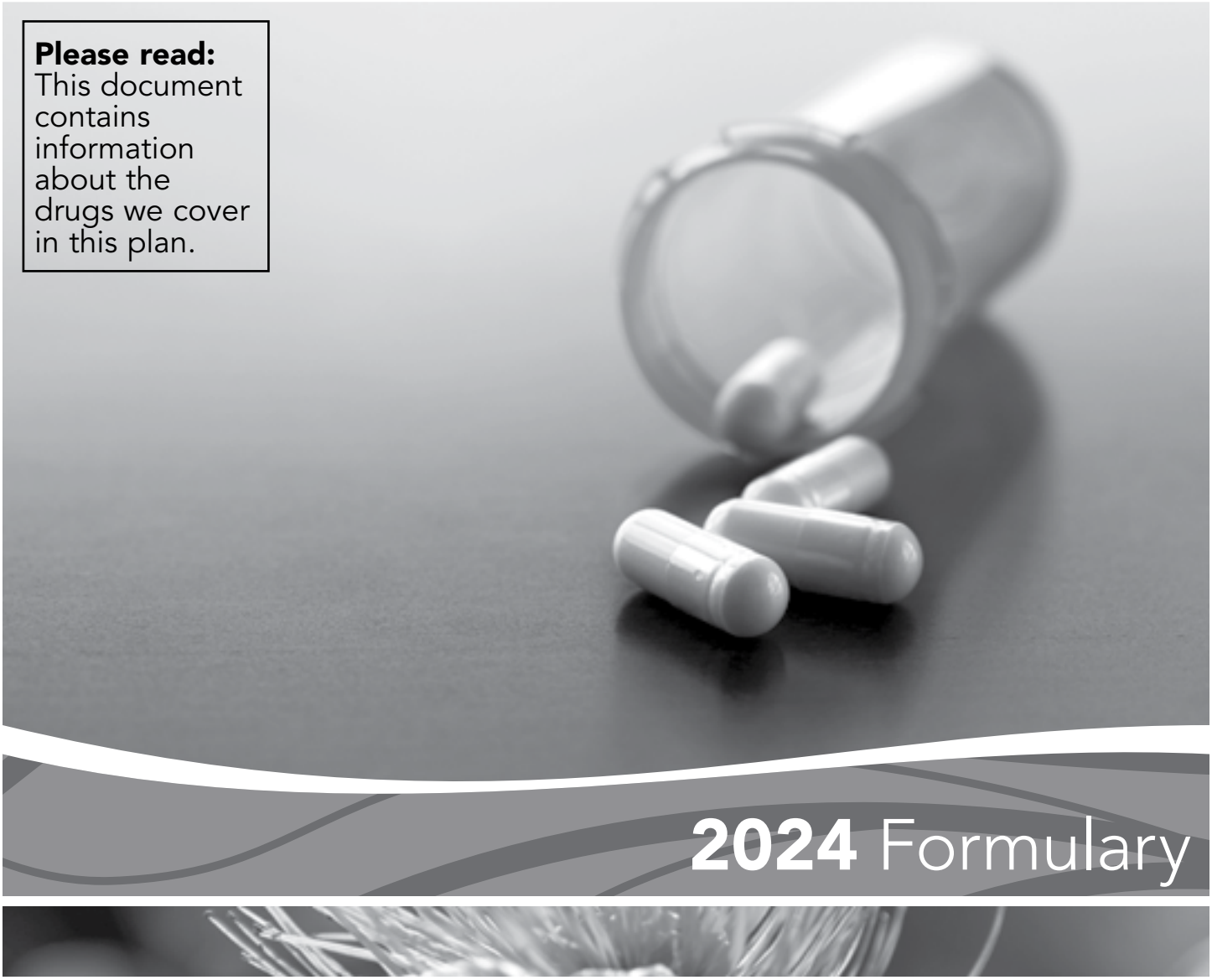
Please read:
This document contains information about the drugs we cover in this plan.



2024 Formulary

HMSA Akamai Advantage

Standard (PPO) • Standard Plus (PPO)
Complete (PPO) • Complete Plus (PPO)

List of Covered Drugs

Formulary ID 00024207, version 18

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact HMSA at (808) 948-6000 or 1 (800) 660-4672. TTY users, call 711. Telephone hours are 8 a.m. to 8 p.m., seven days a week. Or visit hmsa.com/advantage.

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MedicareRx
Prescription Drug Coverage

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

When this drug list (formulary) refers to "we," "us," or "our," it means HMSA. When it refers to "plan" or "our plan," it means HMSA Medicare Advantage.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

What is the HMSA Medicare Advantage Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the HMSA Medicare Advantage Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines.

  If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an

exception, and you can find information in the section below titled "How do I request an exception to the HMSA Medicare Advantage Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on Jan. 1 of the next year, such changes may affect you and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of Dec. 1, 2024. To get updated information about the drugs covered by HMSA Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages. We will inform members of any formulary changes to this comprehensive formulary through our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 54. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HMSA Medicare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HMSA Medicare Advantage before you fill your prescriptions. If you don't get approval, HMSA Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, HMSA Medicare Advantage limits the amount of the drug that HMSA Medicare Advantage will cover. For example, HMSA Medicare Advantage provides 30 tablets per 30 day supply for simvastatin 80mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HMSA Medicare Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HMSA Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HMSA Medicare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website.

We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HMSA Medicare Advantage to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the HMSA Medicare Advantage formulary?" on this page for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered. If you learn that HMSA Medicare Advantage does not cover your drug, you have two options:

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

How do I request an exception to the HMSA Medicare Advantage Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan.

If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Transition policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the section above, "How do I request an exception to HMSA's Medicare Advantage formulary?" to learn more about how to request an exception.

Please contact Customer Relations if your drug is not on our formulary, is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception.

During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan.

If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days).

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term care facility (like a nursing home), we will also cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long-term care (LTC) facility, or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in noncoverage of drugs previously covered by Medicare

Part D. For current members experiencing a level of care change, we will also cover a temporary 31-day transition supply as outlined above.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out-of-network, unless you qualify for out-of-network access.

For more information

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

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

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

HMSA Medicare Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HMSA Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

The first column of the chart lists the drug name. Brand-name drugs are capitalized and generic drugs are listed in lowercase italics.

The information in the requirements/limits column tells you if HMSA Medicare Advantage has any special requirements for coverage of your drug.

Drug tier index:

Tier 1 - Preferred Generic
Tier 2 - Generic
Tier 3 - Preferred Brand
Tier 4 - Nonpreferred Drug
Tier 5 - Specialty Tier

Please refer to the *Summary of Benefits* or *Evidence of Coverage* for the specific copayment or coinsurance amount associated with each tier. Our plan covers most Part D vaccines at no cost to you. You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Abbreviations used in this Formulary

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Medicare Advantage before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Medicare Advantage will cover.

ST – Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

NM – Not Available at Mail Order: These drugs are not available through HMSA's mail-order pharmacy, CVS Caremark®.

B/D – B or D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, consult your Provider Directory or call Customer Relations at the numbers listed on the back of this booklet.

LA – Limited Availability: This prescription may be available only at certain pharmacies. For more information, consult your Provider Directory or call Customer Relations at the numbers listed on the back of this booklet.

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (855) 479-3659, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg QL (120 tabs / 30 days)	2	QL
colchicine w/ probenecid tab 0.5-500 mg	2	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
probenecid TABS 500mg	2	
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	2	QL
celecoxib CAPS 400mg QL (30 caps / 30 days)	2	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	2	QL
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
diflunisal TABS 500mg	2	
ec-naproxen TBEC 375mg QL (120 tabs / 30 days)	2	QL
ec-naproxen TBEC 500mg QL (90 tabs / 30 days)	2	QL
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
flurbiprofen TABS 100mg	2	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	2	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	2	QL
naproxen dr TBEC 500mg QL (90 tabs / 30 days)	2	QL
naproxen sodium TABS 275mg, 550mg	2	
piroxicam CAPS 10mg, 20mg	2	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	2	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	2	QL PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	2	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	2	QL PA
methadone hydrochloride i CONC 10mg/ml QL (90 mL / 30 days)	2	QL PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	2	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	2	QL

Drug Name	Tier	Drug Requirements/ Limits
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg QL (360 tabs / 30 days)	2	QL
endocet tab 5-325mg QL (360 tabs / 30 days)	2	QL
endocet tab 7.5-325mg QL (240 tabs / 30 days)	2	QL
endocet tab 10-325mg QL (180 tabs / 30 days)	2	QL
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	2	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	2	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	2	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	2	QL
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	2	QL
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	2	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	2	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	2	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	2	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	4	
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	2	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	2	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	2	QL
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 7.5-325 mg QL (240 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	2	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	2	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	2	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	2	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	5	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	2	

Drug Name	Tier	Requirements/ Limits
atovaquone SUSP 750mg/5ml	2	
aztreonam SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM LA PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	2	
clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	2	
dapsone TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
ertapenem sodium SOLR 1gm	2	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	2	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
ivermectin TABS 3mg QL (12 tabs / 90 days)	2	QL PA
linezolid SOLN 600mg/300ml	2	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	2	QL
LINEZOLID INJ 2MG/ML	2	
meropenem SOLR 1gm, 500mg	2	
methenamine hippurate TABS 1gm	2	
metronidazole SOLN 500mg/100ml	2	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	5	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	2	B/D
pentamidine isethionate inj SOLR 300mg	2	
praziquantel TABS 600mg	2	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
streptomycin sulfate SOLR 1gm	5	
sulfadiazine TABS 500mg	5	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Last updated: 12/1/2024

Drug Name	Tier	Drug Requirements/ Limits
tobramycin NEBU 300mg/5ml	5	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
trimethoprim TABS 100mg	2	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	2	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	2	QL
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	2	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	2	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	2	
griseofulvin ultramicrosize TABS 125mg, 250mg	2	
itraconazole CAPS 100mg	2	PA
ketoconazole TABS 200mg	2	PA
micafungin sodium SOLR 50mg, 100mg	5	
nystatin TABS 500000unit	2	
posaconazole SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
posaconazole TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
terbinafine hcl TABS 250mg QL (90 tabs / year)	1	QL
voriconazole SOLR 200mg	2	PA
voriconazole SUSR 40mg/ml	5	PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	2	QL PA
voriconazole TABS 200mg QL (120 tabs / 30 days)	2	QL PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	2	
primaquine phosphate TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	2	
APTIVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	2	
darunavir TABS 600mg QL (60 tabs / 30 days)	5	QL
darunavir TABS 800mg QL (30 tabs / 30 days)	5	QL
EDURANT TABS 25mg	5	
efavirenz TABS 600mg	2	
emtricitabine CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium TABS 700mg	5	
FUZEON SOLR 90mg	5	LA
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Last updated: 12/1/2024

Drug Name	Drug Requirements/ Tier	Limits
ISENTRESS HD TABS 600mg	5	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	2	
maraviroc TABS 150mg, 300mg	5	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	2	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
SUNLENCA TBPK 300mg	5	LA
tenofovir disoproxil fumarate TABS 300mg	2	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
lamivudine-zidovudine tab 150-300 mg	2	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	
lopinavir-ritonavir tab 100-25 mg	2	
lopinavir-ritonavir tab 200-50 mg	2	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	2	

Drug Name	Tier	Requirements/ Limits
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NM LA PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir SUSP 200mg/5ml	2	
acyclovir sodium SOLN 50mg/ml	2	B/D
adefovir dipivoxil TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	
entecavir TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NM PA
EPCLUSA PAK 200-50MG	5	NM PA
EPCLUSA TAB 200-50MG	5	NM PA
EPCLUSA TAB 400-100	5	NM PA
famciclovir TABS 125mg, 250mg, 500mg	2	
ganciclovir sodium SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM PA
HARVONI PAK 45-200MG	5	NM PA
HARVONI TAB 45-200MG	5	NM PA
HARVONI TAB 90-400MG	5	NM PA
lamivudine (hbv) TABS 100mg	2	
MAVYRET PAK 50-20MG	5	NM PA
MAVYRET TAB 100-40MG	5	NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	2	QL
oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)	2	QL
oseltamivir phosphate SUSR 6mg/ml QL (1080 mL / year)	2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 30 days) $0 Cost Share	3	QL
PAXLOVID TAB 300-100 QL (60 tabs / 30 days) $0 Cost Share	3	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	2	NM
rimantadine hydrochloride TABS 100mg	2	
valacyclovir hcl TABS 1gm, 500mg	2	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	2	
VEMLIDY TABS 25mg	5	
VOSEVI TAB	5	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
CEFAZOLIN INJ 3GM/150ML-4%	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
cefepime hcl SOLR 1gm, 2gm	2	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	

Drug Name	Drug Tier	Requirements/ Limits
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftazidime SOLR 1gm, 2gm, 6gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	2	
tazicef SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	2	
ery-tab TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate TABS 400mg	2	
erythromycin lactobionate SOLR 500mg	2	

Drug Name	Drug Tier	Requirements/ Limits
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	2	
ciprofloxacin 400 mg/200ml in d5w	2	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	2	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	2	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	2	
moxifloxacin hcl TABS 400mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	

Drug Name	Tier	Drug Requirements/ Limits
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	2	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	2	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	2	
nafcillin sodium SOLR 1gm, 2gm	2	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	2	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	2	
penicillin g sodium SOLR 5000000unit	2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
TETRACYCLINES		
doxy 100 SOLR 100mg	2	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	2	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
minocycline hcl CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM LA
tetracycline hcl CAPS 250mg, 500mg	2	PA
tigecycline SOLR 50mg	5	
ANTINEOPLASTIC AGENTS ***ALKYLATING AGENTS***		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D NM
BENDEKA SOLN 100mg/4ml	5	B/D NM LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
cyclophosphamide SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	

Drug Name	Tier	Requirements/ Limits
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
oxaliplatin SOLR 100mg	5	B/D
paraplatin SOLN 1000mg/100ml	2	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	2	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	2	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	B/D NM
cytarabine SOLN 20mg/ml	2	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	QL NM LA PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	QL NM LA PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	QL NM LA PA
mercaptopurine TABS 50mg	2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	QL NM LA PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM LA
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	QL NM LA PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	QL NM LA PA
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	QL NM LA PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	QL NM LA PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM PA
FIRMAGON SOLR 120mg/vial	5	NM PA
fulvestrant SOSY 250mg/5ml	5	B/D
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	2	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM PA
LYSODREN TABS 500mg	5	NM LA
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	QL NM LA PA
ORGOVYX TABS 120mg	5	NM LA PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	QL NM LA PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	QL NM LA PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	2	
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	QL NM LA PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	QL NM LA PA

Drug Name	Tier	Requirements/ Limits
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	QL NM LA PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM LA PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	QL NM LA PA
bexarotene CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	QL NM LA PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
MATULANE CAPS 50mg	5	NM LA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM LA PA

Drug Name	Tier	Requirements/ Limits
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	2	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	QL NM LA PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	QL NM LA PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	QL NM LA PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	QL NM LA PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	QL NM LA PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	QL NM LA PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	QL NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg	5	NM PA
bortezomib SOLR 3.5mg	5	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	5	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	QL NM LA PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	QL NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	QL NM LA PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	QL NM LA PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	QL NM LA PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	QL NM LA PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	QL NM LA PA
dasatinib TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	QL NM LA PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	QL NM LA PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
everolimus TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
everolimus TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM LA PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	QL NM LA PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	QL NM LA PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	QL NM LA PA
gefitinib TABS 250mg QL (30 tabs / 30 days)	5	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	QL NM LA PA
HERCEP HYLEC SOL 60-10000	5	NM LA PA
HERCEPTIN SOLR 150mg	5	NM LA PA
HERZUMA SOLR 150mg, 420mg	5	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
imatinib mesylate TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
imatinib mesylate TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL NM LA PA

Drug Name	Tier	Requirements/ Limits
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5	QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL NM LA PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	5	QL NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL NM LA PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	QL NM LA PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
KADCYLA SOLR 100mg, 160mg	5	B/D NM LA
KANJINTI SOLR 150mg, 420mg	5	NM LA PA
KEYTRUDA SOLN 100mg/4ml	5	NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	QL NM LA PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	QL NM LA PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	QL NM LA PA
lapatinib ditosylate TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	5	QL NM LA PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	5	QL NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM LA PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	QL NM LA PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	QL NM LA PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	QL NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM LA PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	QL NM LA PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	QL NM LA PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	QL NM LA PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	QL NM LA PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	QL NM LA PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	QL NM LA PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	QL NM LA PA
MONJUVI SOLR 200mg	5	NM LA PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	QL NM LA PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Drug Name	Tier	Requirements/ Limits
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	QL NM LA PA
OGIVRI SOLR 150mg, 420mg	5	NM LA PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	5	QL NM LA PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	QL NM LA PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	QL NM LA PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	QL NM LA PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	QL NM LA PA
ONTRUZANT SOLR 150mg, 420mg	5	NM LA PA
pazopanib hcl TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	QL NM LA PA
PHESGO SOL	5	NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	QL NM LA PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	5	QL NM LA PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	5	QL NM LA PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	QL NM LA PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	5	QL NM LA PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	QL NM LA PA
ROZLYTREK CAPS 100mg QL (150 caps / 30 days)	5	QL NM LA PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5	QL NM LA PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5	QL NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM LA PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	5	QL NM PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	QL NM LA PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5	QL NM LA PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	5	QL NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM LA PA

Drug Name	Tier	Requirements/ Limits
TASIGNA CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	5	QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM LA PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	QL NM LA PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	QL NM LA PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5	QL NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5	QL NM LA PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5	QL NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	QL NM LA PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL NM LA PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5	QL NM LA PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5	QL NM LA PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5	QL NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL NM LA PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	5	QL NM LA PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	5	QL NM LA PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	5	QL NM LA PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	5	QL NM LA PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	5	QL NM LA PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	QL NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	5	QL NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	5	QL NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	5	QL NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	5	QL NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5	QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5	QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5	QL NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	5	QL NM LA PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5	QL NM LA PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	
CARDIOVASCULAR ***ACE INHIBITOR COMBINATIONS***		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 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	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	

Drug Name	Drug Tier	Requirements/ Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg QL (30 tabs / 30 days)	1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	3	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	3	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	3	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	1	QL
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	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	1	QL
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	2	
flecainide acetate TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
pacerone TABS 100mg, 400mg	2	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
quinidine sulfate TABS 200mg, 300mg	2	
sorine TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	2	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	
colesevelam hcl PACK 3.75gm; TABS 625mg	2	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	2	
ezetimibe TABS 10mg	2	
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	2	QL
omega-3-acid ethyl esters cap 1 gm	2	PA
prevalite PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM PA
VASCEPA CAPS .5gm, 1gm	3	

Drug Name	Drug Requirements/ Tier	Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 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	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	2	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	2	
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	2	QL
pindolol TABS 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/ Limits
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
nicardipine hcl CAPS 20mg, 30mg	2	
nifedipine TB24 30mg, 60mg, 90mg	2	
nimodipine CAPS 30mg	2	
NYMALIZE SOLN 6mg/ml	5	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	2	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	2	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	4	QL
CORLANOR TABS 5mg, 7.5mg QL (60 tabs / 30 days)	4	QL

Drug Name	Tier	Requirements/ Limits
digoxin SOLN .05mg/ml, .25mg/ml	2	
digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
droxidopa CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	2	
guanfacine hcl TABS 1mg, 2mg PA if 70 years and older	3	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	
ivabradine hcl TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
metyrosine CAPS 250mg	5	NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	2	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM LA PA
ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	2	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM LA PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	2	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	2	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	2	QL
lorazepam SOLN 2mg/ml, 4mg/ml	2	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	2	QL
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	2	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	2	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	2	PA
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	2	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	2	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	2	QL
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	2	QL
citalopram hydrobromide SOLN 10mg/5ml	2	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
duloxetine hcl CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
escitalopram oxalate SOLN 5mg/5ml	2	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	2	
imipramine hcl TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
mirtazapine TABS 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	
phenelzine sulfate TABS 15mg	2	

Drug Name	Tier	Requirements/ Limits
protriptyline hcl TABS 5mg, 10mg	4	
sertraline hcl CONC 20mg/ml	2	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	2	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
vilazodone hcl TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	QL LA PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	QL LA PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	2	QL
amantadine hcl SOLN 50mg/5ml; TABS 100mg	2	
benztropine mesylate SOLN 1mg/ml	2	
benztropine mesylate TABS .5mg, 1mg, 2mg PA if 70 years and older	2	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	2	
carb/levo orally disintegrating tab 10-100mg	2	
carb/levo orally disintegrating tab 25-100mg	2	
carb/levo orally disintegrating tab 25-250mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
entacapone TABS 200mg	2	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL NM LA PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS .5mg, 1mg QL (30 tabs / 30 days)	2	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	2	
trihexyphenidyl hcl SOLN .4mg/ml PA if 70 years and older	3	PA

Drug Name	Drug Requirements/ Tier	Limits
trihexyphenidyl hcl TABS 2mg, 5mg PA if 70 years and older	2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	2	QL
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	2	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	2	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
clozapine TABS 25mg, 50mg	2	
clozapine TABS 100mg QL (270 tabs / 30 days)	2	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	2	QL
clozapine TBDP 12.5mg, 25mg	2	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	2	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	2	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA
FANAPT PAK QL (2 packs / year)	4	QL PA
fluphenazine decanoate SOLN 25mg/ml	2	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	2	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	2	QL
lurasidone hcl TABS 80mg QL (60 tabs / 30 days)	2	QL
molindone hcl TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
olanzapine SOLR 10mg QL (3 vials / 1 day)	2	QL
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	2	QL
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
paliperidone TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	2	QL
paliperidone TB24 6mg QL (60 tabs / 30 days)	2	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
pimozide TABS 1mg, 2mg	2	
quetiapine fumarate TABS 25mg QL (180 tabs / 30 days)	2	QL
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL
quetiapine fumarate TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	2	QL PA
quetiapine fumarate TB24 150mg, 200mg QL (30 tabs / 30 days)	2	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	QL
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	2	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	2	QL
risperidone TBDP 4mg QL (120 tabs / 30 days)	2	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	2	QL
risperidone microspheres SRER 12.5mg, 25mg QL (2 injections / 28 days)	2	QL
risperidone microspheres SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	4	QL
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	2	QL
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	2	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	5	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

Last updated: 12/1/2024

Drug Name	Drug Requirements/ Tier	Limits
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	2	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	2	QL PA
clonazepam TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	2	QL
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	2	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	2	QL PA
diazepam TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	2	
diazepam inj SOLN 5mg/ml	2	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older after a 5 day supply in a calendar year	2	QL PA
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM LA PA
epitol TABS 200mg	2	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	2	
felbamate SUSP 600mg/5ml	5	
felbamate TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
gabapentin CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
gabapentin SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	2	QL

Drug Name	Tier	Drug Requirements/ Limits
gabapentin TABS 600mg QL (180 tabs / 30 days)	2	QL
gabapentin TABS 800mg QL (120 tabs / 30 days)	2	QL
lacosamide SOLN 200mg/20ml	2	
lacosamide TABS 50mg QL (120 tabs / 30 days)	2	QL
lacosamide TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	2	QL
lacosamide oral SOLN 10mg/ml QL (1200 mL / 30 days)	2	QL
lamotrigine CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	4	
methsuximide CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA if 70 years and older	4	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4	PA
phenytek CAPS 200mg, 300mg	2	
phenytoin CHEW 50mg; SUSP 125mg/5ml	2	
phenytoin sodium SOLN 50mg/ml	2	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	2	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL PA
pregabalin CAPS 200mg QL (90 caps / 30 days)	2	QL PA
pregabalin CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL PA
pregabalin SOLN 20mg/ml QL (900 mL / 30 days)	2	QL PA
primidone TABS 50mg, 125mg, 250mg	1	
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
rufinamide TABS 200mg QL (480 tabs / 30 days)	2	QL PA
rufinamide TABS 400mg QL (240 tabs / 30 days)	5	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	2	
topiramate CPSP 15mg, 25mg	2	
topiramate TABS 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Tier	Requirements/ Limits
valproate sodium SOLN 100mg/ml, 250mg/5ml	2	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
vigabatrin PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
vigabatrin TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
vigadrone PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
vigadrone TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	QL NM LA PA
vigpoder PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	QL PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM LA PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	2	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	2	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	2	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	2	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	2	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	2	QL PA
amphetamine-dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	2	QL PA
amphetamine-dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	2	QL PA
amphetamine-dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	2	QL PA
amphetamine-dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	2	QL PA
amphetamine-dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	2	QL PA

Drug Name	Tier	Drug Requirements/ Limits
amphetamine-dextroamphetamine tab 20 mg	2	QL PA
QL (90 tabs / 30 days)		
amphetamine-dextroamphetamine tab 30 mg	2	QL PA
QL (60 tabs / 30 days)		
atomoxetine hcl CAPS 10mg, 18mg, 25mg	2	QL
QL (120 caps / 30 days)		
atomoxetine hcl CAPS 40mg	2	QL
QL (60 caps / 30 days)		
atomoxetine hcl CAPS 60mg, 80mg, 100mg	2	QL
QL (30 caps / 30 days)		
dexmethylphenidate hcl TABS 2.5mg, 5mg	2	QL PA
QL (120 tabs / 30 days)		
dexmethylphenidate hcl TABS 10mg	2	QL PA
QL (60 tabs / 30 days)		
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL PA
QL (30 tabs / 30 days)		
PA if 70 years and older		
guanfacine hcl (adhd) TB24 3mg	3	QL PA
QL (60 tabs / 30 days)		
PA if 70 years and older		
methylphenidate hcl SOLN 5mg/5ml	2	QL PA
QL (1800 mL / 30 days)		
methylphenidate hcl SOLN 10mg/5ml	2	QL PA
QL (900 mL / 30 days)		
methylphenidate hcl TABS 5mg, 10mg	2	QL PA
QL (180 tabs / 30 days)		
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	2	QL PA
QL (90 tabs / 30 days)		
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL
QL (30 tabs / 30 days)		
doxepin hcl (sleep) TABS 3mg, 6mg	2	QL
QL (30 tabs / 30 days)		

Drug Name	Tier	Drug Requirements/ Limits
tasimelteon CAPS 20mg	5	QL NM PA
QL (30 caps / 30 days)		
temazepam CAPS 7.5mg, 30mg	2	QL PA
QL (30 caps / 30 days)		
PA if 65 years and older		
temazepam CAPS 15mg	2	QL PA
QL (60 caps / 30 days)		
PA if 65 years and older		
zolpidem tartrate TABS 5mg, 10mg	2	QL PA
QL (30 tabs / 30 days)		
PA applies if 70 years and older after a 90 day supply in a calendar year		
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL NM PA
QL (1 pen / 30 days)		
dihydroergotamine mesylate SOLN 1mg/ml	5	
dihydroergotamine mesylate SOLN 4mg/ml	5	QL PA
QL (8 mL / 30 days)		
ergotamine w/ caffeine tab 1-100 mg	2	QL PA
QL (40 tabs / 28 days)		
naratriptan hcl TABS 1mg, 2.5mg	2	QL
QL (12 tabs / 30 days)		
NURTEC TBDP 75mg	3	QL PA
QL (16 tabs / 30 days)		
QULIPTA TABS 10mg, 30mg, 60mg	3	QL PA
QL (30 tabs / 30 days)		
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL
QL (18 tabs / 30 days)		
sumatriptan SOLN 5mg/act	2	QL
QL (24 units / 30 days)		
sumatriptan SOLN 20mg/act	2	QL
QL (12 units / 30 days)		
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL
QL (18 injections / 30 days)		

Drug Name	Tier	Requirements/ Limits
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	2	QL
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	QL NM PA
lithium SOLN 8meq/5ml	2	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
pyridostigmine bromide TABS 60mg	2	
riluzole TABS 50mg	2	
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
dalfampridine TB12 10mg QL (60 tabs / 30 days)	2	QL NM PA
fingolimod hcl CAPS .5mg QL (30 caps / 30 days)	5	QL NM PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	5	QL NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg QL (90 tabs / 30 days)	2	QL
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (60 tabs / 30 days)	2	QL PA
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	2	QL PA
modafinil TABS 100mg QL (30 tabs / 30 days)	2	QL PA
modafinil TABS 200mg QL (60 tabs / 30 days)	2	QL PA

Drug Name	Tier	Drug Requirements/ Limits
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	2	
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	2	QL PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (90 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (90 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (60 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	2	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	2	QL
disulfiram TABS 250mg, 500mg	2	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	2	QL PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	2	QL PA
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	5	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	2	QL PA
testosterone GEL 1.62% QL (150 gm / 30 days)	2	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg QL (90 tabs / 30 days)	1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30 (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	3	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	3	
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	2	B/D
ibandronate sodium TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM PA
XGEVA SOLN 120mg/1.7ml	5	NM PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	

Drug Name	Drug Tier	Requirements/ Limits
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NM PA
deferasirox TABS 90mg	2	NM PA
kionex SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
chateal eq	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	2	
emzahh TABS .35mg	2	
enilloring	2	
enpresse-28	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
falmina	2	
hailey 1.5/30	2	
haloette	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
leena	2	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	

Drug Name	Drug Requirements/ Tier	Limits
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora 0.15/30-28	2	
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	2	
low-ogestrel	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
nymyo	2	
ocella	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trivora-28	2	
turqoz	2	
velivet	2	
vestura	2	
vienva	2	

Drug Name	Tier	Drug Requirements/ Limits
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
xulane	2	
zafemy	2	
zovia 1/35	2	
zumandimine	2	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	5	PA
ESTROGENS		
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	2	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem TABS 10mcg	2	

Drug Name	Tier	Drug Requirements/ Limits
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	B/D
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	2	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	2	
hydrocortisone sod succinate SOLR 100mg	2	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	2	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	2	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	2	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	2	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	

Drug Name	Tier	Requirements/ Limits
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM LA PA
betaine powder for oral solution	5	NM LA
cabergoline TABS .5mg	2	
carglumic acid TBSO 200mg	5	NM LA PA
CERDELGA CAPS 84mg	5	NM LA PA
CEREZYME SOLR 400unit	5	NM LA PA
cinacalcet hcl TABS 30mg, 60mg QL (60 tabs / 30 days)	2	B/D QL NM
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM LA PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	2	
desmopressin acetate spray SOLN .01%	2	
desmopressin acetate spray refrigerated SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM LA PA
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM LA PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM LA PA
KORLYM TABS 300mg	5	NM LA PA
lanreotide acetate SOLN 120mg/0.5ml	5	NM PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM LA PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM PA
mifepristone (hyperglycemia) TABS 300mg	5	NM PA
miglustat CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
NAGLAZYME SOLN 1mg/ml	5	NM LA PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
raloxifene hcl TABS 60mg	2	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM LA PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM LA PA
yargesa CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	2	QL
calcium acetate (phosphate binder) TABS 667mg QL (360 tabs / 30 days)	2	QL
lanthanum carbonate CHEW 500mg, 1000mg QL (90 tabs / 30 days)	2	QL
lanthanum carbonate CHEW 750mg QL (180 tabs / 30 days)	2	QL

Drug Name	Tier	Requirements/ Limits
sevelamer carbonate PACK 2.4gm QL (180 packets / 30 days)	2	QL
sevelamer carbonate PACK .8gm QL (540 packets / 30 days)	2	QL
sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)	2	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	2	
progesterone CAPS 100mg, 200mg	2	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	2	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	2	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL ***ANTIEMETICS***		
aprepitant CAPS 40mg, 80mg, 125mg	2	B/D
aprepitant capsule therapy pack 80 & 125 mg	2	B/D
compro SUPP 25mg	2	
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	2	B/D QL
granisetron hcl SOLN 1mg/ml, 4mg/4ml	2	
granisetron hcl TABS 1mg	2	B/D
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	2	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
prochlorperazine SUPP 25mg	2	
prochlorperazine edisylate SOLN 10mg/2ml	2	
prochlorperazine maleate TABS 5mg, 10mg	2	

Drug Name	Tier	Drug Requirements/ Limits
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	2	PA
promethazine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
scopolamine PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	
dicyclomine hcl SOLN 10mg/5ml	4	
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	2	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	2	QL
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
famotidine SUSR 40mg/5ml QL (300 mL / 30 days)	2	QL
famotidine TABS 20mg QL (120 tabs / 30 days)	1	QL
famotidine TABS 40mg QL (60 tabs / 30 days)	1	QL
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
nizatidine CAPS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	2	
budesonide CPEP 3mg QL (90 caps / 30 days)	2	QL PA
budesonide TB24 9mg QL (30 tabs / 30 days)	5	QL PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	2	
mesalamine CP24 .375gm QL (120 caps / 30 days)	2	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	2	QL
mesalamine ENEM 4gm; SUPP 1000mg	2	
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	2	QL
mesalamine w/ cleanser KIT 4gm	2	
sulfasalazine TABS 500mg; TBEC 500mg	2	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg QL (60 tabs / 30 days)	5	QL PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
loperamide hcl CAPS 2mg	2	
misoprostol TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL

Drug Name	Tier	Drug Requirements/ Limits
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	QL PA
sucralfate TABS 1gm	2	
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	QL NM LA PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	2	QL ST
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	2	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	2	
pantoprazole sodium TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	1	QL
dutasteride CAPS .5mg QL (30 caps / 30 days)	2	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)	2	QL
finasteride TABS 5mg QL (30 tabs / 30 days)	1	QL
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	2	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	4	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	2	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	2	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	2	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	2	QL
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	2	QL ST
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	2	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	2	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	2	
metronidazole vaginal GEL .75%	2	

Drug Name	Drug Tier	Requirements/ Limits
terconazole vaginal CREA .4%, .8%; SUPP 80mg	2	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	2	QL
dabigatran etexilate mesylate CAPS 110mg QL (120 caps / 30 days)	2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
fondaparinux sodium SOLN 2.5mg/0.5ml	2	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NACL INJ 25000UNT	3	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	QL NM LA PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	QL NM LA PA
anagrelide hcl CAPS .5mg, 1mg	2	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM LA PA
cilostazol TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM LA PA
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
l-glutamine (sickle cell) PACK 5gm	5	NM PA
pentoxifylline TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM LA PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
prasugrel hcl TABS 5mg, 10mg	2	
IMMUNOLOGIC AGENTS ***AUTOIMMUNE AGENTS***		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	5	QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
INFLIXIMAB SOLR 100mg	5	NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	5	QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	5	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL NM PA
REMICADE SOLR 100mg	5	NM LA PA
RENFLEXIS SOLR 100mg	5	NM LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	5	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL NM PA
SKYRIZI SOLN 600mg/10ml QL (12 vials / 365 days)	5	QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM LA PA
STELARA SOLN 130mg/26ml	5	NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM LA PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	5	QL NM LA PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	5	QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	5	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
methotrexate sodium TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM LA PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM LA PA
ARCALYST SOLR 220mg	5	NM LA PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
azathioprine TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	5	NM LA PA
cyclosporine CAPS 25mg, 100mg	2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	2	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM LA PA
SANDIMMUNE SOLN 100mg/ml	4	B/D
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	2	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	2	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM
ACTHIB INJ	1	NM
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	NM
BOOSTRIX INJ	1	
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
DENGVAXIA SUS	1	NM
DIP/TET PED INJ 25-5LFU	1	B/D NM
ENGERIX-B SUSP 20mcg/ml	1	B/D NM
ENGERIX-B SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	NM
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	NM
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D NM
HIBERIX SOLR 10mcg	1	NM
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	NM
IPOL INJ INACTIVE	1	NM
IXCHIQ INJ	1	NM
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM

Drug Name	Drug Requirements/ Tier	Limits
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D NM
PRIORIX INJ	1	NM
PROQUAD INJ	1	NM
QUADRACEL INJ	1	NM
QUADRACEL INJ 0.5ML	1	NM
RABAVERT INJ	1	B/D NM
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	1	B/D NM
RECOMBIVAX HB SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
TDVAX INJ 2-2 LF	1	B/D NM
TENIVAC INJ 5-2LF	1	B/D NM
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	NM
TRUMENBA INJ	1	NM
TWINRIX INJ	1	NM
TYPHIM VI SOLN 25mcg/0.5ml	1	NM
TYPHIM VI SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	NM
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	NM
YF-VAX INJ	1	NM
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	2	
dextrose 5% in lactated ringers	2	
dextrose 5% w/ sodium chloride 0.2%	2	
dextrose 5% w/ sodium chloride 0.3%	2	
dextrose 5% w/ sodium chloride 0.9%	2	
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.225%	2	
dextrose 10% w/ sodium chloride 0.45%	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
lactated ringer's solution	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	

Drug Name	Drug Requirements/ Tier	Limits
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
MG SO4/D5W INJ 10MG/ML	3	
multiple electrolytes ph 5.5	2	
multiple electrolytes ph 7.4	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	2	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
potassium chloride TBCR 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	2	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	2	
dextrose SOLN 50%, 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC *ANTI-INFECTIVE/ANTI-INFLAMMATORY*		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
neo-polycin hc ophth oint 1%	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	2	

Drug Name	Drug Requirements/ Tier	Limits
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	2	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	2	
NATACYN SUSP 5%	4	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	2	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	2	
XDEMVY SOLN .25%	5	NM LA PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .07%, .075%	2	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
diclofenac sodium (ophth) SOLN .1%	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	2	
flurbiprofen sodium SOLN .03%	2	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
loteprednol etabonate SUSP .2%	2	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	1	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate SOLN .15%	2	
brinzolamide SUSP 1%	2	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	2	
timolol maleate (ophth) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	

Drug Name	Tier	Requirements/ Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NM LA PA
CYSTARAN SOLN .44%	5	NM LA PA
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
flac OIL .01%	2	
fluocinolone acetonide (otic) OIL .01%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin (otic) SOLN .3%	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	2	
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	3	PA
diphenhydramine hcl SOLN 50mg/ml	2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	4	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	3	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA if 70 years and older	3	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	2	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	2	QL

Drug Name	Tier	Requirements/ Limits
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	2	QL
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	2	
levalbuterol hcl NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
terbutaline sulfate TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg	2	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM LA PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	5	QL NM LA PA
cromolyn sodium NEBU 20mg/2ml	2	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	2	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NM LA PA
FASENRA PEN SOAJ 30mg/ml	5	NM LA PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL NM LA PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL NM LA PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM LA PA
ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	5	QL NM LA PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL NM LA PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM LA PA
pirfenidone CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
pirfenidone TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
pirfenidone TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA
roflumilast TABS 250mcg QL (56 tabs / year)	2	QL
roflumilast TABS 500mcg QL (30 tabs / 30 days)	2	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM LA PA

Drug Name	Tier	Requirements/ Limits
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM LA PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	QL NM LA PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL NM LA PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	5	NM LA PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM LA PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	2	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	2	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	2	QL
wixela inhub QL (60 inhalations / 30 days)	2	QL
TOPICAL *DERMATOLOGY, ACNE*		
accutane CAPS 10mg, 20mg, 30mg, 40mg	2	PA
amnesteem CAPS 10mg, 20mg, 40mg	2	PA

Drug Name	Drug Requirements/ Tier	Limits
benzoyl peroxide-erythromycin gel 5-3% QL (46.6 gm / 30 days)	2	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	2	PA
clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	2	QL
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	2	QL
ery PADS 2% QL (60 pledgets / 30 days)	2	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	2	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	2	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	2	PA
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	2	QL
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	2	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	2	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	2	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	2	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	2	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	2	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	2	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	2	PA
calcipotriene CREA .005%; OINT .005% QL (120 gm / 30 days)	2	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	2	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	2	QL PA
tazarotene CREA .05%, .1% QL (60 gm / 30 days)	2	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
selenium sulfide LOTN 2.5%	2	

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL
betamethasone dipropionate (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	2	QL
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	2	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	2	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	2	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	2	QL
clobetasol propionate SOLN .05% QL (50 mL / 30 days)	2	QL
clobetasol propionate e CREA .05% QL (60 gm / 30 days)	2	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	2	QL
fluocinolone acetonide CREA .025%; OINT .025% QL (120 gm / 30 days)	2	QL
fluocinolone acetonide OIL .01% QL (118.28 mL / 30 days)	2	QL
fluocinolone acetonide SOLN .01% QL (90 mL / 30 days)	2	QL
fluocinonide CREA .05% QL (120 gm / 30 days)	2	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	2	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	2	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	2	QL
fluticasone propionate CREA .05%; OINT .005%	2	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	2	QL
hydrocortisone (topical) CREA 1%, 2.5%	1	
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%	2	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	2	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	2	QL PA
lidocaine PTCH 5% QL (3 patches / 1 day)	2	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	2	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	2	B/D QL
lidocan PTCH 5% QL (3 patches / 1 day)	2	QL PA
tridacaine ii PTCH 5% QL (3 patches / 1 day)	2	QL PA

Drug Name	Tier	Requirements/ Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	5	QL NM PA
diclofenac sodium (topical) GEL 1% QL (1000 gm / 30 days)	2	QL
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	2	QL
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	2	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	2	QL
hydrocortisone (rectal) CREA 1%, 2.5%	2	
imiquimod CREA 5% QL (24 packets / 30 days)	2	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	2	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	2	QL
nitroglycerin (intra-anal) OINT .4% QL (30 gm / 30 days)	2	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	2	QL
procto-med hc CREA 2.5%	2	
proctocort CREA 1%	2	
proctosol hc CREA 2.5%	2	
proctozone-hc CREA 2.5%	2	
RECTIV OINT .4% QL (30 gm / 30 days)	4	QL
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	2	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM LA PA

Drug Name	Tier	Requirements/ Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	2	QL
permethrin CREA 5% QL (60 gm / 30 days)	2	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
sodium chloride (gu irrigant) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	2	QL
kourzeq PSTE .1%	2	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	2	
triamcinolone acetonide (mouth) PSTE .1%	2	

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 660-4672 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 660-4672 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1 (800) 660-4672 (TTY: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1 (800) 660-4672 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1 (800) 660-4672 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 660-4672 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1 (800) 660-4672 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 660-4672 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 660-4672 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 660-4672 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إنني أقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لديني. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1 (800) 660-4672 (TTY: 711). هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 660-4672 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 660-4672 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 660-4672 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 660-4672 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 660-4672 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1 (800) 660-4672 (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

HAWAI'I MEDICAL SERVICE ASSOCIATION

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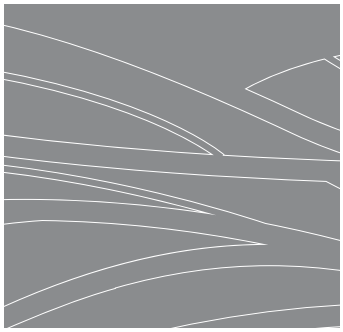
This formulary was updated on 12/01/2024. For more recent information or other questions, please contact HMSA.



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