# 2025 Formulary

## Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP)

## List of covered drugs or “Drug List”

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

H8379_100010852500_C

ID 25361, Version 24

This formulary was approved on 10/17/2025. For more recent information or other questions, please contact Priority Health Medicare Customer Service at toll-free 833.939.0983 (TTY users should call 711) 8 a.m. to 8 p.m., seven days a week, or visit *priorityhealth.com/dsnp*.

This formulary was updated on 12/1/2025

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

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means Priority Health. When it refers to “plan” or “our plan,” it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the drug list (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## What is the Priority Health Medicare D-SNP 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 Priority Health Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: *https://www.priorityhealth.com/formulary/medicare/d-snp-current-year*

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

- **Immediate substitution 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 certain new version of that drug that will appear on the same or lower 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 brand name drug or original biological product on our formulary, but immediately move it to a different 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 the 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 the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Priority Health Medicare D-SNP 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. For instance, 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 move it to a different 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 tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception 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 Priority Health Medicare D-SNP Formulary?”

**Changes that will not affect you if you are currently taking the drug:** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same tier and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2025. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

## How do I use the Formulary?

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

**1. Medical condition**

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

**2. Alphabetical listing**

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

## What are generic drugs?

Priority Health Medicare plans cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Priority Health Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. 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 Priority Health Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Priority Health Medicare D-SNP Formulary?" below for information about how to request an exception.

## What if my drug is not on the Formulary?

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

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

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

## How do I request an exception to the Priority Health Medicare D-SNP Formulary?

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

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

Generally, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a 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 request an expedited (fast) exception 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.

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

## For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800.MEDICARE (800.633.4227) 24 hours a day, seven days a week. TTY users should call 877.486.2048. Or, visit *medicare.gov*.

# PriorityMedicare D-SNP Formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

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

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

## List of Abbreviations

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

**EA: Each GM:**

**Grams**

**HI: Home Infusion.** This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 833.939.0983 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit *priorityhealth.com/dsnp*

**LA: Limited Availability.** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 833.939.0983 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit *priorityhealth.com/dsnp*

**ML: Milliliters**

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

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

**ST: Step Therapy.** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

## Understanding your copayments/coinsurance

The table below lists the Priority Health Medicare drug tiers and the copayment or coinsurance amount associated with each tier in the initial coverage stage.

Most of our members qualify for and are getting “Extra Help” from Medicare to pay for their prescription drug plan costs. If you are in the “Extra Help” program, the information in the table below applies to you.

| Drug tiers | Annual Prescription Deductible |
|---|---|
| **Tier 1**<br>$0 copay | $0 (you do not have a deductible) |

The table below lists the deductible and coinsurance associated with generic and brand drugs if you do not receive Extra Help to pay for your prescriptions.

| Drug tiers | Deductible |
|---|---|
| **Tier 1**<br>25% coinsurance | $590 |

**All drugs listed on formulary may be available via mail order*

**Specialty drugs are limited to a 30-day supply*

**2025 Formulary**

**Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP)**

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Analgesics** | | |
| ***Nonsteroidal Anti-Inflammatory Drugs*** | | |
| *celecoxib oral* | 1 | |
| *diclofenac potassium oral tablet 50 mg* | 1 | |
| *diclofenac sodium er* | 1 | |
| *diclofenac sodium external gel 1 %* | 1 | QL (1000 GM per 30 days) |
| *diclofenac sodium external solution 1.5 %* | 1 | |
| *diclofenac sodium oral* | 1 | |
| *diclofenac-misoprostol oral tablet delayed release* | 1 | |
| *diflunisal oral* | 1 | |
| *etodolac oral* | 1 | |
| *flurbiprofen oral tablet 100 mg* | 1 | |
| *ibu oral tablet 600 mg, 800 mg* | 1 | |
| *ibuprofen oral suspension 100 mg/5ml* | 1 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *mefenamic acid oral* | 1 | QL (30 EA per 30 days) |
| *meloxicam oral tablet* | 1 | |
| *nabumetone oral* | 1 | |
| *naproxen oral tablet* | 1 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | |
| *oxaprozin oral tablet* | 1 | |
| *piroxicam oral* | 1 | |
| *salsalate oral* | 1 | |
| *sulindac oral* | 1 | |
| ***Opioid Analgesics, Long-Acting*** | | |
| *buprenorphine transdermal* | 1 | QL (4 EA per 28 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 1 | QL (10 EA per 30 days) |
| *hydromorphone hcl er oral tablet extended release 24 hour* | 1 | QL (60 EA per 30 days) |
| *methadone hcl oral solution 10 mg/5ml* | 1 | QL (600 ML per 30 days) |
| *methadone hcl oral solution 5 mg/5ml* | 1 | QL (1200 ML per 30 days) |
| *methadone hcl oral tablet 10 mg* | 1 | QL (90 EA per 30 days) |

**Tier 1** = Generic and Brand Drugs

* = 30-day supply only

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

Note: All drugs listed on the formulary may be available via mail order. You can find information on what the abbreviations mean on page 9.

This formulary was updated on 12/1/2025.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *methadone hcl oral tablet 5 mg* | 1 | QL (120 EA per 30 days) |
| *morphine sulfate er oral tablet extended release 100 mg* | 1 | QL (60 EA per 30 days) |
| *morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg* | 1 | QL (120 EA per 30 days) |
| *oxymorphone hcl er* | 1 | QL (90 EA per 30 days) |
| *tramadol hcl er* | 1 | QL (30 EA per 30 days) |
| ***Opioid Analgesics, Short-Acting*** | | |
| *acetaminophen-codeine #3* | 1 | QL (360 EA per 30 days) |
| *acetaminophen-codeine oral solution 300-30 mg/12.5ml* | 1 | QL (2700 ML per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 1 | QL (360 EA per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 1 | QL (180 EA per 30 days) |
| *butorphanol tartrate nasal* | 1 | QL (10 ML per 28 days) |
| *codeine sulfate oral tablet 30 mg, 60 mg* | 1 | QL (180 EA per 30 days) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 1 | QL (360 EA per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-325 mg/15ml* | 1 | QL (5520 ML per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | 1 | QL (5550 ML per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | QL (360 EA per 30 days) |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | 1 | QL (150 EA per 30 days) |
| *hydromorphone hcl oral liquid* | 1 | QL (2400 ML per 30 days) |
| *hydromorphone hcl oral tablet 2 mg, 4 mg* | 1 | QL (180 EA per 30 days) |
| *hydromorphone hcl oral tablet 8 mg* | 1 | |
| *hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml* | 1 | QL (240 ML per 30 days) |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml* | 1 | QL (900 ML per 30 days) |
| *morphine sulfate oral solution* | 1 | QL (900 ML per 30 days) |
| *morphine sulfate oral tablet* | 1 | QL (180 EA per 30 days) |
| *oxycodone hcl oral concentrate 100 mg/5ml* | 1 | QL (180 ML per 30 days) |
| *oxycodone hcl oral solution* | 1 | QL (1200 ML per 30 days) |

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Note: All drugs listed on the formulary may be available via mail order. You can find information on what the abbreviations mean on page 9.

This formulary was updated on 12/1/2025.

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

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

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *daptomycin intravenous solution reconstituted 500 mg* | 1* | HI |
| *fosfomycin tromethamine* | 1 | |
| *linezolid intravenous solution 600 mg/300ml* | 1 | |
| *linezolid oral suspension reconstituted* | 1* | |
| *linezolid oral tablet* | 1 | QL (56 EA per 28 days) |
| *methenamine hippurate* | 1 | |
| *metronidazole external cream* | 1 | |
| *metronidazole external gel* | 1 | |
| *metronidazole external lotion* | 1 | |
| *metronidazole intravenous solution 500 mg/100ml* | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| *metronidazole vaginal* | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 1 | |
| *nitrofurantoin monohyd macro* | 1 | |
| *tigecycline* | 1 | |
| *tinidazole oral* | 1 | |
| *trimethoprim oral* | 1 | |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg* | 1 | HI |
| *vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 10 gm* | 1 | HI |
| *vancomycin hcl intravenous solution reconstituted 1.75 gm, 2 gm* | 1 | HI |
| *vancomycin hcl oral capsule 125 mg* | 1 | QL (80 EA per 30 days) |
| *vancomycin hcl oral capsule 250 mg* | 1 | QL (160 EA per 30 days) |
| *vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml* | 1 | |
| XIFAXAN ORAL TABLET 200 MG | 1 | PA; QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 1* | PA; QL (60 EA per 30 days) |
| ***Beta-Lactam, Cephalosporins*** | | |
| *cefaclor oral capsule* | 1 | |
| *cefaclor oral suspension reconstituted 250 mg/5ml* | 1 | |

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

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg* | 1 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| *ampicillin sodium injection solution reconstituted 1 gm* | 1 | HI |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 1 | HI |
| *ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm* | 1 | HI |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm* | 1 | HI |
| BICILLIN C-R | 1 | |
| BICILLIN C-R 900/300 | 1 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| *dicloxacillin sodium* | 1 | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 1 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 1 | |
| *oxacillin sodium injection solution reconstituted 1 gm* | 1 | |
| *oxacillin sodium intravenous* | 1 | |
| *penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml* | 1 | HI |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | 1 | HI |
| *penicillin g potassium injection solution reconstituted 5000000 unit* | 1 | |
| *penicillin g sodium* | 1 | |
| *penicillin v potassium oral solution reconstituted* | 1 | |
| *penicillin v potassium oral tablet* | 1 | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 1 | HI |
| ***Carbapenems*** | | |
| *ertapenem sodium* | 1 | |
| *imipenem-cilastatin* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *meropenem intravenous solution reconstituted 1 gm, 500 mg* | 1 | |
| ***Macrolides*** | | |
| *azithromycin intravenous* | 1 | HI |
| *azithromycin oral suspension reconstituted* | 1 | |
| *azithromycin oral tablet* | 1 | |
| *clarithromycin er* | 1 | |
| *clarithromycin oral suspension reconstituted* | 1 | |
| *clarithromycin oral tablet* | 1 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 1* | ST; QL (136 ML per 10 days) |
| DIFICID ORAL TABLET | 1* | ST; QL (20 EA per 10 days) |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG | 1 | |
| *erythromycin base oral capsule delayed release particles* | 1 | |
| *erythromycin base oral tablet* | 1 | |
| *erythromycin ethylsuccinate oral tablet* | 1 | |
| *erythromycin oral* | 1 | |
| ***Quinolones*** | | |
| *ciprofloxacin hcl ophthalmic* | 1 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | 1 | |
| *ciprofloxacin hcl oral tablet 750 mg* | 1 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml* | 1 | |
| *levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml* | 1 | |
| *levofloxacin oral* | 1 | |
| *moxifloxacin hcl in nacl* | 1 | HI |
| *moxifloxacin hcl oral* | 1 | |
| *ofloxacin oral tablet 300 mg, 400 mg* | 1 | |
| ***Sulfonamides*** | | |
| *sulfacetamide sodium (acne)* | 1 | |
| *sulfadiazine oral* | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | 1 | |

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|---|---|---|
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| ***Tetracyclines*** | | |
| *demeclocycline hcl oral* | 1 | |
| DOXY 100 | 1 | B/D |
| *doxycycline hyclate intravenous* | 1 | B/D |
| *doxycycline hyclate oral capsule* | 1 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 1 | |
| *doxycycline monohydrate oral capsule 75 mg* | 1 | |
| *doxycycline monohydrate oral suspension reconstituted* | 1 | |
| *doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg* | 1 | |
| *minocycline hcl oral capsule* | 1 | |
| *tetracycline hcl oral capsule* | 1 | |
| **Anticonvulsants** | | |
| ***Anticonvulsants, Other*** | | |
| BRIVIACT ORAL SOLUTION | 1* | PA; QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET | 1* | PA; QL (60 EA per 30 days) |
| DIACOMIT | 1* | PA |
| EPIDIOLEX | 1* | PA; QL (500 ML per 30 days) |
| *felbamate* | 1 | |
| FINTEPLA | 1* | PA; QL (360 ML per 30 days) |
| FYCOMPA ORAL SUSPENSION | 1* | PA; QL (680 ML per 28 days) |
| *lamotrigine er* | 1 | |
| *lamotrigine oral tablet* | 1 | |
| *lamotrigine oral tablet chewable* | 1 | |
| *lamotrigine oral tablet dispersible* | 1 | |
| *levetiracetam er* | 1 | |
| *levetiracetam oral solution* | 1 | |
| *levetiracetam oral tablet* | 1 | |
| *perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg* | 1* | PA; QL (30 EA per 30 days) |
| *perampanel oral tablet 2 mg* | 1 | PA; QL (30 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG | 1 | PA; QL (90 EA per 30 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG | 1 | PA; QL (60 EA per 30 days) |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | 1 | |
| *topiramate oral solution* | 1 | PA; QL (480 ML per 30 days) |
| *topiramate oral tablet* | 1 | |
| *valproic acid oral capsule* | 1 | |
| *valproic acid oral solution 250 mg/5ml* | 1 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 1* | PA; QL (56 EA per 28 days) |
| XCOPRI (350 MG DAILY DOSE) | 1* | PA; QL (56 EA per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 1* | PA; QL (30 EA per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1* | PA; QL (60 EA per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 1 | PA; QL (28 EA per 28 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 1* | PA; QL (28 EA per 28 days) |
| ***Calcium Channel Modifying Agents*** | | |
| *ethosuximide oral capsule* | 1 | |
| *ethosuximide oral solution* | 1 | |
| *methsuximide* | 1 | |
| ZONISADE | 1* | PA; QL (900 ML per 30 days) |
| ***Gamma-Aminobutyric Acid (Gaba) Augmenting Agents*** | | |
| *clobazam oral suspension 2.5 mg/ml* | 1 | PA; QL (480 ML per 30 days) |
| *clobazam oral tablet* | 1 | PA; QL (60 EA per 30 days) |
| *diazepam rectal* | 1 | |
| *gabapentin oral capsule* | 1 | |
| *gabapentin oral solution 250 mg/5ml* | 1 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 1 | |
| NAYZILAM | 1 | PA; QL (10 EA per 30 days) |
| *phenobarbital oral elixir* | 1 | PA |
| *phenobarbital oral tablet* | 1 | PA |
| *primidone oral tablet 250 mg, 50 mg* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| SYMPAZAN | 1* | PA; QL (60 EA per 30 days) |
| *tiagabine hcl* | 1 | |
| VALTOCO 10 MG DOSE | 1* | PA; QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE | 1* | PA; QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE | 1* | PA; QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE | 1* | PA; QL (10 EA per 30 days) |
| *vigabatrin* | 1* | PA; LA |
| *vigadrone oral packet* | 1* | PA |
| *vigadrone oral tablet* | 1* | PA; LA |
| VIGAFYDE | 1* | PA; QL (750 ML per 30 days) |
| VIGPODER | 1* | PA |
| ZTALMY | 1* | PA; QL (1100 ML per 30 days) |
| ***Sodium Channel Agents*** | | |
| *carbamazepine er oral tablet extended release 12 hour* | 1 | |
| *carbamazepine oral suspension 100 mg/5ml* | 1 | |
| *carbamazepine oral tablet* | 1 | |
| *carbamazepine oral tablet chewable 100 mg* | 1 | |
| *epitol* | 1 | |
| *eslicarbazepine acetate oral tablet 200 mg, 400 mg* | 1* | PA; QL (30 EA per 30 days) |
| *eslicarbazepine acetate oral tablet 600 mg, 800 mg* | 1* | PA; QL (60 EA per 30 days) |
| *lacosamide oral solution 10 mg/ml* | 1 | QL (1200 ML per 30 days) |
| *lacosamide oral tablet* | 1 | QL (60 EA per 30 days) |
| *oxcarbazepine oral suspension* | 1 | |
| *oxcarbazepine oral tablet* | 1 | |
| *phenytoin oral suspension 125 mg/5ml* | 1 | |
| *phenytoin oral tablet chewable* | 1 | |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | |
| *rufinamide oral suspension 40 mg/ml* | 1* | PA |
| *rufinamide oral tablet 200 mg* | 1 | PA |
| *rufinamide oral tablet 400 mg* | 1* | PA |
| *zonisamide oral* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Antidementia Agents** | | |
| ***Antidementia Agents, Other*** | | |
| *donepezil hcl oral tablet 10 mg* | 1 | QL (60 EA per 30 days) |
| *donepezil hcl oral tablet 5 mg* | 1 | QL (30 EA per 30 days) |
| *donepezil hcl oral tablet dispersible 10 mg* | 1 | QL (60 EA per 30 days) |
| *donepezil hcl oral tablet dispersible 5 mg* | 1 | QL (30 EA per 30 days) |
| ***Cholinesterase Inhibitors*** | | |
| *donepezil hcl oral tablet 23 mg* | 1 | |
| *galantamine hydrobromide er* | 1 | |
| *galantamine hydrobromide oral tablet* | 1 | |
| *rivastigmine* | 1 | QL (30 EA per 30 days) |
| *rivastigmine tartrate* | 1 | QL (60 EA per 30 days) |
| ***N-Methyl-D-Aspartate (Nmda) Receptor Antagonist*** | | |
| *memantine hcl er* | 1 | QL (30 EA per 30 days) |
| *memantine hcl oral solution 2 mg/ml* | 1 | QL (300 ML per 30 days) |
| *memantine hcl oral tablet 10 mg, 5 mg* | 1 | QL (60 EA per 30 days) |
| *memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg* | 1 | QL (49 EA per 28 days) |
| **Antidepressants** | | |
| ***Antidepressants, Other*** | | |
| AUVELITY | 1* | PA; QL (60 EA per 30 days) |
| *bupropion hcl er (sr)* | 1 | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | 1 | |
| *bupropion hcl oral* | 1 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg* | 1 | |
| *mirtazapine oral tablet 7.5 mg* | 1 | |
| *mirtazapine oral tablet dispersible* | 1 | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 1* | PA; QL (28 EA per 365 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 1* | PA; QL (14 EA per 365 days) |
| ***Monoamine Oxidase Inhibitors*** | | |
| EMSAM | 1* | PA |
| MARPLAN | 1 | PA; QL (180 EA per 30 days) |
| *phenelzine sulfate oral* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *tranylcypromine sulfate* | 1 | |
| ***Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor*** | | |
| *citalopram hydrobromide oral solution* | 1 | QL (600 ML per 30 days) |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg* | 1 | QL (45 EA per 30 days) |
| *citalopram hydrobromide oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *desvenlafaxine succinate er* | 1 | QL (30 EA per 30 days) |
| DRIZALMA SPRINKLE | 1 | PA; QL (60 EA per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5ml* | 1 | |
| *escitalopram oxalate oral tablet* | 1 | |
| FETZIMA | 1 | ST; QL (30 EA per 30 days) |
| FETZIMA TITRATION | 1 | ST; QL (30 EA per 30 days) |
| *fluoxetine hcl oral capsule* | 1 | |
| *fluoxetine hcl oral capsule delayed release* | 1 | |
| *fluoxetine hcl oral solution* | 1 | |
| *fluvoxamine maleate* | 1 | |
| *nefazodone hcl* | 1 | |
| *paroxetine hcl oral suspension* | 1 | |
| *paroxetine hcl oral tablet* | 1 | |
| *paroxetine mesylate* | 1 | QL (30 EA per 30 days) |
| RALDESY | 1* | PA; QL (1200 ML per 30 days) |
| *sertraline hcl oral concentrate* | 1 | |
| *sertraline hcl oral tablet* | 1 | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| *trazodone hcl oral tablet 300 mg* | 1 | |
| TRINTELLIX | 1 | ST; QL (30 EA per 30 days) |
| *venlafaxine hcl* | 1 | |
| *venlafaxine hcl er oral capsule extended release 24 hour* | 1 | |
| *venlafaxine hcl er oral tablet extended release 24 hour* | 1 | |
| *vilazodone hcl* | 1 | ST; QL (30 EA per 30 days) |

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|---|---|---|
| ***Tricyclics*** | | |
| *amitriptyline hcl oral* | 1 | |
| *amoxapine* | 1 | |
| *clomipramine hcl oral* | 1 | |
| *desipramine hcl oral* | 1 | |
| *doxepin hcl oral capsule* | 1 | |
| *doxepin hcl oral concentrate* | 1 | |
| *imipramine hcl oral* | 1 | |
| *nortriptyline hcl oral capsule* | 1 | |
| *nortriptyline hcl oral solution* | 1 | |
| *protriptyline hcl* | 1 | PA |
| *trimipramine maleate oral* | 1 | PA |
| **Antiemetics** | | |
| ***Antiemetics, Other*** | | |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 1 | |
| *prochlorperazine* | 1 | |
| *prochlorperazine maleate oral* | 1 | |
| *promethazine hcl oral tablet* | 1 | |
| *promethazine hcl rectal suppository 12.5 mg, 25 mg* | 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG | 1 | |
| *scopolamine* | 1 | |
| ***Emetogenic Therapy Adjuncts*** | | |
| *aprepitant* | 1 | PA; QL (6 EA per 30 days) |
| *dronabinol* | 1 | B/D; QL (120 EA per 30 days) |
| *granisetron hcl oral* | 1 | B/D |
| *ondansetron hcl oral solution* | 1 | B/D |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | B/D |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 1 | B/D |
| **Antifungals** | | |
| ***Antifungals*** | | |
| ABELCET | 1 | B/D |
| *amphotericin b intravenous* | 1 | B/D |
| *caspofungin acetate* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *ciclopirox olamine external cream* | 1 | QL (180 GM per 30 days) |
| *ciclopirox olamine external suspension* | 1 | QL (60 ML per 30 days) |
| *clotrimazole external cream* | 1 | QL (120 GM per 30 days) |
| *clotrimazole external solution* | 1 | |
| *clotrimazole mouth/throat troche* | 1 | |
| *econazole nitrate external cream* | 1 | QL (90 GM per 30 days) |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 1 | HI |
| *fluconazole oral* | 1 | |
| *flucytosine oral* | 1* | |
| *griseofulvin microsize oral tablet* | 1 | |
| *griseofulvin ultramicrosize oral tablet 125 mg* | 1 | |
| *griseofulvin ultramicrosize oral tablet 250 mg* | 1 | |
| *itraconazole oral capsule* | 1 | |
| *ketoconazole external cream* | 1 | QL (180 GM per 30 days) |
| *ketoconazole external shampoo 2 %* | 1 | QL (120 ML per 30 days) |
| *ketoconazole oral* | 1 | |
| *miconazole 3 vaginal suppository* | 1 | |
| NYAMYC | 1 | QL (60 GM per 30 days) |
| *nystatin external cream* | 1 | |
| *nystatin external ointment* | 1 | |
| *nystatin external powder* | 1 | QL (240 GM per 30 days) |
| *nystatin mouth/throat* | 1 | QL (700 ML per 30 days) |
| *nystatin oral tablet* | 1 | |
| NYSTOP | 1 | QL (240 GM per 30 days) |
| *posaconazole oral tablet delayed release* | 1* | QL (93 EA per 30 days) |
| *terbinafine hcl oral* | 1 | |
| *terconazole vaginal cream* | 1 | |
| *terconazole vaginal suppository* | 1 | |
| *voriconazole intravenous* | 1 | PA |
| *voriconazole oral suspension reconstituted* | 1* | |
| *voriconazole oral tablet* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Antigout Agents** | | |
| ***Antigout Agents*** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *colchicine oral tablet* | 1 | |
| *colchicine-probenecid* | 1 | |
| *febuxostat* | 1 | ST; QL (30 EA per 30 days) |
| *probenecid oral* | 1 | |
| **Antimigraine Agents** | | |
| ***Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists*** | | |
| AIMOVIG | 1 | PA; QL (1 ML per 30 days) |
| EMGALITY | 1 | PA; QL (2 ML per 30 days) |
| EMGALITY (300 MG DOSE) | 1 | PA; QL (3 ML per 30 days) |
| NURTEC | 1 | PA; QL (18 EA per 30 days) |
| ***Ergot Alkaloids*** | | |
| *dihydroergotamine mesylate nasal* | 1* | PA; QL (8 ML per 30 days) |
| *ergotamine-caffeine* | 1 | QL (40 EA per 30 days) |
| ***Serotonin (5-Ht) Receptor Agonist*** | | |
| *eletriptan hydrobromide* | 1 | ST; QL (6 EA per 30 days) |
| *naratriptan hcl* | 1 | QL (12 EA per 30 days) |
| *rizatriptan benzoate* | 1 | QL (12 EA per 30 days) |
| *sumatriptan nasal* | 1 | QL (12 EA per 30 days) |
| *sumatriptan succinate oral* | 1 | QL (12 EA per 30 days) |
| *sumatriptan succinate refill subcutaneous solution cartridge* | 1 | QL (4 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 1 | QL (4 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector* | 1 | QL (4 ML per 30 days) |
| *zolmitriptan oral* | 1 | QL (12 EA per 30 days) |
| **Antimyasthenic Agents** | | |
| ***Parasympathomimetics*** | | |
| *guanidine hcl oral* | 1 | |
| *pyridostigmine bromide er oral tablet extended release* | 1 | |

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|---|---|---|
| *pyridostigmine bromide oral tablet 60 mg* | 1 | |
| **Antimycobacterials** | | |
| ***Antimycobacterials, Other*** | | |
| *dapsone oral* | 1 | |
| PRIFTIN | 1 | |
| *rifabutin* | 1 | |
| ***Antituberculars*** | | |
| *ethambutol hcl oral* | 1 | |
| *isoniazid oral syrup* | 1 | |
| *isoniazid oral tablet* | 1 | |
| PRETOMANID | 1 | PA; QL (30 EA per 30 days) |
| *pyrazinamide oral* | 1 | |
| *rifampin intravenous* | 1 | |
| *rifampin oral* | 1 | |
| SIRTURO | 1* | PA |
| **Antineoplastics** | | |
| ***Alkylating Agents*** | | |
| *cyclophosphamide oral capsule* | 1 | B/D |
| CYCLOPHOSPHAMIDE ORAL TABLET | 1 | B/D |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG | 1 | |
| GLEOSTINE ORAL CAPSULE 100 MG | 1* | |
| LEUKERAN | 1* | |
| *lomustine oral capsule 10 mg, 40 mg* | 1 | |
| *lomustine oral capsule 100 mg* | 1* | |
| MATULANE | 1* | PA |
| VALCHLOR | 1* | PA; LA; QL (60 GM per 30 days) |
| ***Antiandrogens*** | | |
| *abiraterone acetate oral tablet 250 mg* | 1* | PA; QL (120 EA per 30 days) |
| *abiraterone acetate oral tablet 500 mg* | 1* | PA; QL (60 EA per 30 days) |
| ABIRTEGA | 1 | PA; QL (120 EA per 30 days) |
| *bicalutamide* | 1 | |
| ERLEADA ORAL TABLET 240 MG | 1* | PA; QL (30 EA per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 1* | PA; QL (120 EA per 30 days) |
| EULEXIN | 1* | PA |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *flutamide* | 1 | |
| *nilutamide* | 1* | |
| NUBEQA | 1* | PA; QL (120 EA per 30 days) |
| *toremifene citrate* | 1 | |
| XTANDI ORAL CAPSULE | 1* | PA; LA; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 40 MG | 1* | PA; LA; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 80 MG | 1* | PA; LA; QL (60 EA per 30 days) |
| ***Antiangiogenic Agents*** | | |
| *lenalidomide* | 1* | PA; LA; QL (30 EA per 30 days) |
| POMALYST | 1* | PA; LA; QL (21 EA per 28 days) |
| REVLIMID | 1* | PA; LA; QL (30 EA per 30 days) |
| THALOMID | 1* | PA |
| ***Antiestrogens/Modifiers*** | | |
| EMCYT | 1* | |
| ORSERDU ORAL TABLET 345 MG | 1* | PA; QL (30 EA per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 1* | PA; QL (90 EA per 30 days) |
| *raloxifene hcl* | 1 | |
| SOLTAMOX | 1 | |
| *tamoxifen citrate oral* | 1 | |
| ***Antimetabolites*** | | |
| *hydroxyurea oral* | 1 | |
| INQOVI | 1* | PA; QL (5 EA per 28 days) |
| *mercaptopurine oral suspension* | 1* | PA |
| ONUREG | 1* | PA; QL (14 EA per 28 days) |
| TABLOID | 1 | |
| ***Antineoplastics, Other*** | | |
| AVMAPKI FAKZYNJA CO-PACK | 1* | PA; QL (66 EA per 28 days) |
| GAVRETO | 1* | PA; QL (120 EA per 30 days) |
| IDHIFA | 1* | PA; QL (30 EA per 30 days) |
| IWILFIN | 1* | PA; QL (240 EA per 30 days) |
| JYLAMVO | 1 | PA |
| KISQALI FEMARA (200 MG DOSE) | 1* | PA; QL (49 EA per 28 days) |
| KISQALI FEMARA (400 MG DOSE) | 1* | PA; QL (70 EA per 28 days) |
| KISQALI FEMARA (600 MG DOSE) | 1* | PA; QL (91 EA per 28 days) |

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|---|---|---|
| *krazati* | 1* | PA; QL (180 EA per 30 days) |
| LONSURF | 1* | PA |
| LUMAKRAS ORAL TABLET 120 MG | 1* | PA; QL (240 EA per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 1* | PA; QL (120 EA per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 1* | PA; QL (90 EA per 30 days) |
| LYNPARZA ORAL TABLET | 1* | PA; QL (120 EA per 30 days) |
| LYSODREN | 1* | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 1* | PA; QL (56 EA per 28 days) |
| OGSIVEO ORAL TABLET 50 MG | 1* | PA; QL (180 EA per 30 days) |
| *ojjaara* | 1* | PA; QL (30 EA per 30 days) |
| ORGOVYX | 1* | PA; QL (30 EA per 28 days) |
| RETEVMO ORAL CAPSULE 40 MG | 1* | PA; QL (90 EA per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 1* | PA; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 1* | PA; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 1* | PA; QL (90 EA per 30 days) |
| TUKYSA ORAL TABLET 150 MG | 1* | PA; QL (120 EA per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 1* | PA; QL (60 EA per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 1* | PA; QL (60 EA per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 1* | PA; QL (30 EA per 30 days) |
| WELIREG | 1* | PA; QL (90 EA per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 1* | PA; QL (8 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 1* | PA; QL (16 EA per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1* | PA; QL (4 EA per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1* | PA; QL (8 EA per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 1* | PA; QL (4 EA per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) | 1* | PA; QL (24 EA per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1* | PA; QL (8 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) | 1* | PA; QL (32 EA per 28 days) |
| ZOLINZA | 1* | PA; QL (120 EA per 30 days) |

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|---|---|---|
| ***Aromatase Inhibitors, 3Rd Generation*** | | |
| *anastrozole oral* | 1 | |
| *exemestane* | 1 | |
| *letrozole oral* | 1 | |
| ***Molecular Target Inhibitors*** | | |
| AKEEGA | 1* | PA; QL (60 EA per 30 days) |
| ALECENSA | 1* | PA |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 1* | PA; QL (30 EA per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 1* | PA; QL (120 EA per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK | 1* | PA; QL (30 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 1* | PA; QL (60 EA per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 1* | PA; QL (180 EA per 30 days) |
| AYVAKIT | 1* | PA; QL (30 EA per 30 days) |
| BALVERSA ORAL TABLET 3 MG | 1* | PA; QL (90 EA per 30 days) |
| BALVERSA ORAL TABLET 4 MG | 1* | PA; QL (60 EA per 30 days) |
| BALVERSA ORAL TABLET 5 MG | 1* | PA; QL (30 EA per 30 days) |
| BOSULIF ORAL CAPSULE 100 MG | 1* | PA; QL (180 EA per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 1* | PA; QL (30 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 1* | PA; QL (120 EA per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 1* | PA; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 1* | PA |
| BRUKINSA | 1* | PA; QL (120 EA per 30 days) |
| CABOMETYX | 1* | PA; QL (30 EA per 30 days) |
| CALQUENCE ORAL TABLET | 1* | PA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 1* | PA; LA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 1* | PA; LA; QL (30 EA per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 1* | PA; QL (56 EA per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 1* | PA; QL (112 EA per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) | 1* | PA; QL (84 EA per 28 days) |
| COPIKTRA | 1* | PA; QL (60 EA per 30 days) |
| COTELLIC | 1* | PA; LA |
| DANZITEN | 1* | PA; QL (112 EA per 28 days) |

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|---|---|---|
| *dasatinib oral tablet 100 mg, 50 mg, 70 mg, 80 mg* | 1* | PA; QL (60 EA per 30 days) |
| *dasatinib oral tablet 140 mg* | 1* | PA; QL (30 EA per 30 days) |
| *dasatinib oral tablet 20 mg* | 1* | PA; QL (90 EA per 30 days) |
| DAURISMO | 1* | PA; QL (30 EA per 30 days) |
| ERIVEDGE | 1* | PA; LA |
| *erlotinib hcl oral tablet 100 mg, 150 mg* | 1* | PA; QL (30 EA per 30 days) |
| *erlotinib hcl oral tablet 25 mg* | 1* | PA; QL (90 EA per 30 days) |
| *everolimus oral tablet 10 mg* | 1* | PA; QL (30 EA per 30 days) |
| *everolimus oral tablet soluble 3 mg, 5 mg* | 1* | PA |
| FOTIVDA | 1* | PA; QL (30 EA per 30 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 1* | PA; QL (84 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 1* | PA; QL (21 EA per 28 days) |
| *gefitinib* | 1* | PA |
| GILOTRIF | 1* | PA; QL (30 EA per 30 days) |
| GOMEKLI | 1* | PA |
| HERNEXEOS | 1* | PA; QL (90 EA per 30 days) |
| IBRANCE | 1* | PA; QL (21 EA per 28 days) |
| IBTROZI | 1* | PA; QL (90 EA per 30 days) |
| ICLUSIG | 1* | PA; QL (30 EA per 30 days) |
| *imatinib mesylate oral tablet 100 mg* | 1* | PA; QL (180 EA per 30 days) |
| *imatinib mesylate oral tablet 400 mg* | 1* | PA; QL (60 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE | 1* | PA; QL (30 EA per 30 days) |
| IMBRUVICA ORAL SUSPENSION | 1* | PA; QL (216 ML per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 1* | PA; QL (30 EA per 30 days) |
| *imkeldi* | 1* | PA; QL (280 ML per 28 days) |
| INLYTA | 1* | PA; LA; QL (180 EA per 30 days) |
| INREBIC | 1* | PA; QL (120 EA per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 1* | PA; QL (56 EA per 28 days) |
| ITOVEBI ORAL TABLET 9 MG | 1* | PA; QL (28 EA per 28 days) |
| JAKAFI | 1* | PA; LA; QL (60 EA per 30 days) |
| JAYPIRCA | 1* | PA; QL (60 EA per 30 days) |
| KISQALI (200 MG DOSE) | 1* | PA; QL (63 EA per 28 days) |
| KISQALI (400 MG DOSE) | 1* | PA; QL (63 EA per 28 days) |

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|---|---|---|
| KISQALI (600 MG DOSE) | 1* | PA; QL (63 EA per 28 days) |
| KOSELUGO | 1* | PA |
| *lapatinib ditosylate* | 1* | PA |
| LAZCLUZE ORAL TABLET 240 MG | 1* | PA; QL (30 EA per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 1* | PA; QL (60 EA per 30 days) |
| LENVIMA (10 MG DAILY DOSE) | 1* | PA; LA; QL (30 EA per 30 days) |
| LENVIMA (12 MG DAILY DOSE) | 1* | PA; LA; QL (90 EA per 30 days) |
| LENVIMA (14 MG DAILY DOSE) | 1* | PA; LA; QL (60 EA per 30 days) |
| LENVIMA (18 MG DAILY DOSE) | 1* | PA; LA; QL (105 EA per 30 days) |
| LENVIMA (20 MG DAILY DOSE) | 1* | PA; LA; QL (60 EA per 30 days) |
| LENVIMA (24 MG DAILY DOSE) | 1* | PA; LA; QL (90 EA per 30 days) |
| LENVIMA (4 MG DAILY DOSE) | 1* | PA; LA; QL (30 EA per 30 days) |
| LENVIMA (8 MG DAILY DOSE) | 1* | PA; LA; QL (70 EA per 30 days) |
| LORBRENA | 1* | PA |
| LYTGOBI (12 MG DAILY DOSE) | 1* | PA; LA; QL (140 EA per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) | 1* | PA; LA; QL (140 EA per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) | 1* | PA; LA; QL (140 EA per 28 days) |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 1* | PA; QL (1170 ML per 28 days) |
| MEKINIST ORAL TABLET 0.5 MG | 1* | PA; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 1* | PA; QL (30 EA per 30 days) |
| MEKTOVI | 1* | PA |
| MODEYSO | 1* | PA; QL (20 EA per 28 days) |
| NERLYNX | 1* | PA; QL (180 EA per 30 days) |
| NINLARO | 1* | PA; QL (3 EA per 28 days) |
| ODOMZO | 1* | PA; LA; QL (30 EA per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | 1* | PA; QL (96 ML per 28 days) |
| OJEMDA ORAL TABLET 100 MG (16 PACK) | 1* | PA; QL (16 EA per 28 days) |
| OJEMDA ORAL TABLET 100 MG, 100 MG (24 PACK) | 1* | PA; QL (24 EA per 28 days) |
| *pazopanib hcl* | 1* | PA |
| PEMAZYRE | 1* | PA; QL (14 EA per 21 days) |
| PIQRAY (200 MG DAILY DOSE) | 1* | PA; QL (28 EA per 28 days) |
| PIQRAY (250 MG DAILY DOSE) | 1* | PA; QL (56 EA per 28 days) |
| PIQRAY (300 MG DAILY DOSE) | 1* | PA; QL (56 EA per 28 days) |

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|---|---|---|
| QINLOCK | 1* | PA; QL (90 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG | 1* | PA |
| REVUFORJ ORAL TABLET 25 MG | 1* | PA; QL (240 EA per 30 days) |
| REZLIDHIA | 1* | PA; QL (60 EA per 30 days) |
| ROMVIMZA | 1* | PA; QL (8 EA per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 1* | PA; QL (150 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1* | PA; QL (90 EA per 30 days) |
| ROZLYTREK ORAL PACKET | 1* | PA; QL (336 EA per 28 days) |
| RUBRACA | 1* | PA; QL (120 EA per 30 days) |
| RYDAPT | 1* | PA; QL (224 EA per 28 days) |
| SCEMBLIX ORAL TABLET 100 MG | 1* | PA; QL (120 EA per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 1* | PA; QL (60 EA per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 1* | PA; QL (240 EA per 30 days) |
| *sorafenib tosylate* | 1* | PA |
| STIVARGA | 1* | PA; LA; QL (84 EA per 28 days) |
| *sunitinib malate* | 1* | PA; QL (30 EA per 30 days) |
| TABRECTA | 1* | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL CAPSULE | 1* | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE | 1* | PA; QL (840 EA per 28 days) |
| TAGRISSO | 1* | PA; LA; QL (30 EA per 30 days) |
| TALZENNA | 1* | PA; QL (30 EA per 30 days) |
| TASIGNA | 1* | PA; QL (120 EA per 30 days) |
| TAZVERIK | 1* | PA; QL (240 EA per 30 days) |
| TEPMETKO | 1* | PA; QL (60 EA per 30 days) |
| TIBSOVO | 1* | PA; QL (60 EA per 30 days) |
| TRUQAP ORAL TABLET | 1* | PA; QL (64 EA per 28 days) |
| TURALIO ORAL CAPSULE 125 MG | 1* | PA; QL (120 EA per 30 days) |
| VANFLYTA | 1* | PA |
| VENCLEXTA ORAL TABLET 10 MG | 1 | PA |
| VENCLEXTA ORAL TABLET 100 MG, 50 MG | 1* | PA |
| VENCLEXTA STARTING PACK | 1* | PA |
| VERZENIO | 1* | PA; QL (60 EA per 30 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 1* | PA; QL (60 EA per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 1* | PA; QL (90 EA per 30 days) |

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|---|---|---|
| VITRAKVI ORAL SOLUTION | 1* | PA; QL (300 ML per 30 days) |
| VIZIMPRO | 1* | PA |
| VONJO | 1* | PA; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE | 1* | PA; LA; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG | 1* | PA; LA; QL (180 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG | 1* | PA; LA; QL (120 EA per 30 days) |
| XOSPATA | 1* | PA; QL (90 EA per 30 days) |
| ZEJULA ORAL TABLET | 1* | PA; QL (30 EA per 30 days) |
| ZELBORAF | 1* | PA; LA; QL (240 EA per 30 days) |
| ZYDELIG | 1* | PA; QL (60 EA per 30 days) |
| ZYKADIA ORAL TABLET | 1* | PA |
| ***Retinoids*** | | |
| *bexarotene external* | 1* | PA; QL (60 GM per 30 days) |
| *bexarotene oral* | 1* | PA |
| *tretinoin oral* | 1* | PA |
| ***Treatment Adjuncts*** | | |
| *leucovorin calcium oral* | 1 | |
| *mesna oral* | 1* | |
| **Antiparasitics** | | |
| ***Anthelmintics*** | | |
| *albendazole oral* | 1* | |
| *ivermectin oral tablet 3 mg* | 1 | |
| *praziquantel oral* | 1 | |
| ***Antiprotozoals*** | | |
| *atovaquone oral* | 1 | |
| *atovaquone-proguanil hcl* | 1 | |
| *chloroquine phosphate oral* | 1 | |
| COARTEM | 1 | QL (24 EA per 30 days) |
| *hydroxychloroquine sulfate oral tablet 200 mg* | 1 | |
| IMPAVIDO | 1* | PA; QL (84 EA per 28 days) |
| KRINTAFEL | 1 | QL (8 EA per 365 days) |
| *mefloquine hcl* | 1 | |
| *nitazoxanide oral* | 1* | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *pentamidine isethionate inhalation* | 1 | B/D |
| *pentamidine isethionate injection* | 1 | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | 1 | |
| *pyrimethamine oral* | 1* | |
| *quinine sulfate oral* | 1 | |
| **Antiparkinson Agents** | | |
| ***Anticholinergics*** | | |
| *benztropine mesylate oral* | 1 | |
| *trihexyphenidyl hcl* | 1 | |
| ***Antiparkinson Agents, Other*** | | |
| *amantadine hcl oral capsule* | 1 | |
| *amantadine hcl oral solution* | 1 | |
| *amantadine hcl oral tablet* | 1 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | 1 | |
| *entacapone* | 1 | |
| ***Dopamine Agonists*** | | |
| *bromocriptine mesylate oral* | 1 | |
| *pramipexole dihydrochloride* | 1 | |
| *ropinirole hcl* | 1 | |
| *ropinirole hcl er* | 1 | |
| ***Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors*** | | |
| *carbidopa oral* | 1 | |
| *carbidopa-levodopa* | 1 | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 1 | |
| ***Monoamine Oxidase B (Mao-B) Inhibitors*** | | |
| *rasagiline mesylate oral* | 1 | |
| *selegiline hcl oral* | 1 | |
| **Antipsychotics** | | |
| ***1St Generation/Typical*** | | |
| *chlorpromazine hcl oral* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *fluphenazine decanoate injection* | 1 | |
| *fluphenazine hcl injection* | 1 | |
| *fluphenazine hcl oral* | 1 | |
| *haloperidol decanoate intramuscular* | 1 | |
| *haloperidol lactate injection* | 1 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | |
| *haloperidol oral* | 1 | |
| *loxapine succinate oral* | 1 | |
| *molindone hcl* | 1 | |
| *perphenazine oral* | 1 | |
| *pimozide* | 1 | |
| *thioridazine hcl oral* | 1 | |
| *thiothixene oral* | 1 | |
| *trifluoperazine hcl oral* | 1 | |
| ***2Nd Generation/Atypical*** | | |
| *abilify asimtufii intramuscular prefilled syringe 720 mg/2.4ml* | 1* | QL (2.4 ML per 56 days) |
| *abilify asimtufii intramuscular prefilled syringe 960 mg/3.2ml* | 1* | QL (3.2 ML per 56 days) |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 1* | QL (1 EA per 30 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 1* | QL (1 EA per 30 days) |
| *aripiprazole oral solution* | 1 | QL (750 ML per 30 days) |
| *aripiprazole oral tablet* | 1 | QL (30 EA per 30 days) |
| *aripiprazole oral tablet dispersible* | 1 | PA; QL (60 EA per 30 days) |
| *asenapine maleate* | 1 | PA; QL (60 EA per 30 days) |
| CAPLYTA | 1* | PA; QL (30 EA per 30 days) |
| COBENFY | 1* | PA; QL (60 EA per 30 days) |
| COBENFY STARTER PACK | 1* | PA; QL (56 EA per 28 days) |
| FANAPT | 1* | PA; QL (60 EA per 30 days) |
| FANAPT TITRATION PACK | 1 | PA |
| FANAPT TITRATION PACK A | 1 | PA |
| FANAPT TITRATION PACK B | 1 | PA |
| FANAPT TITRATION PACK C | 1 | PA |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 1* | QL (3.5 ML per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 1* | QL (5 ML per 180 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 1* | QL (0.75 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 1* | QL (1 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 1* | QL (1.5 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 1 | QL (0.25 ML per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 1* | QL (0.5 ML per 30 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 1* | QL (0.88 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 1* | QL (1.32 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 1* | QL (1.75 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 1* | QL (2.63 ML per 90 days) |
| *lurasidone hcl* | 1 | QL (30 EA per 30 days) |
| NUPLAZID ORAL CAPSULE | 1* | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 1* | PA; QL (30 EA per 30 days) |
| *olanzapine intramuscular* | 1 | QL (30 EA per 30 days) |
| *olanzapine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | QL (60 EA per 30 days) |
| *olanzapine oral tablet 15 mg, 20 mg, 7.5 mg* | 1 | QL (30 EA per 30 days) |
| *olanzapine oral tablet dispersible* | 1 | QL (30 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| OPIPZA ORAL FILM 10 MG | 1* | PA; QL (90 EA per 30 days) |
| OPIPZA ORAL FILM 2 MG | 1* | PA; QL (30 EA per 30 days) |
| OPIPZA ORAL FILM 5 MG | 1* | PA; QL (120 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | 1 | ST; QL (30 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | 1 | ST; QL (60 EA per 30 days) |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg* | 1 | QL (30 EA per 30 days) |
| *quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg* | 1 | QL (60 EA per 30 days) |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | |
| REXULTI | 1* | PA; QL (30 EA per 30 days) |
| *risperidone er intramuscular suspension reconstituted er 12.5 mg* | 1 | QL (2 EA per 28 days) |
| *risperidone er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg* | 1* | QL (2 EA per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg* | 1 | QL (2 EA per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg* | 1* | QL (2 EA per 28 days) |
| *risperidone oral solution* | 1 | |
| *risperidone oral tablet* | 1 | |
| *risperidone oral tablet dispersible* | 1 | |
| SECUADO | 1* | PA; QL (30 EA per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 1* | QL (0.28 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML | 1* | QL (0.35 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML | 1* | QL (0.42 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML | 1* | QL (0.56 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML | 1* | QL (0.7 ML per 56 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML | 1* | QL (0.14 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML | 1* | QL (0.21 ML per 28 days) |
| VRAYLAR ORAL CAPSULE | 1* | PA; QL (30 EA per 30 days) |
| *ziprasidone hcl* | 1 | QL (60 EA per 30 days) |
| *ziprasidone mesylate* | 1 | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 1 | QL (2 EA per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG | 1* | QL (2 EA per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | 1* | QL (1 EA per 30 days) |
| ***Treatment-Resistant*** | | |
| *clozapine oral tablet* | 1 | |
| *clozapine oral tablet dispersible* | 1 | |
| VERSACLOZ | 1* | PA; QL (540 ML per 30 days) |
| **Antispasticity Agents** | | |
| ***Antispasticity Agents*** | | |
| *baclofen oral tablet 10 mg, 20 mg* | 1 | |
| *baclofen oral tablet 5 mg* | 1 | |
| *dantrolene sodium oral* | 1 | |
| *tizanidine hcl oral tablet* | 1 | |
| **Antivirals** | | |
| ***Anti-Cytomegalovirus (Cmv) Agents*** | | |
| LIVTENCITY | 1* | PA; QL (336 EA per 28 days) |
| PREVYMIS ORAL PACKET | 1* | PA; QL (120 EA per 30 days) |
| PREVYMIS ORAL TABLET | 1* | PA |
| *valganciclovir hcl oral tablet* | 1 | |
| ***Anti-Hepatitis B (Hbv) Agents*** | | |
| *adefovir dipivoxil* | 1 | |
| *entecavir* | 1 | |
| *lamivudine oral solution 10 mg/ml* | 1 | |
| *lamivudine oral tablet* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Anti-Hepatitis C (Hcv) Agents*** | | |
| *ledipasvir-sofosbuvir* | 1* | PA; QL (28 EA per 28 days) |
| MAVYRET ORAL PACKET | 1* | PA; QL (140 EA per 28 days) |
| MAVYRET ORAL TABLET | 1* | PA; QL (84 EA per 28 days) |
| *ribavirin oral capsule* | 1 | |
| *ribavirin oral tablet 200 mg* | 1 | |
| *sofosbuvir-velpatasvir* | 1* | PA; QL (28 EA per 28 days) |
| ***Antiherpetic Agents*** | | |
| *acyclovir oral capsule* | 1 | |
| *acyclovir oral tablet* | 1 | |
| *acyclovir sodium intravenous solution* | 1 | B/D |
| *famciclovir oral* | 1 | |
| *valacyclovir hcl oral* | 1 | |
| ***Anti-Hiv Agents, Integrase Inhibitors (Insti)*** | | |
| BIKTARVY | 1* | QL (30 EA per 30 days) |
| DOVATO | 1* | QL (30 EA per 30 days) |
| GENVOYA | 1* | QL (30 EA per 30 days) |
| ISENTRESS HD | 1* | QL (60 EA per 30 days) |
| ISENTRESS ORAL PACKET | 1 | QL (300 EA per 30 days) |
| ISENTRESS ORAL TABLET | 1* | QL (120 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 1* | QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 1 | QL (180 EA per 30 days) |
| STRIBILD | 1* | QL (30 EA per 30 days) |
| SYMTUZA | 1* | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 10 MG | 1 | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 25 MG | 1* | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 50 MG | 1* | QL (60 EA per 30 days) |
| TIVICAY PD | 1 | QL (180 EA per 30 days) |
| ***Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)*** | | |
| EDURANT | 1* | QL (30 EA per 30 days) |
| EDURANT PED | 1* | QL (180 EA per 30 days) |
| *efavirenz oral tablet* | 1 | |
| *emtricitab-rilpivir-tenofov df* | 1* | QL (30 EA per 30 days) |

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|---|---|---|
| *etravirine* | 1* | |
| INTELENCE ORAL TABLET 25 MG | 1 | QL (120 EA per 30 days) |
| *nevirapine er oral tablet extended release 24 hour 100 mg* | 1 | QL (60 EA per 30 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 1 | QL (30 EA per 30 days) |
| *nevirapine oral suspension* | 1 | QL (1200 ML per 30 days) |
| *nevirapine oral tablet* | 1 | QL (60 EA per 30 days) |
| PIFELTRO | 1* | QL (30 EA per 30 days) |
| ***Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)*** | | |
| *abacavir sulfate oral solution* | 1 | |
| *abacavir sulfate oral tablet* | 1 | |
| *abacavir sulfate-lamivudine* | 1 | |
| CIMDUO | 1* | QL (30 EA per 30 days) |
| DELSTRIGO | 1* | QL (30 EA per 30 days) |
| DESCOVY | 1* | QL (30 EA per 30 days) |
| *efavirenz-emtricitab-tenofo df* | 1* | QL (30 EA per 30 days) |
| *efavirenz-lamivudine-tenofovir* | 1* | QL (30 EA per 30 days) |
| *emtricitabine* | 1 | |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | 1* | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir df oral tablet 200-300 mg* | 1 | QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION | 1 | |
| JULUCA | 1* | QL (30 EA per 30 days) |
| *lamivudine-zidovudine* | 1 | |
| ODEFSEY | 1* | QL (30 EA per 30 days) |
| *tenofovir disoproxil fumarate* | 1 | |
| VIREAD ORAL POWDER | 1* | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 1* | QL (30 EA per 30 days) |
| *zidovudine* | 1 | |
| ***Anti-Hiv Agents, Other*** | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 1* | |
| *maraviroc oral tablet 150 mg* | 1* | QL (60 EA per 30 days) |

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|---|---|---|
| *maraviroc oral tablet 300 mg* | 1* | QL (120 EA per 30 days) |
| RUKOBIA | 1* | QL (60 EA per 30 days) |
| SELZENTRY ORAL SOLUTION | 1* | QL (1800 ML per 30 days) |
| SELZENTRY ORAL TABLET 25 MG | 1 | QL (240 EA per 30 days) |
| SELZENTRY ORAL TABLET 75 MG | 1* | QL (120 EA per 30 days) |
| SUNLENCA ORAL TABLET | 1* | QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | 1* | QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | 1* | QL (10 EA per 365 days) |
| SUNLENCA SUBCUTANEOUS | 1* | QL (3 ML per 180 days) |
| TRIUMEQ | 1* | QL (30 EA per 30 days) |
| *triumeq pd* | 1 | QL (180 EA per 30 days) |
| TYBOST | 1 | QL (30 EA per 30 days) |
| ***Anti-Hiv Agents, Protease Inhibitors*** | | |
| APTIVUS ORAL CAPSULE | 1* | |
| APTIVUS ORAL SOLUTION | 1 | |
| *atazanavir sulfate* | 1 | |
| *darunavir oral tablet 600 mg* | 1* | QL (60 EA per 30 days) |
| *darunavir oral tablet 800 mg* | 1* | QL (30 EA per 30 days) |
| EVOTAZ | 1* | QL (30 EA per 30 days) |
| *fosamprenavir calcium* | 1* | |
| KALETRA ORAL SOLUTION | 1 | |
| *lopinavir-ritonavir* | 1 | |
| NORVIR ORAL PACKET | 1 | |
| PREZCOBIX | 1* | QL (30 EA per 30 days) |
| PREZISTA ORAL SUSPENSION | 1* | QL (400 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG | 1 | QL (240 EA per 30 days) |
| PREZISTA ORAL TABLET 75 MG | 1 | QL (480 EA per 30 days) |
| REYATAZ ORAL PACKET | 1* | |
| RITONAVIR | 1 | |
| VIRACEPT ORAL TABLET | 1* | |
| ***Anti-Influenza Agents*** | | |
| *oseltamivir phosphate oral capsule* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *oseltamivir phosphate oral suspension reconstituted* | 1 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 1 | |
| *rimantadine hcl* | 1 | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 1 | QL (4 EA per 365 days) |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 1 | QL (2 EA per 365 days) |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG | 1 | QL (4 EA per 365 days) |
| ***Antiviral, Coronavirus Agents*** | | |
| PAXLOVID (150/100) | 1 | QL (40 EA per 180 days) |
| PAXLOVID (300/100 & 150/100) | 1 | QL (22 EA per 180 days) |
| PAXLOVID (300/100) | 1 | QL (60 EA per 180 days) |
| **Anxiolytics** | | |
| ***Anxiolytics, Other*** | | |
| *buspirone hcl oral* | 1 | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | 1 | |
| ***Benzodiazepines*** | | |
| *alprazolam oral tablet* | 1 | QL (150 EA per 30 days) |
| *chlordiazepoxide hcl* | 1 | |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | QL (90 EA per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | QL (300 EA per 30 days) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 1 | QL (90 EA per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | 1 | QL (300 EA per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg* | 1 | QL (180 EA per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 1 | QL (360 EA per 30 days) |
| *diazepam intensol* | 1 | QL (240 ML per 30 days) |
| *diazepam oral solution 5 mg/5ml* | 1 | QL (1200 ML per 30 days) |
| *diazepam oral tablet* | 1 | QL (120 EA per 30 days) |
| LORAZEPAM INTENSOL | 1 | QL (150 ML per 30 days) |
| *lorazepam oral tablet* | 1 | QL (150 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| **Bipolar Agents** | | |
| ***Mood Stabilizers*** | | |
| *carbamazepine er oral capsule extended release 12 hour* | 1 | |
| *divalproex sodium er oral tablet extended release 24 hour* | 1 | |
| *divalproex sodium oral capsule delayed release sprinkle* | 1 | |
| *divalproex sodium oral tablet delayed release* | 1 | |
| *lithium* | 1 | |
| *lithium carbonate er* | 1 | |
| *lithium carbonate oral* | 1 | |
| **Blood Glucose Regulators** | | |
| ***Antidiabetic Agents*** | | |
| *acarbose oral* | 1 | |
| CYCLOSET | 1 | |
| FARXIGA | 1 | QL (30 EA per 30 days) |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *glipizide er* | 1 | |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | |
| *glipizide-metformin hcl* | 1 | |
| GLYXAMBI | 1 | QL (30 EA per 30 days) |
| GVOKE HYPOPEN 2-PACK | 1 | |
| GVOKE KIT | 1 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 1 | |
| JANUMET | 1 | QL (60 EA per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 1 | QL (30 EA per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 1 | QL (60 EA per 30 days) |
| JANUVIA | 1 | QL (30 EA per 30 days) |
| JARDIANCE | 1 | QL (30 EA per 30 days) |
| JENTADUETO | 1 | QL (60 EA per 30 days) |
| JENTADUETO XR | 1 | QL (30 EA per 30 days) |
| *metformin hcl er* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | 1 | |
| *miglitol* | 1 | |
| MOUNJARO | 1 | PA; QL (2 ML per 28 days) |
| *nateglinide* | 1 | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 1 | PA; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 1 | PA; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) | 1 | PA; QL (3 ML per 28 days) |
| *pioglitazone hcl* | 1 | |
| *pioglitazone hcl-glimepiride* | 1 | |
| *pioglitazone hcl-metformin hcl* | 1 | |
| *repaglinide* | 1 | |
| RYBELSUS | 1 | PA; QL (30 EA per 30 days) |
| RYBELSUS (FORMULATION R2) | 1 | PA; QL (30 EA per 30 days) |
| *saxagliptin hcl* | 1 | ST; QL (30 EA per 30 days) |
| *saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg* | 1 | ST; QL (60 EA per 30 days) |
| *saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg* | 1 | ST; QL (30 EA per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 1* | ST; QL (10.8 ML per 30 days) |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 1* | ST; QL (6 ML per 30 days) |
| SYNJARDY | 1 | QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG | 1 | QL (30 EA per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG | 1 | QL (60 EA per 30 days) |
| TRADJENTA | 1 | QL (30 EA per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG | 1 | QL (30 EA per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | 1 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| TRULICITY | 1 | PA; QL (2 ML per 28 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG | 1 | QL (30 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 1 | QL (60 EA per 30 days) |
| ***Glycemic Agents*** | | |
| BAQSIMI ONE PACK | 1 | |
| BAQSIMI TWO PACK | 1 | |
| *diazoxide oral* | 1* | |
| *glucagon emergency injection kit* | 1 | |
| *mifepristone oral tablet 300 mg* | 1* | PA; QL (120 EA per 30 days) |
| ***Insulins*** | | |
| *assure id insulin safety syr 29g x 1/2" 1 ml* | 1 | PA |
| BD AUTOSHIELD DUO | 1 | PA |
| *bd pen needle 29g x 12mm* | 1 | PA |
| BD PEN NEEDLE MICRO U/F | 1 | PA |
| BD PEN NEEDLE MICRO ULTRAFINE | 1 | PA |
| BD PEN NEEDLE MINI U/F | 1 | PA |
| BD PEN NEEDLE MINI ULTRAFINE | 1 | PA |
| BD PEN NEEDLE NANO 2ND GEN | 1 | PA |
| BD PEN NEEDLE NANO U/F | 1 | PA |
| BD PEN NEEDLE NANO ULTRAFINE | 1 | PA |
| BD PEN NEEDLE ORIG ULTRAFINE | 1 | PA |
| BD PEN NEEDLE ORIGINAL U/F | 1 | PA |
| BD PEN NEEDLE SHORT U/F | 1 | PA |
| BD PEN NEEDLE SHORT ULTRAFINE | 1 | PA |
| *comfort assist insulin syringe 29g x 1/2" 1 ml* | 1 | PA |
| *cvs gauze sterile pad 2"x2"* | 1 | PA |
| EMBECTA AUTOSHIELD DUO | 1 | PA |
| EMBECTA PEN NEEDLE NANO | 1 | PA |
| EMBECTA PEN NEEDLE NANO 2 GEN | 1 | PA |
| EMBECTA PEN NEEDLE ULTRAFINE | 1 | PA |
| HUMALOG INJECTION | 1 | |
| HUMALOG JUNIOR KWIKPEN | 1 | |

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|---|---|---|
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 1 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 1 | |
| HUMALOG MIX 75/25 | 1 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 1 | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 1 | |
| HUMULIN 70/30 | 1 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 1 | |
| HUMULIN N | 1 | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 1 | |
| HUMULIN R | 1 | |
| HUMULIN R U-500 (CONCENTRATED) | 1 | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 1* | |
| *insulin asp prot & asp flexpen* | 1 | |
| *insulin aspart flexpen* | 1 | PA |
| *insulin aspart injection* | 1 | PA |
| *insulin aspart penfill* | 1 | PA |
| *insulin aspart prot & aspart* | 1 | PA |
| *insulin glargine-yfgn* | 1 | |
| *insulin lispro injection* | 1 | |
| LANTUS | 1 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 1 | |
| LYUMJEV | 1 | |
| LYUMJEV KWIKPEN | 1 | |
| NOVOFINE PEN NEEDLE | 1 | PA |
| NOVOFINE PLUS PEN NEEDLE | 1 | PA |
| NOVOTWIST PEN NEEDLE | 1 | PA |
| *preferred plus insulin syringe 28g x 1/2" 0.5 ml* | 1 | PA |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *reli-on insulin syringe 29g 0.3 ml* | 1 | PA |
| SOLIQUA | 1 | QL (15 ML per 25 days) |
| TOUJEO MAX SOLOSTAR | 1 | |
| TOUJEO SOLOSTAR | 1 | |
| V-GO 20 KIT 20 UNIT/24HR | 1 | |
| V-GO 30 KIT 30 UNIT/24HR | 1 | |
| V-GO 40 KIT 40 UNIT/24HR | 1 | |
| **Blood Products And Modifiers** | | |
| ***Anticoagulants*** | | |
| *dabigatran etexilate mesylate* | 1 | QL (60 EA per 30 days) |
| ELIQUIS | 1 | QL (74 EA per 30 days) |
| ELIQUIS (1.5 MG PACK) | 1 | QL (222 EA per 30 days) |
| ELIQUIS (2 MG PACK) | 1 | QL (592 EA per 30 days) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 1 | QL (74 EA per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml* | 1 | QL (60 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml* | 1 | QL (48 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml* | 1 | QL (18 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml* | 1 | QL (24 ML per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml* | 1 | QL (36 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml* | 1* | QL (24 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml* | 1 | QL (15 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 5 mg/0.4ml* | 1* | QL (12 ML per 30 days) |
| *fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml* | 1* | QL (18 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 7500 UNIT/0.3ML | 1* | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML | 1 | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 1 | HI |
| *jantoven* | 1 | |
| *warfarin sodium oral* | 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 1 | QL (620 ML per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 1 | QL (30 EA per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 1 | QL (60 EA per 30 days) |
| XARELTO STARTER PACK | 1 | QL (51 EA per 30 days) |
| ***Blood Products And Modifiers, Other*** | | |
| *anagrelide hcl* | 1 | |
| *eltrombopag olamine oral packet 12.5 mg* | 1* | PA; QL (30 EA per 30 days) |
| *eltrombopag olamine oral packet 25 mg* | 1* | PA; QL (180 EA per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg* | 1* | PA; QL (30 EA per 30 days) |
| *eltrombopag olamine oral tablet 50 mg, 75 mg* | 1* | PA; QL (60 EA per 30 days) |
| FABHALTA | 1* | PA; QL (60 EA per 30 days) |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 1* | PA |
| NYVEPRIA | 1* | |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 1 | B/D |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | 1* | B/D |
| PYRUKYND | 1* | PA; QL (56 EA per 28 days) |
| PYRUKYND TAPER PACK | 1* | PA; QL (56 EA per 28 days) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 1 | B/D |
| VOYDEYA | 1* | PA; QL (180 EA per 30 days) |
| ***Hemostasis Agents*** | | |
| *tranexamic acid oral* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Platelet Modifying Agents*** | | |
| *aspirin-dipyridamole er* | 1 | |
| BRILINTA | 1 | QL (60 EA per 30 days) |
| *cilostazol* | 1 | |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | |
| *prasugrel hcl* | 1 | |
| **Cardiovascular Agents** | | |
| ***Alpha-Adrenergic Agonists*** | | |
| *clonidine* | 1 | |
| *clonidine hcl oral* | 1 | |
| *droxidopa* | 1* | PA |
| *guanfacine hcl oral* | 1 | |
| *midodrine hcl* | 1 | |
| ***Alpha-Adrenergic Blocking Agents*** | | |
| *doxazosin mesylate oral* | 1 | |
| *prazosin hcl oral* | 1 | |
| *terazosin hcl oral* | 1 | |
| ***Angiotensin Ii Receptor Antagonists*** | | |
| *candesartan cilexetil oral tablet 16 mg* | 1 | QL (60 EA per 30 days) |
| *candesartan cilexetil oral tablet 32 mg* | 1 | QL (30 EA per 30 days) |
| *candesartan cilexetil oral tablet 4 mg* | 1 | QL (240 EA per 30 days) |
| *candesartan cilexetil oral tablet 8 mg* | 1 | QL (120 EA per 30 days) |
| *irbesartan oral tablet 150 mg* | 1 | QL (60 EA per 30 days) |
| *irbesartan oral tablet 300 mg* | 1 | QL (30 EA per 30 days) |
| *irbesartan oral tablet 75 mg* | 1 | QL (120 EA per 30 days) |
| *losartan potassium oral tablet 100 mg, 50 mg* | 1 | QL (60 EA per 30 days) |
| *losartan potassium oral tablet 25 mg* | 1 | QL (90 EA per 30 days) |
| *olmesartan medoxomil oral tablet 20 mg* | 1 | QL (60 EA per 30 days) |
| *olmesartan medoxomil oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *olmesartan medoxomil oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |
| *telmisartan oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *telmisartan oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *telmisartan oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| *telmisartan-hctz oral tablet 80-12.5 mg* | 1 | QL (60 EA per 30 days) |

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|---|---|---|
| *valsartan oral tablet 160 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan oral tablet 320 mg* | 1 | QL (30 EA per 30 days) |
| *valsartan oral tablet 40 mg* | 1 | QL (240 EA per 30 days) |
| *valsartan oral tablet 80 mg* | 1 | QL (120 EA per 30 days) |
| ***Angiotensin-Converting Enzyme (Ace) Inhibitors*** | | |
| *benazepril hcl oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *benazepril hcl oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *benazepril hcl oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *benazepril hcl oral tablet 5 mg* | 1 | QL (480 EA per 30 days) |
| *captopril oral tablet 100 mg* | 1 | QL (135 EA per 30 days) |
| *captopril oral tablet 12.5 mg* | 1 | QL (1080 EA per 30 days) |
| *captopril oral tablet 25 mg* | 1 | QL (540 EA per 30 days) |
| *captopril oral tablet 50 mg* | 1 | QL (270 EA per 30 days) |
| *enalapril maleate oral tablet 10 mg* | 1 | QL (120 EA per 30 days) |
| *enalapril maleate oral tablet 2.5 mg* | 1 | QL (480 EA per 30 days) |
| *enalapril maleate oral tablet 20 mg* | 1 | QL (60 EA per 30 days) |
| *enalapril maleate oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |
| *fosinopril sodium oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *fosinopril sodium oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *fosinopril sodium oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *lisinopril oral tablet 10 mg* | 1 | QL (120 EA per 30 days) |
| *lisinopril oral tablet 2.5 mg* | 1 | QL (480 EA per 30 days) |
| *lisinopril oral tablet 20 mg, 30 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| *lisinopril oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |
| *moexipril hcl oral tablet 15 mg* | 1 | QL (60 EA per 30 days) |
| *moexipril hcl oral tablet 7.5 mg* | 1 | QL (120 EA per 30 days) |
| *perindopril erbumine oral tablet 2 mg* | 1 | QL (240 EA per 30 days) |
| *perindopril erbumine oral tablet 4 mg* | 1 | QL (120 EA per 30 days) |
| *perindopril erbumine oral tablet 8 mg* | 1 | QL (60 EA per 30 days) |
| *quinapril hcl oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *quinapril hcl oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |
| *quinapril hcl oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *quinapril hcl oral tablet 5 mg* | 1 | QL (480 EA per 30 days) |

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|---|---|---|
| *ramipril oral capsule 1.25 mg* | 1 | QL (480 EA per 30 days) |
| *ramipril oral capsule 10 mg* | 1 | QL (60 EA per 30 days) |
| *ramipril oral capsule 2.5 mg* | 1 | QL (240 EA per 30 days) |
| *ramipril oral capsule 5 mg* | 1 | QL (120 EA per 30 days) |
| *trandolapril oral tablet 1 mg* | 1 | QL (240 EA per 30 days) |
| *trandolapril oral tablet 2 mg* | 1 | QL (120 EA per 30 days) |
| *trandolapril oral tablet 4 mg* | 1 | QL (60 EA per 30 days) |
| ***Antiarrhythmics*** | | |
| *amiodarone hcl oral tablet 200 mg* | 1 | |
| *disopyramide phosphate oral* | 1 | |
| *dofetilide* | 1 | |
| *flecainide acetate* | 1 | |
| *mexiletine hcl oral* | 1 | |
| MULTAQ | 1 | |
| *pacerone oral tablet 200 mg* | 1 | |
| *propafenone hcl* | 1 | |
| *propafenone hcl er* | 1 | |
| *quinidine gluconate er* | 1 | |
| *quinidine sulfate oral* | 1 | |
| *sotalol hcl (af)* | 1 | |
| *sotalol hcl oral* | 1 | |
| ***Beta-Adrenergic Blocking Agents*** | | |
| *acebutolol hcl oral* | 1 | |
| *atenolol oral* | 1 | |
| *betaxolol hcl oral* | 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | |
| *carvedilol* | 1 | |
| *carvedilol phosphate er* | 1 | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | 1 | |
| *metoprolol succinate er* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *nebivolol hcl* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *pindolol* | 1 | |
| *propranolol hcl er* | 1 | |
| *propranolol hcl oral solution* | 1 | |
| *propranolol hcl oral tablet* | 1 | |
| *timolol maleate oral* | 1 | |
| ***Calcium Channel Blocking Agents, Dihydropyridines*** | | |
| *amlodipine besylate oral* | 1 | |
| *felodipine er* | 1 | |
| *isradipine* | 1 | |
| *nifedipine er* | 1 | |
| *nifedipine er osmotic release* | 1 | |
| *nimodipine oral capsule* | 1 | |
| ***Calcium Channel Blocking Agents, Nondihydropyridines*** | | |
| *cartia xt* | 1 | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg* | 1 | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour* | 1 | |
| *diltiazem hcl er oral capsule extended release 12 hour* | 1 | |
| *diltiazem hcl oral* | 1 | |
| *dilt-xr* | 1 | |
| *verapamil hcl er* | 1 | |
| *verapamil hcl oral* | 1 | |
| ***Cardiovascular Agents, Other*** | | |
| *acetazolamide oral* | 1 | |
| *aliskiren fumarate* | 1 | |
| *amiloride-hydrochlorothiazide* | 1 | |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg* | 1 | QL (30 EA per 30 days) |
| *amlodipine besy-benazepril hcl oral capsule 2.5-10 mg* | 1 | QL (120 EA per 30 days) |
| *amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg* | 1 | QL (60 EA per 30 days) |

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This formulary was updated on 12/1/2025.

| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg* | 1 | QL (30 EA per 30 days) |
| *amlodipine besylate-valsartan oral tablet 5-160 mg* | 1 | QL (60 EA per 30 days) |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg* | 1 | QL (30 EA per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg* | 1 | QL (120 EA per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | QL (60 EA per 30 days) |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg* | 1 | QL (30 EA per 30 days) |
| *amlodipine-olmesartan oral tablet 5-20 mg* | 1 | QL (60 EA per 30 days) |
| *amlodipine-valsartan-hctz* | 1 | QL (30 EA per 30 days) |
| *atenolol-chlorthalidone* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg* | 1 | QL (30 EA per 30 days) |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | 1 | QL (120 EA per 30 days) |
| *bisoprolol-hydrochlorothiazide* | 1 | |
| CAMZYOS | 1* | PA; QL (30 EA per 30 days) |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg* | 1 | QL (30 EA per 30 days) |
| CORLANOR ORAL SOLUTION | 1 | |
| *digoxin oral solution* | 1 | |
| *digoxin oral tablet 125 mcg, 250 mcg* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | 1 | QL (60 EA per 30 days) |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | 1 | QL (120 EA per 30 days) |
| ENTRESTO ORAL TABLET | 1 | QL (60 EA per 30 days) |
| *filspari* | 1* | PA; QL (30 EA per 30 days) |
| *fosinopril sodium-hctz* | 1 | QL (120 EA per 30 days) |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg* | 1 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg* | 1 | QL (30 EA per 30 days) |
| *ivabradine hcl* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | QL (120 EA per 30 days) |
| *lisinopril-hydrochlorothiazide oral tablet 20-25 mg* | 1 | QL (60 EA per 30 days) |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg* | 1 | QL (30 EA per 30 days) |
| *losartan potassium-hctz oral tablet 50-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *metoprolol-hydrochlorothiazide* | 1 | |
| *metyrosine* | 1* | |
| NEXLETOL | 1 | PA; QL (30 EA per 30 days) |
| NEXLIZET | 1 | PA; QL (30 EA per 30 days) |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg* | 1 | QL (30 EA per 30 days) |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 1 | QL (30 EA per 30 days) |
| *pentoxifylline er* | 1 | |
| *quinapril-hydrochlorothiazide* | 1 | QL (60 EA per 30 days) |
| *ranolazine er* | 1 | |
| *spironolactone-hctz* | 1 | |
| *telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg* | 1 | QL (30 EA per 30 days) |
| *telmisartan-amlodipine oral tablet 40-5 mg* | 1 | QL (60 EA per 30 days) |
| *telmisartan-hctz oral tablet 40-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *telmisartan-hctz oral tablet 80-25 mg* | 1 | QL (30 EA per 30 days) |
| *trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-240 mg, 4-240 mg* | 1 | QL (30 EA per 30 days) |
| *trandolapril-verapamil hcl er oral tablet extended release 2-180 mg* | 1 | QL (60 EA per 30 days) |
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hctz oral tablet* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| TRYNGOLZA | 1* | PA; QL (0.8 ML per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg* | 1 | QL (30 EA per 30 days) |
| VERQUVO | 1 | PA; QL (30 EA per 30 days) |
| ***Diuretics, Loop*** | | |
| *bumetanide oral* | 1 | |
| *ethacrynic acid oral* | 1 | |
| *furosemide injection* | 1 | HI |
| *furosemide oral solution 10 mg/ml* | 1 | |
| *furosemide oral solution 8 mg/ml* | 1 | |
| *furosemide oral tablet* | 1 | |
| *torsemide oral* | 1 | |
| ***Diuretics, Potassium-Sparing*** | | |
| *amiloride hcl oral* | 1 | |
| *eplerenone* | 1 | |
| KERENDIA | 1 | PA; QL (30 EA per 30 days) |
| *spironolactone oral tablet* | 1 | |
| *triamterene oral* | 1 | |
| ***Diuretics, Thiazide*** | | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | |
| *hydrochlorothiazide oral* | 1 | |
| *indapamide oral* | 1 | |
| *metolazone* | 1 | |
| ***Dyslipidemics, Fibric Acid Derivatives*** | | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 1 | |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | 1 | |
| *fenofibric acid oral capsule delayed release* | 1 | |
| *gemfibrozil oral* | 1 | |
| ***Dyslipidemics, Hmg Coa Reductase Inhibitors*** | | |
| *atorvastatin calcium oral tablet 10 mg* | 1 | QL (240 EA per 30 days) |
| *atorvastatin calcium oral tablet 20 mg* | 1 | QL (120 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *atorvastatin calcium oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *atorvastatin calcium oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| *fluvastatin sodium er* | 1 | QL (30 EA per 30 days) |
| *fluvastatin sodium oral capsule 20 mg* | 1 | QL (120 EA per 30 days) |
| *fluvastatin sodium oral capsule 40 mg* | 1 | QL (60 EA per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg* | 1 | QL (120 EA per 30 days) |
| *lovastatin oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *pravastatin sodium oral tablet 10 mg, 20 mg* | 1 | QL (120 EA per 30 days) |
| *pravastatin sodium oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *pravastatin sodium oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| *rosuvastatin calcium oral tablet 10 mg, 5 mg* | 1 | QL (120 EA per 30 days) |
| *rosuvastatin calcium oral tablet 20 mg* | 1 | QL (60 EA per 30 days) |
| *rosuvastatin calcium oral tablet 40 mg* | 1 | QL (30 EA per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 5 mg* | 1 | QL (120 EA per 30 days) |
| *simvastatin oral tablet 40 mg* | 1 | QL (60 EA per 30 days) |
| *simvastatin oral tablet 80 mg* | 1 | QL (30 EA per 30 days) |
| ***Dyslipidemics, Other*** | | |
| *cholestyramine light oral packet* | 1 | |
| *cholestyramine oral packet* | 1 | |
| *colesevelam hcl oral packet* | 1 | |
| *colesevelam hcl oral tablet* | 1 | |
| *colestipol hcl oral packet* | 1 | |
| *colestipol hcl oral tablet* | 1 | |
| *ezetimibe* | 1 | |
| *ezetimibe-simvastatin* | 1 | QL (30 EA per 30 days) |
| *icosapent ethyl* | 1 | PA |
| LEQVIO | 1* | PA; QL (4.5 ML per 365 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg* | 1 | QL (60 EA per 30 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg* | 1 | QL (30 EA per 30 days) |
| *omega-3-acid ethyl esters* | 1 | |
| PREVALITE ORAL PACKET | 1 | |
| REPATHA | 1 | PA; QL (2 ML per 28 days) |
| REPATHA PUSHTRONEX SYSTEM | 1 | PA; QL (3.5 ML per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| REPATHA SURECLICK | 1 | PA; QL (2 ML per 28 days) |
| ***Vasodilators, Direct-Acting Arterial/Venous*** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 1 | |
| *isosorbide mononitrate* | 1 | |
| *isosorbide mononitrate er* | 1 | |
| NITRO-BID | 1 | |
| *nitroglycerin rectal* | 1 | QL (30 GM per 30 days) |
| *nitroglycerin sublingual* | 1 | |
| *nitroglycerin transdermal patch 24 hour* | 1 | |
| *nitroglycerin translingual solution* | 1 | |
| ***Vasodilators, Direct-Acting Arterial*** | | |
| *hydralazine hcl oral* | 1 | |
| *minoxidil oral* | 1 | |
| **Central Nervous System Agents** | | |
| ***Attention Deficit Hyperactivity Disorder Agents, Amphetamines*** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg* | 1 | QL (30 EA per 30 days) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg* | 1 | QL (60 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg* | 1 | QL (120 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 20 mg* | 1 | QL (90 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 30 mg* | 1 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg* | 1 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | 1 | QL (120 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | 1 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 5 mg* | 1 | QL (60 EA per 30 days) |
| ***Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines*** | | |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 1 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | 1 | QL (30 EA per 30 days) |
| *clonidine hcl er oral tablet extended release 12 hour* | 1 | |
| *dexmethylphenidate hcl* | 1 | QL (60 EA per 30 days) |
| *dexmethylphenidate hcl er* | 1 | QL (30 EA per 30 days) |
| *guanfacine hcl er* | 1 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (cd)* | 1 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg* | 1 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg* | 1 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg* | 1 | QL (60 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release* | 1 | QL (90 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 54 mg* | 1 | QL (30 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg* | 1 | QL (60 EA per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5ml* | 1 | QL (1500 ML per 30 days) |
| *methylphenidate hcl oral solution 5 mg/5ml* | 1 | QL (3000 ML per 30 days) |
| *methylphenidate hcl oral tablet* | 1 | QL (90 EA per 30 days) |
| ***Central Nervous System, Other*** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 1* | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 1* | PA; QL (60 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG | 1* | PA; QL (30 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 1* | PA; QL (90 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 1* | PA; QL (28 EA per 28 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG | 1* | PA; QL (42 EA per 28 days) |
| DAYBUE | 1* | PA; QL (3600 ML per 28 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 1* | PA; QL (240 ML per 30 days) |
| EVRYSDI ORAL TABLET | 1* | PA; QL (30 EA per 30 days) |
| FIRDAPSE | 1* | PA; QL (240 EA per 30 days) |
| NUEDEXTA | 1* | PA; QL (60 EA per 30 days) |
| RADICAVA ORS | 1* | PA; QL (70 ML per 28 days) |
| RADICAVA ORS STARTER KIT | 1* | PA; QL (70 ML per 28 days) |
| *riluzole* | 1 | |
| SKYCLARYS | 1* | PA; QL (90 EA per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* | 1* | PA; QL (90 EA per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 1* | PA; QL (120 EA per 30 days) |
| ***Fibromyalgia Agents*** | | |
| *duloxetine hcl oral capsule delayed release particles 20 mg* | 1 | QL (180 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 30 mg* | 1 | QL (120 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 60 mg* | 1 | QL (60 EA per 30 days) |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 1 | QL (90 EA per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 1 | QL (60 EA per 30 days) |
| *pregabalin oral solution* | 1 | QL (900 ML per 30 days) |
| ***Multiple Sclerosis Agents*** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 1* | PA; QL (4 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 1* | PA; QL (4 EA per 28 days) |
| BETASERON SUBCUTANEOUS KIT | 1* | PA; QL (15 EA per 30 days) |
| *dalfampridine er* | 1* | PA; QL (60 EA per 30 days) |
| *dimethyl fumarate oral* | 1* | PA; QL (60 EA per 30 days) |
| *dimethyl fumarate starter pack* | 1* | PA; QL (60 EA per 30 days) |
| *fingolimod hcl* | 1* | PA; QL (30 EA per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | 1* | PA; QL (30 ML per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | 1* | PA; QL (12 ML per 28 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 1* | PA; QL (30 ML per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 1* | PA; QL (12 ML per 28 days) |
| PLEGRIDY | 1* | PA; QL (1 ML per 28 days) |
| PLEGRIDY STARTER PACK | 1* | PA; QL (1 ML per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1* | PA; QL (6 ML per 30 days) |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1* | PA; QL (6 ML per 30 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1* | PA; QL (6 ML per 30 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1* | PA; QL (6 ML per 30 days) |
| *teriflunomide* | 1* | PA; QL (30 EA per 30 days) |
| **Dental And Oral Agents** | | |
| ***Dental And Oral Agents*** | | |
| *cevimeline hcl* | 1 | |
| *chlorhexidine gluconate mouth/throat* | 1 | |
| *denta 5000 plus* | 1 | |
| KOURZEQ | 1 | |
| *pilocarpine hcl oral* | 1 | |
| *sf* | 1 | |
| *sf 5000 plus* | 1 | |
| *sodium fluoride 5000 plus* | 1 | |
| *sodium fluoride 5000 ppm* | 1 | |
| *sodium fluoride dental cream* | 1 | |
| *sodium fluoride dental gel 1.1 %* | 1 | |
| *triamcinolone acetonide mouth/throat* | 1 | |
| **Dermatological Agents** | | |
| ***Acne And Rosacea Agents*** | | |
| *acitretin* | 1 | |
| *amnesteem oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| AMNESTEEM ORAL CAPSULE 30 MG | 1 | |
| *azelaic acid external* | 1 | QL (50 GM per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| CLARAVIS | 1 | |
| *clindamycin phos-benzoyl perox external gel 1-5 %* | 1 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| *tazarotene external cream 0.1 %* | 1 | PA |
| *tretinoin external cream* | 1 | QL (45 GM per 30 days) |
| *tretinoin external gel 0.01 %, 0.025 %* | 1 | QL (45 GM per 30 days) |
| *tretinoin external gel 0.05 %* | 1 | QL (45 GM per 30 days) |
| ***Dermatitis And Pruitus Agents*** | | |
| *alclometasone dipropionate* | 1 | |
| *ammonium lactate external* | 1 | |
| *betamethasone dipropionate aug external gel* | 1 | QL (50 GM per 30 days) |
| *betamethasone dipropionate aug external lotion* | 1 | QL (60 ML per 30 days) |
| *betamethasone dipropionate aug external ointment* | 1 | QL (50 GM per 30 days) |
| *betamethasone dipropionate external cream* | 1 | |
| *betamethasone dipropionate external lotion* | 1 | |
| *betamethasone valerate external cream* | 1 | |
| *betamethasone valerate external lotion* | 1 | QL (60 ML per 30 days) |
| *betamethasone valerate external ointment* | 1 | |
| *calcipotriene-betameth diprop external ointment* | 1 | |
| *calcipotriene-betameth diprop external suspension* | 1 | PA; QL (240 GM per 30 days) |
| *clobetasol prop emollient base* | 1 | QL (60 GM per 30 days) |
| *clobetasol propionate e* | 1 | QL (60 GM per 30 days) |
| *clobetasol propionate external cream 0.05 %* | 1 | QL (60 GM per 30 days) |
| *clobetasol propionate external gel* | 1 | |
| *clobetasol propionate external lotion* | 1 | QL (118 ML per 30 days) |
| *clobetasol propionate external ointment* | 1 | QL (60 GM per 30 days) |
| *clobetasol propionate external shampoo* | 1 | QL (118 ML per 30 days) |
| *clobetasol propionate external solution* | 1 | |
| *desonide external cream* | 1 | QL (120 GM per 30 days) |
| *desonide external ointment* | 1 | QL (120 GM per 30 days) |
| *desoximetasone external cream 0.25 %* | 1 | QL (60 GM per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *desoximetasone external ointment 0.25 %* | 1 | QL (60 GM per 30 days) |
| *doxepin hcl external* | 1 | QL (90 GM per 365 days) |
| EBGLYSS | 1* | PA; QL (8 ML per 28 days) |
| *fluocinolone acetonide external cream* | 1 | |
| *fluocinolone acetonide external ointment* | 1 | |
| *fluocinolone acetonide external solution* | 1 | |
| *fluocinolone acetonide scalp* | 1 | |
| *fluocinonide emulsified base* | 1 | |
| *fluocinonide external cream 0.05 %* | 1 | |
| *fluocinonide external gel* | 1 | |
| *fluocinonide external ointment* | 1 | |
| *fluocinonide external solution* | 1 | QL (60 ML per 30 days) |
| *fluticasone propionate external cream* | 1 | |
| *fluticasone propionate external ointment* | 1 | |
| *halobetasol propionate external cream* | 1 | QL (50 GM per 30 days) |
| *halobetasol propionate external ointment* | 1 | QL (50 GM per 30 days) |
| *hydrocortisone (perianal) external cream 2.5 %* | 1 | |
| *hydrocortisone butyr lipo base* | 1 | |
| *hydrocortisone butyrate external cream* | 1 | |
| *hydrocortisone external cream 1 %, 2.5 %* | 1 | |
| *hydrocortisone external lotion 2.5 %* | 1 | |
| *hydrocortisone external ointment 2.5 %* | 1 | |
| *hydrocortisone max st external cream* | 1 | |
| *hydrocortisone valerate external cream* | 1 | QL (120 GM per 30 days) |
| *hydrocortisone valerate external ointment* | 1 | |
| HYFTOR | 1* | PA |
| *mometasone furoate external* | 1 | |
| *pimecrolimus* | 1 | QL (30 GM per 30 days) |
| *procto-med hc external* | 1 | |
| *proctosol hc external* | 1 | |
| PROCTOZONE-HC EXTERNAL | 1 | |
| *selenium sulfide external lotion* | 1 | |
| *tacrolimus external ointment* | 1 | QL (100 GM per 30 days) |
| *triamcinolone acetonide external cream* | 1 | |

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|---|---|---|
| *triamcinolone acetonide external lotion* | 1 | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | 1 | |
| ***Dermatological Agents, Other*** | | |
| *calcipotriene external cream* | 1 | QL (120 GM per 30 days) |
| *calcipotriene external ointment* | 1 | QL (120 GM per 30 days) |
| *calcipotriene external solution* | 1 | QL (120 ML per 30 days) |
| *calcitriol external* | 1 | ST |
| *clotrimazole-betamethasone* | 1 | QL (120 ML per 30 days) |
| FILSUVEZ | 1* | PA; QL (468 GM per 30 days) |
| *fluorouracil external cream 5 %* | 1 | QL (40 GM per 30 days) |
| *fluorouracil external solution* | 1 | |
| *global alcohol prep ease* | 1 | PA |
| *imiquimod external cream 5 %* | 1 | |
| *methoxsalen rapid* | 1* | |
| *nystatin-triamcinolone* | 1 | |
| OTEZLA ORAL TABLET 30 MG | 1* | PA; QL (60 EA per 30 days) |
| PANRETIN | 1* | PA; QL (60 GM per 30 days) |
| *podofilox external solution* | 1 | |
| SANTYL | 1 | QL (60 GM per 30 days) |
| *silver sulfadiazine external* | 1 | |
| *ssd* | 1 | |
| SSD (SILVER SULFADIAZINE) | 1 | |
| ***Pediculicides/Scabicides*** | | |
| *ivermectin external cream* | 1 | QL (45 GM per 30 days) |
| *permethrin external cream* | 1 | QL (120 GM per 30 days) |
| ***Topical Anti-Infectives*** | | |
| *acyclovir external ointment* | 1 | QL (30 GM per 30 days) |
| *ciclopirox external gel* | 1 | QL (100 GM per 30 days) |
| *ciclopirox external shampoo* | 1 | QL (120 ML per 30 days) |
| *ciclopirox external solution* | 1 | QL (6.6 ML per 30 days) |
| *clindamycin phos (twice-daily)* | 1 | QL (60 GM per 30 days) |
| *clindamycin phosphate external gel* | 1 | QL (60 GM per 30 days) |
| *clindamycin phosphate external lotion* | 1 | QL (60 ML per 30 days) |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate external solution* | 1 | QL (60 ML per 30 days) |
| *ery* | 1 | |
| *erythromycin external gel* | 1 | |
| *erythromycin external solution* | 1 | |
| *mupirocin calcium* | 1 | QL (60 GM per 30 days) |
| *mupirocin external* | 1 | QL (44 GM per 30 days) |
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| ***Electrolyte/Mineral Replacement*** | | |
| *carglumic acid oral tablet soluble* | 1* | PA; LA |
| DOJOLVI | 1* | PA |
| *kcl (0.149%) in nacl* | 1 | |
| *kcl (0.298%) in nacl* | 1 | |
| *kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%* | 1 | |
| *kcl-lactated ringers-d5w* | 1 | |
| KLOR-CON 10 | 1 | |
| KLOR-CON M10 | 1 | |
| KLOR-CON M15 | 1 | |
| KLOR-CON M20 | 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 1 | |
| KLOR-CON/EF | 1 | |
| *magnesium sulfate injection solution 50 %* | 1 | HI |
| *potassium chloride crys er oral tablet extended release 10 meq, 20 meq* | 1 | |
| *potassium chloride er oral capsule extended release* | 1 | |
| *potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | |
| *potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 1 | |
| *potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml* | 1 | HI |
| *potassium chloride oral packet* | 1 | |

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|---|---|---|
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | 1 | |
| *potassium citrate er* | 1 | |
| *potassium cl in dextrose 5% intravenous solution 20 meq/l* | 1 | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %* | 1 | HI |
| *sodium chloride irrigation solution 0.9 %* | 1 | |
| SUPREP BOWEL PREP KIT | 1 | |
| ***Electrolyte/Mineral/Metal Modifiers*** | | |
| *deferasirox oral tablet 180 mg, 360 mg* | 1 | |
| *deferasirox oral tablet 90 mg* | 1 | |
| *deferasirox oral tablet soluble 125 mg* | 1 | |
| *deferasirox oral tablet soluble 250 mg, 500 mg* | 1* | |
| *klor-con oral packet 20 meq* | 1 | |
| *potassium chloride crys er oral tablet extended release 15 meq* | 1 | |
| *tolvaptan (hyponatremia)* | 1* | PA |
| *tolvaptan oral tablet* | 1* | PA; QL (120 EA per 30 days) |
| *tolvaptan oral tablet therapy pack* | 1* | PA; QL (56 EA per 28 days) |
| *trientine hcl oral capsule 250 mg* | 1* | |
| ***Electrolytes/Minerals/Metals/Vitamins*** | | |
| CLINIMIX/DEXTROSE (4.25/10) | 1 | B/D |
| CLINIMIX/DEXTROSE (4.25/5) | 1 | B/D |
| CLINIMIX/DEXTROSE (5/15) | 1 | B/D |
| CLINIMIX/DEXTROSE (5/20) | 1 | B/D |
| *dextrose intravenous solution 10 %, 5 %* | 1 | |
| *dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | 1 | |
| *dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | 1 | |
| INTRALIPID | 1 | B/D |
| *levocarnitine oral solution* | 1 | |
| *levocarnitine oral tablet* | 1 | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 1 | B/D |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 1 | B/D |
| ***Potassium Binders*** | | |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | 1* | PA; QL (0.5 ML per 30 days) |
| LOKELMA ORAL PACKET 10 GM | 1 | QL (90 EA per 30 days) |
| LOKELMA ORAL PACKET 5 GM | 1 | QL (30 EA per 30 days) |
| *sodium polystyrene sulfonate oral powder* | 1 | |
| SPS | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) | 1 | |
| **Gastrointestinal Agents** | | |
| ***Anti-Constipation Agents*** | | |
| *constulose* | 1 | |
| *enulose* | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* | 1 | |
| *generlac* | 1 | |
| *lactulose oral solution 10 gm/15ml* | 1 | |
| LINZESS | 1 | QL (30 EA per 30 days) |
| *lubiprostone* | 1 | |
| *peg 3350-kcl-na bicarb-nacl* | 1 | |
| *peg-3350/electrolytes* | 1 | |
| RELISTOR ORAL | 1* | PA; QL (90 EA per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION | 1* | PA |
| ***Anti-Diarrheal Agents*** | | |
| *alosetron hcl oral tablet 0.5 mg* | 1 | QL (60 EA per 30 days) |
| *alosetron hcl oral tablet 1 mg* | 1* | QL (60 EA per 30 days) |
| *diphenoxylate-atropine oral liquid* | 1 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 1 | |
| *loperamide hcl oral capsule* | 1 | |
| XERMELO | 1* | PA; QL (90 EA per 30 days) |
| ***Antispasmodics, Gastrointestinal*** | | |
| *dicyclomine hcl oral capsule* | 1 | |
| *dicyclomine hcl oral solution 10 mg/5ml* | 1 | |
| *dicyclomine hcl oral tablet 20 mg* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | |
| *methscopolamine bromide oral* | 1 | |
| ***Gastrointestinal Agents, Other*** | | |
| *amoxicill-clarithro-lansopraz* | 1 | |
| EOHILIA | 1* | PA; QL (600 ML per 30 days) |
| GATTEX | 1* | PA |
| GAVILYTE-N WITH FLAVOR PACK | 1 | |
| IQIRVO | 1* | PA; QL (30 EA per 30 days) |
| LIVDELZI | 1* | PA; QL (30 EA per 30 days) |
| *metoclopramide hcl oral solution 5 mg/5ml* | 1 | |
| *metoclopramide hcl oral tablet* | 1 | |
| MYALEPT | 1* | PA |
| REZDIFFRA | 1* | PA; QL (30 EA per 30 days) |
| *ursodiol oral capsule 300 mg* | 1 | |
| *ursodiol oral tablet* | 1 | |
| VOWST | 1* | PA; QL (12 EA per 3 days) |
| ***Histamine2 (H2) Receptor Antagonists*** | | |
| *cimetidine hcl oral solution 300 mg/5ml* | 1 | |
| *cimetidine oral* | 1 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| *nizatidine oral capsule* | 1 | |
| ***Protectants*** | | |
| *misoprostol oral* | 1 | |
| *sucralfate oral suspension* | 1 | |
| *sucralfate oral tablet* | 1 | |
| ***Proton Pump Inhibitors*** | | |
| *esomeprazole magnesium oral capsule delayed release* | 1 | |
| *lansoprazole oral capsule delayed release* | 1 | |
| *omeprazole magnesium oral capsule delayed release* | 1 | |
| *omeprazole oral capsule delayed release 10 mg, 40 mg* | 1 | |
| *omeprazole oral capsule delayed release 20 mg* | 1 | |
| *pantoprazole sodium oral tablet delayed release* | 1 | |

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|---|---|---|
| *rabeprazole sodium oral tablet delayed release* | 1 | |
| **Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment** | | |
| ***Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment*** | | |
| AMVUTTRA | 1* | PA; QL (0.5 ML per 90 days) |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 1* | PA; LA |
| *betaine* | 1* | LA |
| CERDELGA | 1* | PA; QL (60 EA per 30 days) |
| CHOLBAM | 1* | PA |
| CREON | 1 | |
| *cromolyn sodium oral* | 1 | |
| CYSTAGON | 1 | LA |
| *dichlorphenamide* | 1* | PA |
| ENDARI | 1* | PA; QL (180 EA per 30 days) |
| GALAFOLD | 1* | PA; QL (14 EA per 28 days) |
| JOENJA | 1* | PA; QL (60 EA per 30 days) |
| *miglustat* | 1* | |
| *nitisinone* | 1* | PA |
| NULIBRY | 1* | PA |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | 1 | |
| PROLASTIN-C | 1* | PA; LA |
| *sapropterin dihydrochloride oral packet* | 1* | |
| *sapropterin dihydrochloride oral tablet* | 1* | |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | 1* | |
| *sodium phenylbutyrate oral tablet* | 1* | |
| SUCRAID | 1* | PA; LA |
| VIJOICE | 1* | PA; QL (56 EA per 28 days) |
| VYNDAQEL | 1* | PA; QL (120 EA per 30 days) |
| WAINUA | 1* | PA; QL (0.8 ML per 30 days) |
| YARGESA | 1* | |

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|---|---|---|
| ZEMAIRA | 1* | PA; LA |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML | 1* | PA; QL (12.48 ML per 30 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML | 1* | PA; QL (17.22 ML per 30 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML | 1* | PA; QL (24.3 ML per 30 days) |
| **Genitourinary Agents** | | |
| ***Antispasmodics, Urinary*** | | |
| *fesoterodine fumarate er* | 1 | QL (30 EA per 30 days) |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 1 | QL (300 ML per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 1 | QL (30 EA per 30 days) |
| *oxybutynin chloride er* | 1 | QL (60 EA per 30 days) |
| *oxybutynin chloride oral solution* | 1 | |
| *oxybutynin chloride oral syrup* | 1 | |
| *oxybutynin chloride oral tablet 5 mg* | 1 | |
| *solifenacin succinate* | 1 | QL (30 EA per 30 days) |
| *tolterodine tartrate* | 1 | QL (60 EA per 30 days) |
| *tolterodine tartrate er* | 1 | QL (30 EA per 30 days) |
| *trospium chloride* | 1 | QL (60 EA per 30 days) |
| *trospium chloride er* | 1 | ST; QL (30 EA per 30 days) |
| ***Benign Prostatic Hypertrophy Agents*** | | |
| *alfuzosin hcl er* | 1 | |
| *dutasteride oral* | 1 | |
| *dutasteride-tamsulosin hcl* | 1 | |
| *finasteride oral tablet 5 mg* | 1 | |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 1 | PA; QL (30 EA per 30 days) |
| *tamsulosin hcl* | 1 | |
| ***Genitourinary Agents, Other*** | | |
| *bethanechol chloride oral* | 1 | |
| ELMIRON | 1 | |
| *methylergonovine maleate oral* | 1 | |
| *penicillamine oral tablet* | 1 | PA |

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|---|---|---|
| RIVFLOZA SUBCUTANEOUS SOLUTION | 1* | PA; QL (1 ML per 30 days) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML | 1* | PA; QL (0.8 ML per 30 days) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | 1* | PA; QL (1 ML per 30 days) |
| *tiopronin oral tablet* | 1 | PA; QL (300 EA per 30 days) |
| *tiopronin oral tablet delayed release* | 1 | PA |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)*** | | |
| ACTHAR | 1* | PA |
| ACTHAR GEL | 1* | PA |
| *betamethasone dipropionate aug external cream* | 1 | |
| *betamethasone dipropionate external ointment* | 1 | |
| CORTROPHIN | 1* | PA |
| DEXAMETHASONE INTENSOL | 1 | |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *dexamethasone oral tablet therapy pack* | 1 | |
| *dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml* | 1 | |
| *fludrocortisone acetate oral* | 1 | |
| HEMADY | 1 | PA; QL (30 EA per 30 days) |
| *hydrocortisone oral* | 1 | |
| *hydrocortisone sod suc (pf)* | 1 | |
| ISTURISA ORAL TABLET 1 MG | 1* | PA; QL (540 EA per 30 days) |
| ISTURISA ORAL TABLET 5 MG | 1* | PA; QL (360 EA per 30 days) |
| *methylprednisolone oral* | 1 | |
| *prednisolone oral solution* | 1 | |
| *prednisolone oral tablet* | 1 | |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml* | 1 | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml* | 1 | |
| *prednisone intensol* | 1 | |

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

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *testosterone transdermal gel 20.25 mg/1.25gm (1.62%)* | 1 | PA; QL (37.5 GM per 30 days) |
| *testosterone transdermal gel 25 mg/2.5gm (1%)* | 1 | PA; QL (75 GM per 30 days) |
| *testosterone transdermal solution* | 1 | PA; QL (180 ML per 30 days) |
| ***Estrogens*** | | |
| ALTAVERA | 1 | |
| *alyacen 1/35* | 1 | |
| APRI | 1 | |
| ARANELLE | 1 | |
| AUROVELA 24 FE | 1 | |
| AVIANE | 1 | |
| BALZIVA | 1 | |
| BLISOVI 24 FE | 1 | |
| CAMRESE LO | 1 | |
| CRYSELLE-28 | 1 | |
| *desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg* | 1 | |
| *dotti* | 1 | |
| ELURYNG | 1 | |
| ENILLORING | 1 | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 1 | |
| *estarylla* | 1 | |
| *estradiol oral* | 1 | |
| *estradiol transdermal patch twice weekly* | 1 | |
| *estradiol transdermal patch weekly* | 1 | |
| *estradiol vaginal cream 0.1 mg/gm* | 1 | |
| *estradiol vaginal tablet* | 1 | |
| *estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml* | 1 | |
| *estradiol valerate intramuscular oil 40 mg/ml* | 1 | |
| *estradiol-norethindrone acet* | 1 | |
| ESTRING | 1 | |
| *ethynodiol diac-eth estradiol* | 1 | |
| *etonogestrel-ethinyl estradiol* | 1 | |
| FALMINA | 1 | |

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|---|---|---|
| FYAVOLV | 1 | |
| HAILEY 24 FE | 1 | |
| HALOETTE | 1 | |
| ISIBLOOM | 1 | |
| JINTELI | 1 | |
| JUNEL 1.5/30 | 1 | |
| JUNEL 1/20 | 1 | |
| JUNEL FE 1.5/30 | 1 | |
| JUNEL FE 1/20 | 1 | |
| JUNEL FE 24 | 1 | |
| KARIVA | 1 | |
| KELNOR 1/35 | 1 | |
| *kelnor 1/50* | 1 | |
| KURVELO | 1 | |
| LARIN 24 FE | 1 | |
| LARIN FE 1.5/30 | 1 | |
| LARIN FE 1/20 | 1 | |
| LESSINA | 1 | |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg* | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg* | 1 | |
| LEVORA 0.15/30 (28) | 1 | |
| LORYNA | 1 | |
| LOW-OGESTREL | 1 | |
| LUTERA | 1 | |
| *lyllana* | 1 | |
| *marlissa* | 1 | |
| MENEST | 1 | |
| MICROGESTIN 1.5/30 | 1 | |
| MICROGESTIN 1/20 | 1 | |
| MICROGESTIN FE 1.5/30 | 1 | |
| MICROGESTIN FE 1/20 | 1 | |
| MIMVEY | 1 | |
| NECON 0.5/35 (28) | 1 | |

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

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)*** | | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 1 | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | 1 | |
| NEXPLANON | 1 | |
| ***Progestins*** | | |
| CAMILA | 1 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 1 | |
| EMZAHH | 1 | |
| ERRIN | 1 | |
| HEATHER | 1 | |
| *medroxyprogesterone acetate intramuscular suspension* | 1 | |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe* | 1 | |
| *medroxyprogesterone acetate oral* | 1 | |
| *megestrol acetate oral suspension 40 mg/ml* | 1 | |
| *megestrol acetate oral suspension 625 mg/5ml* | 1 | |
| *megestrol acetate oral tablet* | 1 | |
| NORA-BE | 1 | |
| *norethindrone acetate oral* | 1 | |
| *norethindrone oral* | 1 | |
| *progesterone oral* | 1 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)*** | | |
| ARMOUR THYROID | 1 | |
| *levothyroxine sodium oral tablet* | 1 | |
| *levoxyl* | 1 | |
| *liothyronine sodium oral* | 1 | |
| NP THYROID | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| SYNTHROID | 1 | |
| *unithroid* | 1 | |
| **Hormonal Agents, Suppressant (Pituitary)** | | |
| ***Hormonal Agents, Suppressant (Pituitary)*** | | |
| *cabergoline* | 1 | |
| ELIGARD | 1 | |
| FIRMAGON (240 MG DOSE) | 1* | B/D |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 1 | B/D |
| *lanreotide acetate* | 1* | |
| *leuprolide acetate injection* | 1* | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 1* | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 1* | PA |
| LUPRON DEPOT-PED (1-MONTH) | 1* | PA |
| LUPRON DEPOT-PED (3-MONTH) | 1* | PA |
| LUPRON DEPOT-PED (6-MONTH) | 1* | PA |
| *octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 1 | |
| *octreotide acetate intramuscular* | 1* | |
| *octreotide acetate subcutaneous* | 1 | |
| SIGNIFOR | 1* | PA |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML | 1* | |
| SOMAVERT | 1* | PA; LA |
| SYNAREL | 1* | |
| TRELSTAR MIXJECT | 1 | PA |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| ***Antithyroid Agents*** | | |
| *methimazole oral* | 1 | |
| *propylthiouracil oral* | 1 | |
| **Immunological Agents** | | |
| ***Angioedema Agents*** | | |
| HAEGARDA | 1* | PA |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *icatibant acetate subcutaneous solution prefilled syringe* | 1* | PA; QL (18 ML per 30 days) |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1* | PA; QL (18 ML per 30 days) |
| ***Immunoglobulins*** | | |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML | 1* | PA |
| GAMMAGARD S/D LESS IGA | 1* | PA |
| GAMUNEX-C | 1* | PA |
| ***Immunological Agents, Other*** | | |
| ARCALYST | 1* | PA; LA |
| COSENTYX (300 MG DOSE) | 1* | PA; QL (8 ML per 28 days) |
| COSENTYX SENSOREADY (300 MG) | 1* | PA; QL (8 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 1* | PA; QL (2 ML per 28 days) |
| COSENTYX UNOREADY | 1* | PA; QL (8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | 1* | PA; QL (3.42 ML per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 1* | PA; QL (8 ML per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | 1* | PA; QL (3.42 ML per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 1* | PA; QL (8 ML per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 1* | PA; QL (1.34 ML per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 1* | PA; QL (3.42 ML per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 1* | PA; QL (8 ML per 30 days) |
| *leflunomide oral* | 1 | |
| REVCOVI | 1* | PA |
| RINVOQ LQ | 1* | PA; QL (360 ML per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG | 1* | PA; QL (30 EA per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG | 1* | PA; QL (168 EA per 365 days) |

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

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| ***Immunosuppressants*** | | |
| *adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml* | 1* | PA; QL (2.4 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml* | 1* | PA; QL (3.2 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml* | 1* | PA; QL (0.2 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml* | 1* | PA; QL (0.4 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml* | 1* | PA; QL (2.4 ML per 28 days) |
| ASTAGRAF XL | 1 | B/D |
| *azathioprine oral tablet 50 mg* | 1 | B/D |
| BENLYSTA SUBCUTANEOUS | 1* | PA |
| *cyclosporine modified oral capsule* | 1 | B/D |
| *cyclosporine modified oral solution* | 1 | B/D |
| *cyclosporine oral capsule* | 1 | B/D |
| ENBREL MINI | 1* | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 1* | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | 1* | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | 1* | PA; QL (8 ML per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1* | PA; QL (8 ML per 28 days) |
| ENSPRYNG | 1* | PA; QL (2 ML per 30 days) |
| *everolimus oral tablet 0.25 mg* | 1 | B/D |
| *everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg* | 1* | B/D |
| *everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg* | 1* | PA; QL (30 EA per 30 days) |
| *everolimus oral tablet soluble 2 mg* | 1* | PA |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 1 | B/D |
| GENGRAF ORAL SOLUTION | 1 | B/D |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | 1* | PA; QL (2.4 ML per 28 days) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | 1* | PA; QL (4.8 ML per 28 days) |

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|---|---|---|
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 1* | PA; QL (2.4 ML per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | 1* | PA; QL (4.8 ML per 28 days) |
| HUMIRA (1 PEN) | 1* | PA; QL (4 EA per 28 days) |
| HUMIRA (2 PEN) | 1* | PA; QL (4 EA per 28 days) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | 1* | PA; QL (2 EA per 28 days) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | 1* | PA; QL (4 EA per 28 days) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | 1* | PA; QL (2 EA per 28 days) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | 1* | PA; QL (2 EA per 28 days) |
| HUMIRA-CD/UC/HS STARTER | 1* | PA; QL (4 EA per 28 days) |
| HUMIRA-PED>/=40KG UC STARTER | 1* | PA; QL (4 EA per 28 days) |
| HUMIRA-PSORIASIS/UVEIT STARTER | 1* | PA; QL (4 EA per 28 days) |
| *mercaptopurine oral tablet* | 1 | |
| *methotrexate oral* | 1 | |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml* | 1 | |
| *methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml* | 1 | |
| *methotrexate sodium injection solution reconstituted* | 1 | |
| *methotrexate sodium oral* | 1 | |
| *mycophenolate mofetil oral capsule* | 1 | B/D |
| *mycophenolate mofetil oral suspension reconstituted* | 1* | B/D |
| *mycophenolate mofetil oral tablet* | 1 | B/D |
| *mycophenolate sodium* | 1 | B/D |
| MYHIBBIN | 1 | B/D |
| OTEZLA ORAL TABLET 20 MG | 1* | PA; QL (60 EA per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK | 1* | PA; QL (55 EA per 28 days) |
| OTEZLA XR | 1* | PA; QL (30 EA per 30 days) |

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|---|---|---|
| OTEZLA/OTEZLA XR INITIATION PK | 1* | PA; QL (41 EA per 28 days) |
| PROGRAF ORAL PACKET | 1 | B/D |
| REZUROCK | 1* | PA; QL (30 EA per 30 days) |
| *sirolimus oral solution* | 1* | B/D |
| *sirolimus oral tablet* | 1 | B/D |
| *tacrolimus oral* | 1 | B/D |
| TYENNE SUBCUTANEOUS | 1* | PA; QL (3.6 ML per 28 days) |
| XATMEP | 1 | PA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 1* | PA; QL (30 EA per 30 days) |
| ***Vaccines*** | | |
| *abrysvo* | 1 | QL (1 EA per 365 days) |
| ACTHIB | 1 | |
| ADACEL INTRAMUSCULAR SUSPENSION | 1 | |
| *arexvy* | 1 | QL (1 EA per 720 days) |
| *bcg vaccine injection solution reconstituted* | 1 | |
| BEXSERO | 1 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 1 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 1 | |
| DENGVAXIA | 1 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 1 | B/D |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 1 | B/D |
| GARDASIL 9 | 1 | |
| HAVRIX INTRAMUSCULAR SUSPENSION | 1 | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML | 1 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 1 | B/D |
| HIBERIX INJECTION | 1 | |

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|---|---|---|
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | |
| INFANRIX | 1 | |
| IPOL INJECTION INJECTABLE | 1 | |
| IXIARO | 1 | |
| JYNNEOS | 1 | B/D |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| MENACTRA INTRAMUSCULAR SOLUTION | 1 | |
| MENQUADFI INTRAMUSCULAR SOLUTION | 1 | |
| MENVEO | 1 | |
| M-M-R II INJECTION | 1 | |
| MRESVIA | 1 | QL (0.5 ML per 720 days) |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 1 | |
| PENBRAYA | 1 | QL (2 EA per 720 days) |
| *penmenvy* | 1 | QL (2 EA per 720 days) |
| PENTACEL | 1 | |
| PRIORIX | 1 | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 | |
| QUADRACEL | 1 | |
| RABAVERT | 1 | |
| RECOMBIVAX HB | 1 | B/D |
| ROTARIX | 1 | |
| ROTATEQ ORAL SOLUTION | 1 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 1 | QL (2 EA per 999 days) |
| TDVAX | 1 | |
| TENIVAC INTRAMUSCULAR INJECTABLE | 1 | |
| TICOVAC | 1 | |
| TRUMENBA | 1 | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| TYPHIM VI | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| VAQTA INTRAMUSCULAR SUSPENSION | 1 | |
| VARIVAX | 1 | |
| VAXCHORA | 1 | |
| VIMKUNYA | 1 | QL (0.8 ML per 365 days) |
| VIVOTIF | 1 | QL (4 EA per 720 days) |
| YF-VAX SUBCUTANEOUS INJECTABLE | 1 | |
| **Inflammatory Bowel Disease Agents** | | |
| ***Aminosalicylates*** | | |
| *balsalazide disodium* | 1 | |
| *mesalamine er oral capsule extended release 24 hour* | 1 | |
| *mesalamine oral capsule delayed release* | 1 | |
| *mesalamine oral tablet delayed release* | 1 | |
| *mesalamine rectal* | 1 | |
| *sulfasalazine oral* | 1 | |
| ***Glucocorticoids*** | | |
| *budesonide er oral tablet extended release 24 hour* | 1* | QL (30 EA per 30 days) |
| *budesonide oral* | 1 | |
| *budesonide rectal foam 2 mg* | 1 | |
| *hydrocortisone rectal enema* | 1 | |
| **Metabolic Bone Disease Agents** | | |
| ***Metabolic Bone Disease Agents*** | | |
| *alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg* | 1 | |
| *calcitonin (salmon) nasal* | 1 | |
| *calcitriol oral capsule* | 1 | |
| *cinacalcet hcl oral tablet 30 mg, 90 mg* | 1 | B/D; QL (120 EA per 30 days) |
| *cinacalcet hcl oral tablet 60 mg* | 1 | B/D; QL (60 EA per 30 days) |
| *doxercalciferol oral* | 1 | B/D |
| EVENITY | 1* | PA; QL (2.34 ML per 30 days) |
| *ibandronate sodium oral* | 1 | |
| *paricalcitol oral* | 1 | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 | QL (1 ML per 180 days) |

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|---|---|---|
| *risedronate sodium oral tablet 150 mg* | 1 | QL (1 EA per 28 days) |
| *risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 1 | QL (4 EA per 28 days) |
| *risedronate sodium oral tablet 5 mg* | 1 | QL (30 EA per 30 days) |
| *risedronate sodium oral tablet delayed release* | 1 | |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 1* | PA; QL (2.48 ML per 30 days) |
| TYMLOS | 1* | PA; QL (1.56 ML per 30 days) |
| VOXZOGO | 1* | PA; QL (30 EA per 30 days) |
| XGEVA | 1* | PA |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML | 1* | PA; QL (1.12 ML per 30 days) |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML | 1* | PA; QL (1.96 ML per 30 days) |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML | 1* | PA; QL (2.8 ML per 30 days) |
| *zoledronic acid intravenous concentrate* | 1 | B/D |
| *zoledronic acid intravenous solution* | 1 | B/D |
| **Ophthalmic Agents** | | |
| ***Ophthalmic Prostaglandin And Prostamide Analogs*** | | |
| *bimatoprost ophthalmic* | 1 | |
| *latanoprost ophthalmic* | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 1 | |
| RHOPRESSA | 1 | |
| *travoprost (bak free)* | 1 | ST |
| ***Ophthalmic Agents, Other*** | | |
| *atropine sulfate ophthalmic solution 1 %* | 1 | |
| *bacitra-neomycin-polymyxin-hc* | 1 | |
| CYSTADROPS | 1* | PA; QL (20 ML per 30 days) |
| CYSTARAN | 1* | PA; QL (60 ML per 28 days) |
| *dorzolamide hcl-timolol mal* | 1 | |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | 1 | |
| *neomycin-polymyxin-dexameth ophthalmic ointment* | 1 | |

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| Drug Name | Drug Tiers | Requirements/Limits |
|---|---|---|
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 1 | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | 1 | |
| *neo-polycin* | 1 | |
| *neo-polycin hc* | 1 | |
| OXERVATE | 1* | PA; QL (28 ML per 30 days) |
| *polymyxin b-trimethoprim* | 1 | |
| RESTASIS | 1 | QL (60 EA per 30 days) |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 1 | QL (60 ML per 30 days) |
| ROCKLATAN | 1 | |
| *sulfacetamide-prednisolone ophthalmic solution* | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | 1 | |
| *tobramycin-dexamethasone* | 1 | |
| XDEMVY | 1* | PA; QL (10 ML per 180 days) |
| ***Ophthalmic Anti-Allergy Agents*** | | |
| *azelastine hcl ophthalmic* | 1 | |
| *cromolyn sodium ophthalmic* | 1 | |
| *epinastine hcl* | 1 | |
| ***Ophthalmic Anti-Infectives*** | | |
| AZASITE | 1 | |
| *bacitracin ophthalmic* | 1 | QL (7 GM per 30 days) |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 1 | |
| *erythromycin ophthalmic* | 1 | QL (21 GM per 30 days) |
| *gatifloxacin ophthalmic* | 1 | |
| *gentamicin sulfate ophthalmic solution* | 1 | QL (30 ML per 30 days) |
| *levofloxacin ophthalmic solution 1.5 %* | 1 | |
| *moxifloxacin hcl ophthalmic solution* | 1 | QL (12 ML per 30 days) |
| NATACYN | 1 | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | 1 | |
| *ofloxacin ophthalmic* | 1 | |

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

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|---|---|---|
| *dorzolamide hcl ophthalmic* | 1 | |
| *methazolamide oral* | 1 | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 1 | |
| SIMBRINZA | 1 | |
| **Otic Agents** | | |
| ***Otic Agents*** | | |
| *acetic acid otic* | 1 | |
| CIPRO HC | 1 | |
| *ciprofloxacin-dexamethasone* | 1 | QL (7.5 ML per 30 days) |
| *fluocinolone acetonide otic* | 1 | |
| *hydrocortisone-acetic acid* | 1 | |
| *neomycin-polymyxin-hc otic solution 1 %* | 1 | |
| *neomycin-polymyxin-hc otic suspension* | 1 | |
| *ofloxacin otic* | 1 | |
| **Respiratory Tract/Pulmonary Agents** | | |
| ***Antihistamines*** | | |
| *azelastine hcl nasal solution 0.1 %, 0.15 %* | 1 | |
| *cyproheptadine hcl oral tablet* | 1 | |
| *desloratadine oral tablet* | 1 | |
| *desloratadine oral tablet dispersible 2.5 mg* | 1 | |
| *hydroxyzine hcl oral tablet* | 1 | |
| *levocetirizine dihydrochloride oral solution* | 1 | |
| *levocetirizine dihydrochloride oral tablet* | 1 | |
| *olopatadine hcl nasal* | 1 | QL (30.5 GM per 30 days) |
| ***Anti-Inflammatories, Inhaled Corticosteroids*** | | |
| ARNUITY ELLIPTA | 1 | QL (30 EA per 30 days) |
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml* | 1 | B/D |
| *budesonide inhalation suspension 1 mg/2ml* | 1 | B/D |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 1 | |
| *fluticasone propionate nasal* | 1 | |
| *mometasone furoate nasal* | 1 | |
| PULMICORT FLEXHALER | 1 | QL (2 EA per 30 days) |
| QVAR REDIHALER | 1 | QL (21.2 GM per 30 days) |

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

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|---|---|---|
| *fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act* | 1 | QL (1 EA per 30 days) |
| *levalbuterol hcl inhalation* | 1 | B/D |
| *levalbuterol tartrate* | 1 | QL (30 GM per 30 days) |
| STRIVERDI RESPIMAT | 1 | QL (4 GM per 30 days) |
| *terbutaline sulfate oral* | 1 | |
| VENTOLIN HFA | 1 | QL (36 GM per 30 days) |
| ***Cystic Fibrosis Agents*** | | |
| CAYSTON | 1* | PA; LA |
| KALYDECO | 1* | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL PACKET | 1* | PA; QL (60 EA per 30 days) |
| ORKAMBI ORAL TABLET | 1* | PA; QL (120 EA per 30 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 1* | B/D |
| SYMDEKO | 1* | PA; QL (60 EA per 30 days) |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 1* | B/D |
| TRIKAFTA ORAL TABLET THERAPY PACK | 1* | PA; QL (84 EA per 28 days) |
| TRIKAFTA ORAL THERAPY PACK | 1* | PA; QL (56 EA per 28 days) |
| ***Phosphodiesterase Inhibitors, Airways Disease*** | | |
| *roflumilast* | 1 | QL (30 EA per 30 days) |
| *theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg* | 1 | |
| *theophylline er oral tablet extended release 24 hour* | 1 | |
| ***Pulmonary Antihypertensives*** | | |
| ADEMPAS | 1* | PA; LA; QL (90 EA per 30 days) |
| *ambrisentan* | 1* | PA; LA; QL (30 EA per 30 days) |
| *bosentan oral tablet* | 1* | PA; QL (60 EA per 30 days) |
| OPSUMIT | 1* | PA; LA; QL (30 EA per 30 days) |
| OPSYNVI | 1* | PA; QL (30 EA per 30 days) |
| ORENITRAM MONTH 1 | 1* | PA; QL (168 EA per 28 days) |
| ORENITRAM MONTH 2 | 1* | PA; QL (336 EA per 28 days) |
| ORENITRAM MONTH 3 | 1* | PA; QL (252 EA per 28 days) |

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|---|---|---|
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 1 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 1* | PA |
| *sildenafil citrate oral tablet 20 mg* | 1 | PA; QL (90 EA per 30 days) |
| *tadalafil (pah)* | 1* | PA; QL (60 EA per 30 days) |
| TYVASO | 1* | PA |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | 1* | PA |
| TYVASO DPI TITRATION KIT | 1* | PA |
| TYVASO REFILL KIT | 1* | PA |
| TYVASO STARTER KIT | 1* | PA |
| UPTRAVI INTRAVENOUS | 1* | PA; QL (60 EA per 30 days) |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG | 1* | PA; QL (60 EA per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 1* | PA; QL (140 EA per 28 days) |
| UPTRAVI TITRATION | 1* | PA; QL (200 EA per 30 days) |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML | 1* | PA; QL (150 ML per 30 days) |
| VENTAVIS INHALATION SOLUTION 20 MCG/ML | 1* | PA; QL (90 ML per 30 days) |
| WINREVAIR | 1* | PA; QL (1 EA per 21 days) |
| ***Pulmonary Fibrosis Agents*** | | |
| OFEV | 1* | PA; LA; QL (60 EA per 30 days) |
| *pirfenidone oral capsule* | 1* | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 267 mg* | 1* | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 801 mg* | 1* | PA; QL (90 EA per 30 days) |
| ***Respiratory Tract Agents, Other*** | | |
| *acetylcysteine inhalation* | 1 | B/D |
| ADVAIR HFA | 1 | QL (12 GM per 30 days) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 1 | QL (60 EA per 30 days) |
| BREZTRI AEROSPHERE | 1 | QL (10.7 GM per 30 days) |

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|---|---|---|
| *budesonide-formoterol fumarate* | 1 | QL (10.2 GM per 30 days) |
| COMBIVENT RESPIMAT | 1 | QL (4 GM per 20 days) |
| *cromolyn sodium inhalation* | 1 | B/D |
| FASENRA PEN | 1* | PA; QL (1 ML per 30 days) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | 1* | PA; QL (1 ML per 30 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | 1 | QL (60 EA per 30 days) |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | 1 | B/D |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1* | PA; QL (3 ML per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 1* | PA; QL (3 ML per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 1* | PA; QL (0.4 ML per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 1* | PA; QL (3 EA per 30 days) |
| STIOLTO RESPIMAT | 1 | QL (4 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 1 | QL (60 EA per 30 days) |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 1 | QL (60 EA per 30 days) |
| **Skeletal Muscle Relaxants** | | |
| ***Skeletal Muscle Relaxants*** | | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | 1 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | |
| **Sleep Disorder Agents** | | |
| ***Sleep Promoting Agents*** | | |
| *eszopiclone* | 1 | QL (30 EA per 30 days) |
| *ramelteon* | 1 | |
| *tasimelteon* | 1* | PA; QL (30 EA per 30 days) |
| *temazepam oral capsule 15 mg, 30 mg* | 1 | QL (30 EA per 30 days) |
| *temazepam oral capsule 7.5 mg* | 1 | QL (30 EA per 30 days) |

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|---|---|---|
| *triazolam* | 1 | QL (10 EA per 30 days) |
| *zaleplon* | 1 | QL (30 EA per 30 days) |
| *zolpidem tartrate er* | 1 | QL (30 EA per 30 days) |
| *zolpidem tartrate oral tablet* | 1 | QL (30 EA per 30 days) |
| ***Wakefulness Promoting Agents*** | | |
| *armodafinil* | 1 | PA; QL (30 EA per 30 days) |
| *modafinil oral* | 1 | PA; QL (60 EA per 30 days) |
| SODIUM OXYBATE | 1* | PA; LA; QL (540 ML per 30 days) |

**Tier 1** = Generic and Brand Drugs

* = 30-day supply only

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

Note: All drugs listed on the formulary may be available via mail order. You can find information on what the abbreviations mean on page 9.

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Form Approved
OMB# 0938-1421

**Multi-Language Insert**

**Multi-language Interpreter**

**Services**

**English**: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-389-6648. Someone who speaks English can help you. This is a free service.

**Spanish**: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-389-6648. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin**: 我们提供免费的翻译服务，**帮**助**您**解答**关**于健康或药物保险的任何疑 问。如果**您**需要此翻译服务，请致电 1-888-389-6648。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

**Chinese Cantonese**: **您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-888-389-6648。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

**Tagalog**: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1- 888-389-6648. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French**: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-389-6648. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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

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

**Korean**: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-389-6648 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian**: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-389-6648. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic**: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-389-6648. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية. للحصول

**Hindi**: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब दे ने के किए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के किए, बस हमें 1-888-389-6648 पर फोन करें . कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian**: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-389-6648. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese**: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-389-6648. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole**: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-389-6648. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish**: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-389-6648. Ta usługa jest bezpłatna.

**Japanese**: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-888-389-6648 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。



This formulary was approved on 10/17/2025. For more recent information or other questions, please contact Priority Health Medicare at toll-free 833.939.0983 (TTY users should call 711) 8 a.m. – 8 p.m., seven days a week, or visit *priorityhealth.com/dsnp*. The Formulary may change at any time. You will receive notice when necessary.

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. For up-to-date information about our network pharmacies, please call 833.939.0983, TTY users should call 711, or consult the online Pharmacy Directory at *priorityhealth.com/dsnp*.

ID 25361, Version 24

This formulary was updated on 12/1/2025

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