate nasal	4	QL (10 ML per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg	2	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (360 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	4	QL (5520 ML per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (5550 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (150 EA per 30 days)
hydromorphone hcl oral liquid	2	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	2	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	2	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	4	QL (240 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	2	QL (900 ML per 30 days)
morphine sulfate oral solution	2	QL (900 ML per 30 days)
morphine sulfate oral tablet	2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution	2	QL (1200 ML per 30 days)

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary may be available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 5 mg	2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
oxymorphone hcl oral tablet 10 mg	4	QL (360 EA per 30 days)
oxymorphone hcl oral tablet 5 mg	4	QL (180 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen	2	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
GLYDO EXTERNAL GEL	2	
lidocaine external ointment 5 %	2	
lidocaine external patch 5 %	3	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	2	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
LIDOCAN	3	PA; QL (90 EA per 30 days)
LIDOCAN III	3	PA; QL (90 EA per 30 days)
TRIDACAIN	3	PA; QL (90 EA per 30 days)
TRIDACAIN II	3	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium	2	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid Dependence		
buprenorphine hcl sublingual	3	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL (90 EA per 30 days)

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

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Drug Name	Drug Tiers	Requirements/Limits
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
opvee	3	QL (2 EA per 30 days)
ZIMHI	3	QL (1 ML per 30 days)
Smoking Cessation Agents		
bupropion hcl er (smoking det)	2	
NICOTROL	4	
NICOTROL NS	4	
varenicline tartrate (starter)	4	
varenicline tartrate oral tablet	4	
varenicline tartrate oral tablet therapy pack	4	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	2	HI
ARIKAYCE	5	PA; QL (235.2 ML per 28 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	4	HI
gentamicin in saline intravenous solution 1.2-0.9 mg/ml-%	2	HI
gentamicin sulfate external	4	QL (90 GM per 30 days)
gentamicin sulfate injection solution 40 mg/ml	4	
neomycin sulfate oral	2	
paromomycin sulfate oral	4	
streptomycin sulfate intramuscular	4	
tobramycin sulfate injection solution 10 mg/ml	2	QL (720 ML per 30 days); HI
tobramycin sulfate injection solution 80 mg/2ml	2	QL (720 ML per 30 days)
Antibacterials, Other		
aztreonam	4	HI
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral capsule 150 mg, 300 mg	2	
clindamycin palmitate hcl	2	
clindamycin phosphate external swab	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 900 mg/50ml	4	

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Drug Name	Drug Tiers	Requirements/Limits
clindamycin phosphate in d5w intravenous solution 600 mg/50ml	2	
clindamycin phosphate vaginal	2	
colistimethate sodium (cba)	5	HI
daptomycin intravenous solution reconstituted 500 mg	5	HI
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	3	
fosfomycin tromethamine	4	
linezolid intravenous solution 600 mg/300ml	3	
linezolid oral suspension reconstituted	5	
linezolid oral tablet	3	QL (56 EA per 28 days)
methenamine hippurate	2	
metronidazole external	2	
metronidazole intravenous solution 500 mg/100ml	2	
metronidazole oral tablet	2	
metronidazole vaginal	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	
nitrofurantoin monohyd macro	2	
SIVEXTRO ORAL	5	PA; QL (6 EA per 30 days)
tigecycline	4	HI
trimethoprim oral	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.75 gm, 10 gm, 2 gm, 500 mg	2	HI
vancomycin hcl intravenous solution reconstituted 1.5 gm	2	
vancomycin hcl oral capsule 125 mg	4	QL (80 EA per 30 days)
vancomycin hcl oral capsule 250 mg	4	QL (160 EA per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML	3	
vancomycin hcl oral solution reconstituted 250 mg/5ml	3	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted 250 mg/5ml	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	HI
cefdinir	2	
cefepime hcl injection solution reconstituted 1 gm	4	HI
cefepime hcl intravenous solution reconstituted 2 gm	4	HI
cefixime oral capsule	4	
cefoxitin sodium intravenous	2	HI
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	HI
ceftazidime intravenous	2	HI
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	HI
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	HI
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	HI
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
TEFLARO	4	
ZERBAXA	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er	2	

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Drug Name	Drug Tiers	Requirements/Limits
amoxicillin-pot clavulanate oral	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	HI
ampicillin sodium intravenous solution reconstituted 10 gm	2	HI
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	2	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	HI
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
dicloxacillin sodium	2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	
nafcillin sodium intravenous solution reconstituted 10 gm	4	
oxacillin sodium in dextrose intravenous solution 1 gm/50ml	2	HI
oxacillin sodium injection solution reconstituted 1 gm	2	
oxacillin sodium intravenous	2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	4	HI
penicillin g potassium injection solution reconstituted 20000000 unit	4	HI
penicillin g potassium injection solution reconstituted 5000000 unit	2	
penicillin g sodium	4	
penicillin v potassium oral solution reconstituted	4	
penicillin v potassium oral tablet	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	2	HI
Carbapenems		
ertapenem sodium	4	
imipenem-cilastatin	2	

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Drug Name	Drug Tiers	Requirements/Limits
meropenem intravenous solution reconstituted 1 gm, 500 mg	4	
Macrolides		
azithromycin intravenous	2	HI
azithromycin oral	2	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	ST; QL (136 ML per 10 days)
DIFICID ORAL TABLET	5	ST; QL (20 EA per 10 days)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin base oral capsule delayed release particles	2	
erythromycin base oral tablet	2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	2	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	4	
erythromycin ethylsuccinate oral tablet	2	
erythromycin oral	2	
Quinolones		
ciprofloxacin hcl ophthalmic	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin oral	2	
moxifloxacin hcl in nacl	4	HI
moxifloxacin hcl oral	2	
ofloxacin oral tablet 300 mg, 400 mg	2	

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Drug Name	Drug Tiers	Requirements/Limits
Sulfonamides		
sulfacetamide sodium (acne)	2	
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	1	
Tetracyclines		
demeccycline hcl oral	4	
DOXY 100	4	B/D
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral capsule 75 mg	4	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	
minocycline hcl oral capsule	2	
tetracycline hcl oral capsule	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	ST; QL (60 EA per 30 days)
DIACOMIT	5	PA
EPIDIOLEX	5	PA; QL (500 ML per 30 days)
EPRONTIA	4	ST; QL (480 ML per 30 days)
felbamate	4	
FINTEPLA	5	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days)
lamotrigine er	4	
lamotrigine oral kit 25 & 50 & 100 mg	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	

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Drug Name	Drug Tiers	Requirements/Limits
lamotrigine oral tablet dispersible	4	
lamotrigine starter kit-blue	4	
lamotrigine starter kit-green	4	
lamotrigine starter kit-orange	4	
levetiracetam er	2	
levetiracetam oral	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	QL (60 EA per 30 days)
topiramate oral	2	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
ethosuximide oral	2	
methsuximide	3	
ZONISADE	5	PA; QL (900 ML per 30 days)
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension	4	PA; QL (480 ML per 30 days)
clobazam oral tablet	4	PA; QL (60 EA per 30 days)
diazepam rectal	4	
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
LIBERVANT	5	PA; QL (10 EA per 30 days)
NAYZILAM	4	QL (10 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>phenobarbital oral elixir</i>	2	PA
<i>phenobarbital oral tablet</i>	2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
SYMPAZAN	5	PA; QL (60 EA per 30 days)
<i>tiagabine hcl</i>	4	
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	LA
<i>vigadronе oral packet</i>	5	
<i>vigadronе oral tablet</i>	5	LA
VIGAFYDE	5	PA; QL (750 ML per 30 days)
VIGPODER	5	
ZTALMY	5	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
<i>epitol</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	4	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide oral suspension</i>	5	PA
<i>rufinamide oral tablet 200 mg</i>	4	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA
<i>zonisamide oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Antidementia Agents		
Antidementia Agents, Other		
donepezil hcl oral tablet 10 mg	1	QL (60 EA per 30 days)
donepezil hcl oral tablet 5 mg	1	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	1	QL (60 EA per 30 days)
donepezil hcl oral tablet dispersible 5 mg	1	QL (30 EA per 30 days)
ergoloid mesylates oral	2	
Cholinesterase Inhibitors		
donepezil hcl oral tablet 23 mg	4	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	QL (30 EA per 30 days)
rivastigmine tartrate	1	QL (60 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er	3	QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	4	QL (300 ML per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	1	QL (60 EA per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	4	QL (49 EA per 28 days)
Antidepressants		
Antidepressants, Other		
AUVELITY	5	PA; QL (60 EA per 30 days)
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl oral	2	
mirtazapine oral	2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 365 days)
Monoamine Oxidase Inhibitors		
EMSAM	5	ST
MARPLAN	4	QL (180 EA per 30 days)
phenelzine sulfate oral	2	
tranylcypromine sulfate	2	

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Drug Name	Drug Tiers	Requirements/Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	4	QL (600 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 20 mg	1	QL (45 EA per 30 days)
citalopram hydrobromide oral tablet 40 mg	1	QL (30 EA per 30 days)
desvenlafaxine succinate er	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	4	PA; QL (60 EA per 30 days)
escitalopram oxalate oral	2	
FETZIMA	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION	4	ST; QL (30 EA per 30 days)
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	4	
fluoxetine hcl oral solution	4	
fluvoxamine maleate	2	
fluvoxamine maleate er	4	
nefazodone hcl	2	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	1	
paroxetine mesylate	4	QL (30 EA per 30 days)
sertraline hcl oral concentrate	4	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	4	
TRINTELLIX	4	ST; QL (30 EA per 30 days)
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
venlafaxine hcl er oral tablet extended release 24 hour	4	
vilazodone hcl	4	ST; QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral	4	
amoxapine	4	
clomipramine hcl oral	4	
desipramine hcl oral	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>doxepin hcl oral capsule</i>	4	
<i>doxepin hcl oral concentrate</i>	4	
<i>imipramine hcl oral</i>	4	
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate oral</i>	4	PA
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate oral</i>	2	
<i>promethazine hcl oral tablet</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 25 mg</i>	2	
<i>promethegan rectal suppository 50 mg</i>	4	
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	4	B/D; QL (6 EA per 30 days)
<i>dronabinol</i>	4	B/D; QL (120 EA per 30 days)
<i>gransetron hcl oral</i>	2	B/D
<i>ondansetron hcl oral solution</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D
<i>SANCUSO</i>	5	QL (4 EA per 28 days)
Antifungals		
Antifungals		
<i>ABELCET</i>	4	B/D
<i>amphotericin b intravenous</i>	2	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>ciclopirox olamine external cream</i>	2	QL (180 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ciclopirox olamine external suspension	2	QL (60 ML per 30 days)
clotrimazole external cream	2	
clotrimazole external solution	2	
clotrimazole mouth/throat troche	2	
CRESEMBIA ORAL CAPSULE 186 MG	5	PA
cresemba oral capsule 74.5 mg	5	PA
econazole nitrate external	2	QL (90 GM per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	HI
fluconazole oral	2	
flucytosine oral	5	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize	2	
itraconazole oral capsule	4	
ketoconazole external cream	2	QL (180 GM per 30 days)
ketoconazole external shampoo 2 %	2	QL (120 ML per 30 days)
ketoconazole oral	2	
miconazole 3 vaginal suppository	2	
NOXAFIL ORAL PACKET	5	
NYAMYC	2	QL (60 GM per 30 days)
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL (240 GM per 30 days)
nystatin mouth/throat	2	QL (700 ML per 30 days)
nystatin oral tablet	2	
NYSTOP	2	QL (240 GM per 30 days)
posaconazole oral suspension	5	
posaconazole oral tablet delayed release	5	QL (93 EA per 30 days)
terbinafine hcl oral	2	
terconazole	2	
voriconazole intravenous	4	PA
voriconazole oral suspension reconstituted	5	

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Drug Name	Drug Tiers	Requirements/Limits
<i>voriconazole oral tablet</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	
<i>febuxostat</i>	4	QL (30 EA per 30 days)
<i>probenecid oral</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal</i>	5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine</i>	3	QL (40 EA per 30 days)
Prophylactic		
<i>AIMOVIG</i>	4	PA; QL (1 ML per 30 days)
<i>AJOVY</i>	4	PA; QL (1.5 ML per 30 days)
<i>EMGALITY</i>	4	PA; QL (2 ML per 30 days)
<i>EMGALITY (300 MG DOSE)</i>	4	PA; QL (3 ML per 30 days)
<i>UBRELVY</i>	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (4 ML per 30 days)
<i>zolmitriptan oral</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral</i>	2	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
PRIFTIN	4	
rifabutin	4	
Antituberculars		
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRETOMANID	4	PA; QL (30 EA per 30 days)
pyrazinamide oral	2	
rifampin intravenous	2	
rifampin oral	2	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	
LEUKERAN	5	
MATULANE	5	PA
melphalan	2	
VALCHLOR	5	PA; QL (60 GM per 30 days); LA
Antiandrogens		
abiraterone acetate oral tablet 250 mg	5	PA; QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	5	PA; QL (60 EA per 30 days)
bicalutamide	2	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
flutamide	2	
nilutamide	5	
NUBEQA	5	PA; QL (120 EA per 30 days)
toremifene citrate	4	
XTANDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days); LA

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Drug Name	Drug Tiers	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days); LA
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days); LA
Antiangiogenic Agents		
lenalidomide	5	PA; QL (30 EA per 30 days); LA
POMALYST	5	PA; QL (21 EA per 28 days); LA
REVLIMID	5	PA; QL (30 EA per 30 days); LA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
raloxifene hcl	2	
SOLTAMOX	4	
tamoxifen citrate oral	2	
Antimetabolites		
DROXIA	4	
hydroxyurea oral	2	
INQOVI	5	PA; QL (5 EA per 28 days)
ONUREG	5	PA; QL (14 EA per 28 days)
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
GAVRETO	5	PA; QL (120 EA per 30 days)
IDHIFA	5	PA; QL (30 EA per 30 days)
IWILFIN	5	PA; QL (240 EA per 30 days)
JYLAMVO	4	PA
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 EA per 28 days)
krazati	5	PA; QL (180 EA per 30 days)
LONSURF	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 EA per 30 days)
NINLARO	5	QL (3 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
ojjaara	5	PA; QL (30 EA per 30 days)
ORGOVYX	5	PA; QL (30 EA per 28 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 EA per 30 days)
WELIREG	5	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 EA per 28 days)
ZOLINZA	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral	2	
exemestane	2	
letrozole oral	2	
Enzyme Inhibitors		
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)
Molecular Target Inhibitors		
AKEEGA	5	PA; QL (60 EA per 30 days)
ALECensa	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AYVAKIT	5	PA; QL (30 EA per 30 days)
BALVERSA	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
BRUKINSA	5	PA; QL (120 EA per 30 days)
CABOMETYX	5	PA; QL (30 EA per 30 days)
CALQUENCE	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days); LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days); LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 EA per 28 days)
COPIKTRA	5	PA; QL (60 EA per 30 days)
COTELLIC	5	PA; LA
<i>dasatinib oral tablet 100 mg, 50 mg, 70 mg, 80 mg</i>	5	PA; QL (60 EA per 30 days)
<i>dasatinib oral tablet 140 mg</i>	5	PA; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA; QL (90 EA per 30 days)
DAURISMO	5	PA; QL (30 EA per 30 days)
ERIVEDGE	5	PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 3 mg, 5 mg</i>	5	PA
FOTIVDA	5	PA; QL (30 EA per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
<i>gefitinib</i>	5	PA

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GILOTrif	5	PA; QL (30 EA per 30 days)
IBRANCE	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
INLYTA	5	PA; QL (180 EA per 30 days); LA
INREBIC	5	PA; QL (120 EA per 30 days)
JAKAFI	5	PA; QL (60 EA per 30 days); LA
JAYPIRCA	5	PA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 EA per 28 days)
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 EA per 30 days); LA
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 EA per 30 days); LA
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 EA per 30 days); LA
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (105 EA per 30 days); LA
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 EA per 30 days); LA
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 EA per 30 days); LA
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 EA per 30 days); LA
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (70 EA per 30 days); LA
LORBRENA	5	PA
LYTGOBI (12 MG DAILY DOSE)	5	PA; QL (140 EA per 28 days); LA
LYTGOBI (16 MG DAILY DOSE)	5	PA; QL (140 EA per 28 days); LA
LYTGOBI (20 MG DAILY DOSE)	5	PA; QL (140 EA per 28 days); LA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1170 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
MEKTOVI	5	PA
NERLYNX	5	PA; QL (180 EA per 30 days)
ODOMZO	5	PA; QL (30 EA per 30 days); LA
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG (16 PACK)	5	PA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (24 PACK)	5	PA; QL (24 EA per 28 days)
<i>pazopanib hcl</i>	5	PA
PEMAZYRE	5	PA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
QINLOCK	5	PA; QL (90 EA per 30 days)
REZLIDHIA	5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET	5	PA; QL (84 EA per 28 days)
RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate</i>	5	PA
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 EA per 30 days)
STIVARGA	5	PA; QL (84 EA per 28 days); LA
<i>sunitinib malate</i>	5	PA; QL (30 EA per 30 days)
TABRECTA	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (840 EA per 28 days)
TAGRISSO	5	PA; QL (30 EA per 30 days); LA
TALZENNA	5	PA; QL (30 EA per 30 days)
TASIGNA	5	PA; QL (120 EA per 30 days)
TAZVERIK	5	PA; QL (240 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
TEPMETKO	5	PA; QL (60 EA per 30 days)
TIBSOVO	5	PA
TRUQAP ORAL TABLET	5	PA; QL (64 EA per 28 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA	5	PA
VENCLEXTA ORAL TABLET 10 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO	5	PA
VONJO	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE	5	PA; QL (120 EA per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG	5	PA; QL (120 EA per 30 days); LA
XOSPATA	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET	5	PA; QL (30 EA per 30 days)
ZELBORAF	5	PA; QL (240 EA per 30 days); LA
ZYDELIG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA
Retinoids		
bexarotene external	5	PA; QL (60 GM per 30 days)
bexarotene oral	5	PA
tretinoin oral	5	PA
Treatment Adjuncts		
leucovorin calcium oral	2	
MESNEX ORAL	5	
Antiparasitics		
Anthelmintics		
albendazole oral	5	
ivermectin oral	2	
praziquantel oral	3	

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Drug Name	Drug Tiers	Requirements/Limits
Antiprotozoals		
atovaquone oral	4	
atovaquone-proguanil hcl	2	
chloroquine phosphate oral	2	
COARTEM	4	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	2	
KRINTAFEL	3	QL (8 EA per 365 days)
mefloquine hcl	2	
nitazoxanide oral	5	
pentamidine isethionate inhalation	3	B/D
pentamidine isethionate injection	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	4	
pyrimethamine oral	5	
quinine sulfate oral	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	4	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	2	
amantadine hcl oral solution	2	
amantadine hcl oral tablet	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone	2	
ONGENTYS	4	ST; QL (30 EA per 30 days)
Dopamine Agonists		
bromocriptine mesylate oral	2	
NEUPRO	4	ST; QL (30 EA per 30 days)
pramipexole dihydrochloride	2	
pramipexole dihydrochloride er	4	
ropinirole hcl	2	
ropinirole hcl er	2	

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Drug Name	Drug Tiers	Requirements/Limits
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral	4	
selegiline hcl oral	2	
Antipsychotics		
1St Generation/Typical		
chlorpromazine hcl oral	4	
fluphenazine decanoate injection	2	
fluphenazine hcl injection	2	
fluphenazine hcl oral	2	
haloperidol decanoate intramuscular	2	
haloperidol lactate injection	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate oral	2	
molindone hcl	3	
perphenazine oral	2	
pimozide	2	
thioridazine hcl oral	2	
thiothixene oral	2	
trifluoperazine hcl oral	2	
2Nd Generation/Atypical		
abilify asimtufii intramuscular prefilled syringe 720 mg/2.4ml	5	QL (2.4 ML per 56 days)
abilify asimtufii intramuscular prefilled syringe 960 mg/3.2ml	5	QL (3.2 ML per 56 days)
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 30 days)
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 30 days)
ariPIPRAZOLE oral solution	4	QL (750 ML per 30 days)
ariPIPRAZOLE oral tablet	2	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ariPIPrazole oral tablet dispersible	4	QL (60 EA per 30 days)
ARISTADA INITIO	5	QL (2.4 ML per 42 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 30 days)
asenapine maleate	4	ST; QL (60 EA per 30 days)
CAPLYTA	5	PA; QL (30 EA per 30 days)
FANAPT	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 90 days)

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INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 90 days)
<i>lurasidone hcl</i>	3	QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	ST; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	ST; QL (60 EA per 30 days)
PERSERIS	5	QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
REXULTI	5	ST; QL (30 EA per 30 days)
<i>risperidone</i>	2	
<i>risperidone er intramuscular suspension reconstituted er 12.5 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg</i>	5	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg</i>	5	QL (2 EA per 28 days)
SECUADO	5	ST; QL (30 EA per 30 days)
<i>uzedy subcutaneous suspension prefilled syringe 100 mg/0.28ml</i>	5	QL (0.28 ML per 30 days)
<i>uzedy subcutaneous suspension prefilled syringe 125 mg/0.35ml</i>	5	QL (0.35 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
uzedy subcutaneous suspension prefilled syringe 150 mg/0.42ml	5	QL (0.42 ML per 60 days)
uzedy subcutaneous suspension prefilled syringe 200 mg/0.56ml	5	QL (0.56 ML per 60 days)
uzedy subcutaneous suspension prefilled syringe 250 mg/0.7ml	5	QL (0.7 ML per 60 days)
uzedy subcutaneous suspension prefilled syringe 50 mg/0.14ml	5	QL (0.14 ML per 30 days)
uzedy subcutaneous suspension prefilled syringe 75 mg/0.21ml	5	QL (0.21 ML per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
ziprasidone hcl	2	QL (60 EA per 30 days)
ziprasidone mesylate	4	
ZYPREXA INTRAMUSCULAR	4	QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	5	QL (2 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (1 EA per 30 days)
Antipsychotics, Other		
COBENFY	5	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK	5	PA; QL (56 EA per 28 days)
Treatment-Resistant		
clozapine	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg	2	
baclofen oral tablet 5 mg	3	
dantrolene sodium oral	2	
tizanidine hcl oral tablet	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	PA; QL (336 EA per 28 days)
PREVYMIS ORAL	5	PA
valganciclovir hcl oral tablet	3	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil	4	

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Drug Name	Drug Tiers	Requirements/Limits
BARACLUDE ORAL SOLUTION	4	QL (600 ML per 30 days)
entecavir	4	
lamivudine oral solution	3	
lamivudine oral tablet	2	
VEMLIDY	5	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSIA	5	PA
ledipasvir-sofosbuvir	5	PA
MAVYRET ORAL PACKET	5	PA; QL (140 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; QL (84 EA per 28 days)
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
ZEPATIER	5	PA
Antiherpetic Agents		
acyclovir oral capsule	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	B/D
famciclovir oral	2	
valacyclovir hcl oral	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
APRETUDE	5	QL (21 ML per 365 days)
BIKTARVY	5	QL (30 EA per 30 days)
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	3	QL (300 EA per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
SYMTUZA	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD	4	QL (180 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	QL (30 EA per 30 days)
efavirenz oral tablet	2	
etravirine	5	
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 100 mg	4	QL (60 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 EA per 30 days)
nevirapine oral suspension	4	QL (1200 ML per 30 days)
nevirapine oral tablet	4	QL (60 EA per 30 days)
PIFELTRO	5	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	2	
abacavir sulfate-lamivudine	4	
abacavir-lamivudine-zidovudine	5	
CIMDUO	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	5	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	5	QL (30 EA per 30 days)
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	5	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	3	
JULUCA	5	QL (30 EA per 30 days)
lamivudine-zidovudine	4	
ODEFSEY	5	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	3	
VIREAD ORAL POWDER	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
zidovudine	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
maraviroc oral tablet 150 mg	5	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	5	QL (120 EA per 30 days)
RUKOBIA	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (120 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS	5	QL (3 ML per 180 days)
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	4	
atazanavir sulfate	4	
darunavir oral tablet 600 mg	5	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	5	QL (30 EA per 30 days)
EVOTAZ	5	QL (30 EA per 30 days)
fosamprenavir calcium	5	
lopinavir-ritonavir	4	
NORVIR ORAL PACKET	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	3	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
REYATAZ ORAL PACKET	5	
RITONAVIR	3	
VIRACEPT ORAL TABLET	5	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Influenza Agents		
oseltamivir phosphate oral	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	
rimantadine hcl	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	4	QL (4 EA per 365 days)
Antivirals		
LAGEVRIO	4	QL (40 EA per 180 days)
PAXLOVID (150/100)	3	QL (40 EA per 180 days)
PAXLOVID (300/100)	3	QL (60 EA per 180 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral	2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	4	
Benzodiazepines		
alprazolam oral tablet	2	QL (150 EA per 30 days)
chlordiazepoxide hcl	2	
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	2	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	2	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	QL (360 EA per 30 days)
diazepam intensol	2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	2	QL (1200 ML per 30 days)
diazepam oral tablet	2	QL (120 EA per 30 days)
LORAZEPAM INTENSOL	2	QL (150 ML per 30 days)
lorazepam oral tablet	2	QL (150 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Bipolar Agents		
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour	2	
divalproex sodium er oral tablet extended release 24 hour	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	2	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	
BYDUREON BCISE	3	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (1.2 ML per 30 days)
CYCLOSET	4	
FARXIGA	3	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLYXAMBI	3	QL (30 EA per 30 days)
GVOKE HYPOOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
INVOKAMET	4	ST; QL (60 EA per 30 days)
INVOKAMET XR	4	ST; QL (60 EA per 30 days)
INVOKANA	4	ST; QL (30 EA per 30 days)
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR	3	QL (30 EA per 30 days)
<i>liraglutide</i>	4	PA; QL (9 ML per 30 days)
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol</i>	4	
MOUNJARO	3	PA; QL (2 ML per 28 days)
<i>nateglinide</i>	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
<i>repaglinide</i>	1	
RYBELSUS	3	PA; QL (30 EA per 30 days)
<i>saxagliptin hcl</i>	4	ST; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	4	ST; QL (60 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	4	ST; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (12 ML per 30 days)
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
XULTOPHY	3	QL (15 ML per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide oral</i>	5	
<i>glucagon emergency injection kit</i>	3	
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
BD INSULIN SYRINGE 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
<i>gauze pads pad 2"x2"</i>	3	
HUMALOG INJECTION	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50	2	

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Drug Name	Drug Tiers	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
<i>insulin asp prot & asp flexpen</i>	4	
<i>insulin aspart flexpen</i>	4	ST
<i>insulin aspart injection</i>	4	ST
<i>insulin aspart penfill</i>	4	ST
<i>insulin aspart prot & aspart</i>	4	ST
<i>insulin lispro injection</i>	2	
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml</i>	1	
LANTUS	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
<i>qc pen needles 29g x 12mm</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA	3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
V-GO 20 KIT 20 UNIT/24HR	3	

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Drug Name	Drug Tiers	Requirements/Limits
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
Blood Products And Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	4	QL (60 EA per 30 days)
ELIQUIS	3	QL (74 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 EA per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	4	QL (60 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	4	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (24 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	HI
heparin sodium (porcine) pf injection solution 1000 unit/ml	2	
jantoven	1	
warfarin sodium oral	1	

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Drug Name	Drug Tiers	Requirements/Limits
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide hcl	2	
FABHALTA	5	PA; QL (60 EA per 30 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NYVEPRIA	5	
PROCRIIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	3	B/D
PROCRIIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	B/D
PROCRIIT INJECTION SOLUTION 4000 UNIT/ML	4	B/D
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (30 EA per 30 days); LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 EA per 30 days); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days); LA
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days); LA
PYRUKYND	5	PA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK	5	PA; QL (56 EA per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	B/D
VOYDEYA	5	PA; QL (180 EA per 30 days)
Hemostasis Agents		
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	4	
BRILINTA	3	QL (60 EA per 30 days)
cilostazol	2	
clopidogrel bisulfate oral tablet 75 mg	1	
prasugrel hcl	3	

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Drug Name	Drug Tiers	Requirements/Limits
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	2	
clonidine hcl oral	1	
droxidopa	5	PA
guanfacine hcl oral	4	
midodrine hcl	2	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral	2	
prazosin hcl oral	2	
terazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
telmisartan-hctz oral tablet 80-12.5 mg	1	
valsartan oral tablet	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	2	
disopyramide phosphate oral	2	
dofetilide	4	
flecainide acetate	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>mexiletine hcl oral</i>	2	
MULTAQ	3	
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine sulfate oral</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	2	
<i>atenolol oral</i>	1	
<i>betaxolol hcl oral</i>	2	
<i>bisoprolol fumarate oral</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>labetalol hcl oral</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl</i>	4	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl oral solution</i>	2	
<i>propranolol hcl oral tablet</i>	1	
<i>timolol maleate oral</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl oral</i>	4	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
nimodipine oral	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
diltiazem hcl er oral capsule extended release 12 hour	2	
diltiazem hcl oral	2	
dilt-xr	2	
verapamil hcl er	2	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
acetazolamide oral	2	
aliskiren fumarate	4	
amiloride-hydrochlorothiazide	2	
amlodipine besy-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1	QL (30 EA per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg	1	QL (120 EA per 30 days)
amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	QL (60 EA per 30 days)
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	4	QL (30 EA per 30 days)
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
CAMZYOS	5	PA; QL (30 EA per 30 days)
candesartan cilexetil-hctz	1	
CORLANOR ORAL SOLUTION	4	
digoxin oral solution	4	
digoxin oral tablet 125 mcg, 250 mcg	4	
enalapril-hydrochlorothiazide	1	

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Drug Name	Drug Tiers	Requirements/Limits
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
filspari	5	PA; QL (30 EA per 30 days)
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
ivabradine hcl	4	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide	2	
metyrosine	5	
NEXLETOL	4	PA; QL (30 EA per 30 days)
NEXLIZET	4	PA; QL (30 EA per 30 days)
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
ORLADEYO	5	PA; QL (30 EA per 30 days)
pentoxifylline er	2	
quinapril-hydrochlorothiazide	1	
ranolazine er	2	
spironolactone-hctz	2	
telmisartan-amlodipine	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz oral capsule 37.5-25 mg	2	
triamterene-hctz oral tablet	2	
valsartan-hydrochlorothiazide	1	
VECAMYL	5	
VERQUVO	4	PA; QL (30 EA per 30 days)
Diuretics, Loop		
bumetanide oral	2	
ethacrynic acid oral	4	
furosemide injection	4	HI
furosemide oral solution 10 mg/ml	2	
furosemide oral solution 8 mg/ml	1	
furosemide oral tablet	1	
torsemide oral	1	
Diuretics, Potassium-Sparing		
amiloride hcl oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
eplerenone	2	
KERENDIA	4	PA; QL (30 EA per 30 days)
spironolactone oral tablet	1	
triamterene oral	4	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	2	
hydrochlorothiazide oral	1	
indapamide oral	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
gemfibrozil oral	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg	1	QL (240 EA per 30 days)
atorvastatin calcium oral tablet 20 mg	1	QL (120 EA per 30 days)
atorvastatin calcium oral tablet 40 mg	1	QL (60 EA per 30 days)
atorvastatin calcium oral tablet 80 mg	1	QL (30 EA per 30 days)
fluvastatin sodium er	4	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg	4	QL (120 EA per 30 days)
fluvastatin sodium oral capsule 40 mg	4	QL (60 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg	1	QL (120 EA per 30 days)
lovastatin oral tablet 40 mg	1	QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg	1	QL (120 EA per 30 days)
pravastatin sodium oral tablet 40 mg	1	QL (60 EA per 30 days)
pravastatin sodium oral tablet 80 mg	1	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	QL (120 EA per 30 days)
rosuvastatin calcium oral tablet 20 mg	1	QL (60 EA per 30 days)
rosuvastatin calcium oral tablet 40 mg	1	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1	QL (120 EA per 30 days)
simvastatin oral tablet 40 mg	1	QL (60 EA per 30 days)
simvastatin oral tablet 80 mg	1	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Dyslipidemics, Other		
cholestyramine light oral packet	2	
cholestyramine oral packet	2	
colesevelam hcl oral packet	4	
colesevelam hcl oral tablet	3	
colestipol hcl oral packet	2	
colestipol hcl oral tablet	2	
ezetimibe	2	
ezetimibe-rosuvastatin	2	QL (30 EA per 30 days)
ezetimibe-simvastatin	2	QL (30 EA per 30 days)
icosapent ethyl	4	PA
LEQVIO	5	PA; QL (4.5 ML per 365 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg	2	QL (60 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg	2	QL (30 EA per 30 days)
omega-3-acid ethyl esters	2	
prevalite oral packet	2	
REPATHA	3	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK	3	PA; QL (2 ML per 28 days)
Vasodilators, Direct-Acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
nitroglycerin rectal	4	QL (30 GM per 30 days)
nitroglycerin sublingual	2	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual solution	2	
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	4	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	4	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	2	QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	2	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	2	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	2	QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	2	
dexmethylphenidate hcl	4	QL (60 EA per 30 days)
dexmethylphenidate hcl er	4	QL (30 EA per 30 days)
guanfacine hcl er	4	QL (30 EA per 30 days)
methylphenidate hcl er (cd)	2	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 36 mg, 54 mg, 72 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release	2	QL (90 EA per 30 days)

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methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 36 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg	4	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	2	QL (1500 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	2	QL (3000 ML per 30 days)
methylphenidate hcl oral tablet	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable	2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	PA; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	PA; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (42 EA per 28 days)
DAYBUE	5	PA; QL (3600 ML per 28 days)
EVRYSDI	5	PA; QL (240 ML per 30 days)
FIRDAPSE	5	PA; QL (240 EA per 30 days)
INGREZZA	5	PA; QL (30 EA per 30 days)
NUEDEXTA	5	PA; QL (60 EA per 30 days)
RADICAVA ORS	5	PA; QL (70 ML per 28 days)
RADICAVA ORS STARTER KIT	5	PA; QL (70 ML per 28 days)
riluzole	2	
SKYCLARYS	5	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	QL (60 EA per 30 days)
pregabalin oral solution	2	QL (900 ML per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days)
dalfampridine er	5	PA; QL (60 EA per 30 days)
dimethyl fumarate oral	5	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack	5	PA; QL (60 EA per 30 days)
fingolimod hcl	5	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
PLEGRIDY	5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (6 ML per 30 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (6 ML per 30 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 30 days)
teriflunomide	5	PA; QL (30 EA per 30 days)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl	2	
chlorhexidine gluconate mouth/throat	2	
denta 5000 plus	2	
KOURZEQ	2	
pilocarpine hcl oral	2	
sf	2	
sf 5000 plus	2	
sodium fluoride 5000 plus	2	
sodium fluoride 5000 ppm	2	
sodium fluoride dental cream	2	
sodium fluoride dental gel 1.1 %	2	
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
Acne And Rosacea Agents		
acitretin	4	
adapalene external gel 0.3 %	4	
amnesteem	3	
azelaic acid external	2	
CLARAVIS	3	
clindamycin phos-benzoyl perox external gel 1-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
tazarotene external cream 0.1 %	4	
tretinoin external cream	2	QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	2	QL (45 GM per 30 days)
tretinoin external gel 0.05 %	4	QL (45 GM per 30 days)
Dermatitis And Pruitus Agents		
alclometasone dipropionate	2	
ammonium lactate external	2	
betamethasone dipropionate aug external gel	2	QL (50 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
betamethasone dipropionate aug external lotion	2	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	2	QL (50 GM per 30 days)
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	2	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	QL (60 ML per 30 days)
betamethasone valerate external ointment	2	
calcipotriene-betameth diprop external ointment	4	
clobetasol prop emollient base	2	QL (60 GM per 30 days)
clobetasol propionate e	2	QL (60 GM per 30 days)
clobetasol propionate external cream	2	QL (60 GM per 30 days)
clobetasol propionate external gel	2	
clobetasol propionate external lotion	4	QL (118 ML per 30 days)
clobetasol propionate external ointment	2	QL (60 GM per 30 days)
clobetasol propionate external shampoo	4	QL (118 ML per 30 days)
clobetasol propionate external solution	2	
desonide external cream	2	QL (120 GM per 30 days)
desonide external ointment	2	QL (120 GM per 30 days)
desoximetasone external cream 0.25 %	4	QL (60 GM per 30 days)
desoximetasone external ointment 0.25 %	4	QL (60 GM per 30 days)
doxepin hcl external	4	QL (90 GM per 365 days)
ENSTILAR	5	
fluocinolone acetonide external	2	
fluocinolone acetonide scalp	2	
fluocinonide emulsified base	2	
fluocinonide external cream 0.05 %	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	QL (60 ML per 30 days)
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	4	QL (50 GM per 30 days)
halobetasol propionate external ointment	4	QL (50 GM per 30 days)
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone butyr lipo base	2	

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Drug Name	Drug Tiers	Requirements/Limits
hydrocortisone butyrate external cream	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 2.5 %	2	
hydrocortisone max st external cream	2	
hydrocortisone valerate external cream	4	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	4	
HYFTOR	5	PA; QL (20 GM per 25 days)
mometasone furoate external	2	
pimecrolimus	3	QL (30 GM per 30 days)
procto-med hc external	2	
proctosol hc external	2	
PROCTOZONE-HC EXTERNAL	2	
selenium sulfide external lotion	2	
tacrolimus external ointment	4	QL (100 GM per 30 days)
triamcinolone acetonide external cream	2	
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
TRIDERM EXTERNAL CREAM 0.1 %	2	
Dermatological Agents, Other		
calcipotriene external cream	2	QL (120 GM per 30 days)
calcipotriene external ointment	2	QL (120 GM per 30 days)
calcipotriene external solution	2	QL (120 ML per 30 days)
calcitriol external	4	ST
clotrimazole-betamethasone	2	QL (120 GM per 30 days)
FILSUVEZ	5	PA; QL (351 GM per 30 days)
fluorouracil external cream 5 %	2	QL (40 GM per 30 days)
fluorouracil external solution	2	
global alcohol prep ease	2	
imiquimod external cream 5 %	2	
KLISYRI	5	ST; QL (5 EA per 180 days)
KLISYRI (250 MG)	5	ST; QL (5 EA per 180 days)
KLISYRI (350 MG)	5	ST; QL (5 EA per 180 days)
methoxsalen rapid	5	

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Drug Name	Drug Tiers	Requirements/Limits
<i>nystatin-triamcinolone</i>	2	
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
PANRETIN	5	PA; QL (60 GM per 30 days)
<i>podofilox external solution</i>	2	
SANTYL	3	QL (60 GM per 30 days)
<i>silver sulfadiazine external</i>	2	
ssd	2	
SSD (SILVER SULFADIAZINE)	2	
<i>Pediculicides/Scabicides</i>		
<i>ivermectin external cream</i>	4	QL (45 GM per 30 days)
<i>permethrin external cream</i>	2	
<i>Topical Anti-Infectives</i>		
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	2	QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	2	QL (6.6 ML per 30 days)
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (180 ML per 30 days)
ery	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>mupirocin calcium</i>	4	QL (60 GM per 30 days)
<i>mupirocin external</i>	2	QL (220 GM per 30 days)
SULFAMYLYON EXTERNAL CREAM	4	
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid oral tablet soluble</i>	5	PA; LA
DOJOLVI	5	PA
<i>kcl (0.149%) in nacl</i>	4	
<i>kcl (0.298%) in nacl</i>	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	4	
<i>kcl-lactated ringers-d5w</i>	4	
KLOR-CON 10	2	

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Drug Name	Drug Tiers	Requirements/Limits
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON/EF	2	
<i>magnesium sulfate injection solution 50 %</i>	2	HI
NORMOSOL-M IN D5W	2	
NORMOSOL-R	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er</i>	2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	HI
<i>sodium chloride irrigation solution 0.9 %</i>	2	
SUPREP BOWEL PREP KIT	3	
Electrolyte/Mineral/Metal Modifiers		
CLINIMIX E/DEXTROSE (4.25/10)	3	B/D
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	
<i>deferasirox oral tablet 90 mg</i>	4	
<i>deferasirox oral tablet soluble 125 mg</i>	4	
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	
<i>klor-con oral packet 20 meq</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	2	
<i>tolvaptan</i>	5	PA
<i>trientine hcl oral capsule 250 mg</i>	5	
Electrolytes/Minerals/Metals/Vitamins		
<i>CLINIMIX E/DEXTROSE (2.75/5)</i>	3	B/D
<i>CLINIMIX E/DEXTROSE (4.25/5)</i>	3	B/D
<i>CLINIMIX E/DEXTROSE (5/15)</i>	3	B/D
<i>CLINIMIX E/DEXTROSE (5/20)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (4.25/10)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (4.25/5)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (5/15)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (5/20)</i>	3	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	
<i>INTRALIPID</i>	3	B/D
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>PREMASOL INTRAVENOUS SOLUTION 10 %</i>	3	B/D
<i>TROPHAMINE INTRAVENOUS SOLUTION 10 %</i>	3	B/D
Phosphate Binders		
<i>AURYXIA</i>	4	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>lanthanum carbonate</i>	4	
<i>sevelamer carbonate oral tablet</i>	4	
Potassium Binders		
<i>LOKELMA ORAL PACKET 10 GM</i>	4	QL (90 EA per 30 days)
<i>LOKELMA ORAL PACKET 5 GM</i>	4	QL (30 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>SPS</i>	2	
<i>SPS (SODIUM POLYSTYRENE SULF)</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>LINZESS</i>	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	4	
<i>MOVANTIK</i>	4	ST; QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>RELISTOR ORAL</i>	5	PA; QL (90 EA per 30 days)
<i>RELISTOR SUBCUTANEOUS SOLUTION</i>	5	PA
Anti-Diarrheal Agents		
<i>alosetron hcl</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
<i>loperamide hcl oral capsule</i>	2	
<i>XERMELO</i>	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral</i>	4	
Gastrointestinal Agents, Other		
<i>amoxicill-clarithro-lansopraz</i>	4	
<i>EOHILIA</i>	5	PA; QL (600 ML per 30 days)
<i>GATTEX</i>	5	PA
<i>GAVILYTE-N WITH FLAVOR PACK</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>MYALEPT</i>	5	PA
<i>OCALIVA</i>	5	PA; QL (30 EA per 30 days)
<i>REZDIFRA</i>	5	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
ursodiol oral tablet	2	
VOWST	5	PA; QL (12 EA per 365 days)
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral	2	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine oral capsule	2	
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	4	
lansoprazole oral capsule delayed release	2	
omeprazole magnesium oral capsule delayed release	1	
omeprazole oral capsule delayed release 10 mg, 40 mg	2	
omeprazole oral capsule delayed release 20 mg	1	
pantoprazole sodium oral tablet delayed release	1	
rabeprazole sodium oral tablet delayed release	4	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AMVUTTRA	5	PA; QL (0.5 ML per 90 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
betaine	5	LA
CERDELGA	5	QL (60 EA per 30 days)
CHOLBAM	5	PA
CREON	3	
cromolyn sodium oral	2	
CYSTAGON	3	LA
dichlorphenamide	5	PA
ENDARI	5	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
GALAFOLD	5	PA; QL (14 EA per 28 days)
JOENJA	5	PA; QL (60 EA per 30 days)
KEVEYIS	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	
<i>nitisinone</i>	5	PA
NULIBRY	5	PA
OPFOLDA	4	PA; QL (8 EA per 28 days)
PROLASTIN-C	5	PA; LA
<i>sapropterin dihydrochloride oral packet</i>	5	
<i>sapropterin dihydrochloride oral tablet</i>	5	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID	5	PA; LA
TEGSEDI	5	PA; QL (6 ML per 28 days)
VIJOICE	5	PA; QL (56 EA per 28 days)
VYNDAQEL	5	PA; QL (120 EA per 30 days)
WAINUA	5	PA; QL (0.8 ML per 30 days)
YARGESA	5	
ZEMAIRA	5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	4	ST
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (12.48 ML per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (17.22 ML per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (24.3 ML per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days)
<i>fesoterodine fumarate er</i>	3	QL (30 EA per 30 days)
<i>flavoxate hcl</i>	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution</i>	2	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate</i>	2	QL (60 EA per 30 days)
<i>tolterodine tartrate er</i>	2	QL (30 EA per 30 days)
<i>trospium chloride</i>	2	QL (60 EA per 30 days)
<i>trospium chloride er</i>	2	QL (30 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride oral</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>ENTADFI</i>	4	PA; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin</i>	3	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral</i>	2	
<i>ELMIRON</i>	4	
<i>methylergonovine maleate oral</i>	2	
<i>penicillamine oral tablet</i>	5	PA
<i>RIVFLOZA SUBCUTANEOUS SOLUTION</i>	5	PA; QL (1 ML per 30 days)
<i>RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML</i>	5	PA; QL (0.8 ML per 30 days)
<i>RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML</i>	5	PA; QL (1 ML per 30 days)
<i>tiopronin oral tablet</i>	4	PA; QL (240 EA per 30 days)
<i>tiopronin oral tablet delayed release 100 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tiopronin oral tablet delayed release 300 mg</i>	4	PA; QL (90 EA per 30 days)

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B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
dexamethasone oral solution	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR GEL	5	PA
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
CORTROPHIN	5	PA
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	4	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	2	
<i>fludrocortisone acetate oral</i>	2	
HEMADY	4	PA; QL (30 EA per 30 days)
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone sod suc (pf)</i>	4	
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (90 EA per 30 days)
<i>methylprednisolone oral</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>prednisone oral tablet therapy pack</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate oral</i>	2	
<i>desmopressin acetate spray</i>	4	
<i>INCRELEX</i>	5	LA
<i>leuprolide acetate (3 month)</i>	5	
<i>leuprolide acetate intramuscular</i>	5	
<i>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	5	PA
<i>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</i>	5	PA
<i>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</i>	5	PA
<i>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</i>	5	PA; LA
<i>VYNDAMAX</i>	5	PA; QL (30 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>AVEED</i>	4	PA
<i>danazol oral</i>	3	
<i>methyltestosterone oral</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	4	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	4	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	4	PA; QL (75 GM per 30 days)
<i>testosterone transdermal solution</i>	4	PA; QL (180 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Estrogens		
ALTAVERA	2	
alyacen 1/35	2	
amabelz oral tablet 0.5-0.1 mg	2	
AMETHIA	2	
APRI	2	
ARANELLE	2	
AUROVELA 24 FE	4	
AVIANE	2	
BALZIVA	2	
BLISOVI 24 FE	4	
CAMRESE LO	2	
CRYSELLE-28	2	
DEPO-ESTRADIOL	4	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	2	
dotti	2	
ELURYNG	4	
ENILLORING	4	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
estarryla	2	
estradiol oral	2	
estradiol transdermal patch twice weekly	2	
estradiol transdermal patch weekly	2	
estradiol vaginal cream	2	
estradiol vaginal tablet	3	
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	2	
ESTRING	3	
ethynodiol diac-eth estradiol	2	
etonogestrel-ethinyl estradiol	4	
FALMINA	2	
FYAVOLV	2	
HAILEY 24 FE	4	
HALOETTE	4	
ISIBLOOM	2	

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Drug Name	Drug Tiers	Requirements/Limits
JINTELI	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	4	
KARIVA	2	
KELNOR 1/35	2	
<i>kelnor</i> 1/50	2	
KURVELO	2	
LARIN 24 FE	4	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LEENA	2	
LESSINA	2	
<i>levonorgest-eth est & eth est</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethynodiol dihydrogesterone oral tablet 0.15-30 mg-mcg</i>	2	
LEVORA 0.15/30 (28)	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
<i>lyllana</i>	2	
<i>marlissa</i>	2	
MENEST	4	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN 24 FE	4	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MIMVEY	2	
NECON 0.5/35 (28)	2	
<i>norelgestromin-eth estradiol</i>	4	

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Drug Name	Drug Tiers	Requirements/Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	2	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	
norgestim-eth estrad triphasic	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
nylia 1/35	2	
nymyo	2	
OCELLA	2	
PORTIA-28	2	
PREMARIN VAGINAL	3	
RECLIPSEN	2	
SPRINTEC 28	2	
SRONYX	2	
syeda	2	
TARINA 24 FE	4	
tri-estarrylla	2	
TRI-LEGEST FE	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
tri-nymyo	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
tri-vylibra	2	
turqoz	2	
VELIVET	2	
vylibra	2	
XULANE	4	
YUVAFEM	4	

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Drug Name	Drug Tiers	Requirements/Limits
ZOVIA 1/35 (28)	2	
Progestins		
CAMILA	2	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
EMZAH	2	
ERRIN	2	
HEATHER	2	
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
NORA-BE	2	
<i>norethindrone acetate oral</i>	2	
<i>norethindrone oral</i>	2	
<i>progesterone oral</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate oral</i>	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
euthyrox	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	2	
<i>liothyronine sodium oral</i>	2	
SYNTHROID	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	

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Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	4	
FIRMAGON (240 MG DOSE)	5	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	B/D
<i>lanreotide acetate</i>	5	
<i>leuprolide acetate injection</i>	5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
<i>octreotide acetate intramuscular</i>	5	
<i>octreotide acetate subcutaneous</i>	4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG	5	
SIGNIFOR	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	
SOMAVERT	5	LA
SYNAREL	5	
TRELSTAR MIXJECT	4	B/D
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	2	
<i>propylthiouracil oral</i>	2	
Immunological Agents		
Angioedema Agents		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (18 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (18 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; QL (4 ML per 28 days); LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (4 ML per 28 days)
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMUNEX-C	5	PA
Immunological Agents, Other		
ARCALYST	5	PA; LA
COSENTYX (300 MG DOSE)	5	PA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
COSENTYX UNOREADY	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 30 days)
<i>leflunomide oral</i>	2	
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
REVCovi	5	PA
RINVOQ LQ	5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	5	PA; QL (168 EA per 365 days)
SKYRIZI PEN	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TAVNEOS	5	PA; QL (180 EA per 30 days)
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA; QL (2 ML per 28 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	B/D
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	

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Drug Name	Drug Tiers	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
Immunosuppressants		
ACTEMRA ACTPEN	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
adalimumab-adaz	5	PA; QL (2.4 ML per 28 days)
adalimumab-fkjp (2 pen)	5	PA; QL (6 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml	5	PA; QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	5	PA; QL (6 EA per 28 days)
adalimumab-fkjp subcutaneous auto-injector kit	5	PA; QL (6 EA per 28 days)
adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml	5	PA; QL (4 EA per 28 days)
adalimumab-fkjp subcutaneous prefilled syringe kit 40 mg/0.8ml	5	PA; QL (6 EA per 28 days)
ASTAGRAF XL	4	B/D
azathioprine oral tablet 50 mg	2	B/D
BENLYSTA SUBCUTANEOUS	5	PA
cyclosporine modified	2	B/D
cyclosporine oral capsule	2	B/D
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
ENSPRYNG	5	PA; QL (2 ML per 30 days)
everolimus oral tablet 0.25 mg	4	B/D
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B/D
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
GENGRAF ORAL SOLUTION	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (2.4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; QL (4.8 ML per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA-CD/UC/HS STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA-PED<40KG CROHNS STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA-PED>/=40KG CROHNS START	5	PA; QL (6 EA per 28 days)
HUMIRA-PED>/=40KG UC STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA-PS/UV/ADOL HS STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL (4 EA per 28 days)
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
mycophenolate mofetil oral capsule	2	B/D
mycophenolate mofetil oral suspension reconstituted	5	B/D
mycophenolate mofetil oral tablet	2	B/D
mycophenolate sodium	4	B/D
MYHIBBIN	4	B/D
OTEZLA ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (55 EA per 28 days)
PROGRAF ORAL PACKET	4	B/D
REZUROCK	5	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D
sirolimus oral solution	5	B/D
sirolimus oral tablet	4	B/D
SPEVIGO INTRAVENOUS	5	PA; QL (15 ML per 365 days)
tacrolimus oral	2	B/D
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
XATMEP	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	PA; QL (30 EA per 30 days)
Vaccines		
abrysvo	3	
ACTHIB	3	
ADACEL	3	
arexvy	3	
bcg vaccine injection solution reconstituted	3	
BEXSERO	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA	3	
diphtheria-tetanus toxoids dt	2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D

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Drug Name	Drug Tiers	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D
HIBERIX INJECTION	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
INFANRIX	3	
IPOPOL	3	
IXCHIQ	3	QL (1 EA per 720 days)
IXIARO	3	
JYNNEOS	3	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
M-M-R II INJECTION	3	
MRESVIA	3	QL (0.5 ML per 720 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENBRAYA	3	QL (2 EA per 720 days)
PENTACEL	3	
PREHEVBRIOD	3	B/D
PRIORIX	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVER	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQUE ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	QL (2 EA per 999 days)

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Drug Name	Drug Tiers	Requirements/Limits
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	2	
mesalamine er oral capsule extended release 24 hour	3	
mesalamine oral capsule delayed release	3	
mesalamine oral tablet delayed release	4	
mesalamine rectal	4	
sulfasalazine oral	2	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	5	QL (30 EA per 30 days)
budesonide oral	4	
budesonide rectal foam 2 mg	4	
hydrocortisone rectal enema	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution	2	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
calcitonin (salmon) nasal	2	
calcitriol oral capsule	2	
cinacalcet hcl oral tablet 30 mg, 90 mg	3	B/D; QL (120 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	3	B/D; QL (60 EA per 30 days)
doxercalciferol oral	2	B/D
EVENITY	5	PA; QL (2.34 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>ibandronate sodium oral</i>	2	
NATPARA	5	PA
<i>paricalcitol oral capsule 1 mcg</i>	2	
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 180 days)
RAYALDEE	5	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	2	
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA; QL (2.48 ML per 30 days)
TYMLOS	5	PA; QL (1.56 ML per 30 days)
VOXZOGO	5	PA; QL (30 EA per 30 days)
XGEVA	5	PA
<i>zoledronic acid intravenous concentrate</i>	4	B/D
<i>zoledronic acid intravenous solution</i>	4	B/D
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic</i>	2	
<i>latanoprost ophthalmic</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA	3	
<i>travoprost (bak free)</i>	4	ST
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitrac-neomycin-polymyxin-hc</i>	2	
CYSTADROPS	5	PA; QL (20 ML per 30 days)
CYSTARAN	5	PA; QL (60 ML per 28 days)
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
OXERVATE	5	PA; QL (28 ML per 30 days)
<i>polymyxin b-trimethoprim</i>	2	
RESTASIS	3	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
ROCKLATAN	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin-dexamethasone</i>	2	
XDEMVY	5	PA; QL (10 ML per 365 days)
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic</i>	2	
<i>cromolyn sodium ophthalmic</i>	2	
<i>epinastine hcl</i>	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>erythromycin ophthalmic</i>	2	QL (21 GM per 30 days)
<i>gatifloxacin ophthalmic</i>	4	
<i>gentamicin sulfate ophthalmic solution</i>	2	QL (30 ML per 30 days)
<i>levofloxacin ophthalmic</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	

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<i>ofloxacin ophthalmic</i>	2	
<i>polycin</i>	2	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>tobramycin ophthalmic</i>	2	QL (30 ML per 30 days)
TOBREX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic</i>	2	
ZIRGAN	3	
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily)</i>	4	
<i>dexamethasone sodium phosphate ophthalmic</i>	2	QL (30 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	2	
<i>difluprednate</i>	3	ST
FLAREX	3	
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC OINTMENT	4	ST
<i>loteprednol etabonate ophthalmic gel</i>	3	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	ST
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic</i>	2	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	4	
<i>timolol maleate ophthalmic solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
brinzolamide	4	
COMBIGAN	3	
dorzolamide hcl ophthalmic	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
methazolamide oral	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
SIMBRINZA	4	
Otic Agents		
Otic Agents		
acetic acid otic	2	
CIPRO HC	4	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	3	QL (7.5 ML per 30 days)
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension	2	
ofloxacin otic	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
cyproheptadine hcl oral tablet	2	
desloratadine oral tablet	2	
desloratadine oral tablet dispersible 2.5 mg	2	
hydroxyzine hcl oral tablet	4	
levocetirizine dihydrochloride oral	2	
olopatadine hcl nasal	2	QL (30.5 GM per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	B/D
budesonide inhalation suspension 1 mg/2ml	4	B/D
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate nasal	2	
mometasone furoate nasal	4	
PULMICORT FLEXHALER	3	QL (2 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
QVAR REDIHALER	3	QL (21.2 GM per 30 days)
Antileukotrienes		
montelukast sodium oral	2	
zafirlukast	2	
zileuton er	5	QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
ipratropium bromide inhalation	2	B/D
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	2	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	B/D
albuterol sulfate oral syrup	2	
albuterol sulfate oral tablet	4	
arformoterol tartrate	4	B/D
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 EA per 30 days)
breo ellipta inhalation aerosol powder breath activated 50-25 mcg/inh	3	QL (60 EA per 30 days)
breyna	2	QL (10.3 GM per 30 days)
DULERA	3	QL (13 GM per 30 days)
epinephrine injection solution 0.3 mg/0.3ml	2	QL (4 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL (4 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	QL (1 EA per 30 days)

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<i>levalbuterol hcl inhalation</i>	2	B/D
<i>levalbuterol tartrate</i>	4	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	4	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
SYMJEPI	3	QL (4 EA per 30 days)
<i>terbutaline sulfate oral</i>	2	
VENTOLIN HFA	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA; LA
KALYDECO	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D
SYMDEKO	5	PA; QL (60 EA per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days)
<i>trikafta oral therapy pack</i>	5	PA; QL (56 EA per 28 days)
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL (90 EA per 30 days); LA
ambrisentan	5	PA; QL (30 EA per 30 days); LA
bosentan	5	PA; QL (60 EA per 30 days)
OPSUMIT	5	PA; QL (30 EA per 30 days); LA
OPSYNVI	5	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1	5	PA; QL (168 EA per 28 days)
ORENITRAM MONTH 2	5	PA; QL (336 EA per 28 days)
ORENITRAM MONTH 3	5	PA; QL (252 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pah)</i>	5	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	5	QL (112 EA per 28 days); LA
TYVASO	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
UPTRAVI	5	PA; QL (60 EA per 30 days)
UPTRAVI TITRATION	5	PA; QL (200 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML	5	PA; QL (150 ML per 30 days)
VENTAVIS INHALATION SOLUTION 20 MCG/ML	5	PA; QL (90 ML per 30 days)
WINREVAIR	5	PA; QL (1 EA per 21 days)
Pulmonary Fibrosis Agents		
OFEV	5	PA; QL (60 EA per 30 days); LA
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation</i>	2	B/D
ADVAIR HFA	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate</i>	2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (4 GM per 20 days)
<i>cromolyn sodium inhalation</i>	2	B/D
FASENRA PEN	5	PA; QL (1 ML per 30 days)

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary may be available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 ML per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium-albuterol</i>	2	B/D
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 EA per 30 days)
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
TEZSPIRE	5	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
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methocarbamol oral tablet 500 mg, 750 mg	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
eszopiclone	4	QL (30 EA per 30 days)
ramelteon	3	
tasimelteon	5	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	2	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	QL (30 EA per 30 days)
triazolam	4	QL (10 EA per 30 days)
zaleplon	4	QL (30 EA per 30 days)
zolpidem tartrate er	4	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	4	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Wakefulness Promoting Agents		
armodafinil	2	PA; QL (30 EA per 30 days)
modafinil oral	4	PA; QL (60 EA per 30 days)
SODIUM OXYBATE	5	PA; QL (540 ML per 30 days); LA

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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<i>famciclovir</i>	40	<i>fosfomycin tromethamine</i>	16	HADLIMA.....	79
<i>famotidine</i>	66	<i>fosinopril sodium</i>	50	HADLIMA PUSHTOUCH.....	79
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HALOETTE	71	hydromorphone hcl	13	ISIBLOOM	71
haloperidol	36	hydromorphone hcl er	12	isoniazid	28
haloperidol decanoate	36	hydromorphone hcl pf	13	isosorbide dinitrate	55
haloperidol lactate	36	hydroxychloroquine sulfate	35	isosorbide mononitrate	55
HAVRIX	81	hydroxyurea	29	isosorbide mononitrate er	55
HEATHER	74	hydroxyzine hcl	86	isotretinoin	59
HEMADY	69	hydroxyzine pamoate	43	isradipine	51
heparin sodium (porcine)	48	HYFTOR	61	ISTURISA	69
heparin sodium (porcine) pf	48	ibandronate sodium	83	itraconazole	26
HEPLISAV-B	81	IBRANCE	32	ivabradine hcl	53
HIBERIX	81	ibu	12	ivermectin	34, 62
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HUMALOG JUNIOR KWIKPEN	46	icatibant acetate	75	IXCHIQ	81
HUMALOG KWIKPEN	46	ICLUSIG	32	IXIARO	81
HUMALOG MIX 50/50	46	icosapent ethyl	55	JAKAFI	32
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KWIKPEN	47	imipramine hcl	25	JARDIANC	45
HUMIRA	79	imipramine pamoate	25	JAYPIRCA	32
HUMIRA (2 PEN)	79	imiquimod	61	JENTADUETO	45
HUMIRA (2 SYRINGE)	79	IMOVAX RABIES	81	JENTADUETO XR	45
HUMIRA PEN	79	INCRELEX	70	JINTELI	72
HUMIRA-CD/UC/HS STARTER	79	INCRUSE ELLIPTA	87	JOENJA	67
HUMIRA-PED<40KG CROHNS STARTER	79	indapamide	54	JULUCA	41
HUMIRA-PED>/=40KG CROHNS START	79	INFANRIX	81	JUNEL 1.5/30	72
HUMIRA-PED>/=40KG UC STARTER	79	INGREZZA	57	JUNEL 1/20	72
HUMIRA-PS/UV/ADOL HS STARTER	79	INLYTA	32	JUNEL FE 1.5/30	72
HUMIRA-PSORIASIS/UVEIT STARTER	79	INQOVI	29	JUNEL FE 1/20	72
HUMULIN 70/30	47	INREBIC	32	JUNEL FE 24	72
HUMULIN 70/30 KWIKPEN	47	insulin asp prot & asp flexpen	47	JYLAMVO	29
HUMULIN N	47	insulin aspart	47	JYNNEOS	81
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HUMULIN R	47	insulin aspart penfill	47	KARIVA	72
HUMULIN R U-500 (CONCENTRATED)	47	insulin aspart prot & aspart	47	kcl (0.149%) in nacl	62
HUMULIN R U-500 KWIKPEN	47	insulin lispro	47	kcl (0.298%) in nacl	62
hydralazine hcl	55	insulin syringe-needle u-100	47	kcl in dextrose-nacl	62
hydrochlorothiazide	54	INTELENCE	41	kcl-lactated ringers-d5w	62
hydrocodone-acetaminophen	13	INTRALIPID	64	KELNOR 1/35	72
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hydrocortisone max st	61	INVOKAMET XR	44	KINRIX	81
hydrocortisone sod suc (pf)	69	INVOKANA	44	KISQALI (200 MG DOSE)	32
hydrocortisone valerate	61	IOPIDINE	86	KISQALI (400 MG DOSE)	32
hydrocortisone-acetic acid	86	IPOL	81	KISQALI (600 MG DOSE)	32
		ipratropium bromide	87	KISQALI FEMARA (200 MG DOSE)	29
		ipratropium-albuterol	90	KISQALI FEMARA (400 MG DOSE)	29
		irbesartan	50	KISQALI FEMARA (600 MG DOSE)	29
		irbesartan-hydrochlorothiazide	53	KISQALI FEMARA (600 MG DOSE)	29
		ISENTRESS	40	KISQALI FEMARA (600 MG DOSE)	29
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<i>klor-con</i>	63	LEUKERAN.....	28	LUMIZYME.....	67
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KLOR-CON M15.....	63	<i>leuprolide acetate (3 month)</i>	70	LUPRON DEPOT-PED (1-	
KLOR-CON M20.....	63	<i>levalbuterol hcl</i>	88	MONTH).....	75
KLOR-CON/EF.....	63	<i>levalbuterol tartrate</i>	88	LUPRON DEPOT-PED (3-	
KOSELUGO.....	32	<i>levetiracetam</i>	21	MONTH).....	75
KOURZEQ.....	59	<i>levetiracetam er</i>	21	LUPRON DEPOT-PED (6-	
<i>krazati</i>	29	<i>levobunolol hcl</i>	85	MONTH).....	75
KRINTAFEL.....	35	<i>levocarnitine</i>	64	<i>lurasidone hcl</i>	38
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<i>labetalol hcl</i>	51	<i>levofloxacin</i>	19, 84	<i>lyllana</i>	72
<i>lacosamide</i>	22	<i>levofloxacin in d5w</i>	19	LYNPARZA.....	29
<i>lactulose</i>	65	<i>levonorgest-eth est & eth est</i>	72	LYSODREN.....	74
LAGEVRIO.....	43	<i>levonorgest-eth estrad 91-day</i>	72	LYTGOBI (12 MG DAILY	
<i>lamivudine</i>	40	<i>levonorgestrel-ethinyl estrad</i>	72	DOSE).....	32
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<i>lamotrigine starter kit-blue</i>	21	LIBERVANT.....	21	DOSE).....	32
<i>lamotrigine starter kit-green</i>	21	<i>lidocaine</i>	14	LYUMJEV.....	47
<i>lamotrigine starter kit-orange</i>	21	<i>lidocaine hcl</i>	14	LYUMJEV KWIKPEN.....	47
<i>lanreotide acetate</i>	75	<i>lidocaine hcl urethral/mucosal</i>	14	<i>magnesium sulfate</i>	63
<i>lansoprazole</i>	66	<i>lidocaine viscous hcl</i>	14	<i>maraviroc</i>	42
<i>lanthanum carbonate</i>	64	<i>lidocaine-prilocaine</i>	14	<i>marlissa</i>	72
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<i>latanoprost</i>	83	<i>lisinopril</i>	50	<i>mefloquine hcl</i>	35
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<i>ledipasvir-sofosbuvir</i>	40	<i>lithium</i>	44	MEKINIST.....	32
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<i>lenalidomide</i>	29	LIVTENCITY.....	39	<i>melphalan</i>	28
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LENVIMA (12 MG DAILY		<i>loperamide hcl</i>	65	MENACTRA.....	81
DOSE).....	32	<i>lopinavir-ritonavir</i>	42	MENEST.....	72
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DOSE).....	32	LORYNA.....	72	<i>meropenem</i>	19
LENVIMA (20 MG DAILY		<i>losartan potassium</i>	50	<i>mesalamine</i>	82
DOSE).....	32	<i>losartan potassium-hctz</i>	53	<i>mesalamine er</i>	82
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DOSE).....	32	<i>loteprednol etabonate</i>	85	<i>metformin hcl</i>	45
LENVIMA (4 MG DAILY DOSE).....	32	<i>lovastatin</i>	54	<i>metformin hcl er</i>	45
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<i>methenamine hippurate</i>	16	<i>mupirocin</i>	62	NORDITROPIN FLEXPRO	70
<i>methimazole</i>	75	<i>mupirocin calcium</i>	62	<i>norelgestromin-eth estradiol</i>	72
<i>methocarbamol</i>	90	MYALEPT	65	<i>norethindrone</i>	74
<i>methotrexate</i>	79	<i>mycophenolate mofetil</i>	80	<i>norethindrone acetate</i>	74
<i>methotrexate sodium</i>	79	<i>mycophenolate sodium</i>	80	<i>norethindrone acet-ethinyl est</i>	73
<i>methotrexate sodium (pf)</i>	79	MYHIBBIN	80	<i>norethindrone-eth estradiol</i>	73
<i>methoxsalen rapid</i>	61	MYRBETRIQ	67, 68	<i>norethindron-ethinyl estrad-fe</i>	73
<i>methscopolamine bromide</i>	65	<i>nabumetone</i>	12	<i>norethin-eth estradiol-fe</i>	73
<i>methsuximide</i>	21	<i>nadolol</i>	51	<i>norgestimate-eth estradiol</i>	73
<i>methylergonovine maleate</i>	68	<i>nafcillin sodium</i>	18	<i>norgestim-eth estrad triphasic</i>	73
<i>methylphenidate hcl</i>	57	<i>naloxone hcl</i>	15	NORMOSOL-M IN D5W	63
<i>methylphenidate hcl er</i>	56, 57	<i>naltrexone hcl</i>	14	NORMOSOL-R	63
<i>methylphenidate hcl er (cd)</i>	56	<i>naproxen</i>	12	NORTREL 0.5/35 (28)	73
<i>methylphenidate hcl er (la)</i>	56	<i>naproxen sodium</i>	12	NORTREL 1/35 (21)	73
<i>methylphenidate hcl er (osm)</i>	56	<i>naratriptan hcl</i>	27	NORTREL 1/35 (28)	73
<i>methylprednisolone</i>	69	NATACYN	84	NORTREL 7/7/7	73
<i>methyltestosterone</i>	70	<i>nateglinide</i>	45	<i>nortriptyline hcl</i>	25
<i>metoclopramide hcl</i>	65	NATPARA	83	NORVIR	42
<i>metolazone</i>	54	NAYZILAM	21	NOXAFL	26
<i>metoprolol succinate er</i>	51	<i>nebivolol hcl</i>	51	NUBEQA	28
<i>metoprolol tartrate</i>	51	NECON 0.5/35 (28)	72	NUCALA	90
<i>metoprolol-hydrochlorothiazide</i>	53	<i>nefazodone hcl</i>	24	NUEDEXTA	57
<i>metronidazole</i>	16	<i>neomycin sulfate</i>	15	NULIBRY	67
<i>metyrosine</i>	53	<i>neomycin-bacitracin zn-</i>		NUPLAZID	38
<i>mexiletine hcl</i>	51	<i>polymyx</i>	84	NYAMYC	26
<i>miconazole 3</i>	26	<i>neomycin-polymyxin-dexameth</i>		<i>nyla 1/35</i>	73
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<i>MICROGESTIN 1/20</i>	72	<i>neomycin-polymyxin-gramicidin</i>	84	<i>nystatin</i>	26
<i>MICROGESTIN 24 FE</i>	72	<i>neomycin-polymyxin-hc</i>	84, 86	<i>nystatin-triamcinolone</i>	62
<i>MICROGESTIN FE 1.5/30</i>	72	<i>neo-polycin</i>	84	NYSTOP	26
<i>MICROGESTIN FE 1/20</i>	72	<i>neo-polycin hc</i>	84	NYVEPRIA	49
<i>midodrine hcl</i>	50	NERLYNX	33	OCALIVA	65
<i>mifepristone</i>	46	NEUPRO	35	OCELLA	73
<i>miglitol</i>	45	<i>nevirapine</i>	41	<i>octreotide acetate</i>	75
<i> miglustat</i>	67	<i>nevirapine er</i>	41	ODEFSEY	41
<i>MIMVEY</i>	72	NEXLETOL	53	ODOMZO	33
<i>minocycline hcl</i>	20	NEXLIZET	53	OFEV	89
<i>minoxidil</i>	55	<i>niacin er (antihyperlipidemic)</i>	55	<i>ofloxacin</i>	19, 85, 86
<i>mirtazapine</i>	23	<i>nicardipine hcl</i>	51	OGSIVEO	30
<i>misoprostol</i>	66	NICOTROL	15	OJEMDA	33
<i>M-M-R II</i>	81	NICOTROL NS	15	<i>ojaara</i>	30
<i>modafinil</i>	91	<i>nifedipine er</i>	51	<i>olanzapine</i>	38
<i>moexipril hcl</i>	50	<i>nifedipine er osmotic release</i>	51	<i>olmesartan medoxomil</i>	50
<i>molindone hcl</i>	36	<i>nilutamide</i>	28	<i>olmesartan medoxomil-hctz</i>	53
<i>mometasone furoate</i>	61, 86	<i>nimodipine</i>	52	<i>olmesartan-amldopidine-hctz</i>	53
<i>montelukast sodium</i>	87	NINLARO	29	<i>olopatadine hcl</i>	86
<i>morphine sulfate</i>	13	<i>nitazoxanide</i>	35	<i>omega-3-acid ethyl esters</i>	55
<i>morphine sulfate (concentrate)</i>	13	<i>nitisinone</i>	67	<i>omeprazole</i>	66
<i>morphine sulfate er</i>	13	NITRO-BID	55	<i>omeprazole magnesium</i>	66
<i>MOUNJARO</i>	45	<i>nitrofurantoin macrocrystal</i>	16	OMNITROPE	70
<i>MOVANTIK</i>	65	<i>nitrofurantoin monohyd macro</i>	16	<i>ondansetron</i>	25
<i>moxifloxacin hcl</i>	19, 84	<i>nitroglycerin</i>	55	<i>ondansetron hcl</i>	25
<i>moxifloxacin hcl in nacl</i>	19	NIVESTYM	49	ONGENTYS	35
<i>MRESVIA</i>	81	<i>nizatidine</i>	66	ONUREG	29

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OPSUMIT	88	pentoxifylline er	53	PREMARIN	73
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ORSERDU	29	pimozide	36	procchlorperazine	25
oseltamivir phosphate	43	pindolol	51	procchlorperazine maleate	25
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oxacillin sodium	18	pioglitazone hcl-glimepiride	45	procto-med hc	61
oxacillin sodium in dextrose	18	pioglitazone hcl-metformin hcl	45	PROCTOZONE-HC	61
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OXERVATE	84	DOSE)	33	PROLASTIN-C	67
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oxybutynin chloride er	68	DOSE)	33	PROMACTA	49
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oxycodone-acetaminophen	14	DOSE)	33	promethegan	25
oxymorphone hcl	14	pirfenidone	89	propafenone hcl	51
oxymorphone hcl er	13	piroxicam	12	propafenone hcl er	51
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OZEMPIK (1 MG/DOSE)	45	PLEGRIDY STARTER PACK	58	propranolol hcl er	51
OZEMPIK (2 MG/DOSE)	45	podofilox	62	propylthiouracil	75
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paliperidone er	38	polymyxin b-trimethoprim	84	protriptyline hcl	25
PANRETIN	62	POMALYST	29	PULMICORT FLEXHALER	86
pantoprazole sodium	66	PORTIA-28	73	PULMOZYME	88
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paromomycin sulfate	15	potassium chloride	63	pyrazinamide	28
paroxetine hcl	24	potassium chloride crys er	63, 64	pyridostigmine bromide	27
paroxetine mesylate	24	potassium chloride er	63	pyridostigmine bromide er	27
PAXLOVID (150/100)	43	potassium chloride in nacl	63	pyrimethamine	35
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pazopanib hcl	33	potassium cl in dextrose 5%	63	PYRUKYND TAPER PACK	49
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PEMAZYRE	33	prazosin hcl	50	quetiapine fumarate er	38
PENBRAYA	81	prednisolone	69	quinapril hcl	50
penicillamine	68	prednisolone acetate	85	quinapril-hydrochlorothiazide	53
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KIT	57	ROTARIX	81	SORINE	51
raloxifene hcl	29	ROTATEQ	81	sotalol hcl	51
ramelteon	90	ROZLYTREK	33	sotalol hcl (af)	51
ramipril	50	RUBRACA	33	SPEVIGO	80
ranolazine er	53	rufinamide	22	SPIRIVA HANDIHALER	87
rasagiline mesylate	36	RUKOBIA	42	SPIRIVA RESPIMAT	87
RAYALDEE	83	RYBELSUS	45	spironolactone	54
REBIF	58	RYDAPT	33	spironolactone-hctz	53
REBIF REBIDOSE	58	SAJAZIR	76	SPRINTEC 28	73
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REBIF TITRATION PACK	59	SANDIMMUNE	80	SPS	64
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RECOMBIVAX HB	81	SANTYL	62	POLYSTYRENE SULF)	64
RELENZA DISKHALER	43	sapropterin dihydrochloride	67	SRONYX	73
RELI-ON INSULIN SYRINGE	47	saxagliptin hcl	45	ssd	62
RELISTOR	65	saxagliptin-metformin er	45	SSD (SILVER SULFADIAZINE)	62
repaglinide	45	SCEMBLIX	33	STELARA	77
REPATHA	55	scopolamine	25	STIOLTO RESPIMAT	90
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RESTASIS	84	SELZENTRY	42	STRIVERDI RESPIMAT	88
RESTASIS MULTIDOSE	84	SEREVENT DISKUS	88	SUCRAID	67
RETACRIT	49	SEROSTIM	70	sucralfate	66
RETEVMO	30	sertraline hcl	24	sulfacetamide sodium	85
REVCOVI	77	sevelamer carbonate	64	sulfacetamide sodium (acne)	20
REVLIMID	29	sf	59	sulfacetamide-prednisolone	84
REXULTI	38	sf 5000 plus	59	sulfadiazine	20
REYATAZ	42	SHINGRIX	81	sulfamethoxazole-trimethoprim	20
REZDIFFRA	65	SIGNIFOR	75	SULFAMYRON	62
REZLIDHIA	33	sildenafil citrate	89	sulfasalazine	82
REZUROCK	80	silodosin	68	sulindac	12
RHOPRESSA	83	silver sulfadiazine	62	sumatriptan	27
ribavirin	40	SIMBRINZA	86	sumatriptan succinate	27
rifabutin	28	simvastatin	54	sumatriptan succinate refill	27
rifampin	28	sirolimus	80	sunitinib malate	33
riluzole	57	SIRTURO	28	SUNLENCA	42
rimantadine hcl	43	SIVEXTRO	16	SUPREP BOWEL PREP KIT	63
RINVOQ	77	SKYCLARYS	57	syeda	73
RINVOQ LQ	77	SKYRIZI	77	SYMDEKO	88
risedronate sodium	83	SKYRIZI PEN	77	SYMJEPI	88
risperidone	38	sodium chloride	63	SYMLINPEN 120	45
risperidone er	38	sodium fluoride	59	SYMLINPEN 60	45
risperidone microspheres er	38	sodium fluoride 5000 plus	59	SYMPAZAN	22
RITONAVIR	42	sodium fluoride 5000 ppm	59	SYMTUZA	40
rivastigmine	23	SODIUM OXYBATE	91	SYNAREL	75
rivastigmine tartrate	23	sodium phenylbutyrate	67	SYNJARDY	45
RIVFLOZA	68	sodium polystyrene sulfonate	64	SYNJARDY XR	45
rizatriptan benzoate	27	solifenacin succinate	68	SYNTROID	74
ROCKLATAN	84	SOLIQUA	47	TABLOID	29
roflumilast	88	SOLTAMOX	29	TABRECTA	33

tacrolimus	61, 80	tolterodine tartrate	68	TRUQAP	34
adalafil	68	tolterodine tartrate er	68	TUKYSA	30
adalafil (pah)	89	tolvaptan	64	TURALIO	34
TAFINLAR	33	topiramate	21	turqoz	73
TAGRISSO	33	toremifene citrate	28	TWINRIX	82
TAKHZYRO	76	torsemide	53	TYBOST	42
TALZENNA	33	TOUJEON MAX SOLOSTAR	47	TYENNE	80
tamoxifen citrate	29	TOUJEON SOLOSTAR	47	TYMLOS	83
tamsulosin hcl	68	TRACLEER	89	TYPHIM VI	82
TARINA 24 FE	73	TRADJENTA	46	TYVASO	89
TASIGNA	33	tramadol hcl	14	TYVASO DPI MAINTENANCE KIT	89
tasimelteon	90	tramadol hcl er	13	TYVASO DPI TITRATION KIT	89
TAVNEOS	77	tramadol-acetaminophen	14	TYVASO REFILL KIT	89
tazarotene	59	trandolapril	50	UBRELVY	27
TAZVERIK	33	trandolapril-verapamil hcl er	53	TYVASO STARTER KIT	89
TDVAX	82	tranexamic acid	49	unithroid	74
TEFLARO	17	tranylcypromine sulfate	23	UPTRAVI	89
TEGSEDI	67	travoprost (bak free)	83	UPTRAVI TITRATION	89
telmisartan	50	trazodone hcl	24	ursodiol	65, 66
telmisartan-amlodipine	53	TRECATOR	28	uzedy	38, 39
telmisartan-hctz	50, 53	TRELEGY ELLIPTA	90	valacyclovir hcl	40
temazepam	90	TRELSTAR MIXJECT	75	VALCHLOR	28
TENIVAC	82	tretinoin	34, 59	valganciclovir hcl	39
tenofovir disoproxil fumarate	41	triamcinolone acetonide	59, 61	valproic acid	21
TEPMETKO	34	triamterene	54	valsartan	50
terazosin hcl	50	triamterene-hctz	53	valsartan-hydrochlorothiazide	53
terbinafine hcl	26	triazolam	90	VALTOCO 10 MG DOSE	22
terbutaline sulfate	88	TRIDACAINE	14	VALTOCO 15 MG DOSE	22
terconazole	26	TRIDACAINE II	14	VALTOCO 20 MG DOSE	22
teriflunomide	59	TRIDERM	61	VALTOCO 5 MG DOSE	22
TERIPARATIDE	83	trientine hcl	64	vancomycin hcl	16
testosterone	70	tri-estarrylla	73	VANCOMYCIN HCL	16
testosterone cypionate	70	trifluoperazine hcl	36	VANFLYTA	34
testosterone enanthate	70	trifluridine	85	VAQTA	82
tetrabenazine	57	trihexyphenidyl hcl	35	varenicline tartrate	15
tetracycline hcl	20	TRIJARDY XR	46	varenicline tartrate (starter)	15
TEZSPIRE	90	TRIKAFTA	88	VARIVAX	82
THALOMID	29	trikafta	88	VAXCHORA	82
theophylline er	88	TRI-LEGEST FE	73	VECAMYL	53
thioridazine hcl	36	TRI-LO-ESTARYLLA	73	VELIVET	73
thiothixene	36	TRI-LO-SPRINTEC	73	trimethoprim	16
tiagabine hcl	22	TRIUMEQ	42	VENTAVIS	89
TIBSOVO	34	TRIUMEQ PD	42	TRINTELLIX	24
TICOVAC	82	TRIVORA (28)	73	VENTOLIN HFA	88
tigecycline	16	tri-nymyo	73	verapamil hcl	52
timolol maleate	51, 85	TRI-SPRINTEC	73	venlafaxine hcl	24
tiopronin	68	TRIUMEQ	42	venlafaxine hcl er	24
TIVICAY	40	TRIUMEQ PD	42	VENTAVIS	89
TIVICAY PD	40	TRIVORA (28)	73	VERQUVO	53
tizanidine hcl	39	tri-vylibra	73	VERSACLOZ	39
TOBRADEX	84	TROPHAMINE	64	VERZENIO	34
tobramycin	85, 88	trospium chloride	68	TRULICITY	46
tobramycin sulfate	15	trospium chloride er	68	TRUMENBA	82
tobramycin-dexamethasone	84	TRULICITY	46	V-GO 20	47
TOBREX	85	TRUMENBA	82		

V-GO 30.....	48	XPOVIO (60 MG ONCE WEEKLY).....	30
V-GO 40.....	48	XPOVIO (60 MG TWICE WEEKLY).....	30
VICTOZA.....	46	XPOVIO (80 MG ONCE WEEKLY).....	30
vigabatrin.....	22	XPOVIO (80 MG TWICE WEEKLY).....	30
vigadrone.....	22	XTANDI.....	28, 29
VIGAFYDE.....	22	XULANE.....	73
VIGPODER.....	22	XULTOPHY.....	46
VIJOICE.....	67	YARGESA.....	67
vilazodone <i>hcl</i>	24	YF-VAX.....	82
VIRACEPT.....	42	YUVAFEM.....	73
VIREAD.....	41	zafirlukast.....	87
VITRAKVI.....	34	zaleplon.....	90
VIZIMPRO.....	34	ZEJULA.....	34
VONJO.....	34	ZELBORAF.....	34
VORANIGO.....	30	ZEMAIRA.....	67
voriconazole.....	26, 27	ZENPEP.....	67
VOWST.....	66	ZEPATIER.....	40
VOXZOGO.....	83	ZERBAXA.....	17
VOYDEYA.....	49	zidovudine.....	42
VRAYLAR.....	39	ZILBRYSQ.....	67
vylibra.....	73	zileuton er.....	87
VYNDAMAX.....	70	ZIMHI.....	15
VYNDAQEL.....	67	ziprasidone <i>hcl</i>	39
WAINUA.....	67	ziprasidone mesylate.....	39
warfarin sodium.....	48	ZIRGAN.....	85
WELIREG.....	30	zoledronic acid.....	83
WINREVAIR.....	89	ZOLINZA.....	30
WIXELA INHUB.....	90	zolmitriptan.....	27
XALKORI.....	34	zolpidem tartrate.....	90
XARELTO.....	49	zolpidem tartrate er.....	90
XARELTO STARTER PACK.....	49	ZONISADE.....	21
XATMEP.....	80	zonisamide.....	22
XCOPRI.....	21	ZOVIA 1/35 (28).....	74
XCOPRI (250 MG DAILY DOSE).....	21	ZTALMY.....	22
XCOPRI (350 MG DAILY DOSE).....	21	ZURZUVAE.....	23
XDEMVY.....	84	ZYDELIG.....	34
XELJANZ.....	77	ZYKADIA.....	34
XELJANZ XR.....	77, 80	ZYPREXA.....	39
XERMELO.....	65	ZYPREXA RELPREVV.....	39
XGEVA.....	83		
XIFAXAN.....	16		
XIGDUO XR.....	46		
XOFLUZA (40 MG DOSE).....	43		
XOFLUZA (80 MG DOSE).....	43		
XOLAIR.....	77		
XOSPATA.....	34		
XPOVIO (100 MG ONCE WEEKLY).....	30		
XPOVIO (40 MG ONCE WEEKLY).....	30		
XPOVIO (40 MG TWICE WEEKLY).....	30		

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 1-888-389-6648. Someone who speaks English 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 1-888-389-6648. 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 1-888-389-6648。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 1-888-389-6648。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 1-888-389-6648. 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 1-888-389-6648. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-389-6648 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-389-6648. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-389-6648 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 1-888-389-6648. 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. الحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-389-6648. 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 1-888-389-6648 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 1-888-389-6648. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-888-389-6648. 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 1-888-389-6648. 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 1-888-389-6648. Ta usługa jest bezpłatna.

Japanese: 当社の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、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、1-888-389-6648 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



This formulary was approved on 11/19/2024. For more recent information or other questions, please contact Priority Health Medicare toll-free at 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com. The Formulary may change at any time. You will receive notice when necessary.

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Priority Health Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 888.389.6648, TTY users should call 711, or consult the online pharmacy directory at prioritymedicare.com.

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