CareFirst Formulary 4

Postal Service Health Benefits Program List of Covered Drugs

2026

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of the federal employees health benefits program.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **833-840-7962** or visit **carefirst.com/pshbp**.

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: $0 Drugs	▪ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, HIV PrEP, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ▪ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs $	▪ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ▪ Generic drugs generally cost less than brand-name drugs.
Tier 2: Brand Drugs $$	▪ Brand-name drugs are chosen for their cost effectiveness compared to drug alternatives. ▪ Your cost-share will be more than generics.
Tier 3: Generic Specialty Drugs $$$	▪ Generic specialty drugs are medications that may be used to treat complex and/or rare health conditions. ▪ Generic specialty drugs may have a lower cost-share than brand specialty drugs.
Tier 4: Brand Specialty Drugs $$$$	▪ Brand specialty drugs are medications that may be used to treat complex and/or rare health conditions. ▪ Your cost-share will be more than generic specialty drugs.

CareFirst Formulary 4 - Chart, 4T Effective 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine sulfate tab 5 mg	1	QL (120 tabs every 25 days)
amphetamine sulfate tab 10 mg	1	QL (120 tabs every 25 days)
amphetamine tab extended release disintegrating 3.1 mg	1	QL (60 ea every 25 days)
amphetamine tab extended release disintegrating 6.3 mg	1	QL (60 ea every 25 days)
amphetamine tab extended release disintegrating 9.4 mg	1	QL (60 ea every 25 days)
amphetamine tab extended release disintegrating 12.5 mg	1	QL (30 ea every 25 days)
amphetamine tab extended release disintegrating 15.7 mg	1	QL (30 ea every 25 days)
amphetamine tab extended release disintegrating 18.8 mg	1	QL (30 ea every 25 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps every 25 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs every 25 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs every 25 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs every 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs every 25 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs every 25 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs every 25 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps every 25 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps every 25 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps every 25 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1200 mL every 25 days)
dextroamphetamine sulfate tab 2.5 mg	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 7.5 mg	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs every 25 days)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs every 25 days)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs every 25 days)
lisdexamfetamine dimesylate cap 10 mg	1	QL (60 caps every 25 days)
lisdexamfetamine dimesylate cap 20 mg	1	QL (60 caps every 25 days)
lisdexamfetamine dimesylate cap 30 mg	1	QL (60 caps every 25 days)
lisdexamfetamine dimesylate cap 40 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate cap 50 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate cap 60 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate cap 70 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (60 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (60 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (60 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (30 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (30 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (30 tabs every 25 days)
methamphetamine hcl tab 5 mg	1	QL (150 tabs every 25 days)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 50 mg	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
diethylpropion hcl tab 25 mg	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
diethylpropion hcl tab er 24hr 75 mg	1	PA; Coverage is subject to your plan/benefits
phendimetrazine tartrate tab 35 mg	1	PA, QL (180 tabs every 28 days); Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	PA, QL (60 caps every 28 days); Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
phentermine hcl tab 8 mg	1	PA
phentermine hcl tab 37.5 mg	1	PA, QL (30 tabs every 28 days); Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA; Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	1	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
orlistat cap 120 mg	1	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (120 caps every 25 days)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (120 caps every 25 days)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (120 caps every 25 days)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps every 25 days)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps every 25 days)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps every 25 days)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps every 25 days)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	PA, QL (2 tabs every 1 day)
armodafinil tab 150 mg	1	PA, QL (1 tab every 1 day)
armodafinil tab 200 mg	1	PA, QL (1 tab every 1 day)
armodafinil tab 250 mg	1	PA, QL (1 tab every 1 day)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps every 25 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps every 25 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (120 tabs every 25 days)
dexmethylphenidate hcl tab 5 mg	1	QL (120 tabs every 25 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps every 25 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps every 25 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps every 25 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (180 tabs every 25 days)
methylphenidate hcl chew tab 5 mg	1	QL (180 tabs every 25 days)
methylphenidate hcl chew tab 10 mg	1	QL (180 tabs every 25 days)
methylphenidate hcl soln 5 mg/5ml	1	QL (1800 mL every 25 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (900 mL every 25 days)
methylphenidate hcl tab 5 mg	1	QL (180 tabs every 25 days)
methylphenidate hcl tab 10 mg	1	QL (180 tabs every 25 days)
methylphenidate hcl tab 20 mg	1	QL (90 tabs every 25 days)
methylphenidate hcl tab er 10 mg	1	QL (90 tabs every 25 days)
methylphenidate hcl tab er 20 mg	1	QL (90 tabs every 25 days)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er 24hr 54 mg	1	QL (30 tabs every 25 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs every 25 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs every 25 days)
methylphenidate hcl tab er osmotic release (osm) 72 mg	1	QL (30 tabs every 25 days)
methylphenidate td patch 10 mg/9hr	1	QL (30 ea every 25 days)
methylphenidate td patch 15 mg/9hr	1	QL (30 ea every 25 days)
methylphenidate td patch 20 mg/9hr	1	QL (30 ea every 25 days)
methylphenidate td patch 30 mg/9hr	1	QL (30 ea every 25 days)
modafinil tab 100 mg	1	PA, QL (2 tabs every 1 day)
modafinil tab 200 mg	1	PA, QL (2 tabs every 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ORALAIR SUB 300 IR	2	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	4	PA
neomycin sulfate tab 500 mg	1	
tobramycin nebu soln 300 mg/4ml	3	PA, QL (8 mL every 1 day)
tobramycin nebu soln 300 mg/5ml	3	PA, QL (10 mL every 1 day)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA 1PN INJ 40/0.8ML	4	PA, QL (4 pens every 28 days)
ABRILADA 2PN INJ 40/0.8ML	4	PA, QL (4 pens every 28 days)
ABRILADA INJ 20/0.4ML	4	PA, QL (4 syringes every 28 days)
ABRILADA INJ 40/0.8ML	4	PA, QL (4 syringes every 28 days)
ADALIMU-AATY KIT 80/0.8ML	4	PA, QL (2 pens every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 20/0.2ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 20/0.2ML	4	PA, QL (2 pes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-RYVK INJ 40/0.4ML	4	PA
ADALIMU-RYVK INJ 80/0.8ML	4	PA
HADLIMA INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days)
HADLIMA INJ 40/0.8ML	4	PA, QL (4 syringes per 28 days)
HADLIMA PUSH INJ 40/0.4ML	4	PA, QL (4 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML	4	PA, QL (4 pens per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HULIO KIT 20/0.4ML	4	PA, QL (4 pens every 28 days)
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YUSIMRY INJ 40/0.8ML	4	PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 2MG	4	PA, QL (1 tab every 1 day)
OLUMIANT TAB 4MG	4	PA, QL (1 tab every 1 day)
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (Not for daily use); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
XELJANZ SOL 1MG/ML	4	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 10MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 15MG	4	PA, QL (4 injections per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 17.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 20MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 25MG	4	PA, QL (4 injections per 28 days)
RASUVO INJ 30MG	4	PA, QL (4 injections per 28 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days)
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days)
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TYENNE INJ 162/0.9	4	PA, QL (4 pens every 28 days)
TYENNE INJ 162MG	4	PA, QL (4 syringes every 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketorolac tromethamine tab 10 mg	1	
LURBIPR TAB 100MG	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen sodium tab er 24hr 375 mg (base equiv)	1	
naproxen sodium tab er 24hr 500 mg (base equiv)	1	
naproxen sodium tab er 24hr 750 mg (base equiv)	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day)
OTEZLA TAB 30MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA XR TAB 75MG	4	PA, QL (1 pack every 28 days)
OTEZLA/XR TAB 28 DAY	4	PA, QL (1 pack every 28 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	1	QL (48 tabs every 25 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (48 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (48 tabs every 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps every 25 days)
SALICYLATES		
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	2	PA, QL (42 tabs every 30 days)
CODEINE SULF TAB 60MG	2	PA, QL (42 tabs every 30 days)
codeine sulfate tab 30 mg	1	PA, QL (42 tabs every 30 days)
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches every 30 days)
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (1 tab every 1 day)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (1 tab every 1 day)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (1 tab every 1 day)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (1 tab every 1 day)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (1 tab every 1 day)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (1 tab every 1 day)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (16 mL every 1 day)
hydromorphone hcl tab 2 mg	1	PA, QL (6 tabs every 1 day)
hydromorphone hcl tab 4 mg	1	PA, QL (4 tabs every 1 day)
hydromorphone hcl tab 8 mg	1	PA, QL (2 tabs every 1 day)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (1 tab every 1 day)
hydromorphone hcl tab er 24hr 32 mg	1	PA
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone hcl conc 10 mg/ml	1	QL (2 mL every 1 day)
methadone hcl conc 10 mg/ml	1	PA, QL (2 mL every 1 day)
methadone hcl soln 5 mg/5ml	1	PA, QL (450 mL every 30 days)
methadone hcl soln 10 mg/5ml	1	PA, QL (7.5 mL every 1 day)
methadone hcl tab 5 mg	1	PA, QL (3 tabs every 1 day)
methadone hcl tab 10 mg	1	PA, QL (1 tab every 1 day)
methadone hcl tab for oral susp 40 mg	1	QL (9 tabs every 25 days)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (1 cap every 1 day)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA
morphine sulfate cap er 24hr 20 mg	1	PA
morphine sulfate cap er 24hr 30 mg	1	PA
morphine sulfate cap er 24hr 50 mg	1	PA
morphine sulfate cap er 24hr 60 mg	1	PA
morphine sulfate cap er 24hr 80 mg	1	PA
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (30 mL every 1 day)
morphine sulfate oral soln 20 mg/5ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (135 mL every 27 days)
morphine sulfate suppos 5 mg	1	PA, QL (6 supp every 1 day)
morphine sulfate suppos 10 mg	1	PA, QL (6 supp every 1 day)
morphine sulfate suppos 20 mg	1	PA, QL (4 supp every 1 day)
morphine sulfate suppos 30 mg	1	PA, QL (3 supp every 1 day)
morphine sulfate tab 15 mg	1	PA, QL (6 tabs every 1 day)
morphine sulfate tab 30 mg	1	PA, QL (3 tabs every 1 day)
morphine sulfate tab er 15 mg	1	PA, QL (3 ea every 1 day)
morphine sulfate tab er 30 mg	1	PA, QL (3 ea every 1 day)
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
oxycodone hcl cap 5 mg	1	PA, QL (6 caps every 1 day)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (3 mL every 1 day)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (30 mL every 1 day)
oxycodone hcl tab 5 mg	1	PA, QL (6 tabs every 1 day)
oxycodone hcl tab 10 mg	1	PA, QL (6 tabs every 1 day)
oxycodone hcl tab 15 mg	1	PA, QL (4 tabs every 1 day)
oxycodone hcl tab 20 mg	1	PA, QL (3 tabs every 1 day)
oxycodone hcl tab 30 mg	1	PA, QL (2 tabs every 1 day)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (2 tabs every 1 day)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (2 tabs every 1 day)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (4 tabs every 1 day)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (2 tabs every 1 day)
oxymorphone hcl tab 5 mg	1	PA, QL (6 tabs every 1 day)
oxymorphone hcl tab 10 mg	1	PA, QL (3 tabs every 1 day)
tramadol hcl oral soln 5 mg/ml	1	
tramadol hcl tab 50 mg	1	PA
tramadol hcl tab 50 mg	1	QL (6 tabs every 1 day)
tramadol hcl tab er 24hr 100 mg	1	PA, QL (1 tab every 1 day)
tramadol hcl tab er 24hr 200 mg	1	QL (1 tab every 1 day)
tramadol hcl tab er 24hr 300 mg	1	QL (1 tab every 1 day)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps every 1 day)
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps every 1 day)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL every 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (390 tabs every 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs every 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs every 1 day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps every 1 day)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps every 25 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL (48 caps every 25 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL (48 caps every 25 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen soln 10-300 mg/15ml	1	PA, QL (67.5 mL every 1 day)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen tab 2.5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs every 1 day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs every 1 day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 150MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 300MCG	2	PA, QL (2 films every 1 day)
BELBUCA MIS 450MCG	2	PA, QL (2 films every 1 day)

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films every 25 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films every 25 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films every 25 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films every 25 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	QL (90 tabs every 25 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	QL (90 tabs every 25 days)
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 ea every 30 days)
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches every 30 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 ea every 30 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches every 30 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 ea every 30 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches every 30 days)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 bottles every 25 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
methyltestosterone cap 10 mg	1	
methyltestosterone oral tab 10 mg	1	
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
hydrocortisone enema 100 mg/60ml	1	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
RECTAL STEROIDS		
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	
VASODILATING AGENTS		
nitroglycerin oint 0.4%	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
ivermectin tab 3 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs every year)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	1	
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg	1	

Drug Name	Drug Tier	Requirements/Limits
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	
CARBAPENEMS		
meropenem iv for soln 2 gm	1	PA
CYCLIC LIPOPEPTIDES		
daptomycin for iv soln 350 mg	1	
GLYCOPEPTIDES		
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
POLYMYXINS		
colistimethate sod for inj 150 mg (colistin base activity)	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin cap er 2.5 mg	1	
nitroglycerin cap er 6.5 mg	1	
nitroglycerin cap er 9 mg	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL every 25 days)
alprazolam orally disintegrating tab 0.5 mg	1	QL (150 ea every 25 days)
alprazolam orally disintegrating tab 0.25 mg	1	QL (150 ea every 25 days)
alprazolam orally disintegrating tab 1 mg	1	QL (150 ea every 25 days)
alprazolam orally disintegrating tab 2 mg	1	QL (150 ea every 25 days)
alprazolam tab 0.5 mg	1	QL (150 tabs every 25 days)
alprazolam tab 0.25 mg	1	QL (150 tabs every 25 days)
alprazolam tab 1 mg	1	QL (150 tabs every 25 days)
alprazolam tab 2 mg	1	QL (150 tabs every 25 days)
alprazolam tab er 24hr 0.5 mg	1	QL (150 tabs every 25 days)
alprazolam tab er 24hr 1 mg	1	QL (150 tabs every 25 days)
alprazolam tab er 24hr 2 mg	1	QL (150 tabs every 25 days)
alprazolam tab er 24hr 3 mg	1	QL (90 tabs every 25 days)
chlordiazepoxide hcl cap 5 mg	1	QL (360 caps every 25 days)
chlordiazepoxide hcl cap 10 mg	1	QL (360 caps every 25 days)
chlordiazepoxide hcl cap 25 mg	1	QL (360 caps every 25 days)
clorazepate dipotassium tab 3.75 mg	1	QL (180 tabs every 25 days)
clorazepate dipotassium tab 7.5 mg	1	QL (180 tabs every 25 days)
clorazepate dipotassium tab 15 mg	1	QL (180 tabs every 25 days)
diazepam conc 5 mg/ml	1	QL (240 mL every 25 days)
diazepam oral soln 1 mg/ml	1	
diazepam oral soln 1 mg/ml	1	QL (1200 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
diazepam tab 2 mg	1	QL (120 tabs every 25 days)
diazepam tab 5 mg	1	QL (120 tabs every 25 days)
diazepam tab 10 mg	1	QL (120 tabs every 25 days)
lorazepam conc 2 mg/ml	1	QL (150 mL every 25 days)
lorazepam tab 0.5 mg	1	QL (150 tabs every 25 days)
lorazepam tab 1 mg	1	QL (150 tabs every 25 days)
lorazepam tab 2 mg	1	QL (150 tabs every 25 days)
oxazepam cap 10 mg	1	QL (120 caps every 25 days)
oxazepam cap 15 mg	1	QL (120 caps every 25 days)
oxazepam cap 30 mg	1	QL (120 caps every 25 days)
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
quinidine gluconate tab er 324 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	3	

Drug Name	Drug Tier	Requirements/Limits
dofetilide cap 250 mcg (0.25 mg)	3	
dofetilide cap 500 mcg (0.5 mg)	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 mL every 25 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 SYRINGE PER 56 DAYS)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 56 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 pens every 28 day)
NUCALA INJ 100MG/ML	4	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syr every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	QL (313 mL every 25 days)
SPIRIVA RESP AER 1.25MCG	2	QL (1 inhaler every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 inhaler every 25 days)
YUPELRI SOL	2	QL (90 mL every 25 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
zafirlukast tab 20 mg	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (120 mL every 25 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (180 mL every 25 days)
budesonide inhalation susp 1 mg/2ml	1	QL (60 mL every 25 days)
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	QL (1 inhaler every 25 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	QL (30 blisters every 25 days)
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	QL (30 blisters every 25 days)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 inhalers every 25 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 ea every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 ea every 25 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (375 mL every 25 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (375 mL every 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (375 mL every 25 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (120 mL every 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler every 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (1 inhaler every 25 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 25 days); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 25 days); Brand preferred over generic
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 packages every 25 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3.01 inhalers every 25 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 25 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3.01 inhalers every 25 days)
DULERA AER 50-5MCG	2	QL (1 inhaler every 25 days)
DULERA AER 100-5MCG	2	QL (1 inhaler every 25 days)
DULERA AER 100-5MCG	2	QL (1 package every 25 days)
DULERA AER 200-5MCG	2	QL (1 inhaler every 25 days)
DULERA AER 200-5MCG	2	QL (1 package every 25 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations every 25 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations every 25 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations every 25 days)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (120 mL every 25 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 mL every 25 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL every 25 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL every 25 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL every 25 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 ea every 25 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 25 days)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG	2	QL (1 inhaler every 25 days)
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 25 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 25 days)
XANTHINES		
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	PA
clobazam tab 10 mg	1	PA
clobazam tab 20 mg	1	PA
clonazepam orally disintegrating tab 0.5 mg	1	QL (300 ea every 25 days)
clonazepam orally disintegrating tab 0.25 mg	1	QL (300 ea every 25 days)
clonazepam orally disintegrating tab 0.125 mg	1	QL (300 ea every 25 days)
clonazepam orally disintegrating tab 1 mg	1	QL (300 ea every 25 days)
clonazepam orally disintegrating tab 2 mg	1	QL (300 ea every 25 days)
clonazepam tab 0.5 mg	1	QL (300 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam tab 1 mg	1	QL (300 tabs every 25 days)
clonazepam tab 2 mg	1	QL (300 tabs every 25 days)
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
ANTICONVULSANTS - MISC.		
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine chew tab 200 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
gabapentin cap 100 mg	1	QL (6 caps every 1 day)
gabapentin cap 300 mg	1	QL (6 caps every 1 day)
gabapentin cap 400 mg	1	QL (6 caps every 1 day)
gabapentin oral soln 250 mg/5ml	1	QL (72 mL every 1 day)
gabapentin tab 600 mg	1	QL (6 tabs every 1 day)
gabapentin tab 800 mg	1	QL (4 tabs every 1 day)
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
pregabalin cap 25 mg	1	QL (4 caps every 1 day)
pregabalin cap 50 mg	1	QL (4 caps every 1 day)
pregabalin cap 75 mg	1	QL (4 caps every 1 day)
pregabalin cap 100 mg	1	QL (4 caps every 1 day)
pregabalin cap 150 mg	1	QL (4 caps every 1 day)
pregabalin cap 200 mg	1	QL (3 caps every 1 day)
pregabalin cap 225 mg	1	QL (2 caps every 1 day)
pregabalin cap 300 mg	1	QL (2 caps every 1 day)
pregabalin soln 20 mg/ml	1	QL (30 mL every 1 day)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
rufinamide susp 40 mg/ml	1	PA
rufinamide tab 200 mg	1	PA
rufinamide tab 400 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	3	PA, QL (6 packets every 1 day)
vigabatrin tab 500 mg	3	PA, QL (6 tabs every 1 day)
HYDANTOINS		
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
methsuximide cap 300 mg	1	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
ESCITALOPRAM CAP 15MG	2	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl cap 150 mg	1	
sertraline hcl cap 200 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	ST
SOLIQUA INJ 100/33	2	QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
glucagon for inj 1 mg	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 1/0.2ML	2	
mifepristone tab 300 mg	3	PA, QL (4 tabs every 1 day)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab 2.5 mg (base equiv)	1	ST
saxagliptin hcl tab 5 mg (base equiv)	1	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	QL (3 pens every 25 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 21 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 21 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 21 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 21 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 21 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 21 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 21 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 21 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 21 days)
RYBELSUS TAB 1.5MG	2	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 3MG	2	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 4MG	2	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 7MG	2	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 9MG	2	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 14MG	2	PA, QL (30 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 21 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 21 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 21 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 21 days)
INSULIN		
BASAGLAR INJ 100UNIT	2	
BASAGLAR INJ TEMPO PN	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
FIASP PMPCRT INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
opium tincture 1% (10 mg/ml) (morphine equiv)	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet 90 mg	3	PA
deferasirox granules packet 180 mg	3	PA
deferasirox granules packet 360 mg	3	PA
deferasirox tab 90 mg	3	PA
deferasirox tab 180 mg	3	PA
deferasirox tab 360 mg	3	PA
deferasirox tab for oral susp 125 mg	3	PA
deferasirox tab for oral susp 250 mg	3	PA
deferasirox tab for oral susp 500 mg	3	PA
deferiprone tab 500 mg	3	PA
deferiprone tab 1000 mg	3	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PAK 10GM	4	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	1	QL (12 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 ea every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
caspofungin acetate for iv soln 50 mg	1	
caspofungin acetate for iv soln 70 mg	1	
micafungin sodium for iv soln 50 mg	1	
micafungin sodium for iv soln 100 mg	1	
ANTIFUNGALS		
amphotericin b liposome iv for susp 50 mg	1	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 165 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
posaconazole susp 40 mg/ml	1	PA
voriconazole for inj 200 mg	1	PA
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate extended release susp 4 mg/5ml	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
CLEMASZ TAB 2.68MG	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	0	
pitavastatin calcium tab 2 mg	0	
pitavastatin calcium tab 4 mg	0	
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridge every 28 days)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap 250 mg	3	PA, QL (16 caps every 1 day)
phenoxybenzamine hcl cap 10 mg	1	PA
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	

Drug Name	Drug Tier	Requirements/Limits
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
pyrimethamine tab 25 mg	1	PA
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 30 mg	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRIFTIN TAB 150MG	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
TRECATOR TAB 250MG	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
LEUKERAN TAB 2MG	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	0	
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)

Drug Name	Drug Tier	Requirements/Limits
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
TABLOID TAB 40MG	0	
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
gefitinib tab 250 mg	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (4 tabs every 1 day)
abiraterone acetate tab 500 mg	0	PA, QL (2 tabs every 1 day)
anastrozole tab 1 mg	0	
bicalutamide tab 50 mg	0	

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)
exemestane tab 25 mg	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 tabs every 1 day)
BRUKINSA TAB 160MG	0	PA
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
dasatinib tab 20 mg	0	PA, QL (3 tabs every 1 day)
dasatinib tab 50 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 70 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 80 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 100 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 140 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 2.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 7.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 10 mg	0	PA, QL (1 tab every 1 day)
everolimus tab for oral susp 2 mg	0	PA, QL (2 ea every 1 day)
everolimus tab for oral susp 3 mg	0	PA, QL (3 ea every 1 day)
everolimus tab for oral susp 5 mg	0	PA, QL (2 ea every 1 day)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
IMBRUVICA CAP 70MG	0	PA, QL (1 cap every 1 day)
IMBRUVICA CAP 140MG	0	PA, QL (3 caps every 1 day)
IMBRUVICA SUS 70MG/ML	0	PA, QL (6 mL every 1 day)
IMBRUVICA TAB 140MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 280MG	0	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 420MG	0	PA, QL (1 tab every 1 day)
ITOVEBI TAB 3MG	0	QL (60 tabs every 30 DAYS)
ITOVEBI TAB 9MG	0	QL (30 tabs every 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles per 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
nilotinib hcl cap 50 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 150 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 200 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 4MG	0	PA, QL (3 caps every 21 days)
pazopanib hcl tab 200 mg (base equiv)	0	PA, QL (4 tabs every 1 day)
PHYRAGO TAB 80MG	0	PA, QL (1 tab every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RUBRACA TAB 200MG	0	PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	0	PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	0	PA, QL (4 tabs every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (300 tabs every 30 days)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (30 tabs every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tabs every 28 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ANTINEOPLASTICS MISC.		
bexarotene cap 75 mg	0	PA
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
mesna tab 400 mg	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	1	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
apomorphine hcl soln cartridge 30 mg/3ml	3	PA, QL (20 cartridges every 28 days)
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
INBRIJA CAP 42MG	4	PA, QL (10 caps every 1 day)
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
ERZOFRI INJ 39/0.25	2	

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INJ 78/0.5ML	2	
ERZOFRI INJ 117/0.75	2	
ERZOFRI INJ 156MG/ML	2	
ERZOFRI INJ 234/1.5	2	
ERZOFRI INJ 351/2.25	2	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
risperidone microspheres for im extended rel susp 12.5 mg	1	
risperidone microspheres for im extended rel susp 25 mg	1	
risperidone microspheres for im extended rel susp 37.5 mg	1	
risperidone microspheres for im extended rel susp 50 mg	1	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 150 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
hydrogen peroxide soln 30%	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (30 mL every 1 day)
abacavir sulfate tab 300 mg (base equiv)	1	QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (1 tab every 1 day)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
darunavir tab 600 mg	1	QL (2 tabs every 1 day)
darunavir tab 800 mg	1	QL (1 tab every 1 day)
DELSTRIGO TAB	2	PA, QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
EDURANT PED TAB 2.5MG	2	QL (6 ea every 1 day)
EDURANT TAB 25MG	2	QL (2 tabs every 1 day)
efavirenz tab 600 mg	1	QL (1 tab every 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (1 tab every 1 day)
emtricitabine caps 200 mg	1	QL (1 cap every 1 day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
EMTRIVA SOL 10MG/ML	2	QL (680 mL every 28 days)
etravirine tab 100 mg	1	QL (4 tabs every 1 day)
etravirine tab 200 mg	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	2	QL (1 tab every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (4 tabs every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
INTELENCE TAB 25MG	2	QL (4 tabs every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	2	QL (1 tab every 1 day)
KALETRA SOL	2	QL (16 mL every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 mL every 1 day)
lamivudine tab 150 mg	1	QL (2 tabs every 1 day)
lamivudine tab 300 mg	1	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	QL (2 tabs every 1 day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (16 mL every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	QL (40 mL every 1 day)
nevirapine tab 200 mg	1	QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	1	QL (1 tab every 1 day)
NORVIR POW 100MG	2	QL (12 packets every 1 day)
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	2	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	2	QL (400 mL per 30 days)
PREZISTA TAB 75MG	2	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	2	QL (6 tabs every 1 day)
REYATAZ POW 50MG	2	QL (6 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ritonavir tab 100 mg	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	2	PA, QL (2 tabs every 1 day)
SUNLENCA TAB 300MG	2	QL (4 tablets everyr 2 days)
SUNLENCA TAB 300MG	2	QL (4 tabs every 2 days)
SUNLENCA TAB 300MG	2	QL (5 tabs every 8 days)
SYMTUZA TAB	2	QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	2	QL (8 gm every 1 day)
VIREAD TAB 150MG	2	QL (1 tab every 1 day)
VIREAD TAB 200MG	2	QL (1 tab every 1 day)
VIREAD TAB 250MG	2	QL (1 tab every 1 day)
zidovudine cap 100 mg	1	QL (6 caps every 1 day)
zidovudine syrup 10 mg/ml	1	QL (64 mL every 1 day)
zidovudine tab 300 mg	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 30 DAYS)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (1000 mL every 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	QL (21 mL every 1 day)
entecavir tab 0.5 mg	1	QL (1 tab every 1 day)
entecavir tab 1 mg	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	4	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG	4	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	4	PA, QL (2 packets every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
lamivudine tab 100 mg (hbv)	1	
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
VEMLIDY TAB 25MG	2	QL (1 tab every 1 day)
VOSEVI TAB	4	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL every 90 days)
rimantadine hydrochloride tab 100 mg	1	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
diltiazem hcl tab er 24hr 180 mg	1	
diltiazem hcl tab er 24hr 240 mg	1	
diltiazem hcl tab er 24hr 300 mg	1	
diltiazem hcl tab er 24hr 360 mg	1	
diltiazem hcl tab er 24hr 420 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	4	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	4	PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	4	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	4	PA, QL (1 cap every 1 day)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	
IMPOTENCE AGENTS		
avanafil tab 50 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
avanafil tab 100 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
avanafil tab 200 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 50 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 100 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 2.5 mg	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 2.5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
vardenafil hcl tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
TYVASO RF KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	4	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	4	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	4	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	3	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	3	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	3	PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	3	PA, QL (2 tabs every 1 day)
bosentan tab for oral susp 32 mg	3	PA, QL (4 tabs every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)
TRACLEER TAB 32MG	4	PA, QL (4 tabs every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	3	PA, QL (784 mL every 30 days)
sildenafil citrate tab 20 mg	3	PA, QL (12 tabs every 1 day)
tadalafil tab 20 mg (pah)	3	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	4	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	2	PA
ivabradine hcl tab 5 mg (base equiv)	1	PA
ivabradine hcl tab 7.5 mg (base equiv)	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	4	PA, QL (1 ea every 1 day)
VYNDAQEL CAP 20MG	4	PA, QL (120 caps per 30 days)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
LO LOESTRIN TAB 1-10-10	2	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
OPILL TAB 0.075MG	0	OTC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
deflazacort susp 22.75 mg/ml	1	PA, QL (1.8 mL every 1 day)
deflazacort susp 22.75 mg/ml	3	PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	3	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	3	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	3	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	3	PA, QL (1 tab every 1 day)
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hydrocortisone sodium succinate pf for inj 100 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	2	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL every 1 day)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA, QL (30 mL every 1 day)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL every 1 day)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL every 1 day)
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide gel 8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47 gm every 25 days)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45 gm every 25 days)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1% (twice-daily)	1	QL (75 gm every 25 days)
clindamycin phosphate lotion 1%	1	QL (60 mL every 25 days)
clindamycin phosphate soln 1%	1	QL (60 mL every 25 days)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50 gm every 25 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50 gm every 25 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	QL (50 gm every 25 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	

Drug Name	Drug Tier	Requirements/Limits
dapsone gel 5%	1	
dapsone gel 7.5%	1	
erythromycin gel 2%	1	QL (60 gm every 25 days)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (60 mL every 25 days)
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.08%	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60 gm every 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (60 mL every 25 days)
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (100 gm every 25 days)
naftifine hcl cream 1%	1	QL (60 gm every 25 days)
naftifine hcl cream 2%	1	QL (60 gm every 25 days)
naftifine hcl gel 2%	1	QL (60 gm every 25 days)
nystatin cream 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (60 gm every 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (60 gm every 25 days)
oxiconazole nitrate cream 1%	1	ST, QL (60 gm every 25 days)
sulconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	3	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
fluorouracil cream 0.5%	1	PA
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	1	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
calcitriol oint 3 mcg/gm	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Anklyosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis, ; Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX UNO INJ 300/2ML	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
methoxsalen rapid cap 10 mg	1	
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 pen every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 syringe per 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 syringe per 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
TALTZ INJ 20/0.25	4	PA, QL (1 syringe every 28 days)
TALTZ INJ 40/0.5ML	4	PA, QL (1 syringe every 28 days)
TALTZ INJ 80MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
tazarotene cream 0.1%	1	PA
tazarotene cream 0.05%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	4	PA, QL (1 syringe per 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 90MG/ML	4	PA, QL (1 syringe per 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	1	
selenium sulfide shampoo 2.25%	1	
sulfacetamide sodium cleansing gel 10%	1	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 9.8%	1	
sulfacetamide sodium shampoo 10%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
silver sulfadiazine cream 1%	1	

Drug Name	Drug Tier	Requirements/Limits
CAUTERIZING AGENTS		
silver nitrate soln 0.5%	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (120 gm every 25 days)
alclometasone dipropionate oint 0.05%	1	QL (120 gm every 25 days)
amcinonide lotion 0.1%	1	QL (120 mL every 25 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm every 25 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120 gm every 25 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL every 25 days)
betamethasone dipropionate augmented oint 0.05%	1	QL (120 gm every 25 days)
betamethasone dipropionate cream 0.05%	1	QL (120 gm every 25 days)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL every 25 days)
betamethasone valerate aerosol foam 0.12%	1	QL (120 gm every 25 days)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120 gm every 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mL every 25 days)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120 gm every 25 days)
clobetasol propionate cream 0.05%	1	QL (120 gm every 25 days)
clobetasol propionate cream 0.025%	1	QL (120 gm every 25 days)
clobetasol propionate emollient base cream 0.05%	1	QL (120 gm every 25 days)
clobetasol propionate foam 0.05%	1	QL (120 gm every 25 days)
clobetasol propionate gel 0.05%	1	QL (120 gm every 25 days)
clobetasol propionate lotion 0.05%	1	QL (120 mL every 25 days)
clobetasol propionate oint 0.05%	1	QL (120 gm every 25 days)
clobetasol propionate shampoo 0.05%	1	QL (120 mL every 25 days)
clobetasol propionate soln 0.05%	1	QL (120 mL every 25 days)
clobetasol propionate spray 0.05%	1	QL (120 mL every 25 days)
desonide cream 0.05%	1	QL (120 gm every 25 days)
desonide lotion 0.05%	1	QL (120 mL every 25 days)
desonide oint 0.05%	1	QL (120 gm every 25 days)
desoximetasone cream 0.05%	1	QL (120 gm every 25 days)
desoximetasone cream 0.25%	1	QL (120 gm every 25 days)
desoximetasone gel 0.05%	1	QL (120 gm every 25 days)
desoximetasone oint 0.25%	1	QL (120 gm every 25 days)
desoximetasone spray 0.25%	1	QL (120 mL every 25 days)
DUOBRII LOT	2	
ENSTILAR AER	2	PA

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide cream 0.01%	1	QL (120 gm every 25 days)
fluocinolone acetonide cream 0.025%	1	QL (120 gm every 25 days)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL every 25 days)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL every 25 days)
fluocinolone acetonide oint 0.025%	1	QL (120 gm every 25 days)
fluocinolone acetonide soln 0.01%	1	QL (120 mL every 25 days)
fluocinonide cream 0.05%	1	QL (120 gm every 25 days)
fluocinonide emulsified base cream 0.05%	1	QL (120 gm every 25 days)
fluocinonide gel 0.05%	1	QL (120 gm every 25 days)
fluocinonide oint 0.05%	1	QL (120 gm every 25 days)
fluocinonide soln 0.05%	1	QL (120 mL every 25 days)
fluticasone propionate cream 0.05%	1	QL (120 gm every 25 days)
fluticasone propionate lotion 0.05%	1	QL (120 mL every 25 days)
fluticasone propionate oint 0.005%	1	QL (120 gm every 25 days)
halcinonide soln 0.1%	1	QL (120 mL every 25 days)
halobetasol propionate cream 0.05%	1	QL (120 gm every 25 days)
halobetasol propionate foam 0.05%	1	QL (120 gm every 25 days)
halobetasol propionate oint 0.05%	1	QL (120 gm every 25 days)
hydrocortisone acetate cream 2.5%	1	
hydrocortisone butyrate cream 0.1%	1	QL (120 gm every 25 days)
hydrocortisone butyrate oint 0.1%	1	QL (120 gm every 25 days)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL every 25 days)
hydrocortisone cream 2.5%	1	QL (120 gm every 25 days)
hydrocortisone lotion 2.5%	1	QL (120 mL every 25 days)
hydrocortisone oint 2.5%	1	QL (120 gm every 25 days)
hydrocortisone soln 2.5%	1	QL (120 mL every 25 days)
hydrocortisone valerate cream 0.2%	1	QL (120 gm every 25 days)
hydrocortisone valerate oint 0.2%	1	QL (120 gm every 25 days)
mometasone furoate cream 0.1%	1	QL (120 gm every 25 days)
mometasone furoate oint 0.1%	1	QL (120 gm every 25 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL every 25 days)
pramoxine-hc cream 1-2.5%	1	
TACLONEX OIN	2	PA
TACLONEX SUS	2	PA
triamcinolone acetonide cream 0.1%	1	QL (120 gm every 25 days)
triamcinolone acetonide cream 0.5%	1	QL (120 gm every 25 days)
triamcinolone acetonide cream 0.025%	1	QL (120 gm every 25 days)
triamcinolone acetonide lotion 0.1%	1	QL (120 mL every 25 days)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL every 25 days)
triamcinolone acetonide oint 0.1%	1	QL (120 gm every 25 days)
triamcinolone acetonide oint 0.5%	1	QL (120 gm every 25 days)
triamcinolone acetonide oint 0.025%	1	QL (120 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 21 days)
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
HAIR GROWTH AGENTS		
LEQSELVI TAB 8MG	4	PA, QL (2 tabs every 1 day)
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
salicylic acid er film-forming soln 28.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid gel 6%	1	
salicylic acid shampoo 6%	1	
salicylic acid soln 26%	1	
LOCAL ANESTHETICS - TOPICAL		
ethyl chloride aerosol spray	1	
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections every 25 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (12 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (3 injections every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 4%	1	OTC
lidocaine patch 5%	1	PA, QL (3 ea every 1 day)
lidocaine patch 5%	1	PA, QL (3 patches every 1 day)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
ivermectin cream 1%	1	PA
metronidazole cream 0.75%	1	QL (60 gm every 25 days)
metronidazole gel 0.75%	1	QL (60 gm every 25 days)
metronidazole gel 1%	1	QL (60 gm every 25 days)
metronidazole lotion 0.75%	1	QL (60 mL every 25 days)
ORACEA CAP 40MG	1	Brand preferred over generic
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
TAR PRODUCTS		
coal tar soln 20%	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (150 strips every 30 days), OTC
ACCU-CHEK TES GUIDE	0	QL (150 strips every 30 days), OTC
ACCU-CHEK TES SMART	0	QL (150 strips every 30 days), OTC
hemoglobin a1c (hba1c) test kit	0	
RELION TRUE TES METRIX	0	OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	4	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	3	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 560/2.24	4	PA, QL (1 pen every 28 days)
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab delayed release 35 mg	1	
teriparatide soln pen-inj 560 mcg/2.24ml	3	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	4	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	4	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	4	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	4	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	4	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	4	PA, QL (1.67 mL every 1 day)
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	QL (10 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	QL (6 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	QL (60 vials every 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.48	4	QL (15 pens every 28 days)
GONAL-F RFF INJ 450/0.72	4	QL (10 pens every 28 days)
GONAL-F RFF INJ 900/1.44	4	QL (7 pens every 28 days)
OVIDREL INJ	4	Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	4	PA
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	3	
GANIRELIX AC INJ 250/0.5	4	PA; Brand preferred over generic
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA WR KIT 11.6MG	4	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SKYTROFA INJ 0.7MG	4	PA
SKYTROFA INJ 1.4MG	4	PA
SKYTROFA INJ 1.8MG	4	PA
SKYTROFA INJ 2.1MG	4	PA
SKYTROFA INJ 2.5MG	4	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tab 60 mg	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	2	
METABOLIC MODIFIERS		
betaine powder for oral solution	3	PA
betaine powder for oral solution	3	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	3	PA
carglumic acid soluble tab 200 mg	3	PA
cinacalcet hcl tab 30 mg (base equiv)	3	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 60 mg (base equiv)	3	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 90 mg (base equiv)	3	PA, QL (4 tabs every 1 day)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	4	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
nitisinone cap 2 mg	3	PA
nitisinone cap 5 mg	3	PA
nitisinone cap 10 mg	3	PA
nitisinone cap 20 mg	3	PA
ORFADIN CAP 2MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	4	PA, QL (672 gm very 30 days)
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 100 mg	3	PA
sapropterin dihydrochloride powder packet 100 mg	3	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	3	PA
sapropterin dihydrochloride powder packet 500 mg	3	PA
sapropterin dihydrochloride tab 100 mg	3	PA
sapropterin dihydrochloride tab 100 mg	3	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	3	PA, QL (798 gm every 30 days)
sodium phenylbutyrate tab 500 mg	3	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	4	PA
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	PA, QL (3 vials every 1 day)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	PA, QL (3 vials every 1 day)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	3	PA, QL (45 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	PA, QL (3 vials every 1 day)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	3	PA, QL (9 vials every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	3	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	3	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	3	PA, QL (3 syringes every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab 15 mg	3	PA
tolvaptan tab 30 mg	3	PA, QL (1 tab every 1 day)
tolvaptan tab therapy pack 15 mg	3	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 30 & 15 mg	3	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 45 & 15 mg	3	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 60 & 30 mg	3	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 90 & 30 mg	3	PA, QL (2 tabs every 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY	2	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
MYFEMBREE TAB	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ESTROGENS		
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	2	
CIPRO (10%) SUS 500MG/5	2	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab 1 mg (base equivalent)	1	
prucalopride succinate tab 2 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
chenodiol tab 250 mg	3	PA, QL (7 tabs every 1 day)
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium cap 750 mg	1	
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (4 syringes every 28 days); Preferred for non-radiographic axial spondyloarthritis
ENTYVIO INJ 300MG	4	PA, QL (1 vial every 56 days)
ENTYVIO PEN INJ 108/0.68	4	PA, QL (2 pens every 28 days)
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 500 mg	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	4	PA, QL (1 syringe every 21 days)
VELSIPITY TAB 2MG	4	PA, QL (1 tab every 1 day); Preferred agent for Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	2	PA
VIBERZI TAB 100MG	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	4	PA, QL (30 tablets per 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG	4	PA, QL (2 tabs every 1 day)
FILSPARI TAB 400MG	4	PA, QL (1 tab every 1 day)
VANRAFIA TAB 0.75MG	4	PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY STONE AGENTS		
tiopronin tab 100 mg	3	PA
tiopronin tab delayed release 100 mg	3	PA
tiopronin tab delayed release 100 mg	3	PA
tiopronin tab delayed release 300 mg	3	PA
tiopronin tab delayed release 300 mg	3	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	QL (2 caps every 1 day)
colchicine tab 0.6 mg	1	QL (120 tabs every 25 days)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
KRYSTEXXA INJ 8MG/50ML	4	PA
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALHEMO INJ 300/3ML	4	PA
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
HEMLIBRA INJ 300/2ML	4	PA
HEMLIBRA SOL 12/0.4ML	4	PA
SEVENFACT SOL 2MG	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	3	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	4	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	4	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	4	PA, QL (20 vials every 28 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)

Drug Name	Drug Tier	Requirements/Limits
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	4	PA, QL (1 pen every 30 days)
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB 300MG	4	PA, QL (60 tabs every 68 days)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syr every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syr every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (2 caps every 1 day)
miglustat cap 100 mg	3	PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
glutamine (sickle cell) powd pack 5 gm	3	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
FOLIC ACID/FOLATES		
folic acid tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET SPR CAP 10MG	4	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	4	PA
DOPTELET TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	4	PA, QL (3 tabs every 1 day)
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	PA, QL (4 packets every 1 day)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	3	PA, QL (6 packets every 1 day)
eltrombopag olamine tab 12.5 mg (base equiv)	3	PA, QL (2 tabs every 1 day)
eltrombopag olamine tab 25 mg (base equiv)	3	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 50 mg (base equiv)	3	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 75 mg (base equiv)	3	PA, QL (2 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syr every 28 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syr every 28 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA ONBO INJ 6MG/.6ML	4	PA
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (3.333 syringes every 28 days)
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tranexamic acid tab 650 mg	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
NON-BARBITURATE HYPNOTICS		
estazolam tab 1 mg	1	QL (15 tabs every 25 days)
estazolam tab 2 mg	1	QL (15 tabs every 25 days)
eszopiclone tab 1 mg	1	QL (15 tabs every 25 days)
eszopiclone tab 2 mg	1	QL (15 tabs every 25 days)
eszopiclone tab 3 mg	1	QL (15 tabs every 25 days)
temazepam cap 7.5 mg	1	QL (15 caps every 25 days)
temazepam cap 15 mg	1	QL (15 caps every 25 days)
temazepam cap 22.5 mg	1	QL (15 caps every 25 days)
temazepam cap 30 mg	1	QL (15 caps every 25 days)
triazolam tab 0.25 mg	1	QL (10 tabs every 25 days)
triazolam tab 0.125 mg	1	QL (10 tabs every 25 days)
zaleplon cap 5 mg	1	QL (15 caps every 25 days)
zaleplon cap 10 mg	1	QL (15 caps every 25 days)
zolpidem tartrate tab 5 mg	1	QL (15 tabs every 25 days)
zolpidem tartrate tab 10 mg	1	QL (15 tabs every 25 days)
zolpidem tartrate tab er 6.25 mg	1	QL (15 tabs every 25 days)
zolpidem tartrate tab er 12.5 mg	1	QL (15 tabs every 25 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab 8 mg	1	QL (15 tabs every 25 days)
tasimelteon capsule 20 mg	3	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	$0 copay for members age 45 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
lactulose oral crystal packet 10 gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	2	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	PA
fidaxomicin tab 200 mg	1	PA
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS 15 DAY	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
FASTCLIX MIS LANCETS	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA
OMNIPOD 5 L2 KIT INTRO G6	0	PA
OMNIPOD 5 L2 MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA
OMNIPOD DASH MIS PODS	0	PA
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
TWIIST KIT REFILL	0	PA
TWIIST KIT STARTER	0	PA
TWIIST REFIL KIT INFUSION	0	PA
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 30GX5MM	0	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC

Drug Name	Drug Tier	Requirements/Limits
BD ULTRAFINE PEN NEEDLES	0	OTC
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML	2	ST, QL (1 pen every 25 days)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen every 25 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens every 25 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes every 25 days)
QULIPTA TAB 10MG	2	ST, QL (30 tabs every 25 days)
QULIPTA TAB 30MG	2	ST, QL (30 tabs every 25 days)
QULIPTA TAB 60MG	2	ST, QL (30 tabs every 25 days)
UBRELVY TAB 50MG	2	ST, QL (16 ea every 25 days)
UBRELVY TAB 100MG	2	ST, QL (16 tabs every 25 days)
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 ea every 25 days)
almotriptan malate tab 6.25 mg	1	QL (12 tabs every 25 days)
almotriptan malate tab 12.5 mg	1	QL (12 ea every 25 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs every 25 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 ea every 25 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs every 25 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 ea every 25 days)

Drug Name	Drug Tier	Requirements/Limits
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs every 25 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tabs every 25 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 25 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 25 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs every 25 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs every 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tabs every 25 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs every 25 days)
sumatriptan nasal spray 5 mg/act	1	QL (24 inhalers every 25 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 25 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 injections every 25 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (18 injections every 25 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 injections every 25 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 injections every 25 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 injections every 25 days)
sumatriptan succinate tab 25 mg	1	QL (12 ea every 25 days)
sumatriptan succinate tab 50 mg	1	QL (12 ea every 25 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 25 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 inhalers every 25 days)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 ea every 25 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 25 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs every 25 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 25 days)
zolmitriptan tab 5 mg	1	QL (12 tabs every 25 days)

MINERALS & ELECTROLYTES

FLUORIDE

sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM		
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine cap 250 mg	3	ST
penicillamine tab 250 mg	3	
trientine hcl cap 250 mg	3	ST
IMMUNOMODULATORS		
lenalidomide cap 5 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 10 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 15 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 20 mg	0	PA, QL (21 caps every 21 days)
lenalidomide cap 25 mg	0	PA, QL (21 caps every 21 days)
lenalidomide caps 2.5 mg	0	PA, QL (1 cap every 1 day)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
VYVGART INJ HYTRULO	4	PA
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	2	
ASTAGRAF XL CAP 1MG	2	
ASTAGRAF XL CAP 5MG	2	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	2	

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT SUS 200MG/ML	2	
CELLCEPT TAB 500MG	2	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	4	PA, QL (1 syringe every 28 days)
ENVARSUS XR TAB 0.75MG	2	
ENVARSUS XR TAB 1MG	2	
ENVARSUS XR TAB 4MG	2	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
MYFORTIC TAB 180MG	2	
MYFORTIC TAB 360MG	2	
NEORAL CAP 25MG	2	
NEORAL CAP 100MG	2	
NEORAL SOL 100MG/ML	2	
PROGRAF CAP 0.5MG	2	
PROGRAF CAP 1MG	2	
PROGRAF CAP 5MG	2	
PROGRAF GRA 0.2MG	2	
PROGRAF GRA 1MG	2	
RAPAMUNE SOL 1MG/ML	2	
RAPAMUNE TAB 0.5MG	2	
RAPAMUNE TAB 1MG	2	
RAPAMUNE TAB 2MG	2	
SANDIMMUNE CAP 25MG	2	
SANDIMMUNE CAP 100MG	2	
SANDIMMUNE SOL 100MG/ML	2	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	2	
ZORTRESS TAB 0.25MG	2	
ZORTRESS TAB 0.75MG	2	
ZORTRESS TAB 1MG	2	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	4	PA, QL (4 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (90 ea every 25 days)
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DENTAL PRODUCTS		
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
MULTIVITAMINS		
PRENATAL VITAMINS		
COMPLETENATE CHW	2	
OB COMPLETE TAB	2	
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	1	
PRENATAL 19 CHW 29-1MG	2	

Drug Name	Drug Tier	Requirements/Limits
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	1	
SE-NATAL 19 CHW	2	
THRIVITE RX TAB 29-1MG	2	
WESCAP-PN CAP DHA	2	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	
baclofen oral soln 10 mg/5ml	1	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 15 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 250 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 25 days)
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles every 30 days)

Drug Name	Drug Tier	Requirements/Limits
olopatadine hcl nasal soln 0.6%	1	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 packages every 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 package every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	4	PA, QL (2 bottles (120 mg) every 24)
EVRYSDI TAB 5MG	4	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate ophth oint 1%	1	

Drug Name	Drug Tier	Requirements/Limits
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl ophth soln 1%	1	
homatropine hbr ophth soln 5%	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
MIOTICS		
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
ERYTHROMYCIN OIN 5MG/GM	2	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	2	
trifluridine ophth soln 1%	1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS MUL EMU 0.05% OP	2	PA, QL (1 bottle every 21 days)
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
azelastine hcl ophth soln 0.05%	1	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
TRYPTYR SOL 0.003%	4	PA, QL (60 vials every 25 days)
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
ANTI-CATAPLECTIC AGENTS		
SOD OXYBATE SOL 500MG/ML	4	PA, QL (18 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
XYWAV SOL 0.5GM/ML	4	PA, QL (540 mL every 28 days)
ANTIDEMENTIA AGENTS		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	2	PA
SAVELLA TAB 12.5MG	2	PA
SAVELLA TAB 25MG	2	PA
SAVELLA TAB 50MG	2	PA
SAVELLA TAB 100MG	2	PA
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	4	PA, QL (4 tabs every 1 day)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
tetrabenazine tab 12.5 mg	3	PA, QL (4 tabs every 1 day)
tetrabenazine tab 25 mg	3	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
dalfampridine tab er 12hr 10 mg	3	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	3	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	3	PA, QL (2 caps every 1 day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	3	PA, QL (2 ea every 1 day)
fingolimod hcl cap 0.5 mg (base equiv)	3	PA, QL (1 cap every 1 day)
glatiramer acetate soln prefilled syringe 20 mg/ml	3	PA, QL (1 injection every 1 day)

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate soln prefilled syringe 40 mg/ml	3	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pens every 28 days)
MAYZENT PAK STARTER	4	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	4	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	4	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	4	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	4	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	4	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	4	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	4	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	4	PA, QL (1 pack every 28 days)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
teriflunomide tab 7 mg	3	PA, QL (1 tab every 1 day)
teriflunomide tab 14 mg	3	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	4	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	4	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	4	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	
gabapentin (once-daily) tab 600 mg	1	
pregabalin tab er 24hr 82.5 mg	1	QL (2 tabs every 1 day)
pregabalin tab er 24hr 165 mg	1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
pregabalin tab er 24hr 330 mg	1	QL (2 tabs every 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 0.5 mg (base equiv)	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 1 mg (base equiv)	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	$0 limited to 2 treatment cycles/year
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	4	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	4	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	4	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	4	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	4	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	4	PA, QL (2 tabs every 1 day)
PULMOZYME SOL 1MG/ML	4	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	4	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	4	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	4	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	4	PA, QL (2 ea every 1 day)
TRIKAFTA TAB	4	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	3	PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	3	PA, QL (9 tabs every 1 day)
pirfenidone tab 801 mg	3	PA, QL (3 tabs every 1 day)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	QL (120 caps every 25 days)
tetracycline hcl cap 500 mg	1	QL (120 caps every 25 days)
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
dexlansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
dexlansoprazole cap delayed release 60 mg	1	QL (90 caps every year)

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.01%	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Brand preferred over generic
VAGINAL PROGESTINS		
progesterone vaginal insert 100 mg	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine inj 1 mg/ml (1:1000)	1	QL (6 inj every 300 days)
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	

Drug Name	Drug Tier	Requirements/Limits
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	QL (6 inj every 300 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (4 pens every 25 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (4 pens every 25 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (4 pens every 25 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (4 pens every 25 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	3	PA, QL (6 caps every 1 day)
droxidopa cap 200 mg	3	PA, QL (6 caps every 1 day)
droxidopa cap 300 mg	3	PA, QL (6 caps every 1 day)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	1	

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.