

Excellus BlueCross BlueShield Medicare Employer Group Plans

2025 Formulary (List of Covered Drugs or “Drug List”)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 (TTY users should call 711). From October 1 - March 31, you can call us seven days a week from 8:00 a.m. to 8:00 p.m. From April 1 - September 30, you can call us Monday to Friday from 8:00 a.m. to 8:00 p.m., or visit ExcellusMedicare.com/Formulary.

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.

Excellus BlueCross BlueShield is an HMO and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Excellus BlueCross BlueShield. When it refers to “plan” or “our plan,” it means Excellus BlueCross BlueShield.

This document includes a list of the Drug List (Formulary) for our plan which is current as of 10/01/2024. 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, 2025, and from time to time during the year.

What is the Excellus BlueCross BlueShield Medicare Employer Group 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 our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

[ExcellusMedicare.com/Formulary](https://www.excellusmedicare.com/Formulary)

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Plans 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 add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 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 for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Plans 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 cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Generally, generic drugs work just as well as 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Excellus BlueCross BlueShield Medicare Employer Group Plans Formulary?” on page IV 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 Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Excellus BlueCross BlueShield Medicare Employer Group Plans Formulary?

You can ask our plan 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, the plan 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.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) 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 do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but 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. 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.

Any member experiencing a level of care change, such as a change in their treatment setting, will be provided a one time, up to 31-day supply of medication. This includes emergency supplies of non-formulary drugs and most Part D drugs which require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose.

For more information

For more detailed information about your Excellus BlueCross BlueShield prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

DESCRIPTION OF TIERS	
TIER 1	Most generic drugs on our formulary.
TIER 2	Preferred brand-name drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class. Certain generic drugs may appear in Tier 2 due to the high cost of the drug or the potential safety concerns for our Part D members.
TIER 3	Non-preferred or higher cost drugs. Certain generic drugs may appear in Tier 3 due to the high cost of the drug or the potential safety concerns for our Part D members.

The formulary that begins on the next page provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

B/D PA	PART B VS D DETERMINATION. This prescription drug requires review to determine if the drug is covered under Part D (drug benefit) or Part B (medical benefit).
EX	EXCLUDED FROM PART D COVERAGE. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	PRIOR AUTHORIZATION. Certain medications require prior authorization. This means that you need approval before you fill your prescription. If you don't get approval, the drug may not be covered.
QL	QUANTITY LIMITS. For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for ENTRESTO.
RV	RECOMMENDED VACCINE. Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.
ST	STEP THERAPY. We require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

For each insulin product covered by our plan, your cost will be no more than \$35 for each 30-day supply and no more than \$70 for each 90-day supply, regardless of tier. For more detailed information about your insulin copays, please review your Evidence of Coverage (EOC).

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib</i>	1	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium oral 24-h er tab</i>	3	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	3	
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops</i>	1	
<i>diclofenac-misoprostol</i>	3	
<i>diflunisal</i>	3	
<i>etodolac</i>	3	
<i>flurbiprofen oral tablet 100 mg</i>	3	
IBU	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral extended-release cap</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	3	
<i>ketoprofen oral 24-h er cap 200 mg</i>	3	QL (30 EA per 30 days)
<i>ketorolac oral</i>	2	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg</i>	1	QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>nabumetone</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (drlec)</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet</i>	3	
<i>piroxicam</i>	3	
<i>sulindac</i>	3	
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	3	QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG	3	
<i>buprenorphine</i>	2	
<i>fentanyl transdermal 72-h patch 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
<i>fentanyl transdermal 72-h patch 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	3	
<i>hydrocodone bitartrate oral 12-h er cap</i>	3	
<i>hydromorphone oral 24-h er tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METHADONE INTENSOL	1	
<i>methadone oral concentrate</i>	1	
<i>methadone oral solution</i>	1	
<i>methadone oral tablet</i>	1	
METHADOSE ORAL CONCENTRATE	1	
<i>morphine oral 24-h er multiphase cap</i>	3	
<i>morphine oral extended-release pellet cap 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	
<i>morphine oral extended-release tab 100 mg, 200 mg</i>	3	
<i>morphine oral extended-release tab 15 mg, 30 mg, 60 mg</i>	1	
<i>oxycodone oral 12-h er tab</i>	3	
<i>oxymorphone oral 12-h er tab</i>	3	
<i>tramadol oral 24-h biphasic 17-83 cap</i>	2	
<i>tramadol oral 24-h biphasic 25-75 cap 100 mg, 200 mg</i>	2	
<i>tramadol oral 24-h er tab</i>	2	
<i>tramadol oral 24-h er multiphase tab</i>	2	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ASCOMP WITH CODEINE	3	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	3	
<i>butalbital-acetaminophen-cafeine oral tablet</i>	3	
<i>butalbital-acetaminophen-cafeine-codeine oral capsule 50-325-40-30 mg</i>	3	
<i>butalbital-aspirin-cafeine oral capsule</i>	3	
<i>butorphanol nasal</i>	3	
<i>codeine sulfate</i>	3	
<i>codeine-bitalbital-aspirin-cafeine</i>	3	
ENDOCET	3	
<i>fentanyl citrate buccal lozenge on a handle</i>	3	PA
<i>fentanyl citrate buccal effervescent tab 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	3	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	3	
<i>hydromorphone oral liquid</i>	3	
<i>hydromorphone oral tablet</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine concentrate oral solution</i>	3	
<i>morphine oral solution</i>	3	
<i>morphine oral tablet</i>	3	
<i>oxycodone oral capsule</i>	3	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxymorphone oral tablet</i>	3	
<i>pentazocine-naloxone</i>	3	
<i>tramadol oral tablet 100 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen</i>	1	
ANESTHETICS		
Local Anesthetics		
<i>lidocaine (preservative-free) injection solution 20 mg/ml (2 %)</i>	1	
<i>lidocaine (preservative-free) intravenous solution</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	2	
LIDOCAINE VISCOUS	1	
<i>lidocaine-prilocaine topical cream</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate</i>	2	
<i>disulfiram</i>	2	
<i>naltrexone</i>	1	
Opioid Dependence		
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine-naloxone</i>	1	
LUCEMYRA	3	
VIVITROL	3	
Opioid Reversal Agents		
KLOXXADO	2	QL (2 EA per 30 days)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naloxone nasal</i>	1	
NARCAN	2	
OPVEE	2	
ZIMHI	2	
Smoking Cessation Agents		
<i>bupropion (smoking deterrent)</i>	1	
NICOTROL	3	
NICOTROL NS	3	
<i>varenicline</i>	2	QL (336 EA per 365 days)
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	3	PA; QL (236 ML per 28 days)
<i>gentamicin in nacl (iso-osmotic) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate (pediatric, preservative-free)</i>	1	
<i>gentamicin topical</i>	1	
<i>neomycin</i>	1	
<i>streptomycin</i>	3	
<i>tobramycin sulfate injection solution</i>	2	
Antibacterials, Other		
<i>acetic acid irrigation</i>	3	
<i>acetic acid otic (ear)</i>	1	
<i>aztreonam</i>	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLINDACIN ETZ TOPICAL SWAB	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin in 5 % dextrose</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate injection</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>colistin (colistimethate sodium)</i>	3	
<i>daptomycin</i>	3	
<i>fosfomycin tromethamine</i>	2	
<i>linezolid in dextrose 5%</i>	3	
<i>linezolid oral recon susp</i>	3	
<i>linezolid oral tablet</i>	3	QL (60 EA per 30 days)
<i>methenamine hippurate</i>	2	
<i>metronidazole in nacl (iso-os)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole oral capsule</i>	3	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	
<i>metronidazole topical gel 1 %</i>	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals oral</i>	2	
NUVESSA	3	
SIVEXTRO	3	PA; QL (6 EA per 6 days)
SOLOSEC	3	
<i>tigecycline</i>	3	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin in 0.9% sodium chloride intravenous piggyback 1 gram/200 ml</i>	1	
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 750 mg/150 ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule</i>	3	
<i>vancomycin oral recon soln 25 mg/ml</i>	3	
<i>vancomycin-diluent combo no. 1 intravenous piggyback 1 gram/200 ml</i>	1	
<i>vancomycin-diluent combo no. 1 intravenous piggyback 750 mg/150 ml</i>	2	
Beta-Lactam, Cephalosporins		
<i>cefactor oral capsule</i>	3	
<i>cefactor oral recon susp 250 mg/5 ml</i>	3	
<i>cefactor oral 12-h er tab</i>	3	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral recon susp 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin in dextrose (iso-osmotic) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	3	
<i>cefazolin injection recon soln 2 gram</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral recon susp</i>	3	
<i>cefepime injection</i>	3	
<i>cefixime</i>	3	
<i>cefoxitin</i>	3	
<i>cefpodoxime oral recon susp</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefepodoxime oral tablet</i>	1	
<i>cefprozil oral recon susp</i>	3	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime</i>	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	3	
<i>cefuroxime oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	3	
<i>cephalexin oral recon susp</i>	1	
<i>cephalexin oral tablet</i>	1	
TEFLARO	3	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral recon susp</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral chew tab 125 mg, 250 mg</i>	1	
<i>amoxicillin-clavulanate oral recon susp 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-clavulanate oral 12-h er tab 1,000-62.5 mg</i>	2	
<i>amoxicillin-clavulanate oral chew tab 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	1	
<i>ampicillin-sulbactam injection</i>	2	
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>dicloxacillin</i>	1	
<i>nafcillin injection</i>	3	
<i>oxacillin</i>	3	
<i>oxacillin in dextrose (iso-osmotic)</i>	3	
<i>penicillin g potassium in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PFIZERPEN-G	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Carbapenems		
<i>ertapenem</i>	3	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	3	
<i>meropenem intravenous recon soln 1 gram</i>	3	
<i>meropenem intravenous recon soln 500 mg</i>	2	
VABOMERE	3	
Macrolides		
<i>azithromycin</i>	1	
<i>clarithromycin oral recon susp</i>	3	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral 24-h er tab</i>	2	
DIFICID	3	
E.E.S. 400 ORAL TABLET	2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	3	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 500 mg</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	2	
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin in nacl (iso-osmotic)</i>	3	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
Tetracyclines		
DOXY-100	3	
<i>doxycycline hyclate oral capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i>	3	
<i>doxycycline monohydrate oral recon susp</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg</i>	3	
<i>tetracycline oral capsule</i>	3	
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION	3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	3	QL (60 EA per 30 days)
DIACOMIT	3	
EPIDIOLEX	3	PA
EPRONTIA	3	
<i>felbamate</i>	3	
FINTEPLA	3	PA
FYCOMPA	3	
<i>lamotrigine oral 24-h er tab</i>	3	
<i>lamotrigine oral tablet dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral 24-h er tab 500 mg</i>	2	QL (180 EA per 30 days)
<i>levetiracetam oral 24-h er tab 750 mg</i>	2	QL (120 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	3	QL (60 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	QL (120 EA per 30 days)
SUBVENITE STARTER (GREEN) KIT	3	
SUBVENITE STARTER (ORANGE) KIT	3	
<i>topiramate oral 24-h er cap 200 mg</i>	3	QL (90 EA per 30 days)
<i>topiramate oral 24-h er sprinkle cap 100 mg, 25 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>topiramate oral 24-h er sprinkle cap 150 mg, 200 mg</i>	3	
<i>valproic acid oral capsule 250 mg</i>	3	
<i>valproic acid oral solution 250 mg/5 ml</i>	3	
XCOPRI MAINTENANCE PACK	3	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI ORAL TABLET 150 MG, 200 MG	3	QL (60 EA per 30 days)
XCOPRI 12.5/25 MG (28 TABS) TITRATION PACK	2	QL (28 EA per 28 days)
XCOPRI 50/100 MG (28 TABS) TITRATION PACK, 150/200 MG (28 TABS) TITRATION PACK	3	QL (28 EA per 28 days)
ZTALMY	3	PA
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	3	
<i>methsuximide</i>	3	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam</i>	2	
<i>clonazepam oral tablet</i>	2	
<i>clonazepam oral disintegrating tab</i>	3	
<i>clorazepate dipotassium</i>	2	
<i>diazepam injection solution</i>	1	
<i>diazepam rectal</i>	3	
<i>gabapentin oral capsule 100 mg</i>	1	
<i>gabapentin oral tablet 600 mg</i>	1	
LIBERVANT	3	
NAYZILAM	3	
<i>phenobarbital</i>	3	
<i>pregabalin oral capsule 200 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	
<i>primidone</i>	2	
SYMPAZAN ORAL FILM 10 MG, 5 MG	3	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 20 MG	3	
<i>tiagabine</i>	3	
VALTOCO	3	
<i>vigabatrin</i>	3	
VIGADRONE	3	
VIGAFYDE	3	
VIGPODER	3	
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	3	QL (60 EA per 30 days)
<i>carbamazepine oral 12-h er multiphase cap</i>	3	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral 12-h er tab 200 mg, 400 mg</i>	3	
<i>carbamazepine oral chew tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DILANTIN	3	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
EPITOL	3	
EQUETRO	3	
<i>lacosamide oral solution</i>	3	
<i>lacosamide oral tablet</i>	2	QL (60 EA per 30 days)
MOTPOLY XR ORAL 24-H ER CAP 100 MG	3	PA; QL (30 EA per 30 days)
MOTPOLY XR ORAL 24-H ER CAP 150 MG	3	PA; QL (60 EA per 30 days)
MOTPOLY XR ORAL 24-H ER CAP 200 MG	3	PA
<i>oxcarbazepine oral suspension</i>	3	
<i>oxcarbazepine oral tablet</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	
<i>phenytoin oral chew tab</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>rufinamide oral suspension</i>	3	QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	3	QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	3	QL (240 EA per 30 days)
ZONISADE	3	
<i>zonisamide</i>	1	
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents, Other</i>		
<i>ergoloid</i>	2	
NAMZARIC ORAL 24-H ER SPRINKLE CAP DOSE PACK	3	PA; QL (28 EA per 28 days)
NAMZARIC ORAL 24-H ER SPRINKLE CAP	3	PA; QL (30 EA per 30 days)
<i>Cholinesterase Inhibitors</i>		
ADLARITY TRANSDERMAL WEEKLY PATCH 10 MG/24 HOUR	3	ST
ADLARITY TRANSDERMAL WEEKLY PATCH 5 MG/24 HOUR	3	ST; QL (4 EA per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil oral disintegrating tab</i>	1	
<i>galantamine oral 24-h er cap</i>	3	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	3	
<i>galantamine oral tablet</i>	3	QL (60 EA per 30 days)
<i>rivastigmine tartrate</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal 24-h patch 13.3 mg/24 hour, 9.5 mg/24 hour</i>	2	
<i>rivastigmine transdermal 24-h patch 4.6 mg/24 hour</i>	2	QL (30 EA per 30 days)
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</i>		
<i>memantine oral 24-h er sprinkle cap</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>memantine oral solution</i>	2	QL (300 ML per 30 days)
<i>memantine oral tablet</i>	1	QL (60 EA per 30 days)
<i>memantine oral tablet dose pack</i>	1	QL (49 EA per 28 days)
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
<i>amitriptyline-chlordiazepoxide</i>	3	
AUVELITY	3	PA; QL (60 EA per 30 days)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral 24-h er tab 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral 24-h er tab 450 mg</i>	3	
<i>bupropion hcl oral 12-h sr tab</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>mirtazapine oral disintegrating tab</i>	2	
<i>olanzapine-fluoxetine</i>	3	
<i>perphenazine-amitriptyline</i>	2	
<i>quetiapine oral 24-h er tab 150 mg, 200 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine oral 24-h er tab 400 mg</i>	2	QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; QL (14 EA per 365 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	QL (30 EA per 30 days)
MARPLAN	3	
<i>phenelzine</i>	1	
<i>tranylcypromine</i>	3	
<i>Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors</i>		
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet</i>	1	
<i>desvenlafaxine</i>	3	QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	3	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	3	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	
FETZIMA 24-H ER CAP 20/40 MG (28 CAPS) DOSE PACK	3	QL (28 EA per 28 days)
FETZIMA ORAL 24-H ER CAP	3	QL (30 EA per 30 days)
<i>fluoxetine (pmdd)</i>	3	
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral capsule, delayed release(drlec)</i>	3	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	3	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluvoxamine oral 24-h er cap</i>	3	
<i>fluvoxamine oral tablet</i>	2	
<i>nefazodone</i>	3	
<i>paroxetine hcl oral suspension</i>	3	
<i>paroxetine hcl oral tablet 40 mg</i>	1	
<i>paroxetine hcl oral 24-h er tab</i>	2	
<i>sertraline oral concentrate</i>	3	
<i>sertraline oral tablet</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
TRINTELLIX	3	QL (30 EA per 30 days)
<i>venlafaxine oral 24-h er cap 150 mg, 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	1	
<i>vilazodone</i>	1	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine</i>	2	
<i>desipramine</i>	2	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>imipramine hcl</i>	2	
<i>imipramine pamoate</i>	3	
<i>nortriptyline</i>	2	
<i>protriptyline</i>	3	
<i>trimipramine</i>	3	
ANTIEMETICS		
Antiemetics, Other		
<i>chlorpromazine oral</i>	3	
COMPRO	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet 5 mg</i>	1	
<i>perphenazine</i>	2	
<i>prochlorperazine</i>	3	
<i>prochlorperazine maleate</i>	2	
<i>promethazine oral</i>	3	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	
PROMETHEGAN	3	
<i>scopolamine base</i>	3	
<i>trimethobenzamide oral</i>	2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Emetogenic Therapy Adjuncts		
ANZEMET ORAL TABLET 50 MG	3	B/D PA
<i>aprepitant</i>	3	B/D PA
<i>dronabinol</i>	3	PA
<i>granisetron hcl oral</i>	1	B/D PA
<i>ondansetron hcl (preservative-free) injection solution</i>	1	
<i>ondansetron hcl oral solution</i>	3	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA
<i>ondansetron oral disintegrating tab 4 mg, 8 mg</i>	2	B/D PA
SYNDROS	3	PA
VARUBI	3	B/D PA
ANTIFUNGALS		
Antifungals		
ABELCET	3	B/D PA
<i>amphotericin b</i>	1	B/D PA
<i>caspofungin</i>	3	
<i>ciclopirox</i>	1	
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole topical</i>	1	
<i>econazole</i>	1	
ERAXIS	3	
<i>fluconazole</i>	1	
<i>fluconazole in nacl (iso-osmotic) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	3	
<i>flucytosine</i>	3	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	3	
<i>ketoconazole oral</i>	1	
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	3	
<i>ketoconazole topical shampoo</i>	1	
KETODAN	3	
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	
<i>naftifine topical cream</i>	3	
NYAMYC	1	
<i>nystatin</i>	1	
NYSTOP	1	
<i>oxiconazole</i>	3	
<i>posaconazole oral</i>	3	
<i>tavaborole</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terbinafine hcl oral</i>	1	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	3	
VIVJOA	3	PA
<i>voriconazole intravenous</i>	3	PA
<i>voriconazole oral</i>	3	
ANTIGOUT AGENTS		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule</i>	3	QL (60 EA per 30 days)
<i>colchicine oral tablet</i>	1	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>febuxostat oral tablet 80 mg</i>	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	2	
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
<i>dihydroergotamine nasal</i>	3	PA; QL (8 ML per 28 days)
ERGOMAR	3	QL (20 EA per 28 days)
<i>ergotamine-caffeine</i>	2	QL (40 EA per 30 days)
MIGERGOT	3	QL (20 EA per 28 days)
Prophylactic		
AJOVY AUTOINJECTOR	2	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE	2	PA; QL (1.5 ML per 28 days)
BOTOX	3	PA
<i>divalproex oral delayed-release sprinkle cap</i>	2	
<i>divalproex oral 24-h er tab</i>	1	
<i>divalproex oral tablet, delayed release (drlec)</i>	1	
<i>timolol maleate oral</i>	1	
<i>topiramate oral sprinkle cap</i>	3	
<i>topiramate oral 24-h er cap 100 mg, 25 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>topiramate oral tablet</i>	1	
Serotonin (5-Ht) Receptor Agonists		
<i>naratriptan</i>	2	QL (18 EA per 30 days)
<i>rizatriptan</i>	1	QL (24 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	3	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	3	QL (18 EA per 30 days)
<i>sumatriptan succinate oral</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	3	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	QL (10 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan-naproxen</i>	3	QL (9 EA per 30 days)
<i>zolmitriptan oral</i>	2	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide oral tablet 30 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral extended-release tab</i>	3	
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
<i>dapsone oral</i>	1	
<i>rifabutin</i>	3	
<i>Antituberculars</i>		
<i>ethambutol</i>	1	
<i>isoniazid oral</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
SIRTURO	3	
TRECTOR	3	
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral</i>	2	B/D PA
GLEOSTINE	3	
LEUKERAN	3	
MATULANE	3	
VALCHLOR	3	PA; QL (60 GM per 30 days)
<i>Antiandrogens</i>		
<i>abiraterone</i>	3	PA
<i>bicalutamide</i>	1	
ERLEADA ORAL TABLET 240 MG	3	PA
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 EA per 30 days)
<i>nilutamide</i>	3	
NUBEQA	3	PA
<i>toremifene</i>	3	
XTANDI ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 EA per 30 days)
YONSA	3	PA; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	3	PA; QL (30 EA per 30 days)
POMALYST	3	PA; QL (21 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	3	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 200 MG	3	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT	3	
ORSERDU ORAL TABLET 345 MG	3	PA
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 EA per 30 days)
SOLTAMOX	3	
<i>tamoxifen</i>	1	
Antimetabolites		
BESREMI	3	PA
DROXIA	3	
<i>fluorouracil intravenous</i>	1	B/D PA
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
ONUREG	3	PA
PURIXAN	3	
TABLOID	3	
Antineoplastics, Other		
IDHIFA	3	PA; QL (30 EA per 30 days)
INQOVI	3	PA
IWILFIN	3	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	3	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; QL (91 EA per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	3	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	3	PA; QL (80 EA per 28 days)
<i>methotrexate sodium injection</i>	1	
NINLARO	3	PA; QL (3 EA per 28 days)
XPOVIO ORAL TABLET 40 MG ONCE WEEKLY, 60 MG ONCE WEEKLY, 60 MG TWICE WEEKLY, 80 MG TWICE WEEKLY, 100 MG WEEKLY	3	PA
XPOVIO ORAL TABLET 40 MG TWICE WEEKLY, 80 MG ONCE WEEKLY	3	PA; QL (16 EA per 28 days)
ZOLINZA	3	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole</i>	1	
<i>exemestane</i>	2	
<i>letrozole</i>	1	
Molecular Target Inhibitors		
AKEEGA	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALECENSA	3	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET DOSE PACK	3	PA; QL (30 EA per 30 days)
AUGTYRO	3	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 200 MG, 300 MG	3	PA
BALVERSA ORAL TABLET 3 MG	3	PA; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	3	PA; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	3	PA
BOSULIF ORAL CAPSULE 100 MG	3	PA
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 EA per 30 days)
BRAFTOVI	3	PA; QL (180 EA per 30 days)
BRUKINSA	3	PA; QL (120 EA per 30 days)
CABOMETYX	3	PA; QL (30 EA per 30 days)
CALQUENCE	3	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 EA per 30 days)
COMETRIQ	3	PA
COPIKTRA	3	PA; QL (60 EA per 30 days)
COTELLIC	3	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 EA per 30 days)
ELREXFIO	3	PA
ERIVEDGE	3	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	3	
<i>erlotinib oral tablet 25 mg</i>	3	QL (30 EA per 30 days)
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	3	PA; QL (60 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet for suspension 2 mg, 3 mg</i>	3	PA
<i>everolimus oral tablet for suspension 5 mg</i>	3	PA; QL (112 EA per 28 days)
FOTIVDA	3	PA
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 EA per 28 days)
GAVRETO	3	PA
<i>gefitinib</i>	3	PA
GILOTRIF	3	PA; QL (30 EA per 30 days)
IBRANCE	3	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imatinib oral tablet 100 mg</i>	3	PA; QL (120 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 420 MG	3	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	3	PA; QL (120 EA per 30 days)
INREBIC	3	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 25 MG	3	PA
JAYPIRCA ORAL TABLET 100 MG	3	PA
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 EA per 30 days)
KISQALI	3	PA; QL (63 EA per 28 days)
KOSELUGO	3	PA
KRAZATI	3	PA
<i>lapatinib</i>	3	PA; QL (150 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG, 10 MG	3	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE PACKS 12 MG/DAY, 18 MG/DAY, 24 MG/DAY	3	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE PACKS 8 MG/DAY, 14 MG/DAY, 20 MG/DAY	3	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 EA per 30 days)
LUMAKRAS	3	PA
LYNPARZA	3	PA; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	3	PA; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	3	PA; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	3	PA; QL (140 EA per 28 days)
MEKINIST ORAL RECON SOLN	3	PA
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PA; QL (30 EA per 30 days)
MEKTOVI	3	PA; QL (180 EA per 30 days)
NERLYNX	3	PA; QL (180 EA per 30 days)
ODOMZO	3	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	3	PA; QL (180 EA per 30 days)
OJEMDA	3	PA
OJJAARA ORAL TABLET 100 MG	3	PA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	3	PA
<i>pazopanib</i>	3	PA; QL (120 EA per 30 days)
PEMAZYRE	3	PA; QL (14 EA per 21 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHESGO	3	PA
PIQRAY	3	PA
QINLOCK	3	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	3	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	3	PA; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	3	PA; QL (120 EA per 30 days)
REZLIDHIA	3	PA; QL (60 EA per 30 days)
REZUROCK	3	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; QL (360 EA per 30 days)
RUBRACA	3	PA; QL (120 EA per 30 days)
RYDAPT	3	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 40 MG	3	PA
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 EA per 30 days)
<i>sorafenib</i>	3	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	3	PA; QL (60 EA per 30 days)
STIVARGA	3	PA
<i>sunitinib malate</i>	3	PA; QL (30 EA per 30 days)
TABRECTA	3	PA; QL (112 EA per 28 days)
TAFINLAR ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA
TAGRISSO	3	PA; QL (30 EA per 30 days)
TALZENNA	3	PA; QL (30 EA per 30 days)
TASIGNA	3	PA; QL (120 EA per 30 days)
TAZVERIK	3	PA; QL (240 EA per 30 days)
TEPMETKO	3	PA
TIBSOVO	3	PA; QL (60 EA per 30 days)
TRUQAP	3	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; QL (240 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA
VANFLYTA	3	PA
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (42 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (224 EA per 28 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK	3	PA; QL (42 EA per 28 days)
VERZENIO	3	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIJOICE ORAL GRANULES IN PACKET	3	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	3	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	3	PA
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA; QL (300 ML per 30 days)
VIZIMPRO	3	PA; QL (30 EA per 30 days)
VONJO	3	PA
WELIREG	3	PA
XALKORI	3	PA
XOSPATA	3	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	3	PA; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA
ZELBORAF	3	PA
ZYDELIG	3	PA; QL (60 EA per 30 days)
ZYKADIA	3	PA
Retinoids		
<i>bexarotene oral</i>	3	
<i>bexarotene topical</i>	3	PA
PANRETIN	3	
<i>tretinoin oral</i>	3	
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>leucovorin calcium oral tablet 25 mg</i>	2	
MESNEX ORAL	3	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole</i>	3	
EMVERM	3	
<i>ivermectin oral</i>	1	
<i>praziquantel</i>	2	
Antiprotozoals		
<i>atovaquone</i>	3	
<i>atovaquone-proguanil</i>	3	
<i>chloroquine phosphate</i>	1	QL (90 EA per 30 days)
COARTEM	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
KRINTAFEL	2	
<i>mefloquine</i>	1	
<i>nitazoxanide</i>	3	
<i>pentamidine inhalation</i>	3	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentamidine injection</i>	3	
<i>primaquine</i>	1	
<i>pyrimethamine</i>	3	
<i>quinine sulfate</i>	2	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine oral</i>	1	
<i>trihexyphenidyl</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral solution</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	QL (240 EA per 30 days)
GOCOVRI ORAL 24-H ER CAP 137 MG	3	PA; QL (60 EA per 30 days)
GOCOVRI ORAL 24-H ER CAP 68.5 MG	3	PA; QL (30 EA per 30 days)
NOURIANZ	3	PA
ONGENTYS	3	
<i>tolcapone</i>	3	
Dopamine Agonists		
<i>apomorphine</i>	3	PA
<i>bromocriptine oral capsule</i>	1	
NEUPRO	3	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral 24-h er tab</i>	3	QL (30 EA per 30 days)
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral 24-h er tab</i>	2	QL (60 EA per 30 days)
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	3	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral extended-release tab</i>	1	
<i>carbidopa-levodopa oral disintegrating tab</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline</i>	3	QL (30 EA per 30 days)
<i>selegiline hcl</i>	1	
XADAGO ORAL TABLET 100 MG	3	QL (30 EA per 30 days)
XADAGO ORAL TABLET 50 MG	3	QL (46 EA per 30 days)
ANTIPSYCHOTICS		
1st Generation/Typical		
<i>fluphenazine decanoate</i>	3	
<i>fluphenazine hcl</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
<i>loxapine succinate</i>	1	
<i>molindone</i>	3	
<i>pimozide</i>	2	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine</i>	1	
2Nd Generation/Atypical		
ABILIFY MAINTENA	3	
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg, 20 mg, 30 mg</i>	1	
<i>aripiprazole oral disintegrating tab</i>	3	
ARISTADA	3	
ARISTADA INITIO	3	QL (2.4 ML per 180 days)
<i>asenapine maleate sublingual tablet 5 mg</i>	3	PA; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	PA; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	3	PA
FANAPT	3	PA; QL (60 EA per 30 days)
INVEGA HAFYERA	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
<i>lurasidone oral tablet 20 mg, 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 5-10 MG	3	PA; QL (30 EA per 30 days)
LYBALVI ORAL TABLET 20-10 MG	3	PA
NUPLAZID	3	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular</i>	3	
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	
<i>olanzapine oral tablet 2.5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral disintegrating tab 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral disintegrating tab 15 mg, 20 mg</i>	2	
<i>paliperidone oral 24-h er tab 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone oral 24-h er tab 6 mg</i>	3	QL (60 EA per 30 days)
<i>quetiapine oral tablet</i>	1	
REXULTI ORAL TABLET 0.25 MG, 2 MG, 3 MG, 4 MG	3	PA; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.5 MG, 1 MG	3	PA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL CONSTA	3	
<i>risperidone microspheres</i>	3	
<i>risperidone oral tablet 0.25 mg, 3 mg</i>	1	
<i>risperidone oral disintegrating tab 0.25 mg, 0.5 mg, 1 mg</i>	2	
SECUADO	3	PA; QL (30 EA per 30 days)
UZEDY	3	
VRAYLAR ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAP, DOSE PACK	3	PA
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV	3	
Treatment-Resistant		
<i>clozapine oral tablet</i>	1	
<i>clozapine oral disintegrating tab</i>	3	
VERSACLOZ	3	QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene oral</i>	2	
<i>methylergonovine oral</i>	3	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	3	
PREVYMIS ORAL	3	QL (30 EA per 30 days)
<i>valganciclovir oral recon soln</i>	3	
<i>valganciclovir oral tablet</i>	2	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir</i>	3	QL (30 EA per 30 days)
<i>entecavir</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>tenofovir disoproxil fumarate</i>	1	
VEMLIDY	3	
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PELLETS IN PACKET	3	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET	3	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>famciclovir</i>	1	QL (90 EA per 30 days)
<i>trifluridine</i>	1	
<i>valacyclovir</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY	3	QL (30 EA per 30 days)
CABENUVA	3	
DOVATO	3	
GENVOYA	3	QL (30 EA per 30 days)
ISENTRESS HD	3	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	3	QL (60 EA per 30 days)
ISENTRESS ORAL CHEW TAB 100 MG	3	QL (60 EA per 30 days)
ISENTRESS ORAL CHEW TAB 25 MG	2	
JULUCA	3	QL (30 EA per 30 days)
STRIBILD	3	
TIVICAY ORAL TABLET 10 MG	2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	3	
TIVICAY PD	3	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	3	
DELSTRIGO	3	QL (30 EA per 30 days)
EDURANT	3	
<i>efavirenz oral tablet</i>	3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	3	QL (30 EA per 30 days)
<i>etravirine</i>	3	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	3	
<i>nevirapine oral 24-h er tab 400 mg</i>	2	QL (30 EA per 30 days)
PIFELTRO	3	QL (60 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
CIMDUO	3	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DESCOVY ORAL TABLET 200-25 MG	3	QL (30 EA per 30 days)
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	3	
EMTRIVA	3	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	3	
ODEFSEY	3	QL (30 EA per 30 days)
TRIUMEQ	3	QL (30 EA per 30 days)
TRIUMEQ PD	3	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
<i>zidovudine</i>	1	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	3	
<i>maraviroc oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	3	
RUKOBIA	3	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	
SUNLENCA	3	
TROGARZO	3	
TYBOST	2	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS	3	
<i>atazanavir</i>	3	
<i>darunavir</i>	3	
EVOTAZ	3	QL (30 EA per 30 days)
<i>fosamprenavir</i>	3	
<i>lopinavir-ritonavir</i>	3	
NORVIR ORAL POWDER IN PACKET	3	
PREZCOBIX	3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
REYATAZ ORAL POWDER IN PACKET	3	
<i>ritonavir</i>	2	
SYMTUZA	3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	3	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral tablet</i>	1	
<i>oseltamivir</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rimantadine</i>	1	
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (4 EA per 30 days)
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	2	
<i>hydroxyzine pamoate</i>	2	
Benzodiazepines		
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral 24-h er tab</i>	1	
<i>alprazolam oral disintegrating tab</i>	2	
<i>chlordiazepoxide hcl</i>	1	
DIAZEPAM INTENSOL	3	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	
<i>diazepam oral tablet</i>	1	
<i>lorazepam injection solution</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>oxazepam</i>	3	
Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors		
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>venlafaxine oral 24-h er cap 75 mg</i>	1	QL (90 EA per 30 days)
BIPOLAR AGENTS		
Bipolar Agents, Other		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	3	PA; QL (60 EA per 30 days)
<i>lurasidone oral tablet 120 mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral 24-h er tab 300 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>risperidone oral disintegrating tab 2 mg, 3 mg, 4 mg</i>	3	
Mood Stabilizers		
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral disintegrating tab pack</i>	3	
<i>lamotrigine oral chewable tab</i>	3	
<i>lamotrigine oral disintegrating tab</i>	3	
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
SUBVENITE	1	
SUBVENITE STARTER (BLUE) KIT	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose</i>	1	
<i>colesevelam oral powder in packet</i>	3	
FARXIGA ORAL TABLET 10 MG	2	
FARXIGA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet 2.5 mg</i>	2	QL (60 EA per 30 days)
<i>glipizide oral 24-h er tab</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	2	
<i>glyburide micronized</i>	2	
<i>glyburide-metformin</i>	2	
GLYXAMBI ORAL TABLET 10-5 MG	2	QL (30 EA per 30 days)
GLYXAMBI ORAL TABLET 25-5 MG	2	
JANUMET ORAL TABLET 50-1,000 MG	2	
JANUMET ORAL TABLET 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL 24-H ER MULTIPHASE TAB 100-1,000 MG	2	
JANUMET XR ORAL 24-H ER MULTIPHASE TAB 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG	2	
JANUVIA ORAL TABLET 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin oral tablet (immediate-release)</i>	1	
<i>metformin oral 24-h er tab</i>	1	
<i>metformin oral 24-h er tab</i>	3	PA
<i>miglitol</i>	3	
<i>nateglinide</i>	1	
OZEMPIC	2	PA
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	2	PA
SOLIQUA 100/33	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY ORAL TABLET 12.5-1,000 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY ORAL TABLET 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL 24-H ER BIPHASIC TAB 10-1,000 MG	2	QL (30 EA per 30 days)
SYNJARDY XR ORAL 24-H ER BIPHASIC TAB 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL 24-H ER BIPHASIC TAB 25-1,000 MG	2	
TRADJENTA	2	
TRIJARDY XR ORAL 24-H ER BIPHASIC TAB 10-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL 24-H ER BIPHASIC TAB 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA per 30 days)
TRIJARDY XR ORAL 24-H ER BIPHASIC TAB 25-5-1,000 MG	2	
TRULICITY	2	PA
XIGDUO XR	2	QL (30 EA per 30 days)
XULTOPHY 100/3.6	2	
Blood Glucose Regulators		
ALCOHOL PADS	2	
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
<i>mifepristone oral tablet 300 mg</i>	3	PA; QL (120 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Glycemic Agents		
BAQSIMI	2	QL (2 EA per 30 days)
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY KIT	2	QL (2 EA per 30 days)
GVOKE	2	QL (0.4 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	QL (0.2 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	QL (0.4 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (0.4 ML per 30 days)
Insulins		
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG TEMPO PEN(U-100)INSULN	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	B/D PA
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	B/D PA
HUMULIN R U-500 (CONC) INSULIN	2	B/D PA
HUMULIN R U-500 (CONC) KWIKPEN	2	
<i>insulin glargine u-300 conc</i>	2	
<i>insulin lispro protamin-lispro</i>	2	
<i>insulin lispro subcutaneous insulin pen</i>	2	
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	2	
<i>insulin lispro subcutaneous solution</i>	2	B/D PA
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
<i>dabigatran etexilate</i>	3	QL (60 EA per 30 days)
ELIQUIS DVT-PE STARTER PACK	2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous solution</i>	2	
<i>enoxaparin subcutaneous syringe</i>	3	
<i>fondaparinux</i>	3	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SYRINGE	3	
<i>heparin, porcine (preservative-free) injection solution 5,000 unit/0.5 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin, porcine (preservative-free) injection syringe</i>	1	
<i>heparin, porcine (preservative-free) subcutaneous</i>	1	
<i>heparin, porcine in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine in nacl (preservative-free) intravenous parenteral solution</i>	1	
<i>heparin, porcine injection cartridge</i>	1	
<i>heparin, porcine injection solution</i>	1	
<i>heparin, porcine injection syringe 5,000 unit/ml</i>	1	
JANTOVEN	1	
<i>warfarin</i>	1	
XARELTO DVT-PE STARTER PACK	2	QL (51 EA per 30 days)
XARELTO ORAL RECON SUSP	2	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 EA per 30 days)
Blood Products And Modifiers, Other		
<i>anagrelide</i>	1	
LEUKINE INJECTION RECON SOLN	3	
NEULASTA	3	QL (2 ML per 28 days)
NEULASTA ONPRO	3	QL (2 ML per 28 days)
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA
PROCRT INJECTION SOLUTION 20,000 UNIT/2 ML	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	3	PA
PROMACTA ORAL POWDER IN PACKET 25 MG	3	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	3	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	3	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	3	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	3	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 5 MG	3	PA; QL (7 EA per 28 days)
PYRUKYND ORAL TABLET DOSE PACK	3	PA; QL (14 EA per 28 days)
RETACRIT	3	PA
UDENYCA	3	QL (2 ML per 28 days)
UDENYCA AUTOINJECTOR	3	QL (2 ML per 28 days)
UDENYCA ONBODY	3	QL (2 ML per 28 days)
ZARXIO	3	
Hemostasis Agents		
<i>aminocaproic acid oral tablet</i>	3	
<i>tranexamic acid oral</i>	1	
Platelet Modifying Agents		
<i>aspirin-dipyridamole</i>	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRILINTA	2	QL (60 EA per 30 days)
CABLIVI INJECTION KIT	3	PA; QL (31 EA per 30 days)
<i>cilostazol</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL (1 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	1	QL (60 EA per 30 days)
<i>dipyridamole oral</i>	2	
DOPTELET (10 TAB PACK)	3	PA; QL (90 EA per 30 days)
DOPTELET (15 TAB PACK)	3	PA; QL (90 EA per 30 days)
DOPTELET (30 TAB PACK)	3	PA; QL (90 EA per 30 days)
<i>prasugrel</i>	2	QL (30 EA per 30 days)
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch</i>	2	QL (8 EA per 28 days)
<i>droxidopa</i>	3	PA; QL (180 EA per 30 days)
<i>guanfacine oral tablet</i>	1	
<i>midodrine</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 8 mg</i>	1	
<i>phenoxybenzamine</i>	3	
<i>prazosin</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan</i>	1	
EDARBI	3	ST; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 200 MG	3	PA; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 400 MG	3	PA
<i>irbesartan</i>	1	
<i>losartan</i>	1	
<i>olmesartan</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	
<i>moexipril</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril</i>	1	
<i>ramipril</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone oral</i>	1	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>dofetilide</i>	2	
<i>flecainide</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	
<i>mexiletine</i>	1	
MULTAQ	2	QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>propafenone oral 12-h er cap</i>	2	
<i>propafenone oral tablet</i>	1	
<i>propranolol oral 24-h er cap 120 mg</i>	1	
<i>quinidine gluconate oral</i>	2	
<i>quinidine sulfate oral tablet</i>	1	
SORINE ORAL TABLET 120 MG, 160 MG	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
SOTYLIZE	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral extended-release tab</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	1	
<i>atenolol</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	2	QL (30 EA per 30 days)
<i>labetalol oral</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol</i>	1	
<i>propranolol oral 24-h er cap 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine oral extended-release tab</i>	1	
<i>nifedipine oral 24-h er tab</i>	1	
<i>nimodipine oral capsule</i>	3	
<i>nisoldipine oral 24-h er tab 17 mg, 20 mg, 34 mg, 8.5 mg</i>	2	
<i>nisoldipine oral 24-h er tab 25.5 mg, 30 mg, 40 mg</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT	1	
<i>diltiazem hcl oral 12-h er cap 120 mg</i>	2	
<i>diltiazem hcl oral 12-h er cap 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral 24-h er cap 360 mg</i>	2	
<i>diltiazem hcl oral 24-h er cap 420 mg</i>	1	
<i>diltiazem hcl oral 24-h er cap 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral 24-h er tab</i>	1	
DILT-XR	1	
MATZIM LA	1	
TIADYLT ER	1	
<i>verapamil oral 24-h er pellet cap</i>	2	
<i>verapamil oral 24-h er cap 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil oral 24-h er cap 360 mg</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 250 mg</i>	1	
<i>aliskiren oral tablet 150 mg</i>	2	QL (30 EA per 30 days)
<i>aliskiren oral tablet 300 mg</i>	2	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine-atorvastatin</i>	2	QL (30 EA per 30 days)
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan-hydrochlorothiazide</i>	1	QL (30 EA per 30 days)
<i>amlodipine-telmisartan</i>	2	
<i>amlodipine-valsartan</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bisoprolol-hydrochlorothiazide</i>	1	
CAMZYOS	3	PA; QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazide</i>	1	
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	QL (60 EA per 30 days)
EDARBYCLOR	3	ST; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	2	QL (60 EA per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	3	QL (180 EA per 30 days)
<i>ivabradine</i>	3	QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>metoprolol tartrate-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	3	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pentoxifylline</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine</i>	1	
<i>spironolactone-hydrochlorothiazide</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	2	
<i>trandolapril-verapamil</i>	2	
<i>triamterene-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VECAMYL	3	
VERQUVO ORAL TABLET 10 MG	3	PA
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide</i>	1	
<i>ethacrynic acid</i>	3	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide oral</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride</i>	1	
<i>eplerenone</i>	1	
KERENDIA	2	PA
<i>spironolactone oral tablet</i>	1	
<i>triamterene</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral capsule</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluvastatin oral 24-h er tab</i>	1	QL (30 EA per 30 days)
<i>lovastatin</i>	1	
<i>pitavastatin calcium</i>	1	QL (30 EA per 30 days)
<i>pravastatin</i>	1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (45 EA per 30 days)
<i>rosuvastatin oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin</i>	1	
Dyslipidemics, Other		
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	1	
<i>cholestyramine oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	2	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
<i>ezetimibe</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	1	QL (30 EA per 30 days)
<i>icosapent ethyl</i>	2	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; QL (60 EA per 30 days)
NEXLETOL	3	ST; QL (30 EA per 30 days)
NEXLIZET	3	ST; QL (30 EA per 30 days)
<i>niacin oral tablet 500 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>niacin oral 24-h er tab 1,000 mg, 750 mg</i>	1	QL (60 EA per 30 days)
<i>niacin oral 24-h er tab 500 mg</i>	1	QL (90 EA per 30 days)
<i>omega-3 acid ethyl esters</i>	1	QL (120 EA per 30 days)
PREVALITE ORAL POWDER IN PACKET	1	
REPATHA PUSHTRONEX	2	QL (4 ML per 30 days)
REPATHA SURECLICK	2	QL (2 ML per 28 days)
REPATHA SYRINGE	2	QL (2 ML per 28 days)
VASCEPA	2	QL (120 EA per 30 days)
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	
<i>isosorbide mononitrate</i>	1	
NITRO-BID	3	
<i>nitroglycerin rectal</i>	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal 24-h patch</i>	1	
<i>nitroglycerin translingual</i>	3	
Vasodilators, Direct-Acting Arterial		
<i>hydralazine oral</i>	1	
<i>minoxidil oral</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine sulfate</i>	3	PA
<i>dextroamphetamine sulfate oral extended-release cap</i>	3	
<i>dextroamphetamine sulfate oral solution</i>	3	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	3	
<i>dextroamphetamine-amphetamine oral 24-h er cap 10 mg, 15 mg, 20 mg, 25 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral 24-h er cap 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	
<i>lisdexamfetamine</i>	3	QL (30 EA per 30 days)
<i>methamphetamine</i>	3	PA
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine</i>	2	
<i>clonidine hcl oral 12-h er tab 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>dexmethylphenidate oral biphasic 50-50 er cap 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate oral biphasic 50-50 er cap 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>guanfacine oral 24-h er tab 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>guanfacine oral 24-h er tab 3 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral biphasic 40-60 er sprinkle cap</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral biphasic 30-70 er cap 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral biphasic 30-70 er cap 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral biphasic 30-70 er cap 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral biphasic 50-50 er cap 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral biphasic 50-50 er cap 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral biphasic 50-50 er cap 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral extended-release tab</i>	1	
<i>methylphenidate hcl oral 24-h er tab 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating)</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral 24-h er tab 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral chew tab</i>	2	
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL 24-H ER TAB 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	3	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL 24-H ER TAB 24 MG	3	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL 24-H ER TAB 6 MG	3	PA; QL (90 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL 24-H ER TAB DOSE PACK 12-18-24-30 MG	3	PA; QL (28 EA per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL 24-H ER TAB DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	3	PA
<i>carbamazepine oral 12-h er tab 100 mg</i>	3	
FIRDAPSE	3	PA
<i>gabapentin oral capsule 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	2	
<i>gabapentin oral tablet 800 mg</i>	1	
<i>gabapentin oral 24-h er tab 300 mg</i>	3	PA; QL (60 EA per 30 days)
<i>gabapentin oral 24-h er tab 600 mg</i>	3	PA; QL (90 EA per 30 days)
INGREZZA INITIATION PACK	3	PA
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA
INGREZZA SPRINKLE ORAL SPRINKLE CAP 40 MG	3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA SPRINKLE ORAL SPRINKLE CAP 60 MG, 80 MG	3	PA
NUEDEXTA	3	PA; QL (60 EA per 30 days)
NURTEC ODT	3	PA; QL (18 EA per 30 days)
<i>phentermine</i>	1	QL (84 EA per 365 days); EX
RADICAVA ORS STARTER KIT SUSPENSION	3	PA; QL (70 ML per 28 days)
<i>riluzole</i>	1	
TEGLUTIK	3	
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; QL (120 EA per 30 days)
VEOZAH	3	
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120 EA per 30 days)
<i>pregabalin oral capsule 225 mg</i>	2	QL (90 EA per 30 days)
SAVELLA ORAL TABLET	3	ST; QL (60 EA per 30 days)
SAVELLA ORAL TABLET DOSE PACK	3	ST
Multiple Sclerosis Agents		
<i>dalfampridine</i>	2	QL (60 EA per 30 days)
<i>dimethyl fumarate</i>	3	QL (60 EA per 30 days)
<i>fingolimod</i>	3	QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	3	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	3	QL (12 ML per 28 days)
KESIMPTA PEN	3	
REBIF (WITH ALBUMIN)	3	QL (12 ML per 28 days)
REBIF REBIDOSE	3	QL (12 ML per 28 days)
REBIF TITRATION PACK	3	QL (12 ML per 28 days)
<i>teriflunomide</i>	3	QL (30 EA per 30 days)
CONTRACEPTIVES		
Contraceptives, Other		
LILETTA	2	QL (1 EA per 365 days)
NEXPLANON	2	QL (1 EA per 365 days)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>cevimeline</i>	2	
<i>chlorhexidine gluconate mouthwash</i>	1	
DENTA 5000 PLUS	1	
DENTA 5000 PLUS SENSITIVE	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DENTAGEL	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>fluoride (sodium) dental</i>	1	
KOURZEQ	1	
PERIOGARD	1	
<i>pilocarpine hcl oral</i>	2	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 SENSITIVE	3	
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 DRY MOUTH	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium fluoride-potassium nitrate dental</i>	1	
<i>triamcinolone acetonide dental</i>	1	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
<i>acitretin</i>	3	
<i>adapalene topical cream</i>	3	PA
<i>adapalene topical gel 0.3 %</i>	3	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	3	
ALTRENO	3	PA
AMNESTEEM	2	
ARAZLO	3	PA
<i>azelaic acid</i>	2	
AZELEX	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	
CLARAVIS ORAL CAPSULE 30 MG	3	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	3	
DIFFERIN TOPICAL LOTION	3	PA
<i>erythromycin-benzoyl peroxide</i>	2	
FABIOR	3	PA
FINACEA TOPICAL FOAM	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>isotretinoin oral capsule 25 mg, 30 mg, 35 mg</i>	3	
<i>ivermectin topical cream</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONEXTON TOPICAL GEL WITH PUMP	3	
<i>sulfacetamide sodium topical cleanser</i>	3	EX
<i>sulfacetamide sodium topical gel cleanser</i>	3	EX
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	3	EX
<i>tazarotene topical cream 0.1 %</i>	2	PA
<i>tazarotene topical foam</i>	3	PA
<i>tazarotene topical gel</i>	3	PA
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA
<i>tretinoin topical gel 0.05 %</i>	3	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	
ZENATANE ORAL CAPSULE 30 MG	3	
<i>Dermatitis And Pruritus Agents</i>		
ALA-CORT TOPICAL CREAM	1	
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	2	
<i>amcinonide topical ointment</i>	3	
<i>ammonium lactate</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	3	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	3	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	3	
<i>betamethasone, augmented topical lotion</i>	3	
<i>betamethasone, augmented topical ointment</i>	1	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical foam</i>	3	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	3	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	3	
<i>clobetasol topical spray, non-aerosol</i>	3	
<i>clobetasol-emollient topical cream</i>	1	
<i>clobetasol-emollient topical foam</i>	3	
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desonide topical lotion</i>	3	
<i>desonide topical ointment</i>	3	
<i>desoximetasone</i>	3	
<i>diflorasone</i>	3	
<i>doxepin topical</i>	3	PA; QL (90 GM per 30 days)
DUOBRII	3	PA; QL (200 GM per 28 days)
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i>	1	
<i>fluocinonide topical gel</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>fluocinonide-emollient</i>	2	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	2	
<i>hydrocortisone topical cream 1 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>mometasone topical</i>	1	
OPZELURA	3	PA
<i>pimecrolimus</i>	3	QL (100 GM per 30 days)
PRAMOSONE TOPICAL LOTION 1-1 %	1	
<i>selenium sulfide topical lotion</i>	1	
<i>tacrolimus topical</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	3	
Dermatological Agents, Other		
<i>calcipotriene scalp</i>	3	
<i>calcipotriene topical cream</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcipotriene topical ointment</i>	3	
<i>calcipotriene-betamethasone</i>	3	PA
<i>calcitriol topical</i>	3	
CARAC	3	
<i>clotrimazole-betamethasone</i>	1	
CORTIFOAM	3	
<i>diclofenac sodium topical gel 3 %</i>	3	PA; QL (100 GM per 30 days)
ENSTILAR	3	PA
<i>fluorouracil topical cream 0.5 %</i>	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	
HYFTOR	3	PA
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>methoxsalen</i>	3	
NEO-SYNALAR	3	
<i>nystatin-triamcinolone</i>	1	
OTEZLA	3	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLET DOSE PACK 10 MG (4)- 20 MG (51)	3	PA; QL (55 EA per 28 days)
OTEZLA STARTER ORAL TABLET DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; QL (60 EA per 30 days)
<i>podofilox topical gel</i>	3	
<i>podofilox topical solution</i>	1	
PRAMOSONE TOPICAL CREAM 1-1 %	1	
PRAMOSONE TOPICAL LOTION 2.5-1 %	1	
REGRANEX	3	
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SSD	1	
<i>water for irrigation, sterile</i>	1	
XERESE	3	
Pediculicides/Scabicides		
CROTAN	3	
<i>malathion</i>	2	
<i>permethrin</i>	2	
Topical Anti-Infectives		
<i>acyclovir topical ointment</i>	2	QL (30 GM per 30 days)
CLINDACIN	3	
<i>clindamycin phosphate topical foam</i>	3	
<i>clindamycin phosphate 1% gel (generic for cleocin t)</i>	3	
<i>clindamycin phosphate 1% gel (alternative to clindagel)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>dapsone topical</i>	3	
ERY PADS	3	
<i>erythromycin topical gel</i>	3	
<i>erythromycin topical solution</i>	3	
<i>mupirocin</i>	1	
SULFAMYLON TOPICAL CREAM	3	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	3	PA
CLINISOL SF 15 %	3	B/D PA
CLINOLIPID	3	B/D PA
<i>dextrose 10% in water (d10w)</i>	1	
<i>dextrose 10%-0.2% sodium chloride</i>	1	
<i>dextrose 10%-0.45% sodium chloride</i>	1	
<i>dextrose 2.5%-0.45% sodium chloride</i>	1	
<i>dextrose 5% in water (d5w) intravenous piggyback</i>	1	
<i>dextrose 5%-0.2% sodium chloride</i>	1	
<i>dextrose 5%-0.45% sodium chloride</i>	1	
<i>dextrose 5%-0.9% sodium chloride</i>	1	
<i>dextrose 70% in water (d70w)</i>	1	
EFFER-K ORAL EFFERVESCENT TAB 25 MEQ	1	
<i>electrolyte-148</i>	1	
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral chew tab 1 mg (2.2 mg sod. fluoride)</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	B/D PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
KABIVEN	3	B/D PA
KLOR-CON	3	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON/EF	1	
<i>lactated ringer's solution intravenous</i>	1	
<i>levocarnitine oral tablet</i>	3	
LUDENT FLUORIDE ORAL CHEW TAB 1 MG (2.2 MG SOD. FLUORIDE)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>magnesium sulfate injection</i>	1	
OMEGAVEN	3	B/D PA
PERIKABIVEN	3	B/D PA
<i>potassium chloride in d5-0.2% nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in d5-0.45% nacl</i>	1	
<i>potassium chloride in d5-0.9% nacl</i>	1	
<i>potassium chloride oral extended-release cap</i>	1	
<i>potassium chloride oral liquid</i>	3	
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral extended-release tab 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral extended-release tab</i>	1	
<i>potassium citrate oral extended-release tab</i>	1	
PREMASOL 10 %	3	B/D PA
PROSOL 20 %	3	B/D PA
RENACIDIN	3	
SMOFLIPID	3	B/D PA
<i>sodium chloride 0.45 % intravenous</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	
<i>sodium chloride irrigation</i>	1	
TRAVASOL 10 %	3	B/D PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
CUVRIOR	3	PA; QL (300 EA per 30 days)
<i>deferasirox oral granules in packet</i>	3	
<i>deferasirox oral tablet</i>	3	
<i>deferasirox oral dispersible tab 125 mg</i>	2	
<i>deferasirox oral dispersible tab 250 mg, 500 mg</i>	3	
<i>deferiprone</i>	3	
<i>deferoxamine</i>	1	
FERRIPROX (TWICE-DAILY)	3	
FERRIPROX ORAL SOLUTION	3	
FERRIPROX ORAL TABLET 1,000 MG	3	
JYNARQUE ORAL TABLET 15 MG	3	PA; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	3	PA
JYNARQUE ORAL SEQUENTIAL TAB	3	PA; QL (56 EA per 28 days)
<i>penicillamine oral capsule</i>	3	ST
<i>penicillamine oral tablet</i>	3	
<i>tolvaptan oral tablet 15 mg</i>	3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolvaptan oral tablet 30 mg</i>	3	PA
<i>trientine</i>	3	ST; QL (120 EA per 30 days)
Potassium Binders		
KIONEX (WITH SORBITOL)	1	
LOKELMA	2	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (WITH SORBITOL) ORAL	1	
VELTASSA	3	QL (30 EA per 30 days)
Vitamins		
C-NATE DHA	3	
COMPLETE NATAL DHA	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	EX
ELITE-OB	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	EX
FLUORITAB	1	
<i>folic acid oral tablet 1 mg</i>	1	EX
FOLIVANE-OB	3	
M-NATAL PLUS	3	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	3	EX
PNV-DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
PRENATAL PLUS DHA	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
SE-NATAL 19 CHEWABLE	3	
SE-NATAL-19	3	
TRINATAL RX 1	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
VITAMIN D2	1	EX
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
CONSTULOSE	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	3	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
LINZESS	2	QL (30 EA per 30 days)
<i>lubiprostone</i>	3	QL (60 EA per 30 days)
MOVANTIK	2	QL (30 EA per 30 days)
RELISTOR ORAL	3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (12 ML per 30 days)
SYMPROIC	3	PA; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron</i>	3	QL (60 EA per 30 days)
<i>diphenoxylate-atropine</i>	1	
<i>loperamide oral capsule</i>	1	
MYTESI	3	PA
VIBERZI	3	QL (60 EA per 30 days)
XERMELO	3	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide-clidinium</i>	3	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	
<i>dicyclomine oral tablet</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral</i>	1	EX
<i>hyoscyamine sulfate sublingual</i>	1	EX
<i>methscopolamine</i>	1	
Gastrointestinal Agents, Other		
<i>amoxicillin-clarithromycin-lansoprazole</i>	3	QL (112 EA per 30 days)
<i>bismuth subcitrate-metronidazole-tetracycline</i>	3	
BYLVAY	3	PA
CHENODAL	3	
CLENPIQ	3	
GATTEX 30-VIAL	3	PA
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoclopramide hcl oral tablet 10 mg</i>	1	
MYALEPT	3	PA
OCALIVA	3	PA; QL (30 EA per 30 days)
<i>peg 3350-electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
<i>peg-electrolyte soln</i>	1	
PLENVU	3	
PYLERA	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
<i>ursodiol oral capsule 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral capsule 400 mg</i>	3	PA
<i>ursodiol oral tablet</i>	2	
VOWST	3	PA; QL (12 EA per 180 days)
XIFAXAN	3	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tablet</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule</i>	1	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	3	QL (60 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (120 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	3	QL (60 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine</i>	3	
CERDELGA	3	PA; QL (56 EA per 28 days)
CHOLBAM	3	PA
CREON	2	
<i>cromolyn oral</i>	3	
CYSTADANE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTADROPS	3	
CYSTAGON	3	
CYSTARAN	3	
DAYBUE	3	PA; QL (3600 ML per 30 days)
<i>dichlorphenamide</i>	3	PA; QL (120 EA per 30 days)
DOJOLVI	3	PA
EVRYSDI	3	PA; QL (200 ML per 30 days)
<i>glutamine (sickle cell)</i>	3	PA; QL (180 EA per 30 days)
JOENJA	3	PA; QL (60 EA per 30 days)
<i>miglustat</i>	3	PA
<i>nitisinone</i>	3	PA
NITYR	3	PA
OPFOLDA	3	QL (8 EA per 28 days)
ORMALVI	3	PA; QL (120 EA per 30 days)
OXBRYTA	3	PA; QL (150 EA per 30 days)
PROCYSBI	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA
<i>sapropterin</i>	3	PA
SKYCLARYS	3	PA
<i>sodium phenylbutyrate</i>	3	
SUCRAID	3	
VYNDAMAX	3	PA
VYNDAQEL	3	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin</i>	3	QL (30 EA per 30 days)
<i>fesoterodine oral 24-h er tab 4 mg</i>	2	QL (30 EA per 30 days)
<i>fesoterodine oral 24-h er tab 8 mg</i>	2	
<i>flavoxate</i>	3	
GEMTESA	2	
<i>mirabegron</i>	2	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral 24-h er tab</i>	1	QL (60 EA per 30 days)
<i>solifenacin oral tablet 10 mg</i>	1	
<i>solifenacin oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine oral 24-h er cap</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolterodine oral tablet</i>	2	
<i>trospium oral 24-h er cap</i>	2	QL (30 EA per 30 days)
<i>trospium oral tablet</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin</i>	1	QL (60 EA per 30 days)
CARDURA XL	3	
<i>doxazosin oral tablet 4 mg</i>	1	
<i>dutasteride</i>	1	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin</i>	3	QL (30 EA per 30 days)
ENTADFI	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg (generic for cialis)</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin</i>	1	
<i>terazosin oral capsule 2 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
ELMIRON	3	
HYOPHEN	2	EX
LITHOSTAT	3	
<i>methen-sod phos-meth blue-hyos</i>	2	EX
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	EX
<i>sildenafil</i>	2	QL (6 EA per 30 days); EX
STENDRA	3	QL (6 EA per 30 days); EX
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	QL (6 EA per 30 days); EX
<i>tiopronin</i>	3	
URETRON D-S	2	EX
URIBEL	3	EX
URIBEL TABS	2	EX
URO-MP	2	EX
URO-SP	2	EX
USTELL	2	EX
<i>varденаfil</i>	2	QL (6 EA per 30 days); EX
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	3	PA
ACTHAR SELFJECT	3	PA
CORTROPHIN GEL	3	PA
<i>deflazacort oral suspension</i>	3	PA
<i>deflazacort oral tablet 18 mg</i>	3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deflazacort oral tablet 30 mg, 36 mg</i>	3	PA
<i>deflazacort oral tablet 6 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet dose pack 1.5 mg (21 tabs), 1.5 mg (51 tabs)</i>	3	
<i>dexamethasone sodium phosphate (preservative-free) injection injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	
<i>fludrocortisone</i>	1	
HEMADY	3	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	2	B/D PA
<i>methylprednisolone oral tablet dose pack</i>	1	
<i>methylprednisolone sodium succinate injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succinate intravenous</i>	1	
<i>prednisolone oral solution</i>	2	B/D PA
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	B/D PA
<i>prednisolone sodium phosphate oral disintegrating tab</i>	3	
PREDNISONE INTENSOL	3	B/D PA
<i>prednisone oral solution</i>	3	B/D PA
<i>prednisone oral tablet</i>	1	B/D PA
<i>prednisone oral tablet dose pack 10 mg, 10 mg (48 pack)</i>	3	
SOLU-CORTEF	3	
SOLU-CORTEF ACT-O-VIAL (PF)	3	
SOLU-MEDROL (PF)	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 2 GRAM	3	
TARPEYO	3	PA; QL (120 EA per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin, human intramuscular</i>	3	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral</i>	1	
INCRELEX	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOC DURNA	3	QL (30 EA per 30 days)
OMNITROPE	3	PA
PREGNYL	3	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
Androgens		
<i>danazol</i>	1	
METHITEST	3	
<i>methyltestosterone oral capsule</i>	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	QL (38 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	QL (180 ML per 30 days)
Estrogens		
ANNOVERA	3	QL (1 EA per 365 days)
CLIMARA PRO	3	QL (4 EA per 28 days)
DEPO-ESTRADIOL	3	
DOTTI	1	QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
ELESTRIN	3	
ELURYNG	2	
ENILLORING	2	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	2	
<i>estradiol transdermal gel in packet</i>	2	
<i>estradiol transdermal semiweekly patch</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal weekly patch</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	1	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESTRING	2	QL (1 EA per 90 days)
<i>ethynodiol diacetate-ethinyl estradiol oral tablet 1-35 mg-mcg</i>	1	
<i>ethynodiol diacetate-ethinyl estradiol oral tablet 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
EVAMIST	3	
HALOETTE	2	
JASMIEL (28)	3	
KELNOR 1/35 (28)	1	
KELNOR 1/50 (28)	2	
LORYNA (28)	3	
MENEST	3	
NIKKI (28)	3	
OCELLA	2	
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
SYEDA	2	
VESTURA (28)	3	
YUVAFEM	1	
ZOVIA 1-35 (28)	1	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers), Other</i>		
<i>clomiphene citrate</i>	3	PA; QL (30 EA per 30 days)
COMBIPATCH	3	QL (8 EA per 28 days)
<i>estradiol-norethindrone acetate</i>	1	
<i>Progestins</i>		
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	2	
AMETHIA	2	
ANGELIQ	3	
APRI	1	
ARANELLE (28)	2	
ASHLYNA	2	
AUBRA EQ	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AZURETTE (28)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALZIVA (28)	2	
BLISOVI 24 FE	2	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	2	
CAMILA	1	
CAMRESE	1	
CAMRESE LO	1	
CRYSELLE (28)	2	
CYRED EQ	1	
DAYSEE	1	
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desogestrel-biphasic ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	1	
DOLISHALE	2	
ELINEST	1	
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	2	
FALMINA (28)	1	
FYAVOLV	1	
HAILEY 24 FE	2	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HEATHER	1	
ICLEVIA	1	
INCASSIA	1	
ISIBLOOM	1	
JENCYCLA	1	
JINTELI	1	
JOLESSA	1	
JULEBER	1	
JUNEL 1.5/30 (21)	2	
JUNEL 1/20 (21)	2	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	2	
KARIVA (28)	2	
KURVELO (28)	1	
LARIN 1.5/30 (21)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN 1/20 (21)	2	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LEENA 28	2	
LESSINA	1	
LEVONEST (28)	1	
<i>levonorgestrel/biphasic ethinyl estradiol oral tablet 3-mo dose pack 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>levonorgestrel/biphasic ethinyl estradiol oral tablet 3-mo dose pack 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 3-mo dose pack 0.15 mg-30 mcg (91)</i>	1	
LEVORA-28	1	
LO LOESTRIN FE	3	
LOW-OGESTREL (28)	2	
LUTERA (28)	1	
LYLEQ	1	
LYZA	1	
MARLISSA (28)	1	
<i>medroxyprogesterone</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	3	
<i>megestrol oral tablet</i>	1	
MICROGESTIN 1.5/30 (21)	2	
MICROGESTIN 1/20 (21)	2	
MICROGESTIN 24 FE	2	
MICROGESTIN FE 1.5/30 (28)	1	
MICROGESTIN FE 1/20 (28)	1	
MILI	2	
MONO-LINYAH	1	
NECON 0.5/35 (28)	2	
NORA-BE	1	
<i>norelgestromin-ethinyl estradiol transdermal</i>	2	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norethindrone-ethinyl estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindrone-ethinyl estradiol oral tablet 1-20 mg-mcg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone-ethinyl estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-ethinyl estradiol-iron oral chew tab 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7 (28)	1	
NYLIA 1/35 (28)	2	
NYLIA 7/7/7 (28)	1	
NYMYO	2	
PIMTREA (28)	2	
PORTIA 28	1	
<i>progesterone micronized</i>	1	
RECLIPSEN (28)	1	
SETLAKIN	1	
SHAROBEL	1	
SPRINTEC (28)	2	
SRONYX	1	
TARINA 24 FE	2	
TARINA FE 1-20 EQ (28)	1	
TRI-ESTARYLLA	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-NYMYO	1	
TRI-SPRINTEC (28)	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TURQOZ (28)	2	
VELIVET TRIPHASIC REGIMEN (28)	2	
VIENVA	1	
VYFEMLA (28)	2	
VYLIBRA	2	
WYMZYA FE	2	
XULANE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZAFEMY	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	3	
<i>raloxifene</i>	1	QL (30 EA per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	3	EX
CYTOMEL	3	
EUTHYROX	1	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral</i>	1	
NP THYROID	1	EX
SYNTHROID	2	
UNITHROID	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA
LYSODREN	3	
RECORLEV	3	PA; QL (240 EA per 30 days)
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine oral tablet</i>	1	
<i>cabergoline</i>	1	
ELIGARD	3	PA
ELIGARD (3 MONTH)	3	PA
ELIGARD (4 MONTH)	3	PA
ELIGARD (6 MONTH)	3	PA
FIRMAGON KIT W DILUENT SYRINGE	3	
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	3	
<i>leuprolide (3 month)</i>	3	PA
<i>leuprolide subcutaneous kit</i>	3	PA
LUPRON DEPOT	3	PA
LUPRON DEPOT (3 MONTH)	3	PA
LUPRON DEPOT (4 MONTH)	3	PA
LUPRON DEPOT (6 MONTH)	3	PA
LUPRON DEPOT-PED	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (3 MONTH)	3	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	3	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	
ORGOVYX	3	PA
ORIAHNN	3	PA; QL (56 EA per 28 days)
ORILISSA ORAL TABLET 150 MG	3	PA; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	3	PA; QL (56 EA per 28 days)
SIGNIFOR	3	PA
SOMAVERT	3	PA
TRELSTAR INTRAMUSCULAR RECON SUSP	3	PA
TRIPTODUR	3	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
HAEGARDA	3	PA; QL (16 EA per 28 days)
<i>icatibant</i>	3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	3	PA; QL (4 ML per 28 days)
<i>Immunoglobulins</i>		
GAMMAGARD LIQUID	3	PA
GAMMAKED	3	PA
GAMUNEX-C	3	PA
HIZENTRA	3	PA
HYQVIA	3	PA
OCTAGAM	3	PA
PRIVIGEN	3	PA
<i>Immunological Agents, Other</i>		
ARCALYST	3	PA
BENLYSTA SUBCUTANEOUS	3	PA; QL (8 ML per 28 days)
COSENTYX (2 SYRINGES)	3	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS)	3	PA; QL (10 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	3	PA; QL (10 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; QL (8 ML per 28 days)
ENSPRYNG	3	PA
GRASTEK	3	
KEVZARA	3	PA; QL (3 ML per 28 days)
ODACTRA	3	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	
ORENCIA (WITH MALTOSE)	3	PA
ORENCIA CLICKJECT	3	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA; QL (2.8 ML per 28 days)
PAXLOVID ORAL TABLET DOSE PACK 150-100 MG	2	QL (20 EA per 90 days)
PAXLOVID ORAL TABLET DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 90 days)
RIDAURA	3	
RINVOQ ORAL 24-H ER TAB 15 MG	3	PA; QL (30 EA per 30 days)
RINVOQ ORAL 24-H ER TAB 30 MG	3	PA
RINVOQ ORAL 24-H ER TAB 45 MG	3	PA; QL (168 EA per 365 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	3	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS	3	PA
TAVNEOS	3	PA
XELJANZ ORAL SOLUTION	3	PA
XELJANZ ORAL TABLET	3	PA; QL (60 EA per 30 days)
XELJANZ XR	3	PA; QL (30 EA per 30 days)
XOLAIR	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunostimulants		
ACTIMMUNE	3	PA
PEGASYS SUBCUTANEOUS SOLUTION	3	
PEGASYS SUBCUTANEOUS SYRINGE	3	QL (2 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL	3	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
CELLCEPT ORAL CAPSULE	3	B/D PA
CELLCEPT ORAL TABLET	3	B/D PA
<i>cyclosporine modified</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA
ENBREL MINI	3	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	3	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	3	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	3	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	3	PA; QL (8 ML per 28 days)
ENVARUSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	B/D PA
GENGRAF	1	B/D PA
HADLIMA	3	PA; QL (4.8 ML per 28 days)
HADLIMA (CITRATE-FREE)	3	PA; QL (2.4 ML per 28 days)
HADLIMA (CITRATE-FREE) PUSHTOUCH	3	PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH	3	PA; QL (4.8 ML per 28 days)
HUMIRA PEN (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (3 EA per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (ABBVIE NDCS STARTING WITH 00074- ONLY)	3	PA; QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (ABBVIE NDCS STARTING WITH 00074-ONLY)	3	PA; QL (6 EA per 28 days)
<i>leflunomide</i>	1	
LUPKYNIS	3	PA
<i>methotrexate sodium (preservative-free)</i>	1	
<i>methotrexate sodium oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral recon susp</i>	3	B/D PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	3	B/D PA
MYFORTIC	3	B/D PA
MYHIBBIN	3	B/D PA
NEORAL ORAL CAPSULE	3	B/D PA
PROGRAF ORAL	3	B/D PA
RAPAMUNE ORAL TABLET 1 MG, 2 MG	3	B/D PA
SANDIMMUNE ORAL	3	B/D PA
SIMLANDI (CITRATE-FREE) AUTOINJECTOR	3	PA; QL (6 EA per 28 days)
<i>sirolimus oral solution</i>	3	B/D PA
<i>sirolimus oral tablet</i>	2	B/D PA
<i>tacrolimus oral capsule</i>	2	B/D PA
XATMEP	3	
Vaccines		
ABRYSVO	3	RV
ACTHIB	2	
ADACEL (TDAP ADOLESCENT/ADULT)	1	RV
AREXVY	3	RV
<i>bcg vaccine, live</i>	3	RV
BEXSERO	3	RV
BOOSTRIX TDAP	1	RV
DAPTACEL (PEDIATRIC)	3	
ENGRIX-B	2	B/D PA; RV
ENGRIX-B PEDIATRIC	2	B/D PA; RV
GARDASIL 9	1	
HAVRIX INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	RV
HAVRIX INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B	2	B/D PA; RV
HIBERIX	2	
IMOVAX RABIES VACCINE	3	B/D PA; RV
INFANRIX	3	
IPOL	3	RV

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IXCHIQ	3	RV
IXIARO	3	RV
JYNNEOS	3	RV
KINRIX	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	RV
MENQUADFI	3	RV
MENVEO A-C-Y-W-135-DIP INTRAMUSCULAR KIT	2	RV
M-M-R II	1	RV
MRESVIA (PF)	3	RV
PEDIARIX	3	
PEDVAX HIB	2	
PENBRAYA	3	RV
PENTACEL INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO	2	B/D PA; RV
PRIORIX	1	RV
PROQUAD	1	
QUADRACEL	3	
RABAVERT	3	B/D PA; RV
RECOMBIVAX HB	2	B/D PA; RV
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX	1	RV
STAMARIL	3	
TDVAX	1	RV
TENIVAC	1	RV
<i>tetanus, diphtheria toxoid ped</i>	3	
TICE BCG	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	RV
TRUMENBA	2	RV
TWINRIX	2	RV
TYPHIM VI	3	RV
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	RV
VAQTA INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	RV
VARIVAX	1	RV

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAXCHORA VACCINE	3	RV
YF-VAX SUBCUTANEOUS RECON SUSP 10 EXP4.74 UNIT/0.5 ML	3	RV
YF-VAX SUBCUTANEOUS RECON SUSP 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
<i>balsalazide</i>	2	
<i>mesalamine oral capsule (with del rel tablets)</i>	3	
<i>mesalamine oral 24-h er cap</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	3	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	3	
<i>sulfasalazine</i>	1	
Glucocorticoids		
<i>budesonide oral extended-release cap</i>	3	
<i>budesonide oral dr/er tab</i>	3	QL (30 EA per 30 days)
<i>budesonide rectal</i>	3	PA
DEXABLISS	3	
<i>dexamethasone oral tablet 4 mg</i>	1	
<i>dexamethasone oral tablet dose pack 1.5 mg (35 tabs)</i>	3	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	3	EX
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	3	EX
<i>methylprednisolone oral tablet 32 mg, 8 mg</i>	2	B/D PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	B/D PA
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	B/D PA
<i>prednisone oral tablet dose pack 5 mg, 5 mg (48 pack)</i>	3	
PROCTOFOAM HC	3	
PROCTO-MED HC	1	
PROCTOSOL HC TOPICAL	1	
PROCTOZONE-HC	1	
TAPERDEX	3	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
<i>alendronate oral solution</i>	2	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
<i>cinacalcet</i>	3	
<i>doxercalciferol oral</i>	2	
EVENITY	3	PA; QL (2.4 ML per 28 days)
<i>ibandronate oral</i>	1	
<i>paricalcitol oral</i>	2	
PROLIA	3	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL (4 EA per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	3	PA; QL (3 ML per 28 days)
XGEVA	3	PA
MISCELLANEOUS SUPPLIES		
Miscellaneous Supplies		
GAUZE PADS, 2" X 2"	2	
INSULIN SAFETY SYRINGES	2	
<i>insulin syringes</i>	2	
<i>pen needles</i>	2	
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>brimonidine-timolol</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (preservative-free)</i>	1	
LACRISERT	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-bacitracin-polymyxin-hydrocortisone</i>	1	
<i>neomycin-polymyxin-dexamethasone</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hydrocortisone ophthalmic (eye)</i>	1	
NEO-POLYCIN HC	1	
<i>polymyxin-trimethoprim</i>	1	
RESTASIS	2	
ROCKLATAN	2	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin-dexamethasone</i>	1	
VERKAZIA	3	PA
ZYLET	3	
Ophthalmic Anti-Allergy Agents		
ALOCRIL	3	
ALOMIDE	3	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	3	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>epinastine</i>	1	
Ophthalmic Anti-Infectives		
AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	QL (12 ML per 28 days)
NATACYN	3	
NEO-POLYCIN	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
POLYCIN	1	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
XDEMZY	3	PA; QL (10 ML per 180 days)
ZIRGAN	3	
Ophthalmic Anti-Inflammatories		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
<i>loteprednol ophthalmic (eye) drops, gel 0.5 %</i>	2	
<i>loteprednol ophthalmic (eye) drops, suspension 0.2 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loteprednol ophthalmic (eye) drops, suspension 0.5 %</i>	2	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye)</i>	1	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel-forming solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide oral extended-release cap</i>	1	
<i>acetazolamide oral tablet 125 mg</i>	1	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brinzolamide</i>	3	
<i>dorzolamide</i>	1	
IOPIDINE	3	
<i>methazolamide</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RHOPRESSA	2	
SIMBRINZA	3	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic (eye)</i>	1	QL (7.5 ML per 25 days)
<i>latanoprost</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	QL (7.5 ML per 25 days)
<i>travoprost</i>	2	
OTIC AGENTS		
Otic Agents		
CIPRO HC	3	
<i>ciprofloxacin hcl otic (ear)</i>	1	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hydrocortisone otic (ear)</i>	1	
<i>ofloxacin otic (ear)</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
Antihistamines		
<i>azelastine nasal</i>	1	QL (30 ML per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azelastine-fluticasone</i>	2	QL (23 GM per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL (30 EA per 30 days)
<i>desloratadine oral disintegrating tab</i>	3	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (60 EA per 30 days)
<i>olopatadine nasal</i>	2	QL (31 GM per 30 days)
RYALTRIS	3	
Anti-Inflammatories, Inhaled Corticosteroids		
<i>budesonide inhalation</i>	2	B/D PA
<i>flunisolide</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler</i>	3	QL (24 GM per 30 days)
<i>fluticasone propionate nasal</i>	1	
<i>mometasone nasal</i>	1	QL (34 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH-ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH-ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 GM per 30 days)
XHANCE	3	PA
Antileukotrienes		
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast oral chew tab</i>	1	QL (30 EA per 30 days)
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	B/D PA
<i>ipratropium bromide nasal</i>	1	
SPIRIVA WITH HANDIHALER	2	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhaler (generic for proair hfa)</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhaler (generic for proventil hfa)</i>	2	QL (14 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	3	
<i>albuterol sulfate oral tablet</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>arformoterol</i>	3	B/D PA
<i>epinephrine injection auto-injector</i>	2	QL (2 EA per 30 days)
<i>formoterol fumarate</i>	3	B/D PA
<i>levalbuterol hfa inhaler</i>	2	QL (30 GM per 30 days)
<i>levalbuterol inhalation nebulization solution</i>	2	B/D PA
STRIVERDI RESPIMAT	2	QL (5 GM per 30 days)
<i>terbutaline oral</i>	1	
VENTOLIN HFA	2	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL	3	
CAYSTON	3	
KALYDECO	3	PA; QL (60 EA per 30 days)
KITABIS PAK	3	B/D PA
ORKAMBI ORAL GRANULES IN PACKET	3	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	3	PA; QL (120 EA per 30 days)
PULMOZYME	3	B/D PA
SYMDEKO ORAL SEQUENTIAL TAB 100-150 MG (D)/ 150 MG (N)	3	PA
SYMDEKO ORAL SEQUENTIAL TAB 50-75 MG (D)/ 75 MG (N)	3	PA; QL (56 EA per 28 days)
TOBI PODHALER	3	
<i>tobramycin 300 mg/5 ml inhalation solution</i>	3	B/D PA
<i>tobramycin 300 mg/4 ml inhalation solution</i>	3	B/D PA
Mast Cell Stabilizers		
<i>cromolyn inhalation</i>	2	B/D PA
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN	3	
<i>roflumilast</i>	3	QL (30 EA per 30 days)
THEO-24	3	
<i>theophylline oral 12-h er tab</i>	1	
<i>theophylline oral 24-h er tab</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	3	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	3	PA
<i>ambrisentan oral tablet 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg</i>	3	PA
<i>bosentan oral tablet 62.5 mg</i>	3	PA; QL (60 EA per 30 days)
OPSUMIT	3	PA; QL (30 EA per 30 days)
OPSYNVI	3	PA; QL (30 EA per 30 days)
ORENITRAM	3	PA
ORENITRAM MONTH 1 TITRATION KT	3	PA
ORENITRAM MONTH 2 TITRATION KT	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENITRAM MONTH 3 TITRATION KT	3	PA
<i>sildenafil (pulmonary hypertension) oral tablet</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pulmonary hypertension)</i>	3	PA; QL (60 EA per 30 days)
TYVASO	3	PA; QL (87 ML per 30 days)
TYVASO INSTITUTIONAL START KIT	3	PA; QL (87 ML per 30 days)
TYVASO REFILL KIT	3	PA; QL (87 ML per 30 days)
TYVASO STARTER KIT	3	PA; QL (87 ML per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	3	PA; QL (140 EA per 28 days)
UPTRAVI ORAL TABLET DOSE PACK	3	PA; QL (200 EA per 30 days)
Pulmonary Fibrosis Agents		
OFEV	3	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	3	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	3	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine</i>	3	B/D PA
<i>acetylcysteine intravenous</i>	1	
ADVAIR DISKUS	2	QL (60 EA per 30 days)
ADVAIR HFA	2	QL (12 GM per 30 days)
ANORO ELLIPTA	2	QL (60 EA per 30 days)
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	EX
BREO ELLIPTA	2	QL (60 EA per 30 days)
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days)
<i>codeine-guaifenesin</i>	1	EX
CODITUSSIN AC	1	EX
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA	2	QL (13 GM per 30 days)
FASENRA PEN	3	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	3	PA; QL (1 ML per 28 days)
G TUSSIN AC	1	EX
GUAIA TUSSIN AC	1	EX
GUAIFENESIN AC	1	EX
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	EX
<i>hydrocodone-homatropine oral tablet</i>	1	EX
HYDROMET	1	EX
<i>ipratropium-albuterol</i>	1	B/D PA
MAR-COF CG	1	EX
MAXI-TUSS AC	1	EX

You can find information on what the symbols and abbreviations on this table mean by going to page VIII.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
M-CLEAR WC	1	EX
NINJACOF-XG	1	EX
NUCALA	3	PA
<i>promethazine-codeine</i>	1	EX
SYMBICORT	2	QL (11 GM per 30 days)
TRELEGY ELLIPTA	2	QL (60 EA per 30 days)
VIRTUSSIN AC	1	EX
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol</i>	3	QL (120 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	3	
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL (30 EA per 30 days)
<i>doxepin oral tablet</i>	2	QL (30 EA per 30 days)
EDLUAR	3	QL (30 EA per 30 days)
<i>eszopiclone</i>	2	QL (30 EA per 30 days)
<i>ramelteon</i>	2	
<i>tasimelteon</i>	3	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	
<i>zaleplon oral capsule 10 mg</i>	1	
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral er multiphase tab</i>	2	QL (30 EA per 30 days)
<i>zolpidem sublingual</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>sodium oxybate</i>	3	PA; QL (540 ML per 30 days)
SUNOSI ORAL TABLET 150 MG	3	PA
SUNOSI ORAL TABLET 75 MG	3	PA; QL (30 EA per 30 days)

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Discrimination is Against the Law

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-662-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-662-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

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

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

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

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

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 1-877-883-9577 (TTY: 1-800-662-1220). Someone who speaks English/Language 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 1-877-883-9577 (TTY: 1-800-662-1220). 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。如您需要此翻译服务，请致电 1-877-883-9577 (TTY: 1-800-662-1220)。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 1-877-883-9577 (TTY: 1-800-662-1220)。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 1-877-883-9577 (TTY: 1-800-662-1220). 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 1-877-883-9577 (TTY: 1-800-662-1220). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-883-9577 (TTY: 1-800-662-1220) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-883-9577 (TTY: 1-800-662-1220). 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 1-877-883-9577 (TTY: 1-800-662-1220)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 1-877-883-9577 (TTY: 1-800-662-1220). 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. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-883-9577 (TTY: 1-800-662-1220). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-883-9577 (TTY: 1-800-662-1220) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-883-9577 (TTY: 1-800-662-1220). 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 1-877-883-9577 (TTY: 1-800-662-1220). 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 1-877-883-9577 (TTY: 1-800-662-1220). 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 1-877-883-9577 (TTY: 1-800-662-1220). 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。通訳をご用命になるには、1-877-883-9577 (TTY: 1-800-662-1220)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。



Important Excellus BlueCross BlueShield Information

This formulary was updated on 10/01/2024 . For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 (TTY users should call 711), Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit [ExcellusMedicare.com/Formulary](https://www.excellusmedicare.com/Formulary).