GlobalHealth

Medicare Advantage Plans

DRUG FORMULARY
FORMULARIO DE MEDICAMENTOS

January 1–December 31, 2023
Entre el 1 de enero y el 31 de diciembre del 2023

This document contains a list of covered drugs for Generations Classic Rewards (HMO) and Generations Classic Plus (HMO). The Drug Formulary was updated on 09/01/2022. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-866-494-3927 (TTY:711) 24 hours a day, 7 days a week
www.GlobalHealth.com

GlobalHealth is a HMO/SNP HMO with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal.

Este documento contiene una lista de medicamentos cubiertos para Generations Classic Rewards (HMO) y Generations Classic Plus (HMO). El Formulario de medicamentos se actualizó el 09/01/2022. Para obtener información más reciente u otras preguntas, comuníquese con Atención al cliente de GlobalHealth.

1-866-494-3927 (TTY:711) las 24 horas del día, los 7 días de la semana
www.GlobalHealth.com

GlobalHealth es un HMO/SNP HMO que tiene un contrato con Medicare y un contrato estatal de Medicaid para los planes D-SNP. La inscripción en GlobalHealth depende de la renovación del contrato.

H3706_FMLRY_CORE_2023_C

Generations Classic Rewards (HMO) and Generations Classic Plus (HMO)

2023 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00023230, Version Number 6

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact GlobalHealth Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit www.GlobalHealth.com.

- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.
- **Important Message About What You Pay for Insulin** – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. For D-SNP, our plan covers insulin at no cost to you.

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

When this drug list (formulary) refers to "we," "us", or "our," it means GlobalHealth, Inc. When it refers to "plan" or "our plan," it means Generations Classic Rewards (HMO) and Generations Classic Plus (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) Formulary?

A formulary is a list of covered drugs selected by Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) 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. Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Generations Classic Rewards (HMO) and Generations Classic Plus (HMO), please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you

will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Generations Classic Rewards (HMO) and Generations Classic Plus (HMO)'s Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Generations Classic Rewards (HMO) and Generations Classic Plus (HMO)'s Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/01/2022. To get updated information about the drugs covered by Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 17. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on 92. 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 92. 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.

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 physician 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, we 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 30 per prescription for Rosuvastatin. 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, 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 17. 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 Generations Classic Rewards (HMO) and Generations Classic Plus (HMO)'s formulary?" on page 5 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 Member Services 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 Generations Classic Rewards (HMO) and Generations Classic Plus (HMO)'s 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility 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.

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) 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.

Generations Classic Rewards (HMO) and Generations Classic Plus (HMO) Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

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

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

Drug Tier

Tier 1 = Preferred Generic

Tier 2 = Generic

Tier 3 = Preferred Brand

Tier 4 = Non-Preferred Drug

Tier 5 = Specialty Tier

You can find information on what the symbols and abbreviations mean here:

- **PA** – Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL** – Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for rosuvastatin.
- **ST** – 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, 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.
- **NM** – Not available at our Mail-order pharmacies.
- **LA** – Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-494-3927, 24 hours a day, seven days a week. TTY users should call 711.
- **B/D** – This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **GC** – Gap Coverage. Your plan offers additional coverage in the Coverage Gap phase for these medications. Refer to your Explanation of Coverage for cost sharing information.
- **ED** - Excluded Drug. 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. These drugs may not be covered after you reach the Coverage Gap.

Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)

Formulario 2023

(Lista de Medicamentos Cubiertos)

LEA ESTA INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Identificación de Presentación del Archivo de la Lista de Medicamentos Aprobada por el HPMS 00023230,versión 6

Esta lista se actualizó el 09/01/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Cliente al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite www.GlobalHealth.com.

- **Mensaje importante sobre lo que paga por las vacunas** - nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Llame a Servicios para miembros para obtener más información.
- **Mensaje importante sobre lo que paga por la insulina** - no pagará más de $35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre. Para D-SNP, nuestro plan cubre la insulina sin costo alguno para usted.

Nota para los miembros existentes: Esta lista de medicamentos cambió desde el año pasado. Revise estedocumento para asegurarse de que aún contenga los medicamentos que toma.

Cuando en esta lista de medicamentos (lista) se hace referencia a "nosotros" o "nuestro", se hace referencia aGlobalHealth, Inc. Cuando se hace referencia a "plan" o "nuestro plan", se hace referencia a Generations Classic Rewards (HMO) y Generations Classic Plus (HMO).

Este documento incluye una lista de los medicamentos (lista) de nuestro plan que entra en vigor a partir del 09/01/2022. Para obtener una lista actualizada, comuníquese con nosotros. Nuestra información de contacto,junto con la fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, la lista, la red de farmacias o los copagos y coseguros pueden cambiar el 1 de enero de 2023 y demanera periódica durante el año.

¿Qué es la Lista de Medicamentos de Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)?

Es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas consideradas como una parte necesaria de un programa de tratamiento de calidad. Nuestro plan, por lo general, cubrirá los medicamentos que figuranen nuestra lista, siempre y cuando el medicamento sea médicamente necesario, la receta sea surtida en una farmacia de la red del plan y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por nuestro plan, visite nuestrositio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización de la lista,aparece en la portada y en la contraportada.

¿Puede cambiar la Lista (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos se producen el 1 de enero, pero podemos agregaro eliminar medicamentos de la Lista de Medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos cumplir con las normas de Medicare para realizar estos cambios.

Cambios que pueden afectarle este año: En los siguientes casos, usted se verá afectado por los cambios enla cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca registrada de nuestra Lista de Medicamentos si lo reemplazamos con un nuevo medicamento genéricoque aparecerá en el mismo nivel de costo compartido o uno más bajo, y con las mismas o con menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca registrada

en nuestra Lista de Medicamentos, pero inmediatamente moverlo aun nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente usted está tomando ese medicamento de marca registrada, podríamos no avisarle con anticipación que realizaremos ese cambio, pero luego le proporcionaremos información sobre el cambio o los cambios específicos que hicimos.

  - Si realizamos ese cambio, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. El aviso que le enviaremostambién incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción a la Lista deMedicamentos de Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)?"

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento incluido en nuestra lista de medicamentos no es seguro, o si el fabricante del medicamento lo retira del mercado, lo retiraremos de nuestra lista de inmediato y se lonotificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que noes nuevo en el mercado para reemplazar un medicamento de marca registrada que se encuentra actualmente en la lista de medicamentos, o podemos agregar nuevas restricciones al medicamento de marca registrada, moverlo a un nivel de costo compartido diferente, o ambas cosas. También podemos realizar cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestra lista de medicamentos, agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, o cambiamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigor, o cuando el miembro solicita un nuevo surtido del medicamento, momento en el cual recibirá un suministro por 30 días del medicamento.

  - Si realizamos estos cambios, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. El aviso que le enviaremostambién incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción a la Lista demedicamentos de Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)?"

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si usted está tomando un medicamento de nuestra Lista de Medicamentos 2023 que estaba cubierto al comienzo del año,no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, salvo lodescrito anteriormente. Esto significa que estos medicamentos seguirán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos

miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el

1 de enero del año siguiente, dichos cambios pueden afectarlo, y es importante revisar la Lista de Medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

La lista adjunta entra en vigor a partir del 09/01/2022. Para obtener información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. En caso de que se produzcan cambios a mediados de año en la lista de medicamentos que no sean de mantenimiento, las listas se actualizarán mensualmente y se publicaránen nuestro sitio web.

¿Cómo utilizo la Lista de Medicamentos?

Existen dos maneras de encontrar su medicamento en la lista de medicamentos:

Afección Médica

La lista comienza en la página 17. Los medicamentos de esta lista de medicamentos están agrupados en categorías según el tipo de afección médica para la que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 92.Luego busque su medicamento en el nombre de la categoría.

Listado Alfabético

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 92. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca registrada como los medicamentos genéricos figuran en elÍndice. Busque en el Índice para encontrar su medicamento. Junto con su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca registrada como medicamentos genéricos. Un medicamento genérico es uno aprobado por la Administración de Alimentos y Medicamentos (Food andDrug Administration, FDA) que contiene el mismo ingrediente activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estosrequisitos y límites pueden incluir:

- **Autorización Previa:** Nuestro plan necesita que usted o su médico obtengan una autorización previapara obtener ciertos medicamentos. Esto significa que necesitará obtener una aprobación de nuestro plan antes de obtener los medicamentos con receta médica. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **Límites de Cantidades:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamentoque cubrirá nuestro plan. Por ejemplo, nuestro plan proporciona 30 comprimidos por receta para rosuvastatina. Esto puede ser adicional a un suministro estándar para un mes o tres meses.
- **Terapia Escalonada:** En algunos casos, nuestro plan requiere que primero pruebe otros medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Porejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir elmedicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona, le cubriremos el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando la lista que comienza en la página 17. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestrasrestricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

Puede solicitar que se haga una excepción a estas restricciones o límites en nuestros planes, o que le hagan una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómosolicito una excepción a la Lista de medicamentos de Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)?" en la página 13 para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en la Lista de Medicamentos?

Si su medicamento no está incluido en esta lista (lista de medicamentos cubiertos), primero debe comunicarsecon el Servicio de Atención al Cliente y preguntar si su medicamento está cubierto.

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete unmedicamento similar que esté cubierto por nuestro plan.

- Puede solicitar que nuestro plan haga una excepción para que cubra su medicamento. Consulte lasiguiente sección para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción a la Lista de Medicamentos de Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)?

Puede solicitar que se haga una excepción a nuestras normas de cobertura en nuestro plan. Existen varios tiposde excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestra lista de medicamentos.Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento de la lista de medicamentos en un nivel de costocompartido más bajo, a menos que el medicamento se encuentre en el nivel especializado. Si se aprueba, esto disminuiría el monto que debe pagar por su medicamento.
- Puede solicitarnos que no apliquemos restricciones ni límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos, el plan limita la cantidad del medicamento que cubriremos. Si sumedicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y que cubramos una cantidad mayor.

Por lo general, nuestro plan aprobará su solicitud de una excepción únicamente si los medicamentos alternativosincluidos en la lista de medicamentos del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no son tan eficaces para tratar su afección o harán que padezca efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial sobre la cobertura de una excepción a lalista, el nivel o la restricción de utilización. **Cuando solicita una excepción a la lista, el nivel o la restricción de utilización, debe presentar una declaración de su recetador o médico que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas después de recibir la declaraciónde apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse gravemente afectada si espera hasta 72 horas por una decisión. Si se concede su solicitud acelerada, debemos darle una decisión a más tardar 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué debo hacer antes de hablar con mi médico sobre cambiar mis medicamentos osolicitar una excepción?

Como miembro nuevo o existente de nuestro plan, es posible que esté tomando medicamentos que no están ennuestra lista de medicamentos. También puede suceder que esté tomando un

medicamento que está en nuestralista de medicamentos, pero su capacidad para conseguirlo es limitada. Por ejemplo, es posible que necesite nuestra autorización previa antes de que pueda obtener su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos, o solicitar una excepción a la lista de medicamentos para que cubramos el medicamento que toma. Mientras habla con su médico para determinar qué medida es adecuada para usted, podemos cubrir su medicamento en ciertos casos durante los primeros

90 días en los que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no está en nuestra lista de medicamentos, o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal por 30 días. Si su receta médica está escrita por menos días, entregaremos renovaciones para proporcionar hasta un suministro máximo por 30 días de medicamentos. Después de su primer suministro por 30 días, no pagaremos estos medicamentos,incluso si ha sido miembro del plan durante menos de 90 días.

Si usted es residente de un centro de atención médica a largo plazo y necesita un medicamento que no está ennuestra lista de medicamentos, o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaronlos primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia por 31 días de ese medicamento mientras usted busca una excepción a la lista.

Si usted es un miembro actual de nuestro plan, también cubriremos un suministro de transición temporal si susmedicamentos cambian debido a un cambio en el nivel de atención. Esto puede incluir cambios no planificados en los entornos de tratamiento, como ser dado de alta de un centro de cuidados intensivos (hospital) o ser hospitalizado o dado de alta de un centro de atención médica a largo plazo. Por cada medicamento que no esté en nuestra lista de medicamentos o si su capacidad para obtener sus medicamentoses limitada, cubriremos un suministro temporal por 30 días (un suministro por hasta 31 días si usted es residente de un centro de atención médica a largo plazo) cuando vaya a una farmacia de la red.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados Generations Classic Rewards (HMO) y Generations Classic Plus (HMO), revise su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto conla fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicareal 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Lista de Medicamentos de Generations Classic Rewards (HMO) y Generations Classic Plus (HMO)

La lista de medicamentos que comienza en la página siguiente proporciona información de cobertura sobre losmedicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 92.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca registradaestán en mayúscula (p. ej., SYNTHROID) y los medicamentos genéricos están en minúscula cursiva (p. ej., levotiroxina).

La información en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial parala cobertura de su medicamento.

Nivel de Medicamento

Nivel 1 = Genérico preferido

Nivel 2 = Genérico

Nivel 3 = Marca preferida

Nivel 4 = Medicamentos no preferidos

Nivel 5 = Nivel de especialidad

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla:

- **PA -** Autorización Previa. El plan necesita que usted o su proveedor obtengan una autorización previapara ciertos medicamentos. Esto significa que necesitará obtener nuestra aprobación antes de obtenerlos medicamentos con receta médica. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **QL -** El medicamento tiene un límite de cantidad. Para ciertos medicamentos, nuestro plan limita lacantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 comprimidospor 30 días por receta de rosuvastatina.
- **ST -** Terapia Escalonada. En algunos casos, nuestro plan requiere que primero pruebe otros medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Porejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir elmedicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona, le cubriremos el medicamento B.
- **NM -** No está disponible en nuestras farmacias de pedidos por correo.
- **LA -** Acceso Limitado. Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de Farmacias o llame al Servicio de Atención al Cliente al 1-866-494-3927, las 24 horas del día, los siete días de la semana. Los usuarios de TTY deben llamar al 711.

- **B/D -** Este medicamento puede estar cubierto por Medicare Parte B o Parte D, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entornodel medicamento para tomar la decisión.
- **GC -** Etapa sin Cobertura (Gap Coverage). Brindamos cobertura adicional de este medicamento recetado en la etapa sin cobertura. Consulte su Evidencia de Cobertura para obtener más información sobre esta cobertura.
- **ED -** Medicamento Excluido (Excluded Drug). Este medicamento recetado generalmente no está cubierto por un Plan de Medicamentos Recetados de Medicare. El monto que usted paga cuando le dispensan una receta de este medicamento no cuenta entre los costos de medicamentos totales (es decir, el monto que paga no lo ayuda a reunir los requisitos para la cobertura catastrófica). Además, si recibe ayuda adicional para pagar sus recetas, no obtendrá ayuda adicional para pagar este medicamento. Estos medicamentos pueden no estar cubiertos después de alcanzar la Etapa sin Cobertura.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	GC
colchicine TABS .6mg	4	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
probenecid TABS 500mg	3	
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	3	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diflunisal TABS 500mg	3	
ec-naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
ec-naproxen TBEC 500mg	4	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 600mg, 800mg	1	GC
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	GC
meloxicam TABS 7.5mg, 15mg	1	GC
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	GC
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen TBEC 500mg	4	QL (90 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	3	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	4	
oxycodone hcl CAPS 5mg	4	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	5	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
atovaquone SUSP 750mg/5ml	4	
aztreonam SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)

Drug Name	Drug Tier	Requirements/Limits
ertapenem sodium SOLR 1gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg	3	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
meropenem SOLR 1gm, 500mg	4	
methenamine hippurate TABS 1gm	4	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	GC
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	5	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
paromomycin sulfate CAPS 250mg	4	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
praziquantel TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
streptomycin sulfate SOLR 1gm	4	
sulfadiazine TABS 500mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	GC
sulfamethoxazole-trimethoprim tab 800-160 mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
SYNERCID INJ 500MG	5	
tobramycin NEBU 300mg/5ml	5	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
TRIMETHOPRIM TABS 100mg	3	
vancomycin hcl CAPS 125mg	4	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	4	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	4	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
fluconazole TABS 150mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	PA
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
nystatin TABS 500000unit	3	
posaconazole TBEC 100mg	5	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	GC, QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	5	PA
voriconazole TABS 50mg	4	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	4	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	4	
abacavir sulfate TABS 300mg	3	
APTIVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	
emtricitabine CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
maraviroc TABS 150mg, 300mg	5	
nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg	4	
nevirapine TABS 200mg	2	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
stavudine CAPS 15mg, 20mg, 30mg, 40mg	4	
tenofovir disoproxil fumarate TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	3	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	

Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
entecavir TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
lamivudine (hbv) TABS 100mg	4	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg	3	NM
ribavirin (hepatitis c) TABS 200mg	4	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefaclor SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	3	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	GC
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	GC
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 100mg	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	GC
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	GC
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
amoxicillin & k clavulanate chew tab 400-57 mg	4	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	4	
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
PEN GK/DEXTR INJ 40000/ML	4	

Drug Name	Drug Tier	Requirements/Limits
PEN GK/DEXTR INJ 60000/ML	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	GC
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
tetracycline hcl CAPS 250mg, 500mg	4	PA
tigecycline SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 50mg, 100mg	5	B/D
paraplatin SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal INJ 2mg/ml	5	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	B/D, NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, LA, PA
LONSURF TAB 20-8.19	5	NM, LA, PA
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	5	NM, PA
anastrozole TABS 1mg	2	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60mg	5	NM, LA, PA
exemestane TABS 25mg	4	
fulvestrant SOLN 250mg/5ml	5	B/D
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NM, LA, PA
bexarotene CAPS 75mg	5	NM, PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR 3.5mg	5	NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D, NM
toposar SOLN 1gm/50ml, 100mg/5ml	3	B/D
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
bortezomib SOLR 3.5mg	5	NM, PA
BORTEZOMIB SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
lapatinib ditosylate TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg	3	
leucovorin calcium TABS 25mg	4	
MESNEX TABS 400mg	5	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	GC, QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	GC, QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	GC, QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	GC, QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	GC, QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	GC, QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	GC
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	GC
benazepril & hydrochlorothiazide tab 20-25 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	GC
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	GC
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	GC
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	GC
lisinopril & hydrochlorothiazide tab 20-25 mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	GC
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	GC
quinapril-hydrochlorothiazide tab 20-25 mg	1	GC
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	GC
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	GC
fosinopril sodium TABS 10mg, 20mg, 40mg	1	GC
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
moexipril hcl TABS 7.5mg, 15mg	1	GC
perindopril erbumine TABS 2mg, 4mg, 8mg	1	GC
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	GC
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
trandolapril TABS 1mg, 2mg, 4mg	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	GC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-valsartan tab 5-320 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	GC, QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	GC, QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	GC
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	GC
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	GC
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	GC, QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	GC, QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	GC, QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	GC, QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	GC, QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	GC, QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	GC, QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	GC, QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	GC, QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	GC, QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	GC, QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	GC, QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	GC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	GC, QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	GC, QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	GC, QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	GC
olmesartan medoxomil TABS 5mg	1	GC, QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	GC, QL (60 tabs / 30 days)
valsartan TABS 320mg	1	GC, QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	GC
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	GC
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	3	
sorine TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	3	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10-10 mg	1	GC, QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	GC, QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	GC, QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	GC, QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	GC
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
labetalol hcl TABS 100mg, 200mg, 300mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	GC
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	GC
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	3	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
NYMALIZE SOLN 6mg/ml	5	
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	GC
verapamil hcl TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
acetazolamide CP12 500mg	4	
acetazolamide TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 8mg/ml, 10mg/ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	GC
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
indapamide TABS 1.25mg, 2.5mg	1	GC
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	GC
triamterene & hydrochlorothiazide tab 75-50 mg	1	GC
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
digox TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
guanfacine hcl TABS 1mg, 2mg	3	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
metyrosine CAPS 250mg	5	PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TABS 10mg, 20mg	2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (90 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	GC
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	2	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
diazepam CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg	4	
divalproex sodium TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg	4	
ethosuximide SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml	5	
felbamate TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
gabapentin SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
gabapentin TABS 600mg	3	QL (180 tabs / 30 days)
gabapentin TABS 800mg	3	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	5	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	GC
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
levetiracetam SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
phenobarbital ELIX 20mg/5ml	4	PA; PA if 70 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	3	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
primidone TABS 50mg, 250mg	2	
roweepra TABS 500mg	3	
rufinamide SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
zonisamide CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
memantine hcl TABS 5mg, 10mg	3	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	GC
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
fluoxetine hcl CAPS 10mg, 20mg	1	GC
fluoxetine hcl CAPS 40mg	2	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	GC
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	GC
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD KIT STARTER	4	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	4	
carb/levo orally disintegrating tab 25-100mg	4	
carb/levo orally disintegrating tab 25-250mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days), PA
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	4	QL (270 tabs / 30 days)
clozapine TABS 200mg	4	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	

Drug Name	Drug Tier	Requirements/Limits
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
risperidone TBDP 4mg	4	QL (120 tabs / 30 days)
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	4	QL (90 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
temazepam CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
temazepam CAPS 15mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	5	
dihydroergotamine mesylate SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
lithium carbonate CAPS 150mg, 300mg, 600mg	1	GC
lithium carbonate TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	3	
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	3	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	3	
disulfiram TABS 250mg, 500mg	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	

Drug Name	Drug Tier	Requirements/Limits
naltrexone hcl TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	4	PA
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
oxandrolone TABS 2.5mg	3	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	4	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	4	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	3	GC
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	GC, QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	GC, QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	GC, QL (60 tabs / 30 days)
glipizide TABS 5mg	1	GC, QL (240 tabs / 30 days)
glipizide TABS 10mg	1	GC, QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
glipizide TB24 10mg	1	GC, QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	GC, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-250 mg	1	GC, QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	GC, QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	GC, QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	GC, QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	GC, QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	GC, QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	GC, QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	GC, QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	GC, QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	GC, QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	GC, QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl TB24 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	1	GC, QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days)
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	GC, QL (30 tabs / 30 days)
repaglinide TABS 2mg	1	GC, QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	GC, QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	GC, QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)

Drug Name	Drug Tier	Requirements/Limits
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	GC, QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg, 70mg	1	GC
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
ibandronate sodium TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	2	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
apri	2	
aranelle	3	
aubra eq	2	
aurovela 1/20	3	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	3	
azurette	3	
balziva	3	
blisovi fe 1.5/30	2	
briellyn	3	
camila TABS .35mg	2	
caziant	3	
chateal	3	
cryselle-28	3	
cyred eq	2	
dasetta 1/35	3	
dasetta 7/7/7	3	
deblitane TABS .35mg	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	3	
elinest	3	
ELLA TABS 30mg	3	
eluryng	4	
emoquette	2	
enpresse-28	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
falmina	2	
femynor	2	
hailey 1.5/30	3	
heather TABS .35mg	2	
iclevia	3	
incassia TABS .35mg	2	
introvale	3	
isibloom	2	
jasmiel	3	
jolessa	3	
juleber	2	
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	3	
kelnor 1/35	2	
kelnor 1/50	3	
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
leena	3	

Drug Name	Drug Tier	Requirements/Limits
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora 0.15/30-28	3	
lillow	3	
loestrin 1.5/30-21	3	
loestrin 1/20-21	3	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	3	
low-ogestrel	3	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	3	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	3	
nikki	3	
nora-be TABS .35mg	2	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	3	
nortrel 1/35 (21)	3	
nortrel 1/35 (28)	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	2	
ocella	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	
portia-28	3	
reclipsen	2	
setlakin	3	
sharobel TABS .35mg	2	
simliya	3	
sprintec 28	2	
sronyx	2	
syeda	3	
tarina fe 1/20 eq	2	
tilia fe	4	
tri-estarylla	3	
tri-legest fe	4	
tri-linyah	3	
tri-lo-estarylla	3	
tri-lo-marzia	3	
tri-lo-mili	3	
tri-lo-sprintec	3	
tri-mili	3	
tri-nymyo	3	
tri-sprintec	3	
tri-vylibra	3	
tri-vylibra lo	3	
trivora-28	2	
velivet	3	
vestura	3	
vienva	2	
viorele	3	

Drug Name	Drug Tier	Requirements/Limits
vyfemla	3	
vylibra	2	
wera	3	
xulane	4	
zafemy	4	
zovia 1/35	2	
zumandimine	3	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
amabelz	3	
DELESTROGEN OIL 10mg/ml	4	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 25mg/5ml	3	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
prednisone TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
betaine powder for oral solution	5	NM, LA
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
cinacalcet hcl TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
miglustat CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg	5	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	GC
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	GC
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol SOLN 1mcg/ml	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	GC
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	
dicyclomine hcl SOLN 10mg/5ml	4	
glycopyrrolate TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	QL (300 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
famotidine TABS 20mg	1	GC, QL (120 tabs / 30 days)
famotidine TABS 40mg	1	GC, QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	QL (90 caps / 30 days), PA
budesonide TB24 9mg	5	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	4	
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	3	
enulose SOLN 10gm/15ml	3	
gavilyte-c	2	
gavilyte-g	2	
generlac SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	3	
lactulose (encephalopathy) SOLN 10gm/15ml	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	3	
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	3	
ursodiol TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	GC
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	GC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	QL (30 caps / 30 days)
finasteride TABS 5mg	1	GC
tamsulosin hcl CAPS .4mg	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	3	
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg	4	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NM, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
sajazir SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg	1	GC
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (112 tabs / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D, NM, LA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	1	GC, QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	1	GC
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	

Drug Name	Drug Tier	Requirements/Limits
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
lactated ringer's solution	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
potassium chloride SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
potassium chloride SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	3	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq	3	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride TBCR 8meq, 10meq, 20meq	2	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	2	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crystals er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentak OINT .3%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5%	3	
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	GC
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	GC
trifluridine SOLN 1%	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	3	
cromolyn sodium (ophth) SOLN 4%	2	
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .2%	1	GC
brimonidine tartrate SOLN .15%	4	
brinzolamide SUSP 1%	4	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	
latanoprost SOLN .005%	1	GC
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG .25%, .5%	4	
timolol maleate (ophth) SOLN .25%, .5%	1	GC
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
Phosphodiesterase Type 5 Inhibitors		
Phosphodiesterase Type 5 Inhibitors		
sildenafil citrate TABS 25mg, 50mg, 100mg	2	ED, QL (4 tabs / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	3	
cetirizine hcl SOLN 1mg/ml	2	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	3	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	
levocetirizine dihydrochloride TABS 5mg	3	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
levalbuterol hcl NEBU 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	3	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	GC
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	

Drug Name	Drug Tier	Requirements/Limits
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, LA, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025%	4	QL (45 gm / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
tazarotene CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	GC
ala-cort CREA 2.5%	2	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%	3	QL (60 gm / 30 days)
clobetasol propionate GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	4	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (90 mL / 30 days)
fluocinonide CREA .05%	3	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	3	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	GC
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .1%	2	QL (454 gm / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%; OINT .025%, .1%, .5%	2	
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	4	QL (60 mL / 30 days), PA
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl GEL 2%	4	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	3	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	5	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) GEL 1%	3	QL (1000 gm / 30 days)
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 2.5%	2	
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%	2	
lactic acid (ammonium lactate) LOTN 12%	3	
metronidazole (topical) CREA .75%	4	QL (45 gm / 30 days)
metronidazole (topical) GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
procto-pak CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
rosadan CREA .75%	4	QL (45 gm / 30 days)
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	GC
clotrimazole TROC 10mg	4	QL (150 lozenges / 30 days)
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	3	
periogard SOLN .12%	1	GC
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	
Vitamins		
Vitamin B Complex		
cyanocobalamin SOLN 1000mcg/ml	1	ED, GC, QL (1 mL / 30 days)
folic acid TABS 1mg	1	ED, GC, QL (30 tabs / 30 days)
Vitamin D		
ergocalciferol CAPS 50000unit	1	ED, GC, QL (4 caps / 28 days)

Index

F

G

L

M

N

U

V

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit www.GlobalHealth.com.

Esta lista se actualizó el 09/01/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Cliente al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite www.GlobalHealth.com.

Important Plan Materials

GlobalHealth provides important plan materials that explain how to use your health plan benefits.

Evidence of Coverage
The Evidence of Coverage (EOC) is essentially your Member Handbook. It contains detailed information on your benefits, cost-shares, and coverage rules for your plan. For example, if you are unsure whether a service requires prior authorization or not, you can find that information in your plan's EOC. You can find your health plan's EOC online at **www.GlobalHealth.com.** For the upcoming plan year, EOC information is available no later than October 15th.

Provider Directory
In most cases, you must receive care from an in-network provider. You can find a network provider in the Provider Directory at **www.GlobalHealth.com.**

Drug Formulary*
The Drug Formulary (List of Covered Drugs) provides you information about the prescription drugs covered under your plan, including tier placement, availability of mail order and certain drugs covered in the coverage gap phase. Additionally, if a prescription drug has prior authorization, step therapy or quantity limits, this information is provided in the Drug Formulary. You can locate the Drug Formulary for your plan online at **www.GlobalHealth.com.**

Pharmacy Directory*
In most cases, your prescriptions are covered only if they are filled at a network pharmacy. Our network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. Your cost-sharing may be less at pharmacies with preferred cost-sharing. You can find a network pharmacy in the Pharmacy Directory at **www.GlobalHealth.com.**

GlobalHealth
Generations Medicare Advantage Plans

If you would like a hard copy of any plan materials, please contact Customer Care.

Customer Care

Toll Free:
1-844-280-5555

Local:
405-280-5555

TTY: 711

8am to 8pm,
seven days a week
(Oct 1 – Mar 31)
8am to 8pm,
Monday through Friday
(Apr 1 - Sept 30)

*Only applicable to plans with prescription drug coverage.

H3706_ELECTRONICNOTICE_2023_C

GlobalHealth
Medicare Advantage Plans

NOTICE OF **PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION ("PHI') MAYBE USED AND/OR DISCLOSED. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed to protecting the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act.

How GlobalHealth May Use or Disclose Your Health Information

For Treatment. We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

For Payment. We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

For Health Plan Operations. We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatorycompliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc.

Health-Related Business and Services. We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

Where Permitted or Required by Law. We may use and/or disclose information about you aspermitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;
- To law enforcement upon receipt of a court order, warrant, summons, or other similarprocess;
- In response to a valid court order, subpoena, discovery request, or administrative orderrelated to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controllingdisease, injury or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.;
- For national security purposes, such as protecting the President of the United States orthe conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers' Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and
- In the course of any administrative or judicial proceeding, where required by law.

Business Associates. We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

Personal/Authorized Representative. We may use and/or disclose PHI to your authorized representative.

Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friendwho accompanies you or is involved in your medical care or treatment, or who helps pay for yourmedical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Emergencies. We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

Military/Veterans. If you are a member or veteran of the armed forces, we may disclose your PHIas required by military command authorities.

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcementofficer, we may disclosure your PHI to the correctional institute or law enforcement official.

Appointment Reminders. We may use and/or disclosure your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medication and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

Limited Data Set. If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

Any Other Uses. We will disclose your PHI for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization.

NOTE: The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

Your Health Information Rights

Right to Inspect and Copy
You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appealto our Privacy Officer.

Right to Confidential Communication
You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonableor not possible to comply with.

Right to Accounting of Disclosures
You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time periodrequested. You may request an accounting for up to six (6) years prior to the date of your request(three years if PHI is an electronic health record). If you request more than one (1) accounting ina 12-month period, we may charge you for the costs of providing the list. We will notify you of thecost and you may withdraw your request before any costs are incurred.

Right to Request Restrictions on Uses or Disclosures
You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If do we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosurehas already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

Right to Request Amendment of PHI
You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment.We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we maintain; (3) the information is not a part of the record that you would be permitted to inspect andcopy, or (4) the information in the record is accurate and complete. If we deny your amendmentrequest, you have a right to file a statement of disagreement with our Privacy Officer.

Right to Be Notified of a Breach
You have the right to receive notification of any breaches of your unsecured PHI.

Right to Revoke Authorization
You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

Right to Receive a Copy of this Notice
You have the right to receive a paper copy of this Notice upon request.

Changes to this Notice
GlobalHealth reserves the right to change this notice and make the new provisions effective for all PHI that we maintain.

To Report a Privacy Violation

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy OfficerGlobalHealth
210 Park Avenue
Suite 2800
Oklahoma City, OK 73102

Toll-free 1-877-280-5852 (leave message) or
Email privacy@globalhealth.com

You may also file a complaint with the U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C. 20201. You will not be penalized or retaliated against for filing a complaint.

Effective Date: **08/01/2021**

Original Notice: 04/01/2003
Revised: 04/01/2011
04/01/2013
08/01/2021

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 1-844-280-5555. 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 1-844-280-5555. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-844-280-5555。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 1-844-280-5555。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 1-844-280-5555. 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 1-844-280-5555. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-844-280-5555 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-280-5555. 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 1-844-280-5555번으로 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 1-844-280-5555. 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 1-844-280-5555 العربية. سيقوم شخص ما يتحدث 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 1-844-280-5555 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 1-844-280-5555. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555. 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 1-844-280-5555. 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 1-844-280-5555. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-844-280-5555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。

Non-Discrimination Notice

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GlobalHealth:

- 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 GlobalHealth's Customer Care at 1 (844) 280-5555 (toll-free) (TTY:711).

If you believe that GlobalHealth 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: ATTN: **Director, Compliance & Legal Services**, 210 Park Ave, Suite 2800, Oklahoma City, OK 73102 or Email: compliance@globalhealth.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health andHuman 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

GlobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. GlobalHealth no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

GlobalHealth:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
    - Intérpretes de lenguaje de señas capacitados.
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
    - Intérpretes capacitados.
    - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con GlobalHealth Customer Care en 1-844-280-5555 (toll-free) (TTY:711).

Si considera que GlobalHealth no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: ATTN: **Director, Compliance & Legal Services**, 210 Park Ave, Suite 2800, Oklahoma City, OK 73102 o Email: compliance@globalhealth.com. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Customer Care está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación: 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) Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html