

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

# 2026 Formulary



## HMSA Akamai Advantage

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

## List of Covered Drugs

Formulary ID 00026093, version 6

This formulary was updated on 10/01/2025. 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](https://hmsa.com/advantage).



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**MedicareRx**  
Prescription Drug Coverage

H3832\_8700\_1406800\_R6MAC967\_26\_C

**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 10/01/2025. 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, 2027, and from time to time during the year.

## **What is the HMSA Medicare Advantage formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 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. Updates to the formulary are posted monthly to our website [hmsa.com/advantage](https://hmsa.com/advantage).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription). If you are currently taking that brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the HMSA Medicare Advantage formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 60-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 would affect you and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. 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 56. 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** HMSA Medicare Advantage requires you or your prescriber 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 are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

## 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 a coverage restriction including prior authorization, step therapy, or a quantity limit 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 applying the restriction would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

## Transition policy

New members in our plan may be taking drugs that are not 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 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 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. 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.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that is not 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.

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](https://www.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 56.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DULERA) and generic drugs are listed in lowercase italics (e.g., lisinopril).

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

Some generics may appear on Tier 3 or Tier 4 depending on cost of other coverage factors. 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.

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.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANALGESICS</b>                                                              |                            |        |
| <b>GOUT</b>                                                                    |                            |        |
| <i>allopurinol</i> TABS 100mg, 300mg                                           | 1                          |        |
| <i>colchicine</i> TABS .6mg<br>QL (120 tabs / 30 days)                         | 3                          | QL     |
| <i>colchicine w/ probenecid tab</i><br>0.5-500 mg                              | 3                          |        |
| <i>probenecid</i> TABS 500mg                                                   | 3                          |        |
| <b>MISCELLANEOUS</b>                                                           |                            |        |
| <i>lidocaine hcl (local anesth.)</i><br>SOLN .5%, 1%, 1.5%, 2%                 | 3                          | B/D    |
| <b>NSAIDS</b>                                                                  |                            |        |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days)             | 3                          | QL     |
| <i>celecoxib</i> CAPS 400mg<br>QL (30 caps / 30 days)                          | 3                          | QL     |
| <i>diclofenac potassium</i> TABS 50mg<br>QL (120 tabs / 30 days)               | 2                          | QL     |
| <i>diclofenac sodium</i> TB24 100mg                                            | 3                          |        |
| <i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg                                 | 2                          |        |
| <i>diflunisal</i> TABS 500mg                                                   | 3                          |        |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 3                          |        |
| <i>flurbiprofen</i> TABS 100mg                                                 | 3                          |        |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                            | 1                          |        |
| <i>ibuprofen</i> SUSP 100mg/5ml                                                | 3                          |        |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg                                      | 1                          |        |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                              | 1                          |        |
| <i>nabumetone</i> TABS 500mg, 750mg                                            | 2                          |        |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                       | 1                          |        |
| <i>naproxen</i> TBEC 375mg<br>QL (120 tabs / 30 days)                          | 2                          | QL     |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                       | 3                          |        |
| <i>piroxicam</i> CAPS 10mg, 20mg                                               | 3                          |        |
| <i>sulindac</i> TABS 150mg, 200mg                                              | 2                          |        |

| Drug Name                                                                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                                   |                            |        |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | 4                          | QL PA  |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg<br>QL (30 tabs / 30 days)                                               | 4                          | QL PA  |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg<br>QL (30 tabs / 30 days)                                                               | 5                          | QL PA  |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                    | 3                          | QL PA  |
| <i>methadone hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                                           | 3                          | QL PA  |
| <i>methadone hydrochloride i</i> CONC 10mg/ml<br>QL (90 mL / 30 days)                                                                   | 3                          | QL PA  |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg<br>QL (90 tabs / 30 days)                                                   | 3                          | QL PA  |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                                                  |                            |        |
| <i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml<br>QL (2700 mL / 30 days)                                                            | 3                          | QL     |
| <i>acetaminophen w/ codeine</i> tab 300-15 mg<br>QL (400 tabs / 30 days)                                                                | 2                          | QL     |
| <i>acetaminophen w/ codeine</i> tab 300-30 mg<br>QL (360 tabs / 30 days)                                                                | 2                          | QL     |
| <i>acetaminophen w/ codeine</i> tab 300-60 mg<br>QL (180 tabs / 30 days)                                                                | 2                          | QL     |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                                                                                         | 4                          |        |
| <i>endocet tab</i> 2.5-325mg<br>QL (360 tabs / 30 days)                                                                                 | 3                          | QL     |
| <i>endocet tab</i> 5-325mg<br>QL (360 tabs / 30 days)                                                                                   | 3                          | QL     |
| <i>endocet tab</i> 7.5-325mg<br>QL (240 tabs / 30 days)                                                                                 | 3                          | QL     |

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



| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>endocet tab 10-325mg</i><br>QL (180 tabs / 30 days)                           | 3                          | QL     |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i><br>QL (2700 mL / 30 days)  | 4                          | QL     |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i><br>QL (240 tabs / 30 days)         | 3                          | QL     |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i><br>QL (180 tabs / 30 days)       | 3                          | QL     |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)        | 3                          | QL     |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i><br>QL (150 tabs / 30 days)           | 3                          | QL     |
| <i>hydromorphone hcl LIQD 1mg/ml</i><br>QL (600 mL / 30 days)                    | 4                          | QL     |
| <i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i><br>QL (180 tabs / 30 days)           | 3                          | QL     |
| <i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>                     | 4                          | B/D    |
| <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i><br>QL (900 mL / 30 days)         | 3                          | QL     |
| <i>morphine sulfate SOLN 100mg/5ml</i><br>QL (180 mL / 30 days)                  | 3                          | QL     |
| <i>morphine sulfate TABS 15mg, 30mg</i><br>QL (180 tabs / 30 days)               | 3                          | QL     |
| <i>oxycodone hcl CONC 100mg/5ml</i><br>QL (180 mL / 30 days)                     | 4                          | QL     |
| <i>oxycodone hcl SOLN 5mg/5ml</i><br>QL (900 mL / 30 days)                       | 4                          | QL     |
| <i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i><br>QL (180 tabs / 30 days) | 3                          | QL     |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i><br>QL (360 tabs / 30 days)      | 3                          | QL     |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i><br>QL (360 tabs / 30 days)   | 3                          | QL     |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i><br>QL (240 tabs / 30 days) | 3                          | QL     |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)  | 3                          | QL     |
| <i>tramadol hcl TABS 50mg</i><br>QL (240 tabs / 30 days)                    | 2                          | QL     |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i><br>QL (240 tabs / 30 days)    | 2                          | QL     |
| <b>ANTI-INFECTIVES</b>                                                      |                            |        |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                      |                            |        |
| <i>albendazole TABS 200mg</i><br>QL (672 tabs / year)                       | 4                          | QL PA  |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>                             | 4                          |        |
| <i>ARIKAYCE SUSP 590mg/8.4ml</i>                                            | 5                          | NM PA  |
| <i>atovaquone SUSP 750mg/5ml</i><br>QL (300 mL / 30 days)                   | 4                          | QL PA  |
| <i>aztreonam SOLR 1gm, 2gm</i>                                              | 4                          |        |
| <i>CAYSTON SOLR 75mg</i>                                                    | 5                          | NM PA  |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>                              | 2                          |        |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>                    | 4                          |        |
| <i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>           | 3                          |        |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>                     | 4                          |        |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>                     | 4                          |        |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>                     | 4                          |        |
| <i>CLINDMYC/NAC INJ 300/50ML</i>                                            | 4                          |        |
| <i>CLINDMYC/NAC INJ 600/50ML</i>                                            | 4                          |        |
| <i>CLINDMYC/NAC INJ 900/50ML</i>                                            | 4                          |        |
| <i>colistimethate sodium SOLR 150mg</i>                                     | 4                          |        |

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

| Drug Name                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------|----------------------------|--------|
| dapsone TABS 25mg, 100mg                           | 3                          |        |
| DAPTOMYCIN SOLR 350mg                              | 5                          |        |
| daptomycin SOLR 350mg, 500mg                       | 5                          |        |
| EMVERM CHEW 100mg<br>QL (12 tabs / year)           | 5                          | QL     |
| ertapenem sodium SOLR 1gm                          | 3                          |        |
| fosfomycin tromethamine<br>PACK 3gm                | 4                          |        |
| gentamicin in saline inj 0.8 mg/ml                 | 3                          |        |
| gentamicin in saline inj 1 mg/ml                   | 3                          |        |
| gentamicin in saline inj 1.2 mg/ml                 | 3                          |        |
| gentamicin in saline inj 1.6 mg/ml                 | 3                          |        |
| gentamicin in saline inj 2 mg/ml                   | 3                          |        |
| gentamicin sulfate SOLN 10mg/ml, 40mg/ml           | 3                          |        |
| imipenem-cilastatin intravenous for soln 250 mg    | 4                          |        |
| imipenem-cilastatin intravenous for soln 500 mg    | 4                          |        |
| IMPAVIDO CAPS 50mg                                 | 5                          | PA     |
| ivermectin TABS 3mg<br>QL (20 tabs / 90 days)      | 3                          | QL PA  |
| ivermectin TABS 6mg<br>QL (10 tabs / 90 days)      | 3                          | QL PA  |
| linezolid SOLN 600mg/300ml                         | 4                          |        |
| linezolid SUSR 100mg/5ml<br>QL (1800 mL / 30 days) | 5                          | QL     |
| linezolid TABS 600mg<br>QL (60 tabs / 30 days)     | 4                          | QL     |
| LINEZOLID INJ 2MG/ML                               | 4                          |        |
| meropenem SOLR 1gm, 2gm, 500mg                     | 4                          |        |
| methenamine hippurate<br>TABS 1gm                  | 3                          |        |
| metronidazole SOLN 500mg/100ml                     | 3                          |        |
| metronidazole TABS 250mg, 500mg                    | 1                          |        |
| neomycin sulfate TABS 500mg                        | 2                          |        |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------|----------------------------|--------|
| nitazoxanide TABS 500mg<br>QL (6 tabs / 30 days)                | 5                          | QL     |
| nitrofurantoin macrocrystal<br>CAPS 50mg, 100mg                 | 3                          |        |
| nitrofurantoin monohyd macro<br>CAPS 100mg                      | 3                          |        |
| pentamidine isethionate inh<br>SOLR 300mg                       | 4                          | B/D    |
| pentamidine isethionate inj<br>SOLR 300mg                       | 4                          |        |
| polymyxin b sulfate SOLR 500000unit                             | 4                          |        |
| praziquantel TABS 600mg                                         | 4                          |        |
| pyrimethamine TABS 25mg<br>QL (90 tabs / 30 days)               | 5                          | QL PA  |
| streptomycin sulfate SOLR 1gm                                   | 5                          |        |
| sulfadiazine TABS 500mg                                         | 5                          |        |
| sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml             | 4                          |        |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml                | 3                          |        |
| sulfamethoxazole-trimethoprim tab 400-80 mg                     | 1                          |        |
| sulfamethoxazole-trimethoprim tab 800-160 mg                    | 1                          |        |
| tinidazole TABS 250mg, 500mg                                    | 3                          |        |
| TOBI PODHALER CAPS 28mg                                         | 5                          | NM PA  |
| tobramycin NEBU 300mg/5ml                                       | 5                          | NM PA  |
| tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml  | 3                          |        |
| trimethoprim TABS 100mg                                         | 3                          |        |
| vancomycin hcl CAPS 125mg<br>QL (80 caps / 180 days)            | 4                          | QL     |
| vancomycin hcl CAPS 250mg<br>QL (160 caps / 180 days)           | 4                          | QL     |
| vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 4                          |        |
| VANCOMYCIN INJ 1 GM                                             | 4                          |        |
| VANCOMYCIN INJ 500MG                                            | 4                          |        |
| VANCOMYCIN INJ 750MG                                            | 4                          |        |

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Current as of: 10/01/2025

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTIFUNGALS</b>                                                                                             |                            |        |
| ABELCET SUSP 5mg/ml                                                                                            | 4                          | B/D    |
| amphotericin b SOLR 50mg                                                                                       | 4                          | B/D    |
| amphotericin b liposome<br>SUSR 50mg                                                                           | 5                          | B/D    |
| caspofungin acetate SOLR<br>50mg, 70mg                                                                         | 4                          |        |
| CRESEMBA CAPS 74.5mg,<br>186mg                                                                                 | 5                          | PA     |
| fluconazole SUSR 10mg/ml,<br>40mg/ml; TABS 50mg                                                                | 3                          |        |
| fluconazole TABS 100mg,<br>150mg, 200mg                                                                        | 2                          |        |
| fluconazole in nacl 0.9% inj<br>200 mg/100ml                                                                   | 3                          |        |
| fluconazole in nacl 0.9% inj<br>400 mg/200ml                                                                   | 3                          |        |
| flucytosine CAPS 250mg,<br>500mg                                                                               | 5                          | PA     |
| griseofulvin microsize SUSP<br>125mg/5ml; TABS 500mg                                                           | 4                          |        |
| griseofulvin ultramicrosize<br>TABS 125mg, 250mg                                                               | 4                          |        |
| itraconazole CAPS 100mg<br>QL (120 caps / 30 days)                                                             | 4                          | QL     |
| ketoconazole TABS 200mg                                                                                        | 3                          | PA     |
| miconazole sodium SOLR<br>50mg, 100mg                                                                          | 4                          |        |
| nystatin TABS 500000unit                                                                                       | 3                          |        |
| posaconazole TBEC 100mg<br>QL (93 tabs / 30 days)                                                              | 5                          | QL PA  |
| terbinafine hcl TABS 250mg<br>QL (30 tabs / 30 days)<br>PA applies after a 90 day<br>supply in a calendar year | 2                          | QL PA  |
| voriconazole SOLR 200mg                                                                                        | 4                          | PA     |
| voriconazole SUSR 40mg/ml<br>QL (600 mL / 28 days)                                                             | 5                          | QL PA  |
| voriconazole TABS 50mg<br>QL (480 tabs / 30 days)                                                              | 4                          | QL     |
| voriconazole TABS 200mg<br>QL (120 tabs / 30 days)                                                             | 4                          | QL     |
| <b>ANTIMALARIALS</b>                                                                                           |                            |        |
| atovaquone-proguanil hcl tab<br>62.5-25 mg                                                                     | 4                          |        |
| atovaquone-proguanil hcl tab<br>250-100 mg                                                                     | 4                          |        |

| Drug Name                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------|----------------------------|--------|
| chloroquine phosphate TABS<br>250mg, 500mg      | 4                          |        |
| COARTEM TAB 20-120MG                            | 4                          |        |
| mefloquine hcl TABS 250mg                       | 3                          |        |
| primaquine phosphate TABS<br>26.3mg             | 3                          |        |
| PRIMAQUINE PHOSPHATE<br>TABS 26.3mg             | 3                          |        |
| quinine sulfate CAPS 324mg                      | 4                          | PA     |
| <b>ANTIRETROVIRAL AGENTS</b>                    |                            |        |
| abacavir sulfate SOLN<br>20mg/ml; TABS 300mg    | 4                          |        |
| APTIVUS CAPS 250mg                              | 5                          |        |
| atazanavir sulfate CAPS<br>150mg, 200mg, 300mg  | 4                          |        |
| darunavir TABS 600mg<br>QL (60 tabs / 30 days)  | 4                          | QL     |
| darunavir TABS 800mg<br>QL (30 tabs / 30 days)  | 4                          | QL     |
| EDURANT TABS 25mg                               | 5                          |        |
| EDURANT PED TBSO 2.5mg                          | 5                          |        |
| efavirenz TABS 600mg                            | 4                          |        |
| emtricitabine CAPS 200mg                        | 4                          |        |
| EMTRIVA SOLN 10mg/ml                            | 4                          |        |
| etravirine TABS 100mg,<br>200mg                 | 5                          |        |
| fosamprenavir calcium TABS<br>700mg             | 5                          |        |
| INTELENCE TABS 25mg                             | 4                          |        |
| ISENTRESS CHEW 25mg                             | 4                          |        |
| ISENTRESS CHEW 100mg;<br>PACK 100mg; TABS 400mg | 5                          |        |
| ISENTRESS HD TABS<br>600mg                      | 5                          |        |
| lamivudine SOLN 10mg/ml;<br>TABS 150mg, 300mg   | 3                          |        |
| maraviroc TABS 150mg,<br>300mg                  | 5                          |        |
| nevirapine SUSP 50mg/5ml;<br>TB24 400mg         | 4                          |        |
| nevirapine TABS 200mg                           | 2                          |        |
| NORVIR PACK 100mg                               | 4                          |        |
| PIFELTRO TABS 100mg                             | 5                          |        |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days) | 5                          | QL     |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)   | 4                          | QL     |

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| Drug Name                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------|----------------------------|--------|
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)                   | 5                          | QL     |
| REYATAZ PACK 50mg                                                | 5                          |        |
| ritonavir TABS 100mg                                             | 3                          |        |
| RUKOBIA TB12 600mg                                               | 5                          |        |
| SELZENTRY SOLN 20mg/ml                                           | 5                          |        |
| SUNLENCA TABS 300mg;<br>TBPk 300mg                               | 5                          |        |
| tenofovir disoproxil fumarate<br>TABS 300mg                      | 4                          |        |
| TIVICAY TABS 50mg                                                | 5                          |        |
| TIVICAY PD TBSO 5mg                                              | 5                          |        |
| TROGARZO SOLN<br>200mg/1.33ml                                    | 5                          |        |
| TYBOST TABS 150mg                                                | 3                          |        |
| VIRACEPT TABS 250mg,<br>625mg                                    | 5                          |        |
| VIREAD POWD 40mg/gm;<br>TABS 150mg, 200mg, 250mg                 | 5                          |        |
| zidovudine CAPS 100mg                                            | 4                          |        |
| zidovudine SYRP 50mg/5ml;<br>TABS 300mg                          | 3                          |        |
| <b>ANTIRETROVIRAL COMBINATION<br/>AGENTS</b>                     |                            |        |
| abacavir sulfate-lamivudine<br>tab 600-300 mg                    | 4                          |        |
| BIKTARVY TAB 30-120-15<br>MG                                     | 5                          |        |
| BIKTARVY TAB 50-200-25<br>MG                                     | 5                          |        |
| CIMDUO TAB 300-300                                               | 5                          |        |
| DELSTRIGO TAB                                                    | 5                          |        |
| DESCOVY TAB 120-15MG                                             | 5                          |        |
| DESCOVY TAB 200/25MG                                             | 5                          |        |
| DOVATO TAB 50-300MG                                              | 5                          |        |
| efavirenz-emtricitabine-<br>tenofovir df tab 600-200-300<br>mg   | 4                          |        |
| efavirenz-lamivudine-tenofovir<br>df tab 400-300-300 mg          | 5                          |        |
| efavirenz-lamivudine-tenofovir<br>df tab 600-300-300 mg          | 5                          |        |
| emtricitabine- rilpivirine-<br>tenofovir df tab 200-25-300<br>mg | 5                          |        |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------|----------------------------|--------|
| emtricitabine-tenofovir<br>disoproxil fumarate tab 100-<br>150 mg | 4                          |        |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 133-<br>200 mg | 5                          |        |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 167-<br>250 mg | 4                          |        |
| emtricitabine-tenofovir<br>disoproxil fumarate tab 200-<br>300 mg | 4                          |        |
| EVOTAZ TAB 300-150                                                | 5                          |        |
| GENVOYA TAB                                                       | 5                          |        |
| JULUCA TAB 50-25MG                                                | 5                          |        |
| KALETRA SOL                                                       | 4                          |        |
| lamivudine-zidovudine tab<br>150-300 mg                           | 4                          |        |
| lopinavir-ritonavir tab 100-25<br>mg                              | 4                          |        |
| lopinavir-ritonavir tab 200-50<br>mg                              | 4                          |        |
| ODEFSEY TAB                                                       | 5                          |        |
| PREZCOBIX TAB 800-150                                             | 5                          |        |
| STRIBILD TAB                                                      | 5                          |        |
| SYMTUZA TAB                                                       | 5                          |        |
| TRIUMEQ PD TAB                                                    | 4                          |        |
| TRIUMEQ TAB                                                       | 5                          |        |
| <b>ANTITUBERCULAR AGENTS</b>                                      |                            |        |
| cycloserine CAPS 250mg                                            | 5                          |        |
| ethambutol hcl TABS 100mg, 3<br>400mg                             | 3                          |        |
| isoniazid SYRP 50mg/5ml                                           | 4                          |        |
| isoniazid TABS 100mg,<br>300mg                                    | 1                          |        |
| PRIFTIN TABS 150mg                                                | 4                          |        |
| pyrazinamide TABS 500mg                                           | 4                          |        |
| rifabutin CAPS 150mg                                              | 4                          |        |
| rifampin CAPS 150mg,<br>300mg                                     | 3                          |        |
| rifampin SOLR 600mg                                               | 4                          |        |
| SIRTURO TABS 20mg,<br>100mg                                       | 5                          | NM PA  |
| <b>ANTIVIRALS</b>                                                 |                            |        |
| acyclovir CAPS 200mg;<br>TABS 400mg, 800mg                        | 2                          |        |
| acyclovir SUSP 200mg/5ml                                          | 4                          |        |

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| Drug Name                                                           | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------|----------------------------|----------|
| <i>acyclovir sodium</i> SOLN 50mg/ml                                | 4                          | B/D      |
| <i>adefovir dipivoxil</i> TABS 10mg                                 | 4                          |          |
| BARACLUDE SOLN .05mg/ml                                             | 5                          | ST       |
| <i>entecavir</i> TABS .5mg, 1mg                                     | 4                          |          |
| 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    |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                         | 3                          |          |
| <i>ganciclovir sodium</i> SOLR 500mg                                | 4                          | B/D      |
| <i>lamivudine (hbv)</i> TABS 100mg                                  | 3                          |          |
| LIVTENCITY TABS 200mg<br>QL (336 tabs / 28 days)                    | 5                          | QL NM PA |
| MAVYRET PAK 50-20MG                                                 | 5                          | NM PA    |
| MAVYRET TAB 100-40MG                                                | 5                          | NM PA    |
| <i>oseltamivir phosphate</i> CAPS 30mg<br>QL (168 caps / year)      | 3                          | QL       |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg<br>QL (84 caps / year) | 3                          | QL       |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml<br>QL (1080 mL / year)     | 3                          | QL       |
| PAXLOVID PAK<br>QL (22 tabs / 90 days)                              | 2                          | QL       |
| PAXLOVID TAB 150-100<br>QL (40 tabs / 90 days)                      | 2                          | QL       |
| PAXLOVID TAB 300-100<br>QL (60 tabs / 90 days)                      | 2                          | QL       |
| PEGASYS SOLN 180mcg/ml;<br>SOSY 180mcg/0.5ml                        | 5                          | NM PA    |
| PREVYMIS TABS 240mg,<br>480mg<br>QL (28 tabs / 28 days)             | 5                          | QL PA    |
| RELENZA DISKHALER<br>AEPB 5mg/blister<br>QL (6 inhalers / year)     | 3                          | QL       |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg               | 3                          | NM       |
| <i>rimantadine hydrochloride</i> TABS 100mg                         | 4                          |          |

| Drug Name                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------|----------------------------|--------|
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                       | 3                          |        |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                        | 5                          |        |
| <i>valganciclovir hcl</i> TABS 450mg                          | 3                          |        |
| VOSEVI TAB                                                    | 5                          | NM PA  |
| <b>CEPHALOSPORINS</b>                                         |                            |        |
| <i>cefaclor</i> CAPS 250mg, 500mg                             | 3                          |        |
| <i>cefadroxil</i> CAPS 500mg                                  | 2                          |        |
| <i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml                   | 3                          |        |
| CEFAZOLIN SOLR 2gm, 3gm                                       | 4                          |        |
| CEFAZOLIN INJ 1GM/50ML                                        | 4                          |        |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg       | 3                          |        |
| CEFAZOLIN SOLN 2GM/100ML-4%                                   | 4                          |        |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%                                 | 4                          |        |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%                                 | 4                          |        |
| CEFAZOLIN/DEX SOL 3GM/50ML-2%                                 | 4                          |        |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%                                | 4                          |        |
| <i>cefdinir</i> CAPS 300mg                                    | 2                          |        |
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml                     | 3                          |        |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                             | 4                          |        |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml         | 4                          |        |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm                       | 4                          |        |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                   | 4                          |        |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml          | 4                          |        |
| <i>cefpodoxime proxetil</i> TABS 100mg, 200mg                 | 3                          |        |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 3                          |        |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                         | 4                          |        |

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|----------------------------------------------------------------------------------|-----------------------------------|
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                      | 4                                 |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                       | 2                                 |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                       | 3                                 |
| <i>cephalexin</i> CAPS 250mg, 500mg                                              | 1                                 |
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml                                      | 3                                 |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                | 4                                 |
| TEFLARO SOLR 400mg, 600mg                                                        | 5                                 |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                  |                                   |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml                        | 3                                 |
| <i>azithromycin</i> TABS 250mg, 500mg, 600mg                                     | 1                                 |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg                      | 4                                 |
| <i>clarithromycin</i> TABS 250mg, 500mg                                          | 3                                 |
| DIFICID SUSR 40mg/ml; TABS 200mg                                                 | 5                                 |
| e.e.s. 400 TABS 400mg                                                            | 4                                 |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                               | 4                                 |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 4                                 |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                    | 4                                 |
| <i>erythromycin lactobionate</i> SOLR 500mg                                      | 4                                 |
| <b>FLUOROQUINOLONES</b>                                                          |                                   |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w                                         | 3                                 |
| <i>ciprofloxacin</i> 400 mg/200ml in d5w                                         | 3                                 |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg                                | 1                                 |
| <i>levofloxacin</i> SOLN 25mg/ml                                                 | 4                                 |
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg                                     | 1                                 |

| Drug Name                                                                                                | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml                                                           | 3                                 |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml                                                          | 3                                 |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml                                                          | 3                                 |
| <i>moxifloxacin hcl</i> TABS 400mg                                                                       | 3                                 |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj                                         | 4                                 |
| <b>PENICILLINS</b>                                                                                       |                                   |
| <i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1                                 |
| <i>amoxicillin</i> CHEW 125mg, 250mg                                                                     | 2                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml                                          | 3                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml                                          | 4                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml                                            | 3                                 |
| <i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml                                          | 3                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg                                                    | 3                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg                                                    | 2                                 |
| <i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg                                                    | 2                                 |
| <i>ampicillin</i> CAPS 500mg                                                                             | 2                                 |
| <i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm                                          | 4                                 |
| <i>ampicillin &amp; sulbactam sodium for inj</i> 3 (2-1) gm                                              | 4                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm                                      | 4                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 3 (2-1) gm                                          | 4                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln</i> 15 (10-5) gm                                        | 4                                 |
| <i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                                               | 4                                 |

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

Current as of: 10/01/2025

| Drug Name                                                                    | Drug Requirements/<br>Tier Limits |    |
|------------------------------------------------------------------------------|-----------------------------------|----|
| BICILLIN L-A SUSY<br>600000unit/ml,<br>1200000unit/2ml,<br>2400000unit/4ml   | 4                                 |    |
| <i>dicloxacillin sodium</i> CAPS<br>250mg, 500mg                             | 3                                 |    |
| <i>nafcillin sodium</i> SOLR 1gm,<br>2gm                                     | 4                                 |    |
| <i>nafcillin sodium</i> SOLR 10gm                                            | 5                                 |    |
| <i>oxacillin sodium</i> SOLR 1gm,<br>2gm, 10gm                               | 4                                 |    |
| <i>penicillin g potassium</i> SOLR<br>5000000unit, 20000000unit              | 4                                 |    |
| <i>penicillin g sodium</i> SOLR<br>5000000unit                               | 4                                 |    |
| <i>penicillin v potassium</i> SOLR<br>125mg/5ml, 250mg/5ml                   | 2                                 |    |
| <i>penicillin v potassium</i> TABS<br>250mg, 500mg                           | 1                                 |    |
| <i>pfizerpen</i> SOLR 5000000unit,<br>20000000unit                           | 4                                 |    |
| <i>piperacillin sod-tazobactam na<br/>for inj 3.375 gm (3-0.375 gm)</i>      | 4                                 |    |
| <i>piperacillin sod-tazobactam<br/>sod for inj 2.25 gm (2-0.25<br/>gm)</i>   | 4                                 |    |
| <i>piperacillin sod-tazobactam<br/>sod for inj 4.5 gm (4-0.5 gm)</i>         | 4                                 |    |
| <i>piperacillin sod-tazobactam<br/>sod for inj 13.5 gm (12-1.5<br/>gm)</i>   | 4                                 |    |
| <i>piperacillin sod-tazobactam<br/>sod for inj 40.5 gm (36-4.5<br/>gm)</i>   | 4                                 |    |
| <b>TETRACYCLINES</b>                                                         |                                   |    |
| <i>doxy 100</i> SOLR 100mg                                                   | 4                                 |    |
| <i>doxycycline (monohydrate)</i><br>CAPS 50mg, 100mg                         | 2                                 |    |
| <i>doxycycline (monohydrate)</i><br>SUSR 25mg/5ml; TABS<br>50mg, 75mg, 100mg | 3                                 |    |
| <i>doxycycline hyclate</i> CAPS<br>50mg, 100mg; TABS 20mg,<br>100mg          | 3                                 |    |
| <i>doxycycline hyclate</i> SOLR<br>100mg                                     | 4                                 |    |
| <i>minocycline hcl</i> CAPS 50mg,<br>75mg, 100mg                             | 3                                 |    |
| NUZYRA SOLR 100mg                                                            | 5                                 | NM |

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

| Drug Name                                                                                | Drug Requirements/<br>Tier Limits |        |
|------------------------------------------------------------------------------------------|-----------------------------------|--------|
| NUZYRA TABS 150mg<br>QL (30 tabs / 14 days)                                              | 5                                 | QL NM  |
| <i>tetracycline hcl</i> CAPS 250mg,<br>500mg                                             | 4                                 |        |
| <i>tigecycline</i> SOLR 50mg                                                             | 4                                 |        |
| <b>ANTINEOPLASTIC AGENTS<br/>ALKYLATING AGENTS</b>                                       |                                   |        |
| BENDAMUSTINE<br>HYDROCHLORID SOLN<br>100mg/4ml                                           | 5                                 | B/D NM |
| BENDEKA SOLN 100mg/4ml                                                                   | 5                                 | B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml,<br>150mg/15ml, 450mg/45ml,<br>600mg/60ml               | 3                                 | B/D    |
| <i>cisplatin</i> SOLN 50mg/50ml,<br>100mg/100ml, 200mg/200ml                             | 3                                 | B/D    |
| <i>cyclophosphamide</i> CAPS<br>25mg, 50mg                                               | 3                                 | B/D    |
| CYCLOPHOSPHAMIDE<br>SOLN 1gm/2ml, 2gm/4ml,<br>500mg/ml                                   | 5                                 | B/D NM |
| CYCLOPHOSPHAMIDE<br>SOLN 1gm/5ml, 500mg/2.5ml,<br>500mg/5ml, 1000mg/10ml,<br>2000mg/20ml | 5                                 | B/D    |
| <i>cyclophosphamide</i> SOLR<br>1gm, 500mg                                               | 4                                 | B/D    |
| <i>cyclophosphamide</i> SOLR<br>2gm                                                      | 5                                 | B/D    |
| CYCLOPHOSPHAMIDE<br>TABS 25mg, 50mg                                                      | 4                                 | B/D    |
| CYCLOPHOSPHAMIDE<br>MONOHYDR SOLN<br>2gm/10ml                                            | 5                                 | B/D    |
| FRINDOVYX SOLN 1gm/2ml,<br>2gm/4ml, 500mg/ml                                             | 5                                 | B/D NM |
| GLEOSTINE CAPS 10mg,<br>40mg                                                             | 4                                 | NM     |
| GLEOSTINE CAPS 100mg                                                                     | 5                                 | NM     |
| LEUKERAN TABS 2mg                                                                        | 5                                 | PA     |
| <i>oxaliplatin</i> SOLN 50mg/10ml,<br>100mg/20ml, 200mg/40ml                             | 4                                 | B/D    |
| <i>oxaliplatin</i> SOLR 50mg,<br>100mg                                                   | 5                                 | B/D    |
| VIVIMUSTA SOLN<br>100mg/4ml                                                              | 5                                 | B/D NM |
| <b>ANTIMETABOLITES</b>                                                                   |                                   |        |
| <i>azacitidine</i> SUSR 100mg                                                            | 5                                 | B/D NM |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------------|----------------------------|----------|
| <i>cytarabine</i> SOLN 20mg/ml                                                         | 3                          | B/D      |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                   | 3                          | B/D      |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 4                          | B/D      |
| INQOVI TAB 35-100MG<br>QL (5 tabs / 28 days)                                           | 5                          | QL NM PA |
| LONSURF TAB 15-6.14<br>QL (100 tabs / 28 days)                                         | 5                          | QL NM PA |
| LONSURF TAB 20-8.19<br>QL (80 tabs / 28 days)                                          | 5                          | QL NM PA |
| <i>mercaptopurine</i> SUSP 2000mg/100ml                                                | 5                          | NM       |
| <i>mercaptopurine</i> TABS 50mg                                                        | 3                          |          |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm               | 2                          | B/D      |
| ONUREG TABS 200mg, 300mg<br>QL (14 tabs / 28 days)                                     | 5                          | QL NM PA |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg                            | 5                          | B/D      |
| TABLOID TABS 40mg                                                                      | 5                          | PA       |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                  |                            |          |
| <i>abiraterone acetate</i> TABS 250mg<br>QL (120 tabs / 30 days)                       | 5                          | QL NM PA |
| <i>abiraterone acetate</i> TABS 500mg<br>QL (60 tabs / 30 days)                        | 5                          | QL NM PA |
| <i>abirtega</i> TABS 250mg<br>QL (120 tabs / 30 days)                                  | 4                          | QL NM PA |
| AKEEGA TAB 50/500MG<br>QL (60 tabs / 30 days)                                          | 5                          | QL NM PA |
| AKEEGA TAB 100/500<br>QL (60 tabs / 30 days)                                           | 5                          | QL NM PA |
| <i>anastrozole</i> TABS 1mg                                                            | 2                          |          |
| <i>bicalutamide</i> TABS 50mg                                                          | 2                          |          |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                                  | 4                          | NM PA    |
| ERLEADA TABS 60mg<br>QL (120 tabs / 30 days)                                           | 5                          | QL NM PA |
| ERLEADA TABS 240mg<br>QL (30 tabs / 30 days)                                           | 5                          | QL NM PA |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------|----------------------------|----------|
| EULEXIN CAPS 125mg                                                        | 5                          |          |
| <i>exemestane</i> TABS 25mg                                               | 4                          |          |
| FIRMAGON SOLR 80mg                                                        | 4                          | NM PA    |
| FIRMAGON SOLR 120mg/vial                                                  | 5                          | NM PA    |
| <i>fulvestrant</i> SOSY 250mg/5ml                                         | 5                          | B/D      |
| <i>letrozole</i> TABS 2.5mg                                               | 2                          |          |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                                   | 4                          | 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       |
| <i>megestrol acetate</i> TABS 20mg, 40mg                                  | 3                          |          |
| <i>nilutamide</i> TABS 150mg                                              | 5                          |          |
| NUBEQA TABS 300mg<br>QL (120 tabs / 30 days)                              | 5                          | QL NM PA |
| ORGOVYX TABS 120mg                                                        | 5                          | NM PA    |
| ORSERDU TABS 86mg<br>QL (90 tabs / 30 days)                               | 5                          | QL NM PA |
| ORSERDU TABS 345mg<br>QL (30 tabs / 30 days)                              | 5                          | QL NM PA |
| SOLTAMOX SOLN 10mg/5ml                                                    | 5                          |          |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                                  | 2                          |          |
| <i>toremifene citrate</i> TABS 60mg                                       | 4                          | PA       |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days)                               | 5                          | QL NM PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days)                               | 5                          | QL NM PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days)                                | 5                          | QL NM PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days)                               | 5                          | QL NM PA |
| <b>IMMUNOMODULATORS</b>                                                   |                            |          |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days) | 5                          | QL NM PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg<br>QL (21 caps / 28 days)             | 5                          | QL NM PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days)                | 5                          | QL NM PA |

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



| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------|----------------------------|----------|
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days)                                       | 5                          | QL NM PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days)                                     | 5                          | QL NM PA |
| <b>MISCELLANEOUS</b>                                                               |                            |          |
| BESREMI SOSY 500mcg/ml<br>QL (2 syringes / 28 days)                                | 5                          | QL NM PA |
| bexarotene CAPS 75mg<br>QL (300 caps / 30 days)                                    | 5                          | QL NM PA |
| doxorubicin hcl SOLN 2mg/ml                                                        | 4                          | B/D      |
| doxorubicin hcl liposomal<br>SUSP 2mg/ml                                           | 5                          | B/D      |
| hydroxyurea CAPS 500mg                                                             | 2                          |          |
| irinotecan hcl SOLN<br>40mg/2ml, 100mg/5ml,<br>300mg/15ml, 500mg/25ml              | 4                          | B/D      |
| IWILFIN TABS 192mg<br>QL (240 tabs / 30 days)                                      | 5                          | QL NM PA |
| leucovorin calcium SOLN<br>500mg/50ml; SOLR 50mg,<br>100mg, 200mg, 350mg,<br>500mg | 4                          | B/D      |
| leucovorin calcium TABS<br>5mg, 10mg, 15mg, 25mg                                   | 3                          |          |
| MATULANE CAPS 50mg                                                                 | 5                          | NM       |
| mesna TABS 400mg                                                                   | 5                          |          |
| tretinoin (chemotherapy)<br>CAPS 10mg                                              | 5                          |          |
| WELIREG TABS 40mg<br>QL (90 tabs / 30 days)                                        | 5                          | QL NM PA |
| <b>MITOTIC INHIBITORS</b>                                                          |                            |          |
| docetaxel CONC 20mg/ml                                                             | 4                          | B/D      |
| docetaxel CONC 80mg/4ml,<br>160mg/8ml; SOLN 20mg/2ml,<br>80mg/8ml, 160mg/16ml      | 5                          | B/D      |
| DOCETAXEL CONC<br>80mg/4ml, 160mg/8ml; SOLN<br>20mg/2ml, 80mg/8ml,<br>160mg/16ml   | 5                          | B/D      |
| DOCIVYX SOLN 20mg/2ml,<br>80mg/8ml, 160mg/16ml                                     | 5                          | B/D NM   |
| etoposide SOLN 1gm/50ml,<br>100mg/5ml, 500mg/25ml                                  | 3                          | B/D      |
| paclitaxel CONC 6mg/ml,<br>30mg/5ml, 150mg/25ml,<br>300mg/50ml                     | 4                          | B/D      |
| paclitaxel inj 100mg                                                               | 5                          | B/D NM   |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------|----------------------------|----------|
| vincristine sulfate SOLN<br>1mg/ml                                          | 2                          | B/D      |
| vinorelbine tartrate SOLN<br>10mg/ml, 50mg/5ml                              | 4                          | B/D      |
| <b>MOLECULAR TARGET AGENTS</b>                                              |                            |          |
| ALECENSA CAPS 150mg<br>QL (240 caps / 30 days)                              | 5                          | QL NM PA |
| ALUNBRIG TABS 30mg<br>QL (120 tabs / 30 days)                               | 5                          | QL NM PA |
| ALUNBRIG TABS 90mg,<br>180mg<br>QL (30 tabs / 30 days)                      | 5                          | QL NM PA |
| ALUNBRIG PAK<br>QL (30 tabs / 30 days)                                      | 5                          | QL NM PA |
| AUGTYRO CAPS 40mg<br>QL (240 caps / 30 days)                                | 5                          | QL NM PA |
| AUGTYRO CAPS 160mg<br>QL (60 caps / 30 days)                                | 5                          | QL NM PA |
| AVMAPKI PAK FAKZYNJA<br>QL (1 pack / 28 days)                               | 5                          | QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 5<br>100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 5                          | QL NM PA |
| BALVERSA TABS 3mg<br>QL (84 tabs / 28 days)                                 | 5                          | QL NM PA |
| BALVERSA TABS 4mg<br>QL (56 tabs / 28 days)                                 | 5                          | QL NM PA |
| BALVERSA TABS 5mg<br>QL (28 tabs / 28 days)                                 | 5                          | QL NM PA |
| BORTEZOMIB SOLR 1mg,<br>2.5mg<br>bortezomib SOLR 3.5mg                      | 4                          | NM PA    |
| BOSULIF CAPS 50mg<br>QL (30 caps / 30 days)                                 | 5                          | NM PA    |
| BOSULIF CAPS 100mg<br>QL (300 caps / 30 days)                               | 5                          | QL NM PA |
| BOSULIF TABS 100mg<br>QL (180 tabs / 30 days)                               | 5                          | QL NM PA |
| BOSULIF TABS 400mg,<br>500mg<br>QL (30 tabs / 30 days)                      | 5                          | QL NM PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days)                               | 5                          | QL NM PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days)                               | 5                          | QL NM PA |
| CABOMETYX TABS 20mg,<br>40mg, 60mg<br>QL (30 tabs / 30 days)                | 5                          | QL NM PA |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------------|----------------------------|----------|
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days)                                    | 5                          | QL NM PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days)                                     | 5                          | QL NM PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days)                                     | 5                          | QL NM PA |
| COMETRIQ (60MG DOSE)<br>KIT 20mg<br>QL (84 caps / 28 days)                        | 5                          | QL NM PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days)                                      | 5                          | QL NM PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days)                                     | 5                          | QL NM PA |
| COPIKTRA CAPS 15mg,<br>25mg<br>QL (56 caps / 28 days)                             | 5                          | QL NM PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days)                                      | 5                          | QL NM PA |
| DANZITEN TABS 71mg,<br>95mg<br>QL (112 tabs / 28 days)                            | 5                          | QL NM PA |
| <i>dasatinib</i> TABS 20mg<br>QL (90 tabs / 30 days)                              | 5                          | QL NM PA |
| <i>dasatinib</i> TABS 50mg, 70mg,<br>80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 5                          | QL NM PA |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days)                                      | 5                          | QL NM PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days)                                     | 5                          | QL NM PA |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days)                                     | 5                          | QL NM PA |
| <i>erlotinib hcl</i> TABS 25mg<br>QL (90 tabs / 30 days)                          | 5                          | QL NM PA |
| <i>erlotinib hcl</i> TABS 100mg,<br>150mg<br>QL (30 tabs / 30 days)               | 5                          | QL NM PA |
| <i>everolimus</i> TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)       | 5                          | QL NM PA |
| <i>everolimus</i> TBSO 2mg, 5mg<br>QL (60 tabs / 30 days)                         | 5                          | QL NM PA |
| <i>everolimus</i> TBSO 3mg<br>QL (90 tabs / 30 days)                              | 5                          | QL NM PA |
| FOTIVDA CAPS .89mg,<br>1.34mg<br>QL (21 caps / 28 days)                           | 5                          | QL NM PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days)                                       | 5                          | QL NM PA |

| Drug Name                                                        | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------|----------------------------|----------|
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days)                      | 5                          | QL NM PA |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days)                    | 5                          | QL NM PA |
| <i>gefitinib</i> TABS 250mg<br>QL (60 tabs / 30 days)            | 5                          | QL NM PA |
| GILOTRIF TABS 20mg,<br>30mg, 40mg<br>QL (30 tabs / 30 days)      | 5                          | QL NM PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days)                      | 5                          | QL NM PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days)                       | 5                          | QL NM PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days)                      | 5                          | QL NM PA |
| HERCEP HYLEC SOL 60-<br>10000                                    | 5                          | NM PA    |
| HERCEPTIN SOLR 150mg                                             | 5                          | NM PA    |
| HERZUMA SOLR 150mg,<br>420mg                                     | 5                          | NM PA    |
| IBRANCE CAPS 75mg,<br>100mg, 125mg<br>QL (21 caps / 28 days)     | 5                          | QL NM PA |
| IBRANCE TABS 75mg,<br>100mg, 125mg<br>QL (21 tabs / 28 days)     | 5                          | QL NM PA |
| ICLUSIG TABS 10mg, 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days) | 5                          | QL NM PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                | 5                          | QL NM PA |
| <i>imatinib mesylate</i> TABS<br>100mg<br>QL (90 tabs / 30 days) | 4                          | QL NM PA |
| <i>imatinib mesylate</i> TABS<br>400mg<br>QL (60 tabs / 30 days) | 5                          | QL NM PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days)                    | 5                          | QL NM PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days)                  | 5                          | QL NM PA |
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days)                  | 5                          | QL NM PA |
| IMBRUVICA TABS 140mg,<br>280mg, 420mg<br>QL (30 tabs / 30 days)  | 5                          | QL NM PA |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days)                    | 5                          | QL NM PA |

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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------|----------------------------|----------|
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                           | 5                          | QL NM PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                           | 5                          | QL NM PA |
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days)                        | 5                          | QL NM PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days)                           | 5                          | QL NM PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days)                           | 5                          | QL NM PA |
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg<br>QL (60 tabs / 30 days) | 5                          | QL NM PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days)                         | 5                          | QL NM PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days)                        | 5                          | QL NM PA |
| KADCYLA SOLR 100mg,<br>160mg                                         | 5                          | B/D NM   |
| KANJINTI SOLR 150mg,<br>420mg                                        | 5                          | NM PA    |
| KEYTRUDA SOLN<br>100mg/4ml                                           | 5                          | NM PA    |
| KISQALI 200 DOSE TBPK<br>200mg<br>QL (21 tabs / 28 days)             | 5                          | QL NM PA |
| KISQALI 400 DOSE TBPK<br>200mg<br>QL (42 tabs / 28 days)             | 5                          | QL NM PA |
| KISQALI 400 PAK FEMARA<br>QL (70 tabs / 28 days)                     | 5                          | QL NM PA |
| KISQALI 600 DOSE TBPK<br>200mg<br>QL (63 tabs / 28 days)             | 5                          | QL NM PA |
| KISQALI 600 PAK FEMARA<br>QL (91 tabs / 28 days)                     | 5                          | QL NM PA |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days)                        | 5                          | QL NM PA |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days)                        | 5                          | QL NM PA |
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days)                        | 5                          | QL NM PA |
| <i>lapatinib ditosylate</i> TABS<br>250mg<br>QL (180 tabs / 30 days) | 5                          | QL NM PA |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days)                         | 5                          | QL NM PA |
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days)                        | 5                          | QL NM PA |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------|----------------------------|----------|
| LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg<br>QL (30 caps / 30 days)     | 5                          | QL NM PA |
| LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg<br>QL (60 caps / 30 days)     | 5                          | QL NM PA |
| LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg<br>QL (30 caps / 30 days)   | 5                          | QL NM PA |
| LENVIMA 12MG DAILY<br>DOSE CPPK 4mg<br>QL (90 caps / 30 days)     | 5                          | QL NM PA |
| LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg<br>QL (60 caps / 30 days)   | 5                          | QL NM PA |
| LENVIMA CAP 14 MG<br>QL (60 caps / 30 days)                       | 5                          | QL NM PA |
| LENVIMA CAP 18 MG<br>QL (90 caps / 30 days)                       | 5                          | QL NM PA |
| LENVIMA CAP 24 MG<br>QL (90 caps / 30 days)                       | 5                          | QL NM PA |
| LORBRENA TABS 25mg<br>QL (90 tabs / 30 days)                      | 5                          | QL NM PA |
| LORBRENA TABS 100mg<br>QL (30 tabs / 30 days)                     | 5                          | QL NM PA |
| LUMAKRAS TABS 120mg<br>QL (240 tabs / 30 days)                    | 5                          | QL NM PA |
| LUMAKRAS TABS 240mg<br>QL (120 tabs / 30 days)                    | 5                          | QL NM PA |
| LUMAKRAS TABS 320mg<br>QL (90 tabs / 30 days)                     | 5                          | QL NM PA |
| LYNPARZA TABS 100mg,<br>150mg<br>QL (120 tabs / 30 days)          | 5                          | QL NM PA |
| LYTGOBI (12 MG DAILY<br>DOSE) TBPK 4mg<br>QL (84 tabs / 28 days)  | 5                          | QL NM PA |
| LYTGOBI (16 MG DAILY<br>DOSE) TBPK 4mg<br>QL (112 tabs / 28 days) | 5                          | QL NM PA |
| LYTGOBI (20 MG DAILY<br>DOSE) TBPK 4mg<br>QL (140 tabs / 28 days) | 5                          | QL NM PA |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days)                  | 5                          | QL NM PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days)                       | 5                          | QL NM PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days)                      | 5                          | QL NM PA |

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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------|----------------------------|----------|
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days)                         | 5                          | QL NM PA |
| MONJUVI SOLR 200mg                                                   | 5                          | NM PA    |
| NERLYNX TABS 40mg<br>QL (180 tabs / 30 days)                         | 5                          | QL NM PA |
| <i>nilotinib hcl</i> CAPS 50mg<br>QL (120 caps / 30 days)            | 5                          | QL NM PA |
| <i>nilotinib hcl</i> CAPS 150mg,<br>200mg<br>QL (112 caps / 28 days) | 5                          | QL NM PA |
| NINLARO CAPS 2.3mg,<br>3mg, 4mg<br>QL (3 caps / 28 days)             | 5                          | QL NM PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days)                          | 5                          | QL NM PA |
| OGIVRI SOLR 150mg,<br>420mg                                          | 5                          | NM PA    |
| OGSIVEO TABS 50mg<br>QL (180 tabs / 30 days)                         | 5                          | QL NM PA |
| OGSIVEO TABS 100mg,<br>150mg<br>QL (56 tabs / 28 days)               | 5                          | QL NM PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days)                          | 5                          | QL NM PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days)                          | 5                          | QL NM PA |
| OJJAARA TABS 100mg,<br>150mg, 200mg<br>QL (30 tabs / 30 days)        | 5                          | QL NM PA |
| ONTRUZANT SOLR 150mg,<br>420mg                                       | 5                          | NM PA    |
| <i>pazopanib hcl</i> TABS 200mg<br>QL (120 tabs / 30 days)           | 5                          | QL NM PA |
| PEMAZYRE TABS 4.5mg,<br>9mg, 13.5mg<br>QL (28 tabs / 28 days)        | 5                          | QL NM PA |
| PHESGO SOL                                                           | 5                          | NM PA    |
| PIQRAY 200MG DAILY<br>DOSE TBPK 200mg<br>QL (28 tabs / 28 days)      | 5                          | QL NM PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days)                      | 5                          | QL NM PA |
| PIQRAY 300MG DAILY<br>DOSE TBPK 150mg<br>QL (56 tabs / 28 days)      | 5                          | QL NM PA |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days)                          | 5                          | QL NM PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days)                          | 5                          | QL NM PA |

| Drug Name                                                                            | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------------|----------------------------|----------|
| RETEVMO TABS 80mg<br>QL (120 tabs / 30 days)                                         | 5                          | QL NM PA |
| RETEVMO TABS 120mg,<br>160mg<br>QL (60 tabs / 30 days)                               | 5                          | QL NM PA |
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days)                                        | 5                          | QL NM PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days)                                       | 5                          | QL NM PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days)                                        | 5                          | QL NM PA |
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days)                                       | 5                          | QL NM PA |
| ROMVIMZA CAPS 14mg,<br>20mg, 30mg<br>QL (8 caps / 28 days)                           | 5                          | QL NM PA |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days)                                      | 5                          | QL NM PA |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days)                                       | 5                          | QL NM PA |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28<br>days)                                 | 5                          | QL NM PA |
| RUBRACA TABS 200mg,<br>250mg, 300mg<br>QL (120 tabs / 30 days)                       | 5                          | QL NM PA |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days)                                          | 5                          | QL NM PA |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                                         | 5                          | QL NM PA |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                                        | 5                          | QL NM PA |
| SCEMBLIX TABS 100mg<br>QL (120 tabs / 30 days)                                       | 5                          | QL NM PA |
| <i>sorafenib tosylate</i> TABS<br>200mg<br>QL (120 tabs / 30 days)                   | 5                          | QL NM PA |
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days)                                         | 5                          | QL NM PA |
| <i>sunitinib malate</i> CAPS<br>12.5mg, 25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 5                          | QL NM PA |
| TABRECTA TABS 150mg,<br>200mg<br>QL (112 tabs / 28 days)                             | 5                          | QL NM PA |
| TAFINLAR CAPS 50mg,<br>75mg<br>QL (120 caps / 30 days)                               | 5                          | QL NM PA |

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

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------|----------------------------|----------|
| TAFINLAR TBSO 10mg<br>QL (840 tabs / 28 days)                            | 5                          | QL NM PA |
| TAGRISSO TABS 40mg,<br>80mg<br>QL (30 tabs / 30 days)                    | 5                          | QL NM PA |
| TALZENNA CAPS .1mg,<br>.35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days) | 5                          | QL NM PA |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                            | 5                          | QL NM PA |
| TAZVERIK TABS 200mg<br>QL (240 tabs / 30 days)                           | 5                          | QL NM PA |
| TECENTRIQ SOLN<br>840mg/14ml, 1200mg/20ml                                | 5                          | NM PA    |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days)                           | 5                          | QL NM PA |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days)                            | 5                          | QL NM PA |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days)                             | 5                          | QL NM PA |
| torpenz TABS 2.5mg, 5mg,<br>7.5mg, 10mg<br>QL (30 tabs / 30 days)        | 5                          | QL NM PA |
| TRAZIMERA SOLR 150mg,<br>420mg                                           | 5                          | NM PA    |
| TRUQAP TABS 160mg,<br>200mg<br>QL (64 tabs / 28 days)                    | 5                          | QL NM PA |
| TRUQAP TBPK 160mg,<br>200mg<br>QL (4 packs / 28 days)                    | 5                          | QL NM PA |
| TRUXIMA SOLN<br>100mg/10ml, 500mg/50ml                                   | 5                          | NM PA    |
| TUKYSA TABS 50mg,<br>150mg<br>QL (120 tabs / 30 days)                    | 5                          | QL NM PA |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days)                            | 5                          | QL NM PA |
| VANFLYTA TABS 17.7mg,<br>26.5mg<br>QL (56 tabs / 28 days)                | 5                          | QL NM PA |
| VENCLEXTA TABS 10mg<br>QL (112 tabs / 28 days)                           | 3                          | QL NM PA |
| VENCLEXTA TABS 50mg<br>QL (112 tabs / 28 days)                           | 5                          | QL NM PA |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days)                          | 5                          | QL NM PA |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days)                         | 5                          | QL NM PA |

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------|----------------------------|----------|
| VERZENIO TABS 50mg,<br>100mg, 150mg, 200mg<br>QL (56 tabs / 28 days)     | 5                          | QL NM PA |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days)                            | 5                          | QL NM PA |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days)                            | 5                          | QL NM PA |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days)                           | 5                          | QL NM PA |
| VIZIMPRO TABS 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)              | 5                          | QL NM PA |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days)                              | 5                          | QL NM PA |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days)                             | 5                          | QL NM PA |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days)                             | 5                          | QL NM PA |
| XALKORI CAPS 200mg,<br>250mg; CPSP 20mg, 50mg<br>QL (120 caps / 30 days) | 5                          | QL NM PA |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days)                            | 5                          | QL NM PA |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days)                              | 5                          | QL NM PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPK 10mg<br>QL (16 tabs / 28 days)    | 5                          | QL NM PA |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPK 40mg<br>QL (4 tabs / 28 days)     | 5                          | QL NM PA |
| XPOVIO PAK (40 MG TWICE<br>WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)    | 5                          | QL NM PA |
| XPOVIO PAK (60 MG ONCE<br>WEEKLY) TBPK 60mg<br>QL (4 tabs / 28 days)     | 5                          | QL NM PA |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPK 40mg<br>QL (8 tabs / 28 days)     | 5                          | QL NM PA |
| XPOVIO PAK (80 MG TWICE<br>WEEKLY) TBPK 20mg<br>QL (32 tabs / 28 days)   | 5                          | QL NM PA |
| XPOVIO PAK (100 MG ONCE<br>WEEKLY) TBPK 50mg<br>QL (8 tabs / 28 days)    | 5                          | QL NM PA |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits   |
|--------------------------------------------------------------------------------|----------------------------|----------|
| ZEJULA TABS 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                      | 5                          | QL NM PA |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days)                                 | 5                          | QL NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml                                             | 5                          | NM PA    |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days)                                  | 5                          | QL NM PA |
| ZYDELIG TABS 100mg, 150mg<br>QL (60 tabs / 30 days)                            | 5                          | QL NM PA |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days)                                   | 5                          | QL NM PA |
| <b>CARDIOVASCULAR<br/>ACE INHIBITOR COMBINATIONS</b>                           |                            |          |
| amlodipine besylate-<br>benazepril hcl cap 2.5-10 mg<br>QL (30 caps / 30 days) | 1                          | QL       |
| amlodipine besylate-<br>benazepril hcl cap 5-10 mg<br>QL (30 caps / 30 days)   | 1                          | QL       |
| amlodipine besylate-<br>benazepril hcl cap 5-20 mg<br>QL (30 caps / 30 days)   | 1                          | QL       |
| amlodipine besylate-<br>benazepril hcl cap 5-40 mg<br>QL (30 caps / 30 days)   | 1                          | QL       |
| amlodipine besylate-<br>benazepril hcl cap 10-20 mg<br>QL (30 caps / 30 days)  | 1                          | QL       |
| amlodipine besylate-<br>benazepril hcl cap 10-40 mg<br>QL (30 caps / 30 days)  | 1                          | QL       |
| benazepril &<br>hydrochlorothiazide tab 5-<br>6.25mg                           | 1                          |          |
| benazepril &<br>hydrochlorothiazide tab 10-<br>12.5 mg                         | 1                          |          |
| benazepril &<br>hydrochlorothiazide tab 20-<br>12.5 mg                         | 1                          |          |
| benazepril &<br>hydrochlorothiazide tab 20-25<br>mg                            | 1                          |          |
| captopril &<br>hydrochlorothiazide tab 25-15<br>mg                             | 1                          |          |

| Drug Name                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------|----------------------------|--------|
| captopril &<br>hydrochlorothiazide tab 25-25<br>mg            | 1                          |        |
| captopril &<br>hydrochlorothiazide tab 50-15<br>mg            | 1                          |        |
| captopril &<br>hydrochlorothiazide tab 50-25<br>mg            | 1                          |        |
| enalapril maleate &<br>hydrochlorothiazide tab 5-12.5<br>mg   | 1                          |        |
| enalapril maleate &<br>hydrochlorothiazide tab 10-25<br>mg    | 1                          |        |
| fosinopril sodium &<br>hydrochlorothiazide tab 10-<br>12.5 mg | 1                          |        |
| fosinopril sodium &<br>hydrochlorothiazide tab 20-<br>12.5 mg | 1                          |        |
| lisinopril & hydrochlorothiazide<br>tab 10-12.5 mg            | 1                          |        |
| lisinopril & hydrochlorothiazide<br>tab 20-12.5 mg            | 1                          |        |
| lisinopril & hydrochlorothiazide<br>tab 20-25 mg              | 1                          |        |
| <b>ACE INHIBITORS</b>                                         |                            |        |
| 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                          |        |

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

| Drug Name                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------|----------------------------|--------|
| <b>ALDOSTERONE RECEPTOR<br/>ANTAGONISTS</b>                |                            |        |
| eplerenone TABS 25mg, 50mg                                 | 3                          |        |
| KERENDIA TABS 10mg, 20mg                                   | 3                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| spironolactone TABS 25mg, 50mg, 100mg                      | 1                          |        |
| <b>ALPHA BLOCKERS</b>                                      |                            |        |
| doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg                 | 2                          |        |
| prazosin hcl CAPS 1mg, 2mg, 5mg                            | 3                          |        |
| terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg                     | 1                          |        |
| <b>ANGIOTENSIN II RECEPTOR<br/>ANTAGONIST COMBINATIONS</b> |                            |        |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg       | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-olmesartan medoxomil tab 5-40 mg       | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-olmesartan medoxomil tab 10-20 mg      | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-olmesartan medoxomil tab 10-40 mg      | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-valsartan tab 5-160 mg                 | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-valsartan tab 5-320 mg                 | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-valsartan tab 10-160 mg                | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| amlodipine besylate-valsartan tab 10-320 mg                | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| ENTRESTO CAP 6-6MG                                         | 3                          | QL     |
| QL (240 caps / 30 days)                                    |                            |        |

| Drug Name                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------|----------------------------|--------|
| ENTRESTO CAP 15-16MG                                       | 3                          | QL     |
| QL (240 caps / 30 days)                                    |                            |        |
| ENTRESTO TAB 24-26MG                                       | 3                          | QL     |
| QL (60 tabs / 30 days)                                     |                            |        |
| ENTRESTO TAB 49-51MG                                       | 3                          | QL     |
| QL (60 tabs / 30 days)                                     |                            |        |
| ENTRESTO TAB 97-103MG                                      | 3                          | QL     |
| QL (60 tabs / 30 days)                                     |                            |        |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg             | 1                          | QL     |
| QL (60 tabs / 30 days)                                     |                            |        |
| irbesartan-hydrochlorothiazide tab 300-12.5 mg             | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| 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    | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg    | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg      | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg   | 1                          | QL     |
| QL (30 tabs / 30 days)                                     |                            |        |

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

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i><br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i><br>QL (30 tabs / 30 days)                | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i><br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i><br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i><br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i><br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                   |                            |        |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i><br>QL (60 tabs / 30 days)                   | 1                          | QL     |
| <i>candesartan cilexetil TABS 32mg</i><br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i><br>QL (30 tabs / 30 days)                          | 1                          | QL     |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                                             | 1                          |        |
| <i>olmesartan medoxomil TABS 5mg</i><br>QL (60 tabs / 30 days)                               | 1                          | QL     |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i><br>QL (30 tabs / 30 days)                        | 1                          | QL     |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i><br>QL (30 tabs / 30 days)                           | 1                          | QL     |
| <i>valsartan TABS 40mg, 80mg, 160mg</i><br>QL (60 tabs / 30 days)                            | 1                          | QL     |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| <i>valsartan TABS 320mg</i><br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| <b>ANTIARRHYTHMICS</b>                                                            |                            |        |
| <i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>      | 4                          |        |
| <i>amiodarone hcl TABS 200mg</i>                                                  | 1                          |        |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i>                                   | 4                          |        |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>                                     | 4                          |        |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i>                                 | 3                          |        |
| <i>MULTAQ TABS 400mg</i><br>QL (60 tabs / 30 days)                                | 4                          | QL     |
| <i>pacerone TABS 100mg, 400mg</i>                                                 | 4                          |        |
| <i>pacerone TABS 200mg</i>                                                        | 1                          |        |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg</i>                                   | 4                          |        |
| <i>propafenone hcl TABS 150mg, 225mg, 300mg</i>                                   | 3                          |        |
| <i>quinidine sulfate TABS 200mg, 300mg</i>                                        | 4                          |        |
| <i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>                                 | 2                          |        |
| <i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>                              | 3                          |        |
| <b>ANTILIPEMICS, FIBRATES</b>                                                     |                            |        |
| <i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>                                  | 2                          |        |
| <i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>                             | 3                          |        |
| <i>gemfibrozil TABS 600mg</i>                                                     | 2                          |        |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                 |                            |        |
| <i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i><br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>lovastatin TABS 10mg, 20mg, 40mg</i><br>QL (60 tabs / 30 days)                 | 1                          | QL     |
| <i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |

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



| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------------|----------------------------|----------|
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)       | 1                          | QL       |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)          | 1                          | QL       |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                                     |                            |          |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                                          | 3                          |          |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose                                    | 3                          |          |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg                                         | 4                          |          |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm                                               | 4                          |          |
| <i>colestipol hcl</i> TABS 1gm                                                         | 3                          |          |
| <i>ezetimibe</i> TABS 10mg<br>QL (30 tabs / 30 days)                                   | 2                          | QL       |
| <i>ezetimibe-simvastatin tab 10-10 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL       |
| <i>ezetimibe-simvastatin tab 10-20 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL       |
| <i>ezetimibe-simvastatin tab 10-40 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL       |
| <i>ezetimibe-simvastatin tab 10-80 mg</i><br>QL (30 tabs / 30 days)                    | 1                          | QL       |
| <i>NEXLETOL</i> TABS 180mg<br>QL (30 tabs / 30 days)                                   | 3                          | QL       |
| <i>NEXLIZET</i> TAB 180/10MG<br>QL (30 tabs / 30 days)                                 | 3                          | QL       |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days) | 3                          | QL       |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                                              | 3                          | PA       |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                                               | 3                          |          |
| <i>REPATHA</i> SOSY 140mg/ml<br>QL (6 syringes / 28 days)                              | 3                          | QL NM PA |
| <i>REPATHA SURECLICK</i> SOAJ 140mg/ml<br>QL (6 autoinjectors / 28 days)               | 3                          | QL NM PA |

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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------|----------------------------|--------|
| <i>VASCEPA</i> CAPS .5gm, 1gm                                        | 3                          |        |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                            |                            |        |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>                    | 2                          |        |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>                   | 2                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>          | 2                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>            | 2                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>           | 2                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>             | 3                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>            | 3                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>            | 3                          |        |
| <b>BETA-BLOCKERS</b>                                                 |                            |        |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                              | 3                          |        |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg                               | 1                          |        |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg                            | 2                          |        |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg                 | 1                          |        |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg                        | 2                          |        |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg            | 1                          |        |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml                              | 4                          |        |
| <i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg                    | 1                          |        |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg                                 | 3                          |        |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days) | 3                          | QL     |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>nebivolol hcl</i> TABS 20mg<br>QL (60 tabs / 30 days)                                                  | 3                          | QL     |
| <i>pindolol</i> TABS 5mg, 10mg                                                                            | 3                          |        |
| <i>propranolol hcl</i> CP24 60mg,<br>80mg, 120mg, 160mg; SOLN<br>20mg/5ml, 40mg/5ml                       | 3                          |        |
| <i>propranolol hcl</i> TABS 10mg,<br>20mg, 40mg, 60mg, 80mg                                               | 2                          |        |
| <i>timolol maleate</i> TABS 5mg,<br>10mg, 20mg                                                            | 3                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                           |                            |        |
| <i>amlodipine besylate</i> TABS<br>2.5mg, 5mg, 10mg                                                       | 1                          |        |
| <i>cartia xt</i> CP24 120mg,<br>180mg, 240mg, 300mg                                                       | 2                          |        |
| <i>dilt-xr</i> CP24 120mg, 180mg,<br>240mg                                                                | 2                          |        |
| <i>diltiazem hcl</i> CP12 60mg,<br>90mg, 120mg                                                            | 4                          |        |
| <i>diltiazem hcl</i> SOLN<br>25mg/5ml, 50mg/10ml,<br>125mg/25ml                                           | 3                          |        |
| <i>diltiazem hcl</i> TABS 30mg,<br>60mg, 90mg, 120mg                                                      | 2                          |        |
| <i>diltiazem hcl coated beads</i><br>CP24 120mg, 180mg, 240mg,<br>300mg                                   | 2                          |        |
| <i>diltiazem hcl coated beads</i><br>CP24 360mg                                                           | 4                          |        |
| <i>diltiazem hcl extended release</i><br><i>beads</i> CP24 120mg, 180mg,<br>240mg, 300mg, 360mg,<br>420mg | 2                          |        |
| <i>felodipine</i> TB24 2.5mg, 5mg,<br>10mg                                                                | 2                          |        |
| <i>nifedipine</i> TB24 30mg, 60mg,<br>90mg                                                                | 3                          |        |
| <i>nimodipine</i> CAPS 30mg                                                                               | 4                          |        |
| <i>tiadylt er</i> CP24 120mg,<br>180mg, 240mg, 300mg,<br>360mg, 420mg                                     | 2                          |        |
| <i>verapamil hcl</i> CP24 100mg,<br>200mg, 300mg, 360mg;<br>SOLN 2.5mg/ml                                 | 4                          |        |
| <i>verapamil hcl</i> CP24 120mg,<br>180mg, 240mg                                                          | 3                          |        |
| <i>verapamil hcl</i> TABS 40mg,<br>80mg, 120mg                                                            | 1                          |        |

| Drug Name                                                                | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------|----------------------------|--------|
| <i>verapamil hcl</i> TBCR 120mg,<br>180mg, 240mg                         | 2                          |        |
| <b>DIURETICS</b>                                                         |                            |        |
| <i>acetazolamide</i> CP12 500mg;<br>TABS 125mg, 250mg                    | 3                          |        |
| <i>amiloride &amp;<br/>hydrochlorothiazide tab</i> 5-50<br>mg            | 2                          |        |
| <i>amiloride hcl</i> TABS 5mg                                            | 2                          |        |
| <i>bumetanide</i> SOLN .25mg/ml;<br>TABS .5mg, 1mg, 2mg                  | 3                          |        |
| <i>chlorthalidone</i> TABS 25mg,<br>50mg                                 | 2                          |        |
| <i>furosemide</i> SOLN 10mg/ml,<br>40mg/5ml                              | 2                          |        |
| <i>furosemide</i> TABS 20mg,<br>40mg, 80mg                               | 1                          |        |
| <i>furosemide inj</i> SOLN<br>10mg/ml                                    | 3                          |        |
| <i>hydrochlorothiazide</i> CAPS<br>12.5mg; TABS 12.5mg, 25mg,<br>50mg    | 1                          |        |
| <i>indapamide</i> TABS 1.25mg,<br>2.5mg                                  | 1                          |        |
| <i>methazolamide</i> TABS 25mg,<br>50mg                                  | 4                          |        |
| <i>metolazone</i> TABS 2.5mg,<br>5mg, 10mg                               | 2                          |        |
| <i>spironolactone &amp;<br/>hydrochlorothiazide tab</i> 25-25<br>mg      | 2                          |        |
| <i>torseamide</i> TABS 5mg, 10mg,<br>20mg, 100mg                         | 2                          |        |
| <i>triamterene &amp;<br/>hydrochlorothiazide cap</i> 37.5-<br>25 mg      | 1                          |        |
| <i>triamterene &amp;<br/>hydrochlorothiazide tab</i> 37.5-<br>25 mg      | 1                          |        |
| <i>triamterene &amp;<br/>hydrochlorothiazide tab</i> 75-50<br>mg         | 1                          |        |
| <b>MISCELLANEOUS</b>                                                     |                            |        |
| <i>aliskiren fumarate</i> TABS<br>150mg, 300mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>clonidine</i> PTWK .1mg/24hr,<br>.2mg/24hr, .3mg/24hr                 | 3                          |        |

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

| Drug Name                                                               | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------|-----------------------------------|
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                              | 1                                 |
| CORLANOR SOLN 5mg/5ml<br>QL (450 mL / 30 days)                          | 4 QL                              |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                                  | 4                                 |
| <i>digoxin</i> TABS 125mcg, 250mcg<br>QL (30 tabs / 30 days)            | 2 QL                              |
| <i>droxidopa</i> CAPS 100mg<br>QL (90 caps / 30 days)                   | 4 QL NM PA                        |
| <i>droxidopa</i> CAPS 200mg, 300mg<br>QL (180 caps / 30 days)           | 5 QL NM PA                        |
| <i>epinephrine (anaphylaxis)</i><br>SOLN 1mg/ml                         | 4                                 |
| <i>guanfacine hcl</i> TABS 1mg, 2mg<br>PA applies if 65 years and older | 3 PA                              |
| <i>hydralazine hcl</i> SOLN 20mg/ml                                     | 4                                 |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                     | 1                                 |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg<br>QL (60 tabs / 30 days)         | 4 QL                              |
| <i>metirosine</i> CAPS 250mg                                            | 5 NM PA                           |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg                                    | 3                                 |
| <i>midodrine hcl</i> TABS 10mg                                          | 4                                 |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                       | 2                                 |
| <i>ranolazine</i> TB12 500mg, 1000mg                                    | 4                                 |
| VERQUVO TABS 2.5mg, 5mg, 10mg<br>QL (30 tabs / 30 days)                 | 3 QL PA                           |
| <b>NITRATES</b>                                                         |                                   |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                  | 3                                 |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg                    | 1                                 |
| NITRO-BID OINT 2%                                                       | 3                                 |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr            | 3                                 |
| <i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg                              | 2                                 |

| Drug Name                                                                                         | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                                            |                                   |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg<br>QL (90 tabs / 30 days)                               | 5 QL NM PA                        |
| <i>alyq</i> TABS 20mg<br>QL (60 tabs / 30 days)                                                   | 5 QL NM PA                        |
| <i>ambrisentan</i> TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                       | 5 QL NM PA                        |
| <i>bosentan</i> TABS 62.5mg, 125mg<br>QL (60 tabs / 30 days)                                      | 5 QL NM PA                        |
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days)                                                       | 5 QL NM PA                        |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg<br>QL (360 tabs / 30 days)           | 3 QL NM PA                        |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg<br>QL (60 tabs / 30 days)                     | 4 QL NM PA                        |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                             | 5 NM PA                           |
| UPTRAVI TABS 200mcg<br>QL (140 tabs / 28 days)                                                    | 5 QL NM PA                        |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg<br>QL (60 tabs / 30 days) | 5 QL NM PA                        |
| UPTRAVI PACK TAB 200/800<br>QL (1 pack / 28 days)                                                 | 5 QL NM PA                        |
| WINREVAIR KIT 45mg, 60mg<br>QL (2 vials / 21 days)                                                | 5 QL NM PA                        |
| WINREVAIR INJ 45MG<br>QL (2 vials / 21 days)                                                      | 5 QL NM PA                        |
| WINREVAIR INJ 60MG<br>QL (2 vials / 21 days)                                                      | 5 QL NM PA                        |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg<br>QL (140 caps / 28 days)                                  | 5 QL NM PA                        |
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days)                                                   | 5 QL NM PA                        |
| <b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>                                                         |                                   |
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                           | 2 QL                              |

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

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>buspirone hcl</i> TABS 5mg, 10mg, 15mg                                                          | 1                          |        |
| <i>buspirone hcl</i> TABS 7.5mg, 30mg                                                              | 3                          |        |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg                                                  | 3                          |        |
| <i>lorazepam</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                              | 3                          | QL     |
| <i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml                                                            | 2                          |        |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days)                                    | 2                          | QL     |
| <i>lorazepam intensol</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                     | 3                          | QL     |
| <b>ANTIDEMENTIA</b>                                                                                |                            |        |
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg<br>QL (30 tabs / 30 days)                        | 2                          | QL     |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg                                                | 2                          |        |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)                     | 3                          | QL     |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml<br>QL (200 mL / 30 days)                               | 4                          | QL     |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                      | 3                          | QL     |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml<br>PA applies if 29 years and younger | 4                          | PA     |
| <i>memantine hcl</i> TABS 5mg, 10mg<br>PA applies if 29 years and younger                          | 3                          | PA     |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>                                            | 4                          |        |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>                                            | 4                          |        |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>                                            | 4                          |        |
| NAMZARIC CAP 7-10MG                                                                                | 4                          |        |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days)                      | 4                          | QL     |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days)                             | 3                          | QL     |
| <b>ANTIDEPRESSANTS</b>                                                                                         |                            |        |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older         | 3                          | PA     |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg<br>PA applies if 65 years and older                             | 3                          | PA     |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days)                                                                | 4                          | QL PA  |
| <i>bupropion hcl</i> TABS 75mg, 100mg                                                                          | 2                          |        |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg<br>QL (60 tabs / 30 days)                            | 2                          | QL     |
| <i>bupropion hcl</i> TB24 300mg<br>QL (30 tabs / 30 days)                                                      | 2                          | QL     |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml                                                                   | 3                          |        |
| <i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg                                                           | 1                          |        |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                                                                  | 4                          | PA     |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older           | 4                          | PA     |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                               | 3                          | QL     |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml<br>PA applies if 65 years and older | 3                          | PA     |

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

Current as of: 10/01/2025

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DRIZALMA SPRINKLE<br>CSDR 20mg, 30mg, 40mg,<br>60mg<br>QL (60 caps / 30 days)                          | 4                          | QL PA  |
| <i>duloxetine hcl</i> CPEP 20mg,<br>30mg, 60mg<br>QL (60 caps / 30 days)                               | 3                          | QL     |
| EMSAM PT24 6mg/24hr,<br>9mg/24hr, 12mg/24hr<br>QL (30 patches / 30<br>days)                            | 5                          | QL PA  |
| <i>escitalopram oxalate</i> SOLN<br>5mg/5ml                                                            | 4                          |        |
| <i>escitalopram oxalate</i> TABS<br>5mg, 10mg, 20mg                                                    | 1                          |        |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                      | 4                          | QL PA  |
| FETZIMA CP24 80mg,<br>120mg<br>QL (30 caps / 30 days)                                                  | 4                          | QL PA  |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year)                                                            | 4                          | QL PA  |
| <i>fluoxetine hcl</i> CAPS 10mg,<br>20mg, 40mg                                                         | 1                          |        |
| <i>fluoxetine hcl</i> SOLN<br>20mg/5ml                                                                 | 3                          |        |
| <i>imipramine hcl</i> TABS 10mg,<br>25mg, 50mg<br>PA applies if 65 years and<br>older                  | 2                          | PA     |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days)                                                           | 4                          | QL     |
| <i>mirtazapine</i> TABS 7.5mg;<br>TBDP 15mg, 30mg, 45mg                                                | 3                          |        |
| <i>mirtazapine</i> TABS 15mg,<br>30mg, 45mg                                                            | 2                          |        |
| <i>nefazodone hcl</i> TABS 50mg,<br>100mg, 150mg, 200mg,<br>250mg                                      | 4                          |        |
| <i>nortriptyline hcl</i> CAPS 10mg,<br>25mg, 50mg, 75mg                                                | 2                          |        |
| <i>nortriptyline hcl</i> SOLN<br>10mg/5ml                                                              | 4                          |        |
| <i>paroxetine hcl</i> SUSP<br>10mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and<br>older | 4                          | QL PA  |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>paroxetine hcl</i> TABS 10mg,<br>20mg, 30mg, 40mg<br>PA applies if 65 years and<br>older | 2                          | PA     |
| <i>phenelzine sulfate</i> TABS<br>15mg                                                      | 3                          |        |
| <i>protriptyline hcl</i> TABS 5mg,<br>10mg                                                  | 4                          |        |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days)                                              | 4                          | QL PA  |
| <i>sertraline hcl</i> CONC 20mg/ml                                                          | 3                          |        |
| <i>sertraline hcl</i> TABS 25mg,<br>50mg, 100mg                                             | 1                          |        |
| <i>tranylcypromine sulfate</i> TABS<br>10mg                                                 | 4                          |        |
| <i>trazodone hcl</i> TABS 50mg,<br>100mg, 150mg                                             | 1                          |        |
| <i>trimipramine maleate</i> CAPS<br>25mg, 50mg<br>QL (120 caps / 30 days)                   | 4                          | QL     |
| <i>trimipramine maleate</i> CAPS<br>100mg<br>QL (60 caps / 30 days)                         | 4                          | QL     |
| TRINTELLIX TABS 5mg,<br>10mg, 20mg<br>QL (30 tabs / 30 days)                                | 4                          | QL PA  |
| <i>venlafaxine hcl</i> CP24<br>37.5mg, 75mg, 150mg                                          | 2                          |        |
| <i>venlafaxine hcl</i> TABS 25mg,<br>37.5mg, 50mg, 75mg, 100mg                              | 3                          |        |
| <i>vilazodone hcl</i> TABS 10mg,<br>20mg, 40mg<br>QL (30 tabs / 30 days)                    | 4                          | QL     |
| ZURZUVAE CAPS 20mg,<br>25mg<br>QL (28 caps / 14 days)                                       | 5                          | QL PA  |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days)                                                | 5                          | QL PA  |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                              |                            |        |
| <i>amantadine hcl</i> CAPS 100mg<br>QL (120 caps / 30 days)                                 | 3                          | QL     |
| <i>amantadine hcl</i> SOLN<br>50mg/5ml                                                      | 3                          |        |
| <i>amantadine hcl</i> TABS 100mg                                                            | 4                          |        |
| <i>benztropine mesylate</i> SOLN<br>1mg/ml                                                  | 4                          |        |

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

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------|----------------------------|----------|
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg<br>PA applies if 65 years and older | 2                          | PA       |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg                                  | 4                          |          |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                                 | 3                          |          |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                                 | 3                          |          |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                                 | 3                          |          |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                                       | 2                          |          |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                                       | 2                          |          |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                                       | 2                          |          |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                                    | 3                          |          |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                                    | 3                          |          |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                            | 4                          |          |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                           | 4                          |          |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                             | 4                          |          |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                          | 4                          |          |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                           | 4                          |          |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                             | 4                          |          |
| <i>entacapone</i> TABS 200mg                                                        | 4                          |          |
| <i>INBRIJA</i> CAPS 42mg<br>QL (300 caps / 30 days)                                 | 5                          | QL NM PA |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg      | 2                          |          |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg<br>QL (30 tabs / 30 days)                 | 4                          | QL       |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                                     | 2                          |        |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                                      | 3                          |        |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml                                                                       | 3                          |        |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg                                                                      | 2                          |        |
| <b>ANTIPSYCHOTICS</b>                                                                                         |                            |        |
| <i>ABILIFY ASIMTUFII</i> PRSY 720mg/2.4ml, 960mg/3.2ml<br>QL (1 syringe / 56 days)                            | 5                          | QL     |
| <i>ABILIFY MAINTENA</i> PRSY 300mg, 400mg<br>QL (1 syringe / 28 days)                                         | 5                          | QL     |
| <i>ABILIFY MAINTENA</i> SRER 300mg, 400mg<br>QL (1 injection / 28 days)                                       | 5                          | QL     |
| <i>aripiprazole</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                                      | 4                          | QL     |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                           | 4                          | QL     |
| <i>aripiprazole</i> TBDP 10mg, 15mg<br>QL (60 tabs / 30 days)                                                 | 4                          | QL ST  |
| <i>ARISTADA</i> PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days)                        | 5                          | QL     |
| <i>ARISTADA</i> PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days)                                                 | 5                          | QL     |
| <i>ARISTADA INITIO</i> PRSY 675mg/2.4ml                                                                       | 5                          |        |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                                      | 4                          | QL     |
| <i>CAPLYTA</i> CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days)                                              | 5                          | QL     |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 4                          |        |
| <i>clozapine</i> TABS 25mg, 50mg                                                                              | 3                          |        |

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

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clozapine</i> TABS 100mg<br>QL (270 tabs / 30 days)                                                  | 3                          | QL     |
| <i>clozapine</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                  | 3                          | QL     |
| <i>clozapine</i> TBDP 12.5mg,<br>25mg                                                                   | 4                          | PA     |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)                                                  | 4                          | QL PA  |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)                                                  | 4                          | QL PA  |
| <i>clozapine</i> TBDP 200mg<br>QL (120 tabs / 30 days)                                                  | 4                          | QL PA  |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days)                                                           | 5                          | QL PA  |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days)                                                          | 5                          | QL PA  |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days)                                                          | 5                          | QL PA  |
| COBENFY STRT CAP PACK<br>QL (2 packs / year)                                                            | 5                          | QL PA  |
| FANAPT TABS 1mg, 2mg,<br>4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                            | 5                          | QL PA  |
| FANAPT PAK PACK A<br>QL (2 packs / year)                                                                | 4                          | QL PA  |
| FANAPT PAK PACK C<br>QL (2 packs / year)                                                                | 4                          | QL PA  |
| <i>fluphenazine decanoate</i><br>SOLN 25mg/ml                                                           | 4                          |        |
| <i>fluphenazine hcl</i> CONC<br>5mg/ml; ELIX 2.5mg/5ml;<br>SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg | 4                          |        |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg,<br>5mg, 10mg, 20mg                                              | 3                          |        |
| <i>haloperidol decanoate</i> SOLN<br>50mg/ml, 100mg/ml                                                  | 3                          |        |
| <i>haloperidol lactate</i> CONC<br>2mg/ml; SOLN 5mg/ml                                                  | 3                          |        |
| INVEGA HAFYERA SUSY<br>1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180<br>days)                       | 5                          | QL     |
| INVEGA SUSTENNA SUSY<br>39mg/0.25ml<br>QL (1 syringe / 28 days)                                         | 4                          | QL     |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| INVEGA SUSTENNA SUSY<br>78mg/0.5ml, 117mg/0.75ml,<br>156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)      | 5                          | QL       |
| INVEGA TRINZA SUSY<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 5                          | QL       |
| <i>loxapine succinate</i> CAPS<br>5mg, 10mg, 25mg, 50mg                                                     | 3                          |          |
| <i>lurasidone hcl</i> TABS 20mg,<br>40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)                             | 4                          | QL       |
| <i>lurasidone hcl</i> TABS 80mg<br>QL (60 tabs / 30 days)                                                   | 4                          | QL       |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days)                                                                | 5                          | QL       |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days)                                                               | 5                          | QL       |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days)                                                               | 5                          | QL       |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days)                                                               | 5                          | QL       |
| <i>molindone hcl</i> TABS 5mg,<br>10mg, 25mg                                                                | 4                          |          |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                                                                | 5                          | QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                                                                | 5                          | QL NM PA |
| <i>olanzapine</i> SOLR 10mg<br>QL (3 vials / 1 day)                                                         | 4                          | QL       |
| <i>olanzapine</i> TABS 2.5mg,<br>5mg, 10mg<br>QL (60 tabs / 30 days)                                        | 2                          | QL       |
| <i>olanzapine</i> TABS 7.5mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                       | 2                          | QL       |
| <i>olanzapine</i> TBDP 5mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                         | 4                          | QL ST    |
| <i>olanzapine</i> TBDP 10mg<br>QL (60 tabs / 30 days)                                                       | 4                          | QL ST    |
| OPIPZA FILM 2mg, 5mg<br>QL (30 films / 30 days)                                                             | 5                          | QL PA    |
| OPIPZA FILM 10mg<br>QL (90 films / 30 days)                                                                 | 5                          | QL PA    |
| <i>paliperidone</i> TB24 1.5mg,<br>3mg, 9mg<br>QL (30 tabs / 30 days)                                       | 4                          | QL       |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>paliperidone</i> TB24 6mg<br>QL (60 tabs / 30 days)                                 | 4                          | QL     |
| <i>perphenazine</i> TABS 2mg,<br>4mg, 8mg, 16mg                                        | 3                          |        |
| <i>pimozide</i> TABS 1mg, 2mg                                                          | 4                          |        |
| <i>quetiapine fumarate</i> TABS<br>25mg<br>QL (180 tabs / 30 days)                     | 2                          | QL     |
| <i>quetiapine fumarate</i> TABS<br>50mg, 100mg, 150mg, 200mg<br>QL (90 tabs / 30 days) | 2                          | QL     |
| <i>quetiapine fumarate</i> TABS<br>300mg, 400mg<br>QL (60 tabs / 30 days)              | 2                          | QL     |
| <i>quetiapine fumarate</i> TB24<br>50mg, 300mg, 400mg<br>QL (60 tabs / 30 days)        | 4                          | QL PA  |
| <i>quetiapine fumarate</i> TB24<br>150mg, 200mg<br>QL (30 tabs / 30 days)              | 4                          | QL PA  |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days)                                        | 5                          | QL     |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days)                           | 5                          | QL     |
| <i>risperidone</i> SOLN 1mg/ml<br>QL (240 mL / 30 days)                                | 3                          | QL     |
| <i>risperidone</i> TABS .25mg,<br>.5mg, 1mg, 2mg, 3mg, 4mg                             | 2                          |        |
| <i>risperidone</i> TBDP 1mg, 2mg,<br>3mg<br>QL (60 tabs / 30 days)                     | 4                          | QL ST  |
| <i>risperidone</i> TBDP 4mg<br>QL (120 tabs / 30 days)                                 | 4                          | QL ST  |
| <i>risperidone</i> TBDP .25mg,<br>.5mg<br>QL (90 tabs / 30 days)                       | 4                          | QL ST  |
| <i>risperidone microspheres</i><br>SRER 12.5mg, 25mg<br>QL (2 injections / 28<br>days) | 4                          | QL     |
| <i>risperidone microspheres</i><br>SRER 37.5mg, 50mg<br>QL (2 injections / 28<br>days) | 5                          | QL     |
| SECUADO PT24 3.8mg/24hr,<br>5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30<br>days)     | 5                          | QL     |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>thioridazine hcl</i> TABS 10mg,<br>25mg, 50mg, 100mg                                                      | 3                          |        |
| <i>thiothixene</i> CAPS 1mg, 2mg,<br>5mg, 10mg                                                               | 4                          |        |
| <i>trifluoperazine hcl</i> TABS 1mg,<br>2mg, 5mg, 10mg                                                       | 3                          |        |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days)                                                              | 5                          | QL PA  |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)                                                                 | 5                          | QL     |
| VRAYLAR CAPS 3mg,<br>4.5mg, 6mg<br>QL (30 caps / 30 days)                                                    | 5                          | QL     |
| <i>ziprasidone hcl</i> CAPS 20mg,<br>40mg, 60mg, 80mg<br>QL (60 caps / 30 days)                              | 4                          | QL     |
| <i>ziprasidone mesylate</i> SOLR<br>20mg<br>QL (6 injections / 3<br>days)                                    | 4                          | QL     |
| <b>ANTISEIZURE AGENTS</b>                                                                                    |                            |        |
| APTiom TABS 200mg,<br>400mg<br>QL (30 tabs / 30 days)                                                        | 5                          | QL     |
| APTiom TABS 600mg,<br>800mg<br>QL (60 tabs / 30 days)                                                        | 5                          | QL     |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                                               | 5                          | QL PA  |
| BRIVIACT TABS 10mg,<br>25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days)                                     | 5                          | QL PA  |
| <i>carbamazepine</i> CHEW<br>100mg; TABS 200mg                                                               | 3                          |        |
| <i>carbamazepine</i> CHEW<br>200mg; CP12 100mg, 200mg,<br>300mg; SUSP 100mg/5ml;<br>TB12 100mg, 200mg, 400mg | 4                          |        |
| <i>clobazam</i> SUSP 2.5mg/ml<br>QL (480 mL / 30 days)                                                       | 4                          | QL PA  |
| <i>clobazam</i> TABS 10mg, 20mg<br>QL (60 tabs / 30 days)                                                    | 4                          | QL PA  |
| <i>clonazepam</i> TABS 2mg<br>QL (300 tabs / 30 days)                                                        | 2                          | QL     |
| <i>clonazepam</i> TABS .5mg,<br>1mg<br>QL (90 tabs / 30 days)                                                | 2                          | QL     |
| <i>clonazepam</i> TBDP 2mg<br>QL (300 tabs / 30 days)                                                        | 3                          | QL     |

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



| Drug Name                                                                                                                         | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days)                                                         | 3                          | QL       |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA applies if 65 years and older            | 4                          | QL PA    |
| DIACOMIT CAPS 250mg<br>QL (360 caps / 30 days)                                                                                    | 5                          | QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days)                                                                                    | 5                          | QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days)                                                                                 | 5                          | QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days)                                                                                 | 5                          | QL NM PA |
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply         | 3                          | QL PA    |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 2                          | QL PA    |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                                                                            | 4                          |          |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                                   | 4                          |          |
| <i>diazepam intensol</i> CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply  | 3                          | QL PA    |
| DILANTIN CAPS 30mg                                                                                                                | 4                          |          |
| <i>divalproex sodium</i> CSDR 125mg                                                                                               | 4                          |          |
| <i>divalproex sodium</i> TB24 250mg, 500mg                                                                                        | 3                          |          |
| <i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg                                                                                 | 2                          |          |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days)                                                                                  | 5                          | QL NM PA |
| <i>epitol</i> TABS 200mg                                                                                                          | 3                          |          |

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------|----------------------------|----------|
| EPRONTIA SOLN 25mg/ml<br>QL (480 mL / 30 days)                             | 4                          | QL PA    |
| <i>eslicarbazepine acetate</i> TABS 200mg, 400mg<br>QL (30 tabs / 30 days) | 4                          | QL       |
| <i>eslicarbazepine acetate</i> TABS 600mg, 800mg<br>QL (60 tabs / 30 days) | 4                          | QL       |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml                             | 3                          |          |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg                         | 4                          |          |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days)                            | 5                          | QL NM PA |
| FYCOMPA SUSP .5mg/ml<br>QL (680 mL / 28 days)                              | 5                          | QL PA    |
| FYCOMPA TABS 2mg<br>QL (60 tabs / 30 days)                                 | 4                          | QL PA    |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)           | 5                          | QL PA    |
| <i>gabapentin</i> CAPS 100mg, 300mg<br>QL (360 caps / 30 days)             | 2                          | QL       |
| <i>gabapentin</i> CAPS 400mg<br>QL (270 caps / 30 days)                    | 2                          | QL       |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml<br>QL (2160 mL / 30 days)      | 3                          | QL       |
| <i>gabapentin</i> TABS 600mg<br>QL (180 tabs / 30 days)                    | 2                          | QL       |
| <i>gabapentin</i> TABS 800mg<br>QL (120 tabs / 30 days)                    | 2                          | QL       |
| <i>lacosamide</i> SOLN 200mg/20ml                                          | 4                          |          |
| <i>lacosamide</i> TABS 50mg<br>QL (120 tabs / 30 days)                     | 4                          | QL       |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)       | 4                          | QL       |
| <i>lacosamide oral</i> SOLN 10mg/ml<br>QL (1200 mL / 30 days)              | 4                          | QL       |
| <i>lamotrigine</i> CHEW 5mg, 25mg                                          | 3                          |          |
| <i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg                          | 1                          |          |

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

| Drug Name                                                                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                                                                                   | 4                          | ST     |
| <i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg                                                                                            | 3                          |        |
| <i>levetiracetam</i> SOLN 500mg/5ml                                                                                                              | 4                          |        |
| <i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg                                                                                            | 2                          |        |
| LEVETIRACETAM TB3D 250mg<br>QL (360 tabs / 30 days)                                                                                              | 4                          | QL     |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>                                                                                     | 4                          |        |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>                                                                                    | 4                          |        |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>                                                                                    | 4                          |        |
| <i>methsuximide</i> CAPS 300mg                                                                                                                   | 4                          |        |
| NAYZILAM SOLN 5mg/0.1ml<br>QL (10 nasal units / 30 days)                                                                                         | 4                          | QL     |
| <i>oxcarbazepine</i> SUSP 300mg/5ml                                                                                                              | 4                          |        |
| <i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg                                                                                                    | 3                          |        |
| <i>perampanel</i> TABS 2mg<br>QL (60 tabs / 30 days)                                                                                             | 4                          | QL PA  |
| <i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (30 tabs / 30 days)                                                                       | 5                          | QL PA  |
| <i>phenobarbital</i> ELIX 20mg/5ml<br>QL (1500 mL / 30 days)<br>PA applies if 65 years and older                                                 | 4                          | QL PA  |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA  |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml<br>PA applies if 65 years and older                                                           | 4                          | PA     |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>phenytek</i> CAPS 200mg, 300mg                                                                                    | 3                          |        |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml                                                                           | 3                          |        |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                                                 | 4                          |        |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg                                                            | 3                          |        |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA  |
| <i>pregabalin</i> CAPS 200mg<br>QL (90 caps / 30 days)<br>PA applies if 65 years and older                           | 3                          | QL PA  |
| <i>pregabalin</i> CAPS 225mg, 300mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                    | 3                          | QL PA  |
| <i>pregabalin</i> SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older                          | 4                          | QL PA  |
| <i>primidone</i> TABS 50mg, 125mg, 250mg                                                                             | 2                          |        |
| <i>roweepra</i> TABS 500mg                                                                                           | 2                          |        |
| <i>rufinamide</i> SUSP 40mg/ml<br>QL (2400 mL / 30 days)                                                             | 5                          | QL PA  |
| <i>rufinamide</i> TABS 200mg<br>QL (480 tabs / 30 days)                                                              | 4                          | QL PA  |
| <i>rufinamide</i> TABS 400mg<br>QL (240 tabs / 30 days)                                                              | 5                          | QL PA  |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days)                                                                        | 4                          | QL     |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days)                                                                        | 4                          | QL     |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days)                                                                        | 4                          | QL     |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days)                                                                        | 4                          | QL     |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg                                                                      | 1                          |        |
| SYMPAZAN FILM 5mg, 10mg, 20mg<br>QL (60 films / 30 days)                                                             | 5                          | QL PA  |

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

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------|----------------------------|----------|
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                         | 4                          |          |
| <i>topiramate</i> CPSP 15mg, 25mg                                      | 3                          |          |
| <i>topiramate</i> CPSP 50mg                                            | 4                          |          |
| <i>topiramate</i> SOLN 25mg/ml<br>QL (480 mL / 30 days)                | 4                          | QL PA    |
| <i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg                        | 2                          |          |
| <i>valproate sodium</i> SOLN 100mg/ml                                  | 4                          |          |
| <i>valproate sodium</i> SOLN 250mg/5ml                                 | 3                          |          |
| <i>valproic acid</i> CAPS 250mg                                        | 2                          |          |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml<br>QL (10 blister packs / 30 days)    | 4                          | QL       |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml<br>QL (10 blister packs / 30 days)  | 4                          | QL       |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml<br>QL (10 blister packs / 30 days) | 4                          | QL       |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml<br>QL (10 blister packs / 30 days)  | 4                          | QL       |
| <i>vigabatrin</i> PACK 500mg<br>QL (180 packets / 30 days)             | 5                          | QL NM PA |
| <i>vigabatrin</i> TABS 500mg<br>QL (180 tabs / 30 days)                | 5                          | QL NM PA |
| <i>vigadrone</i> PACK 500mg<br>QL (180 packets / 30 days)              | 5                          | QL NM PA |
| <i>vigadrone</i> TABS 500mg<br>QL (180 tabs / 30 days)                 | 5                          | QL NM PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days)                        | 5                          | QL NM PA |
| <i>vigpoder</i> PACK 500mg<br>QL (180 packets / 30 days)               | 5                          | QL NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                | 5                          | QL       |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------|----------------------------|----------|
| XCOPRI TABS 150mg, 200mg<br>QL (60 tabs / 30 days)                               | 5                          | QL       |
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)                                     | 4                          | QL       |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)                                    | 5                          | QL       |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)                                     | 5                          | QL       |
| XCOPRI PAK 150-200MG (MAINTENANCE)<br>QL (56 tabs / 28 days)                     | 5                          | QL       |
| XCOPRI PAK 150-200MG (TITRATION)<br>QL (28 tabs / 28 days)                       | 5                          | QL       |
| ZONISADE SUSP 100mg/5ml<br>QL (900 mL / 30 days)                                 | 5                          | QL PA    |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg                                         | 2                          |          |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days)                                    | 5                          | QL NM PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>                                  |                            |          |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg<br>QL (30 caps / 30 days)  | 4                          | QL PA    |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg<br>QL (30 caps / 30 days) | 4                          | QL PA    |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg<br>QL (30 caps / 30 days) | 4                          | QL PA    |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg<br>QL (30 caps / 30 days) | 4                          | QL PA    |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg<br>QL (30 caps / 30 days) | 4                          | QL PA    |
| <i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg<br>QL (30 caps / 30 days) | 4                          | QL PA    |

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

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-dextroamphetamine tab 5 mg</i><br>QL (60 tabs / 30 days)                                       | 3                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i><br>QL (60 tabs / 30 days)                                     | 3                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 10 mg</i><br>QL (60 tabs / 30 days)                                      | 3                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i><br>QL (60 tabs / 30 days)                                    | 3                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 15 mg</i><br>QL (60 tabs / 30 days)                                      | 3                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 20 mg</i><br>QL (90 tabs / 30 days)                                      | 3                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 30 mg</i><br>QL (60 tabs / 30 days)                                      | 3                          | QL PA  |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i><br>QL (120 caps / 30 days)                                       | 4                          | QL     |
| <i>atomoxetine hcl CAPS 40mg</i><br>QL (60 caps / 30 days)                                                    | 4                          | QL     |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i><br>QL (30 caps / 30 days)                                       | 4                          | QL     |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i><br>QL (120 tabs / 30 days)                                      | 3                          | QL PA  |
| <i>dexmethylphenidate hcl TABS 10mg</i><br>QL (60 tabs / 30 days)                                             | 3                          | QL PA  |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i><br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA  |

| Drug Name                                                                                                                                      | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>guanfacine hcl (adhd) TB24 3mg</i><br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older                                            | 3                          | QL PA    |
| <i>methylphenidate hcl SOLN 5mg/5ml</i><br>QL (1800 mL / 30 days)                                                                              | 4                          | QL PA    |
| <i>methylphenidate hcl SOLN 10mg/5ml</i><br>QL (900 mL / 30 days)                                                                              | 4                          | QL PA    |
| <i>methylphenidate hcl TABS 5mg, 10mg</i><br>QL (180 tabs / 30 days)                                                                           | 3                          | QL PA    |
| <i>methylphenidate hcl TABS 20mg</i><br>QL (90 tabs / 30 days)                                                                                 | 3                          | QL PA    |
| <i>methylphenidate hcl TBCR 10mg, 20mg</i><br>QL (90 tabs / 30 days)                                                                           | 4                          | QL PA    |
| <b>HYPNOTICS</b>                                                                                                                               |                            |          |
| <i>DAYVIGO TABS 5mg, 10mg</i><br>QL (30 tabs / 30 days)                                                                                        | 3                          | QL       |
| <i>doxepin hcl (sleep) TABS 3mg, 6mg</i><br>QL (30 tabs / 30 days)                                                                             | 3                          | QL       |
| <i>ramelteon TABS 8mg</i><br>QL (30 tabs / 30 days)                                                                                            | 3                          | QL       |
| <i>tasimelteon CAPS 20mg</i><br>QL (30 caps / 30 days)                                                                                         | 5                          | QL NM PA |
| <i>temazepam CAPS 7.5mg, 30mg</i><br>QL (30 caps / 30 days)<br>PA applies if 65 years and older                                                | 4                          | QL PA    |
| <i>temazepam CAPS 15mg</i><br>QL (60 caps / 30 days)<br>PA applies if 65 years and older                                                       | 4                          | QL PA    |
| <i>zolpidem tartrate TABS 5mg, 10mg</i><br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2                          | QL PA    |
| <b>MIGRAINE</b>                                                                                                                                |                            |          |
| <i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i><br>QL (1 pen / 30 days)                                                                                  | 3                          | QL NM PA |

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

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml<br>QL (8 mL / 30 days)                                        | 5                          | QL PA    |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days)                                                             | 3                          | QL NM PA |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days)                                                         | 3                          | QL NM PA |
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days)                                                         | 3                          | QL NM PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i><br>QL (40 tabs / 28 days)                                        | 3                          | QL PA    |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days)                                            | 3                          | QL       |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)                                                                  | 3                          | QL PA    |
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days)                                                     | 3                          | QL PA    |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg<br>QL (18 tabs / 30 days)                        | 3                          | QL       |
| <i>sumatriptan</i> SOLN 5mg/act<br>QL (24 units / 30 days)                                                  | 4                          | QL       |
| <i>sumatriptan</i> SOLN 20mg/act<br>QL (12 units / 30 days)                                                 | 4                          | QL       |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml<br>QL (18 injections / 30 days)                 | 4                          | QL       |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml<br>QL (12 injections / 30 days) | 4                          | QL       |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                               | 2                          | QL       |
| UBRELVY TABS 50mg, 100mg<br>QL (16 tabs / 30 days)                                                          | 3                          | QL PA    |
| <b>MISCELLANEOUS</b>                                                                                        |                            |          |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                                                  | 5                          | QL NM PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                                           | 5                          | QL NM PA |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------|----------------------------|----------|
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days)                          | 5                          | QL NM PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days)                        | 5                          | QL NM PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days) | 5                          | QL NM PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days)                         | 5                          | QL NM PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year)                         | 5                          | QL NM PA |
| <i>lithium</i> SOLN 8meq/5ml                                           | 4                          |          |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg          | 1                          |          |
| <i>lithium carbonate</i> TBCR 300mg, 450mg                             | 2                          |          |
| NUDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)                          | 5                          | QL PA    |
| <i>pyridostigmine bromide</i> TABS 60mg                                | 3                          |          |
| <i>riluzole</i> TABS 50mg                                              | 4                          |          |
| <i>tetrabenazine</i> TABS 12.5mg<br>QL (90 tabs / 30 days)             | 4                          | QL NM PA |
| <i>tetrabenazine</i> TABS 25mg<br>QL (120 tabs / 30 days)              | 5                          | QL NM PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                       |                            |          |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days)                         | 5                          | QL NM PA |
| BETASERON KIT .3mg<br>QL (14 kits / 28 days)                           | 5                          | QL NM PA |
| COPAXONE SOSY 20mg/ml<br>QL (30 syringes / 30 days)                    | 5                          | QL NM PA |
| COPAXONE SOSY 40mg/ml<br>QL (12 syringes / 28 days)                    | 5                          | QL NM PA |
| <i>dalfampridine</i> TB12 10mg<br>QL (60 tabs / 30 days)               | 3                          | QL NM PA |
| <i> fingolimod hcl</i> CAPS .5mg<br>QL (30 caps / 30 days)             | 5                          | QL NM PA |
| <i>glatiramer acetate</i> SOSY 20mg/ml<br>QL (30 syringes / 30 days)   | 5                          | QL NM PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml<br>QL (12 syringes / 28 days)   | 5                          | QL NM PA |

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

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <i>glatopa</i> SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                               | 5                          | QL NM PA |
| <i>glatopa</i> SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                               | 5                          | QL NM PA |
| KESIMPTA SOAJ<br>20mg/0.4ml<br>QL (16 pens / 365 days)                                                  | 5                          | QL NM PA |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                   |                            |          |
| <i>baclofen</i> TABS 5mg<br>QL (90 tabs / 30 days)                                                      | 2                          | QL       |
| <i>baclofen</i> TABS 10mg, 20mg                                                                         | 2                          |          |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA    |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg                                                         | 4                          |          |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                                                     | 2                          |          |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                             |                            |          |
| <i>armodafinil</i> TABS 50mg<br>QL (60 tabs / 30 days)                                                  | 4                          | QL PA    |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days)                                   | 4                          | QL PA    |
| <i>modafinil</i> TABS 100mg<br>QL (30 tabs / 30 days)                                                   | 3                          | QL PA    |
| <i>modafinil</i> TABS 200mg<br>QL (60 tabs / 30 days)                                                   | 3                          | QL PA    |
| SODIUM OXYBATE SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                   | 5                          | QL NM PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                           |                            |          |
| <i>acamprosate calcium</i> TBEC 333mg                                                                   | 4                          |          |
| <i>buprenorphine hcl</i> SUBL 2mg<br>QL (180 tabs / 30 days)                                            | 3                          | QL       |
| <i>buprenorphine hcl</i> SUBL 8mg<br>QL (120 tabs / 30 days)                                            | 3                          | QL       |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)<br>QL (180 films / 30 days)         | 4                          | QL       |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)<br>QL (90 films / 30 days)            | 4                          | QL       |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)<br>QL (120 films / 30 days) | 4                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)<br>QL (90 films / 30 days) | 4                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)<br>QL (180 tabs / 30 days) | 2                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)<br>QL (120 tabs / 30 days)   | 2                          | QL     |
| <i>bupropion hcl</i> (smoking deterrent) TB12 150mg<br>QL (60 tabs / 30 days)                 | 2                          | QL     |
| <i>disulfiram</i> TABS 250mg, 500mg                                                           | 3                          |        |
| KLOXXADO LIQD 8mg/0.1ml                                                                       | 3                          |        |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml                                                            | 3                          |        |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml               | 2                          |        |
| <i>naltrexone hcl</i> TABS 50mg                                                               | 3                          |        |
| NICOTROL NS SOLN 10mg/ml                                                                      | 4                          |        |
| <i>varenicline tartrate</i> TABS .5mg, 1mg<br>QL (56 tabs / 28 days)                          | 4                          | QL     |
| <i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack<br>QL (2 packs / year)     | 4                          | QL     |
| VIVITROL SUSR 380mg                                                                           | 5                          | NM     |
| <b>ENDOCRINE AND METABOLIC ANDROGENS</b>                                                      |                            |        |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                                        | 4                          |        |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                                              | 3                          | PA     |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days)                     | 4                          | QL PA  |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml                                         | 3                          | PA     |
| <i>testosterone enanthate</i> SOLN 200mg/ml                                                   | 3                          | PA     |

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

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| testosterone pump GEL<br>1.62%<br>QL (150 gm / 30 days)               | 4                          | QL PA  |
| <b>ANTIDIABETICS</b>                                                  |                            |        |
| acarbose TABS 25mg, 50mg, 100mg                                       | 2                          |        |
| dapagliflozin propanediol<br>TABS 5mg, 10mg<br>QL (30 tabs / 30 days) | 3                          | QL     |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                      | 3                          | QL     |
| glimepiride TABS 1mg, 2mg<br>QL (90 tabs / 30 days)                   | 1                          | QL     |
| glimepiride TABS 4mg<br>QL (60 tabs / 30 days)                        | 1                          | QL     |
| glipizide TABS 5mg<br>QL (240 tabs / 30 days)                         | 1                          | QL     |
| glipizide TABS 10mg<br>QL (120 tabs / 30 days)                        | 1                          | QL     |
| glipizide TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days)                   | 1                          | QL     |
| glipizide TB24 10mg<br>QL (60 tabs / 30 days)                         | 1                          | QL     |
| glipizide-metformin hcl tab<br>2.5-250 mg<br>QL (240 tabs / 30 days)  | 1                          | QL     |
| glipizide-metformin hcl tab<br>2.5-500 mg<br>QL (120 tabs / 30 days)  | 1                          | QL     |
| glipizide-metformin hcl tab 5-<br>500 mg<br>QL (120 tabs / 30 days)   | 1                          | QL     |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days)                        | 3                          | QL     |
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days)                        | 3                          | QL     |
| JANUMET TAB 50-500MG<br>QL (60 tabs / 30 days)                        | 3                          | QL     |
| JANUMET TAB 50-1000<br>QL (60 tabs / 30 days)                         | 3                          | QL     |
| JANUMET XR TAB 50-<br>500MG<br>QL (60 tabs / 30 days)                 | 3                          | QL     |
| JANUMET XR TAB 50-1000<br>QL (60 tabs / 30 days)                      | 3                          | QL     |
| JANUMET XR TAB 100-1000<br>QL (30 tabs / 30 days)                     | 3                          | QL     |

| Drug Name                                                                                                                 | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| JANUVIA TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                                                                  | 3                          | QL     |
| JARDIANCE TABS 10mg, 25mg<br>QL (30 tabs / 30 days)                                                                       | 3                          | QL ST  |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days)                                                                          | 3                          | QL     |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                                                          | 3                          | QL     |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                                                         | 3                          | QL     |
| JENTADUETO TAB XR 2.5-<br>1000MG<br>QL (60 tabs / 30 days)                                                                | 3                          | QL     |
| JENTADUETO TAB XR 5-<br>1000MG<br>QL (30 tabs / 30 days)                                                                  | 3                          | QL     |
| metformin hcl TABS 500mg<br>QL (150 tabs / 30 days)                                                                       | 1                          | QL     |
| metformin hcl TABS 850mg<br>QL (90 tabs / 30 days)                                                                        | 1                          | QL     |
| metformin hcl TABS 1000mg<br>QL (75 tabs / 30 days)                                                                       | 1                          | QL     |
| metformin hcl TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)                                      | 1                          | QL     |
| metformin hcl TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)                                       | 1                          | QL     |
| MOUNJARO SOAJ<br>2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml,<br>12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 3                          | QL PA  |
| nateglinide TABS 60mg, 120mg<br>QL (90 tabs / 30 days)                                                                    | 1                          | QL     |
| OZEMPIC (0.25 OR<br>0.5MG/DOSE) SOPN<br>2mg/3ml<br>QL (1 pen / 28 days)                                                   | 3                          | QL PA  |
| OZEMPIC (1MG/DOSE)<br>SOPN 4mg/3ml<br>QL (1 pen / 28 days)                                                                | 3                          | QL PA  |

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

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| OZEMPIC (2MG/DOSE)<br>SOPN 8mg/3ml<br>QL (1 pen / 28 days)                               | 3                          | QL PA  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)                  | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg<br>QL (90 tabs / 30 days)            | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg<br>QL (90 tabs / 30 days)            | 1                          | QL     |
| <i>repaglinide</i> TABS 2mg<br>QL (240 tabs / 30 days)                                   | 1                          | QL     |
| <i>repaglinide</i> TABS .5mg, 1mg<br>QL (120 tabs / 30 days)                             | 1                          | QL     |
| RYBELSUS TABS 3mg, 7mg, 14mg<br>QL (30 tabs / 30 days)                                   | 3                          | QL PA  |
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                             | 3                          | QL     |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days)                           | 3                          | QL     |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days)                            | 3                          | QL     |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                        | 3                          | QL     |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days)                            | 3                          | QL     |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 3                          | QL PA  |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)                                         | 3                          | QL     |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)                                          | 3                          | QL     |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                         | 3                          | QL     |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)                                         | 3                          | QL     |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)                                          | 3                          | QL     |
| <b>ANTIDIABETICS, INSULINS</b>                                                           |                            |        |
| ADMELOG SOLN 100unit/ml                                                                  | 3                          | B/D    |

| Drug Name                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------|----------------------------|--------|
| ADMELOG SOLOSTAR<br>SOPN 100unit/ml                           | 3                          |        |
| ALCOHOL SWABS:<br>EMBECTA-BD/MHC/RUGBY                        | 3                          | PA     |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)<br>QL (10 patches / 30 days) | 4                          | QL PA  |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)<br>QL (8 patches / 24 days)  | 4                          | QL PA  |
| CEQUR SIMPL MIS INSERTER<br>QL (2 inserters / year)           | 4                          | QL PA  |
| FIASP SOLN 100unit/ml                                         | 3                          | B/D    |
| 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                          | PA     |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)                    | 5                          | B/D    |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml                       | 5                          |        |
| INSULIN PEN NEEDLES:<br>EMBECTA-BD                            | 3                          | PA     |
| INSULIN SAFETY NEEDLES:<br>EMBECTA-BD                         | 3                          | PA     |
| INSULIN SYRINGES:<br>EMBECTA-BD                               | 3                          | PA     |
| 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                          |        |

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



| Drug Name                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| NOVOLIN N FLEXPEN<br>SUPN 100unit/ml<br>(brand RELION not covered) | 3                          |        |
| NOVOLIN R SOLN<br>100unit/ml<br>(brand RELION not covered)         | 3                          | B/D    |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml<br>(brand RELION not covered) | 3                          |        |
| NOVOLOG SOLN 100unit/ml                                            | 3                          | B/D    |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml                                 | 3                          |        |
| NOVOLOG FLEXPEN<br>RELION SOPN 100unit/ml                          | 3                          |        |
| NOVOLOG MIX INJ 70/30<br>(brand RELION not covered)                | 3                          |        |
| NOVOLOG MIX INJ<br>FLEXPEN<br>(brand RELION not covered)           | 3                          |        |
| NOVOLOG PENFILL SOCT<br>100unit/ml                                 | 3                          |        |
| NOVOLOG RELION SOLN<br>100unit/ml                                  | 3                          | B/D    |
| OMNIPOD 5 DX KIT INT<br>G7G6<br>QL (1 kit / year)                  | 4                          | QL PA  |
| OMNIPOD 5 DX MIS POD<br>G7G6<br>QL (15 pods / 30 days)             | 4                          | QL PA  |
| OMNIPOD 5 L2 KIT INTRO<br>G6<br>QL (1 kit / year)                  | 4                          | QL PA  |
| OMNIPOD 5 L2 MIS PODS<br>G6<br>QL (15 pods / 30 days)              | 4                          | QL PA  |
| OMNIPOD DASH KIT INTRO<br>QL (1 kit / year)                        | 4                          | QL PA  |
| OMNIPOD DASH MIS PODS<br>QL (15 pods / 30 days)                    | 4                          | QL PA  |
| SOLIQUA INJ 100/33<br>QL (5 pens / 25 days)                        | 3                          | QL     |
| TOUJEO MAX SOLOSTAR<br>SOPN 300unit/ml                             | 3                          |        |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------|----------------------------|----------|
| TOUJEO SOLOSTAR SOPN<br>300unit/ml                                              | 3                          |          |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)                                   | 3                          | QL       |
| <b>CALCIUM REGULATORS</b>                                                       |                            |          |
| <i>alendronate sodium</i> TABS<br>10mg, 35mg, 70mg                              | 1                          |          |
| BONSITY SOPN<br>560mcg/2.24ml<br>QL (1 pen / 28 days)                           | 5                          | QL NM PA |
| <i>calcitonin (salmon) spray</i><br>SOLN 200unit/act                            | 3                          | B/D      |
| <i>ibandronate sodium</i> TABS<br>150mg                                         | 2                          | B/D      |
| PAMIDRONATE DISODIUM<br>SOLN 6mg/ml                                             | 3                          | B/D      |
| <i>pamidronate disodium</i> SOLN<br>30mg/10ml, 90mg/10ml                        | 3                          | B/D      |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180 days)                                | 4                          | QL NM    |
| TERIPARATIDE SOPN<br>560mcg/2.24ml<br>QL (1 pen / 28 days)<br>(ALVOGEN product) | 5                          | QL NM PA |
| WYOST SOLN 120mg/1.7ml                                                          | 5                          | NM PA    |
| <i>zoledronic acid</i> CONC<br>4mg/5ml; SOLN 5mg/100ml                          | 4                          | B/D NM   |
| <b>CHELATING AGENTS</b>                                                         |                            |          |
| CHEMET CAPS 100mg                                                               | 5                          |          |
| <i>deferasirox</i> TABS 90mg                                                    | 3                          | NM PA    |
| <i>deferasirox</i> TABS 180mg,<br>360mg; TBSO 125mg                             | 4                          | NM PA    |
| <i>deferasirox</i> TBSO 250mg,<br>500mg                                         | 5                          | NM PA    |
| <i>kionex</i> SUSP 15gm/60ml                                                    | 4                          |          |
| LOKELMA PACK 5gm, 10gm                                                          | 3                          |          |
| <i>penicillamine</i> TABS 250mg                                                 | 5                          | NM       |
| <i>sodium polystyrene sulfonate</i><br>powder                                   | 3                          |          |
| <i>sps</i> SUSP 15gm/60ml                                                       | 4                          |          |
| <i>sps rectal</i> SUSP 15gm/60ml                                                | 4                          |          |
| <i>trientine hcl</i> CAPS 250mg                                                 | 5                          | NM PA    |
| <b>CONTRACEPTIVES</b>                                                           |                            |          |
| <i>afirmelle</i>                                                                | 2                          |          |
| <i>altavera</i>                                                                 | 2                          |          |
| <i>alyacen 1/35</i>                                                             | 2                          |          |

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

Current as of: 10/01/2025

| Drug Name                                                                          | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------|-----------------------------------|
| <i>alyacen 7/7/7</i>                                                               | 2                                 |
| <i>apri</i>                                                                        | 2                                 |
| <i>aranelle</i>                                                                    | 2                                 |
| <i>aubra eq</i>                                                                    | 2                                 |
| <i>aurovela 1/20</i>                                                               | 2                                 |
| <i>aurovela fe 1.5/30</i>                                                          | 2                                 |
| <i>aurovela fe 1/20</i>                                                            | 2                                 |
| <i>aviane</i>                                                                      | 2                                 |
| <i>ayuna</i>                                                                       | 2                                 |
| <i>azurette</i>                                                                    | 2                                 |
| <i>balziva</i>                                                                     | 2                                 |
| <i>blisovi fe 1.5/30</i>                                                           | 2                                 |
| <i>briellyn</i>                                                                    | 2                                 |
| <i>camila TABS .35mg</i>                                                           | 2                                 |
| <i>chateal eq</i>                                                                  | 2                                 |
| <i>cryselle-28</i>                                                                 | 2                                 |
| <i>cyred eq</i>                                                                    | 2                                 |
| <i>dasetta 1/35</i>                                                                | 2                                 |
| <i>dasetta 7/7/7</i>                                                               | 2                                 |
| <i>deblitane TABS .35mg</i>                                                        | 2                                 |
| DEPO-SUBQ PROVERA 104<br>SUSY 104mg/0.65ml                                         | 3                                 |
| <i>desogest-eth estrad &amp; eth<br/>estradiol tab 0.15-0.02/0.01<br/>mg(21/5)</i> | 2                                 |
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.02 mg</i>                            | 2                                 |
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.03 mg</i>                            | 2                                 |
| <i>elinest</i>                                                                     | 2                                 |
| <i>eluryng</i>                                                                     | 3                                 |
| <i>emzahh TABS .35mg</i>                                                           | 2                                 |
| <i>enilloring</i>                                                                  | 3                                 |
| <i>enskyce</i>                                                                     | 2                                 |
| <i>errin TABS .35mg</i>                                                            | 2                                 |
| <i>estarylla</i>                                                                   | 2                                 |
| <i>etonogestrel-ethinyl estradiol<br/>va ring 0.12-0.015 mg/24hr</i>               | 3                                 |
| <i>falmina</i>                                                                     | 2                                 |
| <i>feirza 1.5/30</i>                                                               | 2                                 |
| <i>feirza 1/20</i>                                                                 | 2                                 |
| <i>hailey 1.5/30</i>                                                               | 2                                 |
| <i>haloette</i>                                                                    | 3                                 |
| <i>heather TABS .35mg</i>                                                          | 2                                 |
| <i>iclevia</i>                                                                     | 2                                 |

| Drug Name                                                                               | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------|-----------------------------------|
| <i>incassia TABS .35mg</i>                                                              | 2                                 |
| <i>introvale</i>                                                                        | 2                                 |
| <i>isibloom</i>                                                                         | 2                                 |
| <i>jasmiel</i>                                                                          | 2                                 |
| <i>jolessa</i>                                                                          | 2                                 |
| <i>juleber</i>                                                                          | 2                                 |
| <i>junel 1.5/30</i>                                                                     | 2                                 |
| <i>junel 1/20</i>                                                                       | 2                                 |
| <i>junel fe 1.5/30</i>                                                                  | 2                                 |
| <i>junel fe 1/20</i>                                                                    | 2                                 |
| <i>kariva</i>                                                                           | 2                                 |
| <i>kelnor 1/35</i>                                                                      | 2                                 |
| <i>kelnor 1/50</i>                                                                      | 2                                 |
| <i>kurvelo</i>                                                                          | 2                                 |
| <i>larin 1.5/30</i>                                                                     | 2                                 |
| <i>larin 1/20</i>                                                                       | 2                                 |
| <i>larin fe 1.5/30</i>                                                                  | 2                                 |
| <i>larin fe 1/20</i>                                                                    | 2                                 |
| <i>lessina</i>                                                                          | 2                                 |
| <i>levonest</i>                                                                         | 2                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol (91-day) tab 0.15-<br/>0.03 mg</i>        | 2                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.1 mg-20 mcg</i>                     | 2                                 |
| <i>levonorgestrel-eth estra tab<br/>0.05-30/0.075-40/0.125-<br/>30mg-mcg</i>            | 2                                 |
| <i>levora 0.15/30-28</i>                                                                | 2                                 |
| LILETTA IUD 20.1mcg/day                                                                 | 3 NM                              |
| <i>loestrin 1.5/30-21</i>                                                               | 2                                 |
| <i>loestrin 1/20-21</i>                                                                 | 2                                 |
| <i>loestrin fe 1.5/30</i>                                                               | 2                                 |
| <i>loestrin fe 1/20</i>                                                                 | 2                                 |
| <i>loryna</i>                                                                           | 2                                 |
| <i>low-ogestrel</i>                                                                     | 2                                 |
| <i>luteru</i>                                                                           | 2                                 |
| <i>lyleq TABS .35mg</i>                                                                 | 2                                 |
| <i>lyza TABS .35mg</i>                                                                  | 2                                 |
| <i>marlissa</i>                                                                         | 2                                 |
| <i>medroxyprogesterone acetate<br/>(contraceptive) SUSP<br/>150mg/ml; SUSY 150mg/ml</i> | 3                                 |
| <i>meleya TABS .35mg</i>                                                                | 2                                 |
| <i>microgestin 1.5/30</i>                                                               | 2                                 |

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**B/D** - Covered under Medicare B or D

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| microgestin 1/20                                                   | 2                          |        |
| microgestin fe 1.5/30                                              | 2                          |        |
| microgestin fe 1/20                                                | 2                          |        |
| mili                                                               | 2                          |        |
| mono-lynyah                                                        | 2                          |        |
| necon 0.5/35-28                                                    | 2                          |        |
| NEXPLANON IMPL 68mg                                                | 3                          | NM     |
| nikki                                                              | 2                          |        |
| nora-be TABS .35mg                                                 | 2                          |        |
| norelgestromin-ethinyl<br>estradiol td ptwk 150-35<br>mcg/24hr     | 3                          |        |
| norethindrone (contraceptive)<br>TABS .35mg                        | 2                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1 mg-20 mcg           | 2                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1.5 mg-30 mcg         | 2                          |        |
| norgestimate & ethinyl<br>estradiol tab 0.25 mg-35 mcg             | 2                          |        |
| norgestimate-eth estrad tab<br>0.18-25/0.215-25/0.25-25 mg-<br>mcg | 2                          |        |
| norgestimate-eth estrad tab<br>0.18-35/0.215-35/0.25-35 mg-<br>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                          |        |
| ocella                                                             | 2                          |        |
| orquidea TABS .35mg                                                | 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                          |        |

| Drug Name         | Drug Requirements/<br>Tier | Limits |
|-------------------|----------------------------|--------|
| tarina fe 1/20 eq | 2                          |        |
| tilia fe          | 2                          |        |
| tri-estarylla     | 2                          |        |
| tri-legest fe     | 2                          |        |
| tri-lynyah        | 2                          |        |
| tri-lo-estarylla  | 2                          |        |
| tri-lo-marzia     | 2                          |        |
| tri-lo-mili       | 2                          |        |
| tri-lo-sprintec   | 2                          |        |
| tri-mili          | 2                          |        |
| tri-sprintec      | 2                          |        |
| tri-vylibra       | 2                          |        |
| tri-vylibra lo    | 2                          |        |
| turqoz            | 2                          |        |
| valtya 1/50       | 2                          |        |
| velivet           | 2                          |        |
| vestura           | 2                          |        |
| vienva            | 2                          |        |
| viorele           | 2                          |        |
| vyfemla           | 2                          |        |
| vylibra           | 2                          |        |
| wera              | 2                          |        |
| xarah fe          | 2                          |        |
| xulane            | 3                          |        |
| zafemy            | 3                          |        |
| zovia 1/35        | 2                          |        |
| zumandimine       | 2                          |        |

### **ESTROGENS**

|                                                                                                                                                                               |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| abigale                                                                                                                                                                       | 3 |  |
| abigale lo                                                                                                                                                                    | 3 |  |
| dotti PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr                                                                                                 | 3 |  |
| estradiol PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr;<br>PTWK .025mg/24hr,<br>.05mg/24hr, .06mg/24hr,<br>.075mg/24hr, .1mg/24hr,<br>37.5mcg/24hr | 3 |  |
| estradiol TABS .5mg, 1mg,<br>2mg                                                                                                                                              | 2 |  |
| estradiol & norethindrone<br>acetate tab 0.5-0.1 mg                                                                                                                           | 3 |  |

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| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>                                                          | 3                          |        |
| <i>estradiol vaginal CREA .1mg/gm</i>                                                                              | 3                          |        |
| <i>estradiol vaginal TABS 10mcg</i>                                                                                | 4                          |        |
| <i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>                                                            | 4                          |        |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                    | 3                          |        |
| <i>fyavolv tab 1mg-5mcg</i>                                                                                        | 3                          |        |
| <i>jinteli</i>                                                                                                     | 3                          |        |
| <i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>                                   | 3                          |        |
| <i>mimvey</i>                                                                                                      | 3                          |        |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>                                                  | 3                          |        |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>                                                      | 3                          |        |
| <i>yuvafem TABS 10mcg</i>                                                                                          | 4                          |        |
| <b>GLUCOCORTICOIDS</b>                                                                                             |                            |        |
| <i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>                     | 3                          |        |
| <i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>                                                                          | 4                          |        |
| <i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i> | 3                          |        |
| <i>fludrocortisone acetate TABS .1mg</i>                                                                           | 2                          |        |
| <i>hydrocortisone TABS 5mg, 10mg, 20mg</i>                                                                         | 3                          |        |
| <i>hydrocortisone sod succinate SOLR 100mg</i>                                                                     | 4                          |        |
| <i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>                                                                | 3                          | B/D    |
| <i>methylprednisolone TBPK 4mg</i>                                                                                 | 2                          |        |
| <i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>                                                            | 3                          | B/D    |
| <i>methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg</i>                                                 | 3                          | B/D    |

| Drug Name                                                   | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------|----------------------------|-----------|
| <i>prednisolone SOLN 15mg/5ml</i>                           | 2                          | B/D       |
| <i>prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml</i> | 4                          | B/D       |
| <i>prednisolone sodium phosphate SOLN 15mg/5ml</i>          | 2                          | B/D       |
| <i>prednisone SOLN 5mg/5ml</i>                              | 4                          | B/D       |
| <i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>    | 1                          | B/D       |
| <i>prednisone TBPK 5mg, 10mg</i>                            | 2                          |           |
| <i>PREDNISON INTENSOL CONC 5mg/ml</i>                       | 4                          | B/D       |
| <i>SOLU-CORTEF SOLR 250mg, 500mg, 1000mg</i>                | 4                          |           |
| <b>GLUCOSE ELEVATING AGENTS</b>                             |                            |           |
| <i>diazoxide SUSP 50mg/ml</i>                               | 5                          |           |
| <i>ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml</i>           | 3                          |           |
| <b>MISCELLANEOUS</b>                                        |                            |           |
| <i>ALDURAZYME SOLN 2.9mg/5ml</i>                            | 5                          | NM PA     |
| <i>betaine powder for oral solution</i>                     | 5                          | NM        |
| <i>cabergoline TABS .5mg</i>                                | 3                          |           |
| <i>carglumic acid TBSO 200mg</i>                            | 5                          | NM PA     |
| <i>CERDELGA CAPS 84mg</i>                                   | 5                          | NM PA     |
| <i>CEREZYME SOLR 400unit</i>                                | 5                          | NM PA     |
| <i>cinacalcet hcl TABS 30mg, 60mg</i>                       | 4                          | B/D QL NM |
| QL (60 tabs / 30 days)                                      |                            |           |
| <i>cinacalcet hcl TABS 90mg</i>                             | 4                          | B/D QL NM |
| QL (120 tabs / 30 days)                                     |                            |           |
| <i>CYSTAGON CAPS 50mg, 150mg</i>                            | 4                          | NM PA     |
| <i>desmopressin acetate SOLN 4mcg/ml</i>                    | 5                          |           |
| <i>desmopressin acetate TABS .1mg, .2mg</i>                 | 3                          |           |
| <i>desmopressin acetate spray SOLN .01%</i>                 | 4                          |           |
| <i>desmopressin acetate spray refrigerated SOLN .01%</i>    | 4                          |           |
| <i>FABRAZYME SOLR 5mg, 35mg</i>                             | 5                          | NM PA     |
| <i>GENOTROPIN CART 5mg, 12mg</i>                            | 5                          | NM PA     |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits   |
|-----------------------------------------------------------------------------------|----------------------------|----------|
| GENOTROPIN MINISQUICK PRSY .2mg                                                   | 3                          | NM PA    |
| GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5                          | NM PA    |
| INCRELEX SOLN 40mg/4ml                                                            | 5                          | NM PA    |
| javygtor PACK 100mg, 500mg; TABS 100mg                                            | 5                          | NM PA    |
| JYNARQUE TABS 15mg, 30mg                                                          | 5                          | NM PA    |
| lanreotide acetate SOLN 120mg/0.5ml                                               | 5                          | NM PA    |
| levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg                     | 4                          | B/D      |
| LUMIZYME SOLR 50mg                                                                | 5                          | NM 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    |
| NAGLAZYME SOLN 1mg/ml                                                             | 5                          | NM PA    |
| nitisinone CAPS 2mg, 5mg, 10mg, 20mg                                              | 5                          | NM PA    |
| octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml  | 4                          | NM PA    |
| octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml                     | 5                          | NM PA    |
| raloxifene hcl TABS 60mg                                                          | 3                          |          |
| REVCovi SOLN 2.4mg/1.5ml                                                          | 5                          | NM PA    |
| REZDIFFRA TABS 60mg, 80mg, 100mg<br>QL (30 tabs / 30 days)                        | 5                          | QL NM PA |
| sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg                         | 5                          | NM PA    |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                           | 5                          | NM PA    |
| sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg                                    | 5                          | NM PA    |

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| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml                                                                         | 5                          | NM PA  |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                           | 5                          | NM PA  |
| SYNAREL SOLN 2mg/ml                                                                                                  | 5                          | PA     |
| tolvaptan TBPK 15mg                                                                                                  | 5                          | NM PA  |
| tolvaptan tab therapy pack 30 & 15 mg                                                                                | 5                          | NM PA  |
| tolvaptan tab therapy pack 45 & 15 mg                                                                                | 5                          | NM PA  |
| tolvaptan tab therapy pack 60 & 30 mg                                                                                | 5                          | NM PA  |
| tolvaptan tab therapy pack 90 & 30 mg                                                                                | 5                          | NM PA  |
| <b>PROGESTINS</b>                                                                                                    |                            |        |
| gallifrey TABS 5mg                                                                                                   | 3                          |        |
| 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                                                                                       | 3                          |        |
| progesterone CAPS 100mg, 200mg                                                                                       | 3                          |        |
| <b>THYROID AGENTS</b>                                                                                                |                            |        |
| levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg               | 1                          |        |
| 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                      | 1                          |        |
| liothyronine sodium TABS 5mcg, 25mcg, 50mcg                                                                          | 3                          |        |
| methimazole TABS 5mg, 10mg                                                                                           | 1                          |        |
| propylthiouracil TABS 50mg                                                                                           | 3                          |        |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| 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 | 1                          |        |
| <b>VITAMIN D ANALOGS</b>                                                                                  |                            |        |
| calcitriol CAPS .25mcg, .5mcg                                                                             | 2                          | B/D    |
| calcitriol (oral) SOLN 1mcg/ml                                                                            | 4                          | B/D    |
| paricalcitol CAPS 1mcg, 2mcg, 4mcg                                                                        | 4                          | B/D    |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                                                       |                            |        |
| aprepitant CAPS 40mg, 80mg, 125mg                                                                         | 4                          | B/D    |
| aprepitant capsule therapy pack 80 & 125 mg                                                               | 4                          | B/D    |
| compro SUPP 25mg                                                                                          | 4                          |        |
| dronabinol CAPS 2.5mg, 5mg, 10mg                                                                          | 4                          | B/D QL |
| QL (60 caps / 30 days)                                                                                    |                            |        |
| granisetron hcl SOLN 1mg/ml, 4mg/4ml                                                                      | 4                          |        |
| granisetron hcl TABS 1mg                                                                                  | 4                          | B/D    |
| meclizine hcl TABS 12.5mg, 25mg                                                                           | 2                          | PA     |
| PA applies if 65 years and older after a 30 day supply in a calendar year                                 |                            |        |
| metoclopramide hcl SOLN 5mg/5ml, 5mg/ml                                                                   | 3                          |        |
| metoclopramide hcl TABS 5mg, 10mg                                                                         | 1                          |        |
| ondansetron TBDP 4mg, 8mg                                                                                 | 3                          | B/D    |
| ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml                                                     | 3                          |        |
| ondansetron hcl SOLN 4mg/5ml                                                                              | 4                          | B/D    |
| ondansetron hcl TABS 4mg, 8mg                                                                             | 3                          | B/D    |
| prochlorperazine SUPP 25mg                                                                                | 4                          |        |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| prochlorperazine edisylate SOLN 10mg/2ml                                    | 4                          |        |
| prochlorperazine maleate TABS 5mg, 10mg                                     | 2                          |        |
| promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | 3                          | PA     |
| PA applies if 65 years and older after a 30 day supply in a calendar year   |                            |        |
| scopolamine PT72 1mg/3days                                                  | 4                          | QL     |
| QL (10 patches / 30 days)                                                   |                            |        |
| <b>ANTISPASMODICS</b>                                                       |                            |        |
| dicyclomine hcl CAPS 10mg; TABS 20mg                                        | 3                          | PA     |
| PA applies if 65 years and older                                            |                            |        |
| dicyclomine hcl SOLN 10mg/5ml                                               | 4                          | PA     |
| PA applies if 65 years and older                                            |                            |        |
| glycopyrrolate TABS 1mg                                                     | 3                          | QL     |
| QL (90 tabs / 30 days)                                                      |                            |        |
| glycopyrrolate TABS 2mg                                                     | 3                          | QL     |
| QL (120 tabs / 30 days)                                                     |                            |        |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                              |                            |        |
| famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml                              | 3                          |        |
| famotidine SUSR 40mg/5ml                                                    | 4                          |        |
| famotidine TABS 20mg, 40mg                                                  | 1                          |        |
| famotidine in nacl 0.9% iv soln 20 mg/50ml                                  | 3                          |        |
| nizatidine CAPS 150mg, 300mg                                                | 4                          |        |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                           |                            |        |
| balsalazide disodium CAPS 750mg                                             | 3                          |        |
| budesonide CPEP 3mg                                                         | 4                          | QL     |
| QL (90 caps / 30 days)                                                      |                            |        |
| budesonide TB24 9mg                                                         | 5                          | QL PA  |
| QL (30 tabs / 30 days)                                                      |                            |        |
| hydrocortisone (intrarectal) ENEM 100mg/60ml                                | 4                          |        |
| mesalamine CP24 .375gm                                                      | 4                          | QL     |
| QL (120 caps / 30 days)                                                     |                            |        |

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| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| <i>mesalamine</i> CPDR 400mg<br>QL (180 caps / 30 days)                     | 4                          | QL     |
| <i>mesalamine</i> ENEM 4gm<br>QL (1680 mL / 28 days)                        | 4                          | QL     |
| <i>mesalamine</i> SUPP 1000mg<br>QL (30 suppositories /<br>30 days)         | 4                          | QL     |
| <i>mesalamine</i> TBEC 1.2gm<br>QL (120 tabs / 30 days)                     | 4                          | QL     |
| <i>mesalamine w/ cleanser</i> KIT<br>4gm<br>QL (28 bottles / 28 days)       | 4                          | QL     |
| <i>sulfasalazine</i> TABS 500mg                                             | 2                          |        |
| <i>sulfasalazine</i> TBEC 500mg                                             | 3                          |        |
| <b>LAXATIVES</b>                                                            |                            |        |
| <i>constulose</i> SOLN 10gm/15ml                                            | 2                          |        |
| <i>enulose</i> SOLN 10gm/15ml                                               | 2                          |        |
| <i>gavilyte-c</i>                                                           | 2                          |        |
| <i>gavilyte-g</i>                                                           | 2                          |        |
| <i>gavilyte-n/flavor pack</i>                                               | 2                          |        |
| <i>generlac</i> SOLN 10gm/15ml                                              | 2                          |        |
| <i>lactulose</i> SOLN 10gm/15ml                                             | 2                          |        |
| <i>lactulose (encephalopathy)</i><br>SOLN 10gm/15ml                         | 2                          |        |
| <i>peg 3350-kcl-na bicarb-nacl-<br/>na sulfate for soln 236 gm</i>          | 2                          |        |
| <i>peg 3350-kcl-sod bicarb-nacl<br/>for soln 420 gm</i>                     | 2                          |        |
| PLENVU SOL                                                                  | 4                          |        |
| <i>sod sulfate-pot sulf-mg sulf<br/>oral sol 17.5-3.13-1.6<br/>gm/177ml</i> | 3                          |        |
| <b>MISCELLANEOUS</b>                                                        |                            |        |
| <i>alosetron hcl</i> TABS 1mg<br>QL (60 tabs / 30 days)                     | 5                          | QL PA  |
| <i>alosetron hcl</i> TABS .5mg<br>QL (60 tabs / 30 days)                    | 4                          | QL PA  |
| CREON CAP 3000UNIT                                                          | 3                          |        |
| CREON CAP 6000UNIT                                                          | 3                          |        |
| CREON CAP 12000UNT                                                          | 3                          |        |
| CREON CAP 24000UNT                                                          | 3                          |        |
| CREON CAP 36000UNT                                                          | 3                          |        |
| <i>cromolyn sodium<br/>(mastocytosis) CONC<br/>100mg/5ml</i>                | 4                          |        |
| <i>diphenoxylate w/ atropine tab<br/>2.5-0.025 mg</i>                       | 4                          |        |

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------|----------------------------|----------|
| GATTEX KIT 5mg                                                             | 5                          | NM PA    |
| LINZESS CAPS 72mcg,<br>145mcg, 290mcg<br>QL (30 caps / 30 days)            | 3                          | QL       |
| <i>loperamide hcl</i> CAPS 2mg                                             | 2                          |          |
| <i>misoprostol</i> TABS 100mcg,<br>200mcg                                  | 3                          |          |
| MOVANTIK TABS 12.5mg,<br>25mg<br>QL (30 tabs / 30 days)                    | 3                          | QL       |
| RELISTOR SOLN 8mg/0.4ml,<br>12mg/0.6ml<br>QL (28 syringes / 28<br>days)    | 5                          | QL PA    |
| RELISTOR SOLN<br>12mg/0.6ml<br>QL (28 vials / 28 days)                     | 5                          | QL PA    |
| <i>sucralfate</i> TABS 1gm                                                 | 3                          |          |
| <i>ursodiol</i> CAPS 300mg                                                 | 4                          |          |
| <i>ursodiol</i> TABS 250mg,<br>500mg                                       | 3                          |          |
| VOQUEZNA PAK DUAL PAK<br>QL (2 kits / year)                                | 3                          | QL PA    |
| VOQUEZNA PAK TRIP PK<br>QL (2 kits / year)                                 | 3                          | QL PA    |
| VOWST CAP<br>QL (12 caps / 30 days)                                        | 5                          | QL NM PA |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days)                               | 5                          | QL NM PA |
| XIFAXAN TABS 550mg                                                         | 5                          | PA       |
| 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                          |          |
| <b>PROTON PUMP INHIBITORS</b>                                              |                            |          |
| <i>esomeprazole magnesium</i><br>CPDR 20mg, 40mg<br>QL (30 caps / 30 days) | 3                          | QL ST    |
| <i>lansoprazole</i> CPDR 15mg,<br>30mg<br>QL (60 caps / 30 days)           | 3                          | QL       |
| <i>omeprazole</i> CPDR 10mg,<br>20mg, 40mg                                 | 1                          |          |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order  
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| Drug Name                                                                  |  | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------|--|----------------------------|--------|
| <i>pantoprazole sodium</i> SOLR 40mg                                       |  | 4                          |        |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg                                 |  | 1                          |        |
| <b>GENITOURINARY</b>                                                       |  |                            |        |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                        |  |                            |        |
| <i>alfuzosin hcl</i> TB24 10mg<br>QL (30 tabs / 30 days)                   |  | 2                          | QL     |
| <i>dutasteride</i> CAPS .5mg<br>QL (30 caps / 30 days)                     |  | 3                          | QL     |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg<br>QL (30 caps / 30 days) |  | 3                          | QL     |
| <i>finasteride</i> TABS 5mg<br>QL (30 tabs / 30 days)                      |  | 1                          | QL     |
| <i>tadalafil</i> TABS 5mg<br>QL (30 tabs / 30 days)                        |  | 3                          | QL PA  |
| <i>tamsulosin hcl</i> CAPS .4mg<br>QL (60 caps / 30 days)                  |  | 1                          | QL     |
| <b>MISCELLANEOUS</b>                                                       |  |                            |        |
| <i>acetic acid</i> SOLN .25%                                               |  | 2                          |        |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg                     |  | 3                          |        |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg           |  | 3                          |        |
| <b>URINARY ANTISPASMODICS</b>                                              |  |                            |        |
| <i>GEMTESA</i> TABS 75mg<br>QL (30 tabs / 30 days)                         |  | 4                          | QL     |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml<br>QL (600 mL / 30 days)           |  | 3                          | QL     |
| <i>oxybutynin chloride</i> TABS 5mg<br>QL (120 tabs / 30 days)             |  | 3                          | QL     |
| <i>oxybutynin chloride</i> TB24 5mg<br>QL (30 tabs / 30 days)              |  | 3                          | QL     |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg<br>QL (60 tabs / 30 days)       |  | 3                          | QL     |
| <i>solifenacin succinate</i> TABS 5mg, 10mg<br>QL (30 tabs / 30 days)      |  | 4                          | QL     |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg<br>QL (30 caps / 30 days)        |  | 4                          | QL     |

| Drug Name                                                                                                                     |  | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--------|
| <i>tolterodine tartrate</i> TABS 1mg, 2mg<br>QL (60 tabs / 30 days)                                                           |  | 4                          | QL     |
| <i>trospium chloride</i> TABS 20mg<br>QL (60 tabs / 30 days)                                                                  |  | 3                          | QL     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                                                |  |                            |        |
| <i>clindamycin phosphate</i> vaginal CREA 2%                                                                                  |  | 3                          |        |
| <i>metronidazole vaginal</i> GEL .75%                                                                                         |  | 3                          |        |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                                                                           |  | 3                          |        |
| <b>HEMATOLOGIC ANTICOAGULANTS</b>                                                                                             |  |                            |        |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg<br>QL (60 caps / 30 days)                                               |  | 3                          | QL     |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg<br>QL (120 caps / 30 days)                                                    |  | 3                          | QL     |
| <i>ELIQUIS</i> TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                           |  | 3                          | QL     |
| <i>ELIQUIS</i> TABS 5mg<br>QL (74 tabs / 30 days)                                                                             |  | 3                          | QL     |
| <i>ELIQUIS STARTER PACK</i> TBPK 5mg<br>QL (74 tabs / 30 days)                                                                |  | 3                          | QL     |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml |  | 4                          |        |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml                                                                                   |  | 4                          |        |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml                                                            |  | 5                          |        |
| <i>HEP SOD/NAACL INJ</i> 25000UNT                                                                                             |  | 3                          |        |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                     |  | 3                          | B/D    |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                         |  | 1                          |        |

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Current as of: 10/01/2025



| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------|----------------------------|----------|
| <i>rivaroxaban</i> TABS 2.5mg<br>QL (60 tabs / 30 days)                            | 3                          | QL       |
| <i>warfarin sodium</i> TABS 1mg,<br>2mg, 2.5mg, 3mg, 4mg, 5mg,<br>6mg, 7.5mg, 10mg | 1                          |          |
| XARELTO SUSR 1mg/ml<br>QL (620 mL / 30 days)                                       | 3                          | QL       |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days)                                       | 3                          | QL       |
| XARELTO TABS 10mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                         | 3                          | QL       |
| XARELTO STAR TAB<br>15/20MG<br>QL (51 tabs / 30 days)                              | 3                          | QL       |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                |                            |          |
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28<br>days)                            | 5                          | QL NM PA |
| PROCRIT SOLN 2000unit/ml,<br>3000unit/ml, 4000unit/ml,<br>10000unit/ml             | 3                          | NM PA    |
| PROCRIT SOLN<br>20000unit/ml, 40000unit/ml                                         | 5                          | NM PA    |
| ZARXIO SOSY<br>300mcg/0.5ml, 480mcg/0.8ml                                          | 5                          | NM PA    |
| <b>MISCELLANEOUS</b>                                                               |                            |          |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days)                                    | 5                          | QL NM PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days)                                   | 5                          | QL NM PA |
| <i>anagrelide hcl</i> CAPS .5mg,<br>1mg                                            | 4                          |          |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days)                                    | 5                          | QL NM PA |
| <i>cilostazol</i> TABS 50mg,<br>100mg                                              | 2                          |          |
| DOPTELET TABS 20mg                                                                 | 5                          | NM PA    |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)                                  | 5                          | QL NM PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)                                  | 5                          | QL NM PA |
| <i>icatibant acetate</i> SOSY<br>30mg/3ml<br>QL (9 syringes / 30<br>days)          | 5                          | QL NM PA |
| <i>l-glutamine (sickle cell)</i> PACK<br>5gm                                       | 5                          | NM PA    |
| <i>pentoxifylline</i> TBCR 400mg                                                   | 2                          |          |

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

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------|----------------------------|----------|
| <i>sajazir</i> SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days)                        | 5                          | QL NM PA |
| SIKLOS TABS 100mg                                                                   | 4                          |          |
| SIKLOS TABS 1000mg                                                                  | 5                          |          |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days)                                        | 5                          | QL NM PA |
| <i>tranexamic acid</i> SOLN<br>1000mg/10ml                                          | 4                          |          |
| <i>tranexamic acid</i> TABS 650mg                                                   | 3                          |          |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                              |                            |          |
| <i>aspirin-dipyridamole cap er</i><br>12hr 25-200 mg                                | 4                          |          |
| <i>clopidogrel bisulfate</i> TABS<br>75mg                                           | 1                          |          |
| <i>dipyridamole</i> TABS 25mg,<br>50mg, 75mg<br>PA applies if 65 years and<br>older | 3                          | PA       |
| <i>prasugrel hcl</i> TABS 5mg,<br>10mg                                              | 3                          |          |
| <i>ticagrelor</i> TABS 60mg, 90mg                                                   | 3                          |          |
| <b>IMMUNOLOGIC AGENTS</b>                                                           |                            |          |
| <b>AUTOIMMUNE AGENTS</b>                                                            |                            |          |
| BIMZELX SOAJ 160mg/ml,<br>320mg/2ml<br>QL (2 pens / 28 days)                        | 5                          | QL NM PA |
| BIMZELX SOSY 160mg/ml,<br>320mg/2ml<br>QL (2 syringes / 28<br>days)                 | 5                          | QL NM PA |
| DUPIXENT SOAJ<br>200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days)                   | 5                          | QL NM PA |
| DUPIXENT SOSY<br>200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28<br>days)            | 5                          | QL NM PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days)                                   | 5                          | QL NM PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28<br>days)                             | 5                          | QL NM PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28<br>days)                                 | 5                          | QL NM PA |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------------|----------------------------|----------|
| ENBREL MINI SOCT<br>50mg/ml<br>QL (8 cartridges / 28<br>days)                            | 5                          | QL NM PA |
| ENBREL SURECLICK SOAJ<br>50mg/ml<br>QL (8 pens / 28 days)                                | 5                          | QL NM PA |
| HADLIMA SOSY<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 syringes / 28<br>days)                   | 5                          | QL NM PA |
| HADLIMA PUSHTOUCH<br>SOAJ 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 autoinjectors / 28<br>days) | 5                          | QL NM PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28<br>days)                                   | 5                          | QL NM PA |
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28<br>days)                                   | 5                          | QL NM PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28<br>days)                    | 5                          | QL NM PA |
| HUMIRA PEN AJKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)                       | 5                          | QL NM PA |
| HUMIRA PEN AJKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)                                   | 5                          | QL NM PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days)                                            | 5                          | QL NM PA |
| HUMIRA PEN-CD/UC/HS<br>START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days)                    | 5                          | QL NM PA |
| INFLIXIMAB SOLR 100mg                                                                    | 5                          | NM PA    |
| KINERET SOSY<br>100mg/0.67ml<br>QL (28 syringes / 28<br>days)                            | 5                          | QL NM PA |
| PYZCHIVA SOLN<br>130mg/26ml                                                              | 5                          | NM PA    |
| PYZCHIVA SOSY<br>45mg/0.5ml<br>QL (1 syringe / 28 days)                                  | 3                          | QL NM PA |
| PYZCHIVA SOSY 90mg/ml<br>QL (1 syringe / 28 days)                                        | 5                          | QL NM PA |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------|----------------------------|----------|
| REMICADE SOLR 100mg                                                       | 5                          | NM PA    |
| RENFLEXIS SOLR 100mg                                                      | 5                          | NM PA    |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                          | 5                          | QL NM PA |
| RINVOQ TB24 45mg<br>QL (168 tabs / year)                                  | 5                          | QL NM PA |
| RINVOQ LQ SOLN 1mg/ml<br>QL (360 mL / 30 days)                            | 5                          | QL NM PA |
| SKYRIZI SOCT<br>180mg/1.2ml, 360mg/2.4ml<br>QL (1 cartridge / 56<br>days) | 5                          | QL NM PA |
| SKYRIZI SOLN 600mg/10ml                                                   | 5                          | NM PA    |
| SKYRIZI SOSY 150mg/ml<br>QL (6 syringes / 365<br>days)                    | 5                          | QL NM PA |
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (6 pens / 365 days)                    | 5                          | QL NM PA |
| SOTYKTU TABS 6mg<br>QL (30 tabs / 30 days)                                | 5                          | QL NM PA |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                          | 5                          | QL NM PA |
| STELARA SOLN<br>130mg/26ml                                                | 5                          | NM PA    |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)           | 5                          | QL NM PA |
| TREMFYA SOAJ 100mg/ml<br>QL (1 pen / 28 days)                             | 5                          | QL NM PA |
| TREMFYA SOAJ 200mg/2ml<br>QL (2 pens / 28 days)                           | 5                          | QL NM PA |
| TREMFYA SOLN<br>200mg/20ml                                                | 5                          | NM PA    |
| TREMFYA SOSY 100mg/ml<br>QL (1 syringe / 28 days)                         | 5                          | QL NM PA |
| TREMFYA SOSY 200mg/2ml<br>QL (2 syringes / 28<br>days)                    | 5                          | QL NM PA |
| TREMFYA INDUCTION<br>PACK FO SOAJ 200mg/2ml<br>QL (2 pens / 28 days)      | 5                          | QL NM PA |
| TYENNE SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                          | 5                          | QL NM PA |
| TYENNE SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                           | 5                          | NM PA    |
| TYENNE SOSY 162mg/0.9ml<br>QL (4 syringes / 28<br>days)                   | 5                          | QL NM PA |

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

| Drug Name                                                        | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------|----------------------------|----------|
| USTEKINUMAB SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)             | 5                          | QL NM PA |
| USTEKINUMAB SOLN 130mg/26ml                                      | 5                          | NM PA    |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days) | 5                          | QL NM PA |
| VELSIPITY TABS 2mg<br>QL (30 tabs / 30 days)                     | 5                          | QL NM PA |
| XELJANZ SOLN 1mg/ml<br>QL (480 mL / 24 days)                     | 5                          | QL NM PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                 | 5                          | QL NM PA |
| XELJANZ XR TB24 11mg, 22mg<br>QL (30 tabs / 30 days)             | 5                          | QL NM PA |
| YESINTEK SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                | 3                          | QL NM PA |
| YESINTEK SOLN 130mg/26ml                                         | 3                          | NM PA    |
| YESINTEK SOSY 45mg/0.5ml<br>QL (1 syringe / 28 days)             | 3                          | QL NM PA |
| YESINTEK SOSY 90mg/ml<br>QL (1 syringe / 28 days)                | 5                          | QL NM PA |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>           |                            |          |
| hydroxychloroquine sulfate TABS 200mg                            | 1                          |          |
| JYLAMVO SOLN 2mg/ml                                              | 4                          | B/D      |
| leflunomide TABS 10mg, 20mg<br>QL (30 tabs / 30 days)            | 3                          | QL       |
| methotrexate sodium TABS 2.5mg                                   | 3                          |          |
| XATMEP SOLN 2.5mg/ml                                             | 4                          | B/D      |
| <b>IMMUNOGLOBULINS</b>                                           |                            |          |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                     | 5                          | NM PA    |
| BIVIGAM SOLN 5gm/50ml, 10%                                       | 5                          | NM PA    |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml            | 5                          | NM PA    |
| GAMASTAN INJ                                                     | 4                          | B/D NM   |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits   |
|------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| 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 PA    |
| 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    |
| <b>IMMUNOMODULATORS</b>                                                                                          |                            |          |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                                                      | 5                          | NM PA    |
| ARCALYST SOLR 220mg                                                                                              | 5                          | NM PA    |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                        |                            |          |
| ASTAGRAF XL CP24 5mg                                                                                             | 5                          | B/D      |
| ASTAGRAF XL CP24 .5mg, 1mg                                                                                       | 4                          | B/D      |
| azathioprine TABS 50mg                                                                                           | 3                          | B/D      |
| BENLYSTA SOAJ 200mg/ml<br>QL (8 pens / 28 days)                                                                  | 5                          | QL NM PA |
| BENLYSTA SOLR 120mg, 400mg                                                                                       | 5                          | NM PA    |
| BENLYSTA SOSY 200mg/ml<br>QL (8 syringes / 28 days)                                                              | 5                          | QL NM PA |
| cyclosporine CAPS 25mg, 100mg                                                                                    | 4                          | B/D      |

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

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------|----------------------------|----------|
| cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 4                          | B/D      |
| everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg                            | 5                          | B/D      |
| everolimus (immunosuppressant) TABS .25mg                                       | 4                          | B/D      |
| gengraf CAPS 25mg, 100mg                                                        | 4                          | B/D      |
| mycophenolate mofetil CAPS 250mg; TABS 500mg                                    | 3                          | B/D      |
| mycophenolate mofetil SUSR 200mg/ml                                             | 5                          | B/D      |
| mycophenolate sodium TBEC 180mg, 360mg                                          | 4                          | B/D      |
| NULOJIX SOLR 250mg                                                              | 5                          | B/D      |
| PROGRAF PACK .2mg, 1mg                                                          | 4                          | B/D      |
| REZUROCK TABS 200mg QL (30 tabs / 30 days)                                      | 5                          | QL NM PA |
| sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg                                      | 4                          | B/D      |
| tacrolimus CAPS .5mg, 1mg, 5mg                                                  | 4                          | B/D      |
| <b>VACCINES</b>                                                                 |                            |          |
| ABRYSVO SOLR 120mcg/0.5ml                                                       | 1                          | NM PA    |
| ACTHIB INJ                                                                      | 1                          | NM       |
| ADACEL INJ                                                                      | 1                          | NM       |
| AREXVY SUSR 120mcg/0.5ml                                                        | 1                          | NM PA    |
| BCG VACCINE SOLR 50mg                                                           | 1                          | NM       |
| BEXSERO SUSY .5ml                                                               | 1                          | NM       |
| BOOSTRIX INJ                                                                    | 1                          | NM       |
| DAPTACEL INJ                                                                    | 1                          | NM       |
| DENG VAXIA SUS                                                                  | 1                          | NM       |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml                             | 1                          | B/D NM   |
| GARDASIL 9 SUSP .5ml; SUSY .5ml                                                 | 1                          | NM       |
| HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml                                       | 1                          | NM       |
| HEPLISAV-B SOSY 20mcg/0.5ml                                                     | 1                          | B/D NM   |
| HIBERIX SOLR 10mcg                                                              | 1                          | NM       |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml                                     | 1                          | B/D NM |
| INFANRIX INJ                                                                 | 1                          | NM     |
| IPOL INJ INACTIVE                                                            | 1                          | NM     |
| IXCHIQ INJ                                                                   | 1                          | NM     |
| IXIARO INJ                                                                   | 1                          | NM     |
| JYNNEOS SUSP .5ml                                                            | 1                          | B/D NM |
| KINRIX INJ                                                                   | 1                          | NM     |
| M-M-R II INJ                                                                 | 1                          | NM     |
| MENQUADFI SOLN .5ml                                                          | 1                          | NM     |
| MENVEO INJ                                                                   | 1                          | NM     |
| MENVEO SOL                                                                   | 1                          | NM     |
| MRESVIA SUSY 50mcg/0.5ml                                                     | 1                          | NM PA  |
| PEDIARIX INJ 0.5ML                                                           | 1                          | NM     |
| PEDVAX HIB SUSP 7.5mcg/0.5ml                                                 | 1                          | NM     |
| PENBRAYA INJ                                                                 | 1                          | NM     |
| PENTACEL INJ                                                                 | 1                          | NM     |
| PRIORIX INJ                                                                  | 1                          | NM     |
| PROQUAD 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; SUSY 5mcg/0.5ml, 10mcg/ml | 1                          | B/D NM |
| ROTARIX SUS                                                                  | 1                          | NM     |
| ROTATEQ SOL                                                                  | 1                          | NM     |
| SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)                          | 1                          | QL NM  |
| TENIVAC INJ 5-2LF                                                            | 1                          | B/D NM |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                                     | 1                          | NM     |
| TRUMENBA SUSY .5ml                                                           | 1                          | NM     |
| TWINRIX INJ                                                                  | 1                          | NM     |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                                 | 1                          | NM     |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml                                           | 1                          | NM     |
| VARIVAX SUSR 1350pfu/0.5ml                                                   | 1                          | NM     |
| VAXCHORA SUS                                                                 | 1                          | NM     |
| VIMKUNYA SUSY 40mcg/0.8ml                                                    | 1                          | NM     |
| VIVOTIF CAP EC                                                               | 1                          | NM     |

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

| Drug Name                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------|-----------------------------------|
| YF-VAX INJ                                                               | 1 NM                              |
| <b>NUTRITIONAL/SUPPLEMENTS<br/>ELECTROLYTES/MINERALS,<br/>INJECTABLE</b> |                                   |
| D2.5W/NACL INJ 0.45%                                                     | 4                                 |
| D10W/NACL INJ 0.2%                                                       | 3                                 |
| dextrose 2.5% w/ sodium<br>chloride 0.45%                                | 3                                 |
| dextrose 5% in lactated<br>ringers                                       | 3                                 |
| dextrose 5% w/ sodium<br>chloride 0.2%                                   | 3                                 |
| dextrose 5% w/ sodium<br>chloride 0.3%                                   | 3                                 |
| dextrose 5% w/ sodium<br>chloride 0.9%                                   | 3                                 |
| dextrose 5% w/ sodium<br>chloride 0.45%                                  | 3                                 |
| dextrose 5% w/ sodium<br>chloride 0.225%                                 | 3                                 |
| dextrose 10% w/ sodium<br>chloride 0.45%                                 | 3                                 |
| ISOLYTE-P INJ /D5W                                                       | 4                                 |
| ISOLYTE-S INJ PH 7.4                                                     | 4                                 |
| kcl 10 meq/l (0.075%) in<br>dextrose 5% & nacl 0.45% inj                 | 3                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.2% inj                   | 3                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.9% inj                   | 3                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.45% inj                  | 3                                 |
| kcl 20 meq/l (0.15%) in nacl<br>0.9% inj                                 | 3                                 |
| kcl 20 meq/l (0.15%) in nacl<br>0.45% inj                                | 3                                 |
| kcl 20 meq/l (0.149%) in nacl<br>0.45% inj                               | 3                                 |
| kcl 30 meq/l (0.224%) in<br>dextrose 5% & nacl 0.45% inj                 | 3                                 |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.9% inj                    | 3                                 |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.45% inj                   | 3                                 |
| kcl 40 meq/l (0.3%) in nacl<br>0.9% inj                                  | 3                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                | 4                                 |
| lactated ringer's solution                                               | 3                                 |

| Drug Name                                                                                               | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| MAGNESIUM SULFATE<br>SOLN 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml                  | 3                                 |
| magnesium sulfate SOLN<br>2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml, 50%             | 3                                 |
| magnesium sulfate in<br>dextrose 5% iv soln 1<br>gm/100ml                                               | 3                                 |
| multiple electrolytes ph 5.5                                                                            | 4                                 |
| POT CHL 20MEQ/L IN NACL<br>0.9% INJ                                                                     | 4                                 |
| POT CHL 20MEQ/L IN NACL<br>0.45% INJ                                                                    | 4                                 |
| POT CHL 40MEQ/L IN NACL<br>0.9% INJ                                                                     | 4                                 |
| potassium chloride SOLN<br>2meq/ml, 10meq/100ml,<br>10meq/50ml, 20meq/100ml,<br>20meq/50ml, 40meq/100ml | 3                                 |
| potassium chloride 20 meq/l<br>(0.15%) in dextrose 5% inj                                               | 3                                 |
| sodium chloride SOLN .45%,<br>.9%, 2.5meq/ml, 3%, 5%                                                    | 3                                 |
| TPN ELECTROL INJ                                                                                        | 4 B/D                             |
| <b>ELECTROLYTES/MINERALS/VITAMINS,<br/>ORAL</b>                                                         |                                   |
| klor-con PACK 20meq                                                                                     | 4                                 |
| klor-con 8 TBCR 8meq                                                                                    | 2                                 |
| klor-con 10 TBCR 10meq                                                                                  | 2                                 |
| klor-con m10 TBCR 10meq                                                                                 | 2                                 |
| klor-con m15 TBCR 15meq                                                                                 | 2                                 |
| klor-con m20 TBCR 20meq                                                                                 | 2                                 |
| M-NATAL PLUS TAB                                                                                        | 3                                 |
| potassium chloride CPCR<br>8meq, 10meq; TBCR 8meq,<br>10meq, 20meq                                      | 2                                 |
| potassium chloride PACK<br>20meq; SOLN 10%, 20%                                                         | 4                                 |
| potassium chloride<br>microencapsulated crystals er<br>TBCR 10meq, 15meq, 20meq                         | 2                                 |
| PRENATAL TAB 27-1MG                                                                                     | 3                                 |
| PRENATAL TAB PLUS                                                                                       | 3                                 |
| sodium fluoride chew; tab; 1.1<br>(0.5 f) mg/ml soln                                                    | 2                                 |

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

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------|----------------------------|--------|
| WESTAB PLUS TAB 27-1MG                                              | 3                          |        |
| <b>IV NUTRITION</b>                                                 |                            |        |
| 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%                                                     | 4                          | B/D    |
| CLINOLIPID EMU 20%                                                  | 4                          | B/D    |
| dextrose SOLN 5%, 10%                                               | 3                          |        |
| dextrose SOLN 50%, 70%                                              | 3                          | B/D    |
| INTRALIPID EMUL<br>20gm/100ml, 30gm/100ml                           | 4                          | B/D    |
| NUTRILIPID EMUL<br>20gm/100ml                                       | 4                          | B/D    |
| plenamine                                                           | 4                          | 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    |
| <b>OPHTHALMIC</b>                                                   |                            |        |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                             |                            |        |
| bacitracin-polymyxin-<br>neomycin-hc ophth oint 1%                  | 3                          |        |
| neo-polycin hc ophth oint 1%                                        | 3                          |        |
| neomycin-polymyxin-<br>dexamethasone ophth oint<br>0.1%             | 2                          |        |
| neomycin-polymyxin-<br>dexamethasone ophth susp<br>0.1%             | 2                          |        |
| neomycin-polymyxin-hc ophth<br>susp                                 | 4                          |        |
| sulfacetamide sodium-<br>prednisolone ophth soln 10-<br>0.23(0.25)% | 2                          |        |
| TOBRADEX OIN 0.3-0.1%                                               | 3                          |        |
| tobramycin-dexamethasone<br>ophth susp 0.3-0.1%                     | 3                          |        |
| ZYLET SUS 0.5-0.3%                                                  | 3                          |        |
| <b>ANTI-INFECTIVES</b>                                              |                            |        |
| bacitracin (ophthalmic) OINT<br>500unit/gm                          | 3                          |        |
| bacitracin-polymyxin b ophth<br>oint                                | 2                          |        |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------|----------------------------|--------|
| BESIVANCE SUSP .6%                                                  | 3                          |        |
| CILOXAN OINT .3%                                                    | 3                          |        |
| ciprofloxacin hcl (ophth)<br>SOLN .3%                               | 2                          |        |
| erythromycin (ophth) OINT<br>5mg/gm                                 | 2                          |        |
| gatifloxacin (ophth) SOLN<br>.5%                                    | 3                          |        |
| gentamicin sulfate (ophth)<br>SOLN .3%                              | 2                          |        |
| moxifloxacin hcl (ophth)<br>SOLN .5%                                | 3                          | QL     |
| QL (12 mL / 30 days)                                                |                            |        |
| NATACYN SUSP 5%                                                     | 4                          |        |
| neo-polycin 5(3.5)mg-400unt-<br>10000unt op oin                     | 3                          |        |
| neomycin-bacitrac zn-polymyx<br>5(3.5)mg-400unt-10000unt op<br>oin  | 3                          |        |
| neomycin-polymy-gramicid op<br>sol 1.75-10000-0.025mg-unt-<br>mg/ml | 3                          |        |
| ofloxacin (ophth) SOLN .3%                                          | 2                          |        |
| polycin ophth oint                                                  | 2                          |        |
| polymyxin b-trimethoprim<br>ophth soln 10000 unit/ml-0.1%           | 1                          |        |
| sulfacetamide sodium (ophth)<br>OINT 10%; SOLN 10%                  | 3                          |        |
| tobramycin (ophth) SOLN<br>.3%                                      | 1                          |        |
| trifluridine SOLN 1%                                                | 4                          |        |
| XDEMVIY SOLN .25%                                                   | 5                          | NM PA  |
| ZIRGAN GEL .15%                                                     | 4                          |        |
| <b>ANTI-INFLAMMATORIES</b>                                          |                            |        |
| dexamethasone sodium<br>phosphate (ophth) SOLN .1%                  | 3                          |        |
| diclofenac sodium (ophth)<br>SOLN .1%                               | 2                          |        |
| fluorometholone (ophth)<br>SUSP .1%                                 | 3                          |        |
| flurbiprofen sodium SOLN<br>.03%                                    | 3                          |        |
| ketorolac tromethamine<br>(ophth) SOLN .4%                          | 3                          |        |
| ketorolac tromethamine<br>(ophth) SOLN .5%                          | 2                          |        |
| LOTEMAX OINT .5%                                                    | 3                          |        |

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

| Drug Name                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------|----------------------------|--------|
| <i>prednisolone acetate (ophth)</i> SUSP 1%              | 3                          |        |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                        | 3                          |        |
| <b>ANTIALLERGICS</b>                                     |                            |        |
| <i>azelastine hcl (ophth)</i> SOLN .05%                  | 2                          |        |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                   | 2                          |        |
| ZERVIAE SOLN .24%                                        | 4                          |        |
| <b>ANTI GLAUCOMA</b>                                     |                            |        |
| <i>betaxolol hcl (ophth)</i> SOLN .5%                    | 3                          |        |
| <i>brimonidine tartrate</i> SOLN .2%                     | 1                          |        |
| <i>brinzolamide</i> SUSP 1%                              | 4                          | ST     |
| <i>carteolol hcl (ophth)</i> SOLN 1%                     | 2                          |        |
| COMBIGAN SOL 0.2/0.5%                                    | 3                          |        |
| <i>dorzolamide hcl</i> SOLN 2%                           | 2                          |        |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% | 2                          |        |
| <i>latanoprost</i> SOLN .005%                            | 1                          |        |
| <i>levobunolol hcl</i> SOLN .5%                          | 2                          |        |
| LUMIGAN SOLN .01%                                        | 3                          |        |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                   | 3                          |        |
| RHOPRESSA SOLN .02%                                      | 4                          |        |
| ROCKLATAN DRO                                            | 4                          |        |
| SIMBRINZA SUS 1-0.2%                                     | 4                          |        |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%            | 3                          |        |
| <i>timolol maleate (ophth)</i> SOLN .25%, .5%            | 1                          |        |
| VYZULTA SOLN .024%                                       | 4                          |        |
| <b>MISCELLANEOUS</b>                                     |                            |        |
| ATROPINE SULFATE SOLN 1%                                 | 3                          |        |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%             | 3                          |        |
| CYSTADROPS SOLN .37%                                     | 5                          | NM PA  |
| CYSTARAN SOLN .44%                                       | 5                          | NM PA  |
| EYSUVIS SUSP .25%                                        | 4                          |        |
| MIEBO SOLN 1.338gm/ml                                    | 3                          |        |
| <i>proparacaine hcl</i> SOLN .5%                         | 3                          |        |
| RESTASIS EMUL .05%                                       | 3                          |        |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------|----------------------------|--------|
| RESTASIS MULTIDOSE EMUL .05%                                           | 3                          |        |
| XIIDRA SOLN 5%                                                         | 3                          |        |
| <b>OTIC</b>                                                            |                            |        |
| <b>OTIC AGENTS</b>                                                     |                            |        |
| <i>acetic acid (otic)</i> SOLN 2%                                      | 3                          |        |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%                  | 4                          |        |
| <i>flac</i> OIL .01%                                                   | 3                          |        |
| <i>fluocinolone acetonide (otic)</i> OIL .01%                          | 3                          |        |
| <i>hydrocortisone w/ acetic acid otic soln</i> 1-2%                    | 4                          |        |
| <i>neomycin-polymyxin-hc otic soln</i> 1%                              | 3                          |        |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%      | 3                          |        |
| <i>ofloxacin (otic)</i> SOLN .3%                                       | 4                          |        |
| <b>RESPIRATORY</b>                                                     |                            |        |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                       |                            |        |
| 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     |
| <i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml               | 3                          | 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     |

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Current as of: 10/01/2025

| Drug Name                                                                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTICHOLINERGICS</b>                                                                                                                              |                            |        |
| ATROVENT HFA AERS<br>17mcg/act<br>QL (2 inhalers / 30 days)                                                                                          | 4                          | QL     |
| INCRUSE ELLIPTA AEPB<br>62.5mcg/inh<br>QL (30 blisters / 30<br>days)                                                                                 | 3                          | QL     |
| <i>ipratropium bromide</i> SOLN<br>.02%                                                                                                              | 2                          | B/D    |
| <i>ipratropium bromide (nasal)</i><br>SOLN .03%, .06%                                                                                                | 3                          |        |
| SPIRIVA RESPIMAT AERS<br>1.25mcg/act<br>QL (1 inhaler / 30 days)                                                                                     | 4                          | QL     |
| <b>ANTI HISTAMINES</b>                                                                                                                               |                            |        |
| <i>azelastine hcl</i> SOLN .1%                                                                                                                       | 2                          |        |
| <i>cetirizine hcl</i> SOLN 5mg/5ml<br>QL (300 mL / 30 days)                                                                                          | 2                          | QL     |
| <i>ciproheptadine hcl</i> SYRP<br>2mg/5ml; TABS 4mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year               | 3                          | PA     |
| <i>diphenhydramine hcl</i> SOLN<br>50mg/ml                                                                                                           | 3                          |        |
| <i>hydroxyzine hcl</i> SOLN<br>25mg/ml, 50mg/ml<br>PA applies if 65 years and<br>older                                                               | 4                          | PA     |
| <i>hydroxyzine hcl</i> SYRP<br>10mg/5ml; TABS 10mg,<br>25mg, 50mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year | 3                          | PA     |
| <i>hydroxyzine pamoate</i> CAPS<br>25mg, 50mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year                     | 3                          | PA     |
| <i>levocetirizine dihydrochloride</i><br>SOLN 2.5mg/5ml<br>QL (300 mL / 30 days)                                                                     | 4                          | QL     |
| <i>levocetirizine dihydrochloride</i><br>TABS 5mg<br>QL (30 tabs / 30 days)                                                                          | 2                          | QL     |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>BETA AGONISTS</b>                                                                                   |                            |        |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA)    | 3                          | QL     |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA) | 3                          | QL     |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA)  | 3                          | QL     |
| <i>albuterol sulfate</i> NEBU<br>.63mg/3ml, 1.25mg/3ml,<br>2.5mg/0.5ml                                 | 3                          | B/D    |
| <i>albuterol sulfate</i> NEBU .083%                                                                    | 2                          | B/D    |
| <i>albuterol sulfate</i> SYRP<br>2mg/5ml                                                               | 3                          |        |
| <i>albuterol sulfate</i> TABS 2mg,<br>4mg                                                              | 4                          |        |
| <i>levalbuterol tartrate</i> AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                            | 3                          | QL ST  |
| SEREVENT DISKUS AEPB<br>50mcg/dose<br>QL (60 inhalations / 30<br>days)                                 | 3                          | QL     |
| <i>terbutaline sulfate</i> TABS<br>2.5mg, 5mg                                                          | 4                          |        |
| VENTOLIN HFA AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)                                           | 3                          | QL     |
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>AERS 108mcg/act<br>QL (6 inhalers / 30 days)                   | 3                          | QL     |
| <b>LEUKOTRIENE MODULATORS</b>                                                                          |                            |        |
| <i>montelukast sodium</i> CHEW<br>4mg, 5mg                                                             | 2                          |        |
| <i>montelukast sodium</i> PACK<br>4mg                                                                  | 4                          |        |
| <i>montelukast sodium</i> TABS<br>10mg                                                                 | 1                          |        |
| <i>zafirlukast</i> TABS 10mg, 20mg                                                                     | 3                          |        |
| <b>MISCELLANEOUS</b>                                                                                   |                            |        |
| <i>acetylcysteine</i> SOLN 10%,<br>20%                                                                 | 4                          | B/D    |

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| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits   |
|-------------------------------------------------------------------------------------------|----------------------------|----------|
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days)                                            | 5                          | QL NM PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days)                                          | 5                          | QL NM PA |
| ARALAST NP SOLR 500mg,<br>1000mg                                                          | 5                          | NM PA    |
| cromolyn sodium NEBU<br>20mg/2ml                                                          | 3                          | B/D      |
| epinephrine (anaphylaxis)<br>SOAJ .15mg/0.3ml,<br>.3mg/0.3ml<br>(generic of EpiPen)       | 3                          |          |
| epinephrine (anaphylaxis)<br>SOAJ .15mg/0.15ml,<br>.3mg/0.3ml<br>(generic of Adrenaclick) | 3                          |          |
| FASENRA SOSY<br>10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days)                           | 5                          | QL NM PA |
| FASENRA PEN SOAJ<br>30mg/ml<br>QL (1 pen / 28 days)                                       | 5                          | QL NM PA |
| KALYDECO PACK 5.8mg,<br>13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28<br>days)          | 5                          | QL NM PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                             | 5                          | QL NM PA |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                          | 5                          | QL NM PA |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28<br>days)                                       | 5                          | QL NM PA |
| ORKAMBI GRA 100-125<br>QL (56 packets / 28<br>days)                                       | 5                          | QL NM PA |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28<br>days)                                       | 5                          | QL NM PA |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                            | 5                          | QL NM PA |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                            | 5                          | QL NM PA |
| pirfenidone CAPS 267mg<br>QL (270 caps / 30 days)                                         | 5                          | QL NM PA |
| pirfenidone TABS 267mg<br>QL (270 tabs / 30 days)                                         | 5                          | QL NM PA |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------------|----------------------------|----------|
| pirfenidone TABS 534mg,<br>801mg<br>QL (90 tabs / 30 days)                            | 5                          | QL NM PA |
| PROLASTIN-C SOLN<br>1000mg/20ml                                                       | 5                          | NM PA    |
| PULMOZYME SOLN<br>2.5mg/2.5ml                                                         | 5                          | NM PA    |
| roflumilast TABS 250mcg<br>QL (56 tabs / year)                                        | 4                          | QL       |
| roflumilast TABS 500mcg<br>QL (30 tabs / 30 days)                                     | 4                          | QL       |
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                         | 5                          | QL NM PA |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                         | 5                          | QL NM PA |
| theophylline ELIX<br>80mg/15ml; SOLN<br>80mg/15ml; TB12 100mg,<br>200mg, 300mg, 450mg | 4                          |          |
| theophylline TB24 400mg,<br>600mg                                                     | 3                          |          |
| TRIKAFTA PAK 59.5MG<br>QL (56 packs / 28 days)                                        | 5                          | QL NM PA |
| TRIKAFTA PAK 75MG<br>QL (56 packs / 28 days)                                          | 5                          | QL NM PA |
| TRIKAFTA TAB 50-25-<br>37.5MG & 75MG<br>QL (84 tabs / 28 days)                        | 5                          | QL NM PA |
| TRIKAFTA TAB 100-50-75MG<br>& 150MG<br>QL (84 tabs / 28 days)                         | 5                          | QL NM PA |
| XOLAIR SOAJ 75mg/0.5ml,<br>300mg/2ml<br>QL (4 pens / 28 days)                         | 5                          | QL NM PA |
| XOLAIR SOAJ 150mg/ml<br>QL (8 pens / 28 days)                                         | 5                          | QL NM PA |
| XOLAIR SOLR 150mg<br>QL (8 vials / 28 days)                                           | 5                          | QL NM PA |
| XOLAIR SOSY 75mg/0.5ml,<br>300mg/2ml<br>QL (4 syringes / 28<br>days)                  | 5                          | QL NM PA |
| XOLAIR SOSY 150mg/ml<br>QL (8 syringes / 28<br>days)                                  | 5                          | QL NM PA |
| ZEMAIRA SOLR 1000mg,<br>4000mg, 5000mg                                                | 5                          | NM PA    |

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| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>NASAL STEROIDS</b>                                                                           |                            |        |
| <i>flunisolide (nasal) SOLN</i><br>.025%<br>QL (3 bottles / 30 days)                            | 3                          | QL     |
| <i>fluticasone propionate (nasal) SUSP</i> 50mcg/act<br>QL (1 bottle / 30 days)                 | 2                          | QL     |
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days)                                                   | 4                          | QL PA  |
| <b>STERIOD INHALANTS</b>                                                                        |                            |        |
| ALVESCO AERS 80mcg/act<br>QL (3 inhalers / 30 days)                                             | 4                          | QL     |
| ALVESCO AERS 160mcg/act<br>QL (2 inhalers / 30 days)                                            | 4                          | QL     |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act<br>QL (30 inhalations / 30 days)         | 3                          | QL     |
| <i>budesonide (inhalation) SUSP</i> .25mg/2ml, .5mg/2ml                                         | 4                          | B/D    |
| <b>STERIOD/BETA-AGONIST COMBINATIONS</b>                                                        |                            |        |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                                | 3                          | QL     |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                               | 3                          | QL     |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                               | 3                          | QL     |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days)                                              | 3                          | QL     |
| BREO ELLIPTA INH 50-25MCG<br>QL (60 blisters / 30 days)                                         | 3                          | QL     |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30 days)                                           | 3                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30 days)                                           | 3                          | QL     |
| <i>breyana</i><br>QL (3 inhalers / 30 days)                                                     | 3                          | QL     |
| <i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act<br>QL (3 inhalers / 30 days) | 3                          | QL     |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act<br>QL (3 inhalers / 30 days)                            | 3                          | QL     |
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days)                                                                             | 4                          | QL     |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days)                                                                            | 4                          | QL     |
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days)                                                                            | 4                          | QL     |
| <i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 3                          | QL     |
| <i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 3                          | QL     |
| <i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act<br>QL (60 inhalations / 30 days)<br>(generic PRASCO not covered) | 3                          | QL     |
| <i>wixela inhub</i><br>QL (60 inhalations / 30 days)                                                                        | 3                          | QL     |
| <b>TOPICAL DERMATOLOGY, ACNE</b>                                                                                            |                            |        |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                                 | 4                          | PA     |
| <i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                                | 4                          | PA     |
| <i>benzoyl peroxide-erythromycin gel</i> 5-3%<br>QL (46.6 gm / 30 days)                                                     | 4                          | QL     |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                                 | 4                          | PA     |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5%<br>QL (45 gm / 30 days)                                  | 3                          | QL     |
| <i>clindamycin phosphate (topical)</i> GEL 1%<br>QL (75 mL / 30 days)                                                       | 3                          | QL PA  |

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| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%<br>QL (60 mL / 30 days)   | 3                          | QL     |
| <i>ery PADS</i> 2%<br>QL (60 pledgets / 30 days)                                  | 3                          | QL     |
| <i>erythromycin (acne aid)</i> GEL 2%<br>QL (60 gm / 30 days)                     | 3                          | QL     |
| <i>erythromycin (acne aid)</i> SOLN 2%<br>QL (60 mL / 30 days)                    | 3                          | QL     |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                                   | 4                          | PA     |
| <i>neuac</i><br>QL (45 gm / 30 days)                                              | 3                          | QL     |
| <i>sulfacetamide sodium (acne)</i> LOTN 10%<br>QL (118 mL / 30 days)              | 4                          | QL     |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%<br>QL (45 gm / 30 days)   | 4                          | QL PA  |
| <i>twice-daily clindamycin phosphate (topical)</i> GEL 1%<br>QL (60 gm / 30 days) | 3                          | QL     |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                                       | 4                          | PA     |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                   |                            |        |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%<br>QL (30 gm / 30 days)    | 3                          | QL     |
| <i>mupirocin</i> OINT 2%<br>QL (220 gm / 30 days)                                 | 2                          | QL     |
| <i>silver sulfadiazine</i> CREA 1%                                                | 2                          |        |
| <i>ssd</i> CREA 1%                                                                | 2                          |        |
| <i>SULFAMYLON</i> CREA 85mg/gm<br>QL (453.6 gm / 30 days)                         | 4                          | QL     |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                   |                            |        |
| <i>ciclopirox</i> SHAM 1%<br>QL (120 mL / 30 days)                                | 3                          | QL     |
| <i>ciclopirox olamine</i> CREA .77%<br>QL (90 gm / 30 days)                       | 3                          | QL     |
| <i>ciclopirox olamine</i> SUSP .77%<br>QL (60 mL / 30 days)                       | 3                          | QL     |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clotrimazole (topical)</i> CREA 1%<br>QL (45 gm / 30 days)                            | 2                          | QL     |
| <i>clotrimazole (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                            | 3                          | QL     |
| <i>clotrimazole w/ betamethasone cream</i> 1-0.05%<br>QL (45 gm / 30 days)               | 3                          | QL     |
| <i>econazole nitrate</i> CREA 1%<br>QL (85 gm / 30 days)                                 | 3                          | QL     |
| <i>ketoconazole (topical)</i> CREA 2%<br>QL (60 gm / 30 days)                            | 3                          | QL     |
| <i>ketoconazole (topical)</i> SHAM 2%<br>QL (120 mL / 30 days)                           | 2                          | QL     |
| <i>klayesta</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                               | 3                          | QL     |
| <i>nyamyc</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                 | 3                          | QL     |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm<br>QL (30 gm / 30 days) | 2                          | QL     |
| <i>nystatin (topical)</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                     | 3                          | QL     |
| <i>nystop</i> POWD 100000unit/gm<br>QL (60 gm / 30 days)                                 | 3                          | QL     |
| <i>selenium sulfide</i> LOTN 2.5%                                                        | 2                          |        |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                       |                            |        |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                                                 | 4                          | PA     |
| <i>calcipotriene</i> CREA .005%; OINT .005%<br>QL (120 gm / 30 days)                     | 4                          | QL PA  |
| <i>calcipotriene</i> SOLN .005%<br>QL (120 mL / 30 days)                                 | 3                          | QL PA  |
| <i>calcitrene</i> OINT .005%<br>QL (120 gm / 30 days)                                    | 4                          | QL PA  |
| <i>ENSTILAR</i> AER<br>QL (120 gm / 30 days)                                             | 5                          | QL PA  |
| <i>tazarotene</i> CREA .05%, .1%<br>QL (60 gm / 30 days)                                 | 3                          | QL PA  |

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

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                      |                            |        |
| <i>ala-cort</i> CREA 1%                                                                  | 1                          |        |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%<br>QL (60 gm / 30 days)           | 3                          | QL     |
| <i>betamethasone dipropionate (topical)</i> CREA .05%<br>QL (120 gm / 30 days)           | 3                          | QL     |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%<br>QL (120 mL / 30 days)           | 3                          | QL     |
| <i>betamethasone dipropionate (topical)</i> OINT .05%<br>QL (120 gm / 30 days)           | 4                          | QL     |
| <i>betamethasone dipropionate augmented</i> CREA .05%<br>QL (120 gm / 30 days)           | 2                          | QL     |
| <i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%<br>QL (120 gm / 30 days) | 4                          | QL     |
| <i>betamethasone dipropionate augmented</i> LOTN .05%<br>QL (120 mL / 30 days)           | 4                          | QL     |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%<br>QL (120 gm / 30 days)                | 3                          | QL     |
| <i>betamethasone valerate</i> LOTN .1%<br>QL (120 mL / 30 days)                          | 3                          | QL     |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%<br>QL (120 gm / 30 days)     | 4                          | QL     |
| <i>clobetasol propionate</i> SHAM .05%<br>QL (236 mL / 30 days)                          | 4                          | QL     |
| <i>clobetasol propionate</i> SOLN .05%<br>QL (100 mL / 30 days)                          | 4                          | QL     |
| <i>clobetasol propionate e</i> CREA .05%<br>QL (120 gm / 30 days)                        | 4                          | QL     |
| <i>clodan</i> SHAM .05%<br>QL (236 mL / 30 days)                                         | 4                          | QL     |
| <i>fluocinolone acetonide</i> CREA .01%<br>QL (60 gm / 30 days)                          | 4                          | QL     |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluocinolone acetonide</i> CREA .025%<br>QL (120 gm / 30 days)                      | 4                          | QL     |
| <i>fluocinolone acetonide</i> OIL .01%<br>QL (118.28 mL / 30 days)                     | 3                          | QL     |
| <i>fluocinolone acetonide</i> OINT .025%<br>QL (120 gm / 30 days)                      | 3                          | QL     |
| <i>fluocinolone acetonide</i> SOLN .01%<br>QL (60 mL / 30 days)                        | 4                          | QL     |
| <i>fluocinonide</i> CREA .05%, .1%<br>QL (120 gm / 30 days)                            | 3                          | QL     |
| <i>fluocinonide</i> GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                        | 4                          | QL     |
| <i>fluocinonide</i> SOLN .05%<br>QL (60 mL / 30 days)                                  | 3                          | QL     |
| <i>fluocinonide emulsified base</i> CREA .05%<br>QL (120 gm / 30 days)                 | 4                          | QL     |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                                    | 3                          |        |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%<br>QL (50 gm / 30 days)             | 4                          | QL     |
| <i>hydrocortisone (topical)</i> CREA 1%                                                | 1                          |        |
| <i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%                        | 2                          |        |
| <i>hydrocortisone (topical)</i> OINT 1%<br>QL (30 gm / 30 days)                        | 2                          | QL     |
| <i>hydrocortisone valerate</i> CREA .2%<br>QL (60 gm / 30 days)                        | 3                          | QL     |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                                 | 3                          |        |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 2                          | QL     |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%                               | 3                          |        |

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

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------|----------------------------|----------|
| <i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%              | 2                          |          |
| <i>triderm</i> CREA .5%<br>QL (454 gm / 30 days)                           | 2                          | QL       |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                      |                            |          |
| <i>glydo</i> PRSY 2%<br>QL (60 mL / 30 days)                               | 3                          | QL PA    |
| <i>lidocaine</i> OINT 5%<br>QL (50 gm / 30 days)                           | 4                          | QL PA    |
| <i>lidocaine</i> PTCH 5%<br>QL (3 patches / 1 day)                         | 4                          | QL PA    |
| <i>lidocaine hcl</i> SOLN 4%<br>QL (50 mL / 30 days)                       | 3                          | QL PA    |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%<br>QL (30 gm / 30 days)         | 2                          | B/D QL   |
| <i>lidocan</i> PTCH 5%<br>QL (3 patches / 1 day)                           | 4                          | QL PA    |
| <i>tridacaine ii</i> PTCH 5%<br>QL (3 patches / 1 day)                     | 4                          | QL PA    |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                 |                            |          |
| <i>bexarotene (topical)</i> GEL 1%<br>QL (60 gm / 30 days)                 | 5                          | QL NM PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)      | 3                          | QL       |
| <i>EUCRISA</i> OINT 2%<br>QL (120 gm / 30 days)                            | 4                          | QL PA    |
| <i>fluorouracil (topical)</i> CREA 5%<br>QL (40 gm / 30 days)              | 4                          | QL       |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%<br>QL (10 mL / 30 days)          | 3                          | QL       |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%                               | 3                          |          |
| <i>imiquimod</i> CREA 5%<br>QL (24 packets / 30 days)                      | 3                          | QL       |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%                   | 2                          |          |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%<br>QL (45 gm / 30 days) | 3                          | QL       |
| <i>metronidazole (topical)</i> LOTN .75%<br>QL (59 mL / 30 days)           | 4                          | QL       |

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| Drug Name                                                           | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------|----------------------------|----------|
| <i>nitroglycerin (intra-anal)</i> OINT .4%<br>QL (30 gm / 30 days)  | 4                          | QL       |
| <i>PANRETIN</i> GEL .1%<br>QL (60 gm / 30 days)                     | 5                          | QL PA    |
| <i>pimecrolimus</i> CREA 1%<br>QL (100 gm / 30 days)                | 4                          | QL PA    |
| <i>podofilox</i> SOLN .5%<br>QL (7 mL / 28 days)                    | 3                          | QL       |
| <i>procto-med hc</i> CREA 2.5%                                      | 3                          |          |
| <i>proctocort</i> CREA 1%                                           | 3                          |          |
| <i>proctosol hc</i> CREA 2.5%                                       | 3                          |          |
| <i>proctozone-hc</i> CREA 2.5%                                      | 3                          |          |
| <i>tacrolimus (topical)</i> OINT .03%, .1%<br>QL (100 gm / 30 days) | 4                          | QL PA    |
| <i>VALCHLOR</i> GEL .016%<br>QL (60 gm / 30 days)                   | 5                          | QL NM PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>                      |                            |          |
| <i>malathion</i> LOTN .5%<br>QL (59 mL / 30 days)                   | 4                          | QL       |
| <i>permethrin</i> CREA 5%<br>QL (60 gm / 30 days)                   | 3                          | QL       |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                               |                            |          |
| <i>REGRANEX</i> GEL .01%<br>QL (30 gm / 30 days)                    | 5                          | QL PA    |
| <i>SANTYL</i> OINT 250unit/gm<br>QL (180 gm / 30 days)              | 4                          | QL PA    |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%                       | 3                          |          |
| <i>water for irrigation, sterile irrigation soln</i>                | 2                          |          |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                   |                            |          |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%             | 1                          |          |
| <i>clotrimazole</i> TROC 10mg<br>QL (150 lozenges / 30 days)        | 3                          | QL       |
| <i>kourzeq</i> PSTE .1%                                             | 3                          |          |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%                         | 2                          |          |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml                   | 2                          |          |
| <i>periogard</i> SOLN .12%                                          | 1                          |          |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg                       | 3                          |          |

| Drug Name                                          | Drug Requirements/ |        |
|----------------------------------------------------|--------------------|--------|
|                                                    | Tier               | Limits |
| <i>triamcinolone acetonide</i><br>(mouth) PSTE .1% | 3                  |        |

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

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| MG .....5                            | <i>buprenorphine hcl-</i>           | <i>disintegrating tab 10-</i>        |
| BIMZELX.....42                       | <i>naloxone hcl sl film 12-3</i>    | 100mg .....23                        |
| <i>bisoprolol &amp;</i>              | <i>mg (base equiv)</i> .....31      | <i>carb/levo orally</i>              |
| <i>hydrochlorothiazide tab</i>       | <i>buprenorphine hcl-</i>           | <i>disintegrating tab 25-</i>        |
| 10-6.25 mg .....18                   | <i>naloxone hcl sl film 2-0.5</i>   | 100mg .....23                        |
| <i>bisoprolol &amp;</i>              | <i>mg (base equiv)</i> .....31      | <i>carb/levo orally</i>              |
| <i>hydrochlorothiazide tab</i>       | <i>buprenorphine hcl-</i>           | <i>disintegrating tab 25-</i>        |
| 2.5-6.25 mg .....18                  | <i>naloxone hcl sl film 4-1</i>     | 250mg .....23                        |
| <i>bisoprolol &amp;</i>              | <i>mg (base equiv)</i> .....31      | <i>carbamazepine</i> .....25         |
| <i>hydrochlorothiazide tab</i>       | <i>buprenorphine hcl-</i>           | <i>carbidopa &amp; levodopa tab</i>  |
| 5-6.25 mg .....18                    | <i>naloxone hcl sl film 8-2</i>     | 10-100 mg .....23                    |
| <i>bisoprolol fumarate</i> .....18   | <i>mg (base equiv)</i> .....31      | <i>carbidopa &amp; levodopa tab</i>  |
| BIVIGAM .....44                      | <i>buprenorphine hcl-</i>           | 25-100 mg .....23                    |
| <i>blisovi fe 1.5/30</i> .....35     | <i>naloxone hcl sl tab 2-0.5</i>    | <i>carbidopa &amp; levodopa tab</i>  |
| BONSITY .....34                      | <i>mg (base equiv)</i> .....31      | 25-250 mg .....23                    |
| BOOSTRIX INJ.....45                  | <i>buprenorphine hcl-</i>           | <i>carbidopa &amp; levodopa tab</i>  |
| <i>bortezomib</i> .....10            | <i>naloxone hcl sl tab 8-2</i>      | <i>er 25-100 mg</i> .....23          |
| BORTEZOMIB .....10                   | <i>mg (base equiv)</i> .....31      |                                      |

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| <i>carbidopa &amp; levodopa tab</i><br><i>er 50-200 mg</i> .....23                       | <i>ceftazidime</i> .....6                                                          | <i>clindamycin phosphate in</i><br><i>d5w iv soln 300 mg/50ml</i><br>..... 2                    |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 12.5-</i><br><i>50-200 mg</i> .....23   | <i>ceftriaxone sodium</i> .....7                                                   | <i>clindamycin phosphate in</i><br><i>d5w iv soln 600 mg/50ml</i><br>..... 2                    |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 18.75-</i><br><i>75-200 mg</i> .....23  | <i>cefuroxime axetil</i> .....7                                                    | <i>clindamycin phosphate in</i><br><i>d5w iv soln 900 mg/50ml</i><br>..... 2                    |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 25-100-</i><br><i>200 mg</i> .....23    | <i>cefuroxime sodium</i> .....7                                                    | <i>clindamycin phosphate</i><br><i>vaginal</i> .....41                                          |
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| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 50-200-</i><br><i>200 mg</i> .....23    | CEQUR SIMPL KIT PATCH<br>2U (3-DAY) .....33                                        | CLINDMYC/NAC INJ<br>600/50ML ..... 2                                                            |
| <i>carboplatin</i> .....8                                                                | CEQUR SIMPL KIT PATCH<br>2U (4-DAY) .....33                                        | CLINDMYC/NAC INJ<br>900/50ML ..... 2                                                            |
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| <i>carvedilol</i> .....18                                                                | <i>cetirizine hcl</i> .....49                                                      | CLINIMIX INJ 5%/D20W 47                                                                         |
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| <i>leucovorin calcium</i> .....10    | 2.5-2.5% .....54                       | <i>loxapine succinate</i> .....24   |
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| <i>levetiracetam in sodium</i>       | <i>liothyronine sodium</i> .....38     | <i>LUPRON DEPOT (3-</i>             |
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| <i>mg/100ml</i> .....27              | <i>lisinopril &amp;</i>                | <i>LUPRON DEPOT-PED (1-</i>         |
| <i>levetiracetam in sodium</i>       | <i>hydrochlorothiazide tab</i>         | MONTH.....38                        |
| <i>chloride iv soln 1500</i>         | 10-12.5 mg .....15                     | <i>LUPRON DEPOT-PED (3-</i>         |
| <i>mg/100ml</i> .....27              | <i>lisinopril &amp;</i>                | MONTH.....38                        |
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- Phone: 1 (800) 462-2085
- TTY: 711
- Email: [appeals@hmsa.com](mailto:appeals@hmsa.com)
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals  
P.O. Box 1958  
Honolulu, HI 96805-1958

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

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

This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

(continued on next page)



An Independent Licensee of the Blue Cross and Blue Shield Association

1020-1276050 6.25 LE

Commercial/ACA/Medicare  
H3832\_1020\_1276050\_L3G4AH716\_26\_C  
S3994\_1020\_1276050\_L3G4AH717\_26\_C  
H8481\_1020\_1276050\_L3G4AH718\_26\_C

ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

### 'Ōlelo Hawai'i

NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

### Bisaya

PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

### 繁體中文

請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

### 简体中文

注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

### Ilokano

BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

### 日本語

注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

### 한국어

주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

### ພາສາລາວ

ເຊີນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບັນຫາການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

## Kajin Majōl

KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjerbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

## Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

## Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-lgilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiaua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

## Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรศัพท์ที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

## Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

## Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

## Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

# HAWAII MEDICAL SERVICE ASSOCIATION

**[hmsa.com/advantage](https://hmsa.com/advantage)**

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact HMSA.

## HMSA CENTERS

Visit one of our HMSA Centers; most locations provide convenient evening and Saturday hours. Hours of operation may change. Please go to [hmsa.com/contact](https://hmsa.com/contact) before your visit.

### **Honolulu, Oahu**

818 Keeaumoku St.

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

### **Pearl City, Oahu**

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### **Hilo, Hawaii Island**

Waiakea Center | 303A E. Makaala St.

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### **Kahului, Maui**

Puunene Shopping Center | 70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

### **Lihue, Kauai**

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

## PHONE

(808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m.–8 p.m.

TTY: 711



Together, we improve the lives of our members and the health of Hawaii.  
Caring for our families, friends, and neighbors is our privilege.



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