



GlobalHealth

Medicare Advantage D-SNP Plans

DRUG FORMULARY

FORMULARIO DE MEDICAMENTOS

January 1-December 31, 2025

Del 1 de enero al 31 de diciembre de 2025

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

Approved Formulary File Submission ID 00025203, Version Number 7

This document contains a list of covered drugs for Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP). The Drug Formulary was updated on 08/26/2024. For more recent information or other questions, please contact GlobalHealth Customer Care. GlobalHealth Generations has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2025. This approval is based on a review of GlobalHealth Generation's Model of Care.

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

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Identificación del formulario aprobado 00025203, número de versión 7

Este documento contiene una lista de medicamentos cubiertos para Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP). El Formulario de Medicamentos se actualizó el 08/26/2024. Para obtener información más reciente u otras preguntas, comuníquese con Atención al cliente de GlobalHealth. El Comité Nacional de Garantía de Calidad (National

Committee for Quality Assurance, NCQA) aprobó a GlobalHealth Generations a fin de que administre un Plan para Necesidades Especiales (Special Needs Plan, SNP) en el 2025. Esta aprobación se basa en una revisión del Modelo de Atención de GlobalHealth Generations.

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

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Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP) 2025 Formulary (List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 00025203, Version Number 7.

This formulary was updated on 08/26/2024. For more recent information or other questions, please contact us, 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.

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 Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 01/01/2025. *For* an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our 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 us, 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.globalhealth.com.

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP)’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP)’s Formulary?”

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

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by Generations Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP) 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 14. 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 14. 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 90. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, 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 tablets 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 14. 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 Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP)'s formulary?" on page exception 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drug that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP)'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.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, 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 formular, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

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 Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP) 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 Dual Support (HMO D-SNP) and Generations Dual Premier (HMO D-SNP) 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 index page 90.

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 = All formulary drugs

You can find information on what the symbols and abbreviations on this table 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.

Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP) Formulario 2025 (Lista de Medicamentos Cubiertos o "Lista de Medicamentos")

**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 00025203, versión 7.

Este Formulario se actualizó el 08/26/2024. 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.

Nota para los miembros existentes: Esta lista de medicamentos cambió desde el año pasado. Por favor revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando en esta lista de medicamentos (Formulario) se hace referencia a "nosotros", "nos" o "nuestro", se hace referencia a GlobalHealth, Inc. Cuando se hace referencia a "plan" o "nuestro plan", se hace referencia a Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP).

Este documento incluye una lista de medicamentos (formulario) para nuestro plan que está actualizada a partir de 01/01/2025. Para obtener una lista de medicamentos actualizada (formulario), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la lista de medicamentos (formulario), aparece en la portada y la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el Formulario, la red de farmacias o los copagos y coseguros pueden cambiar el 1 de enero de 2025 y de manera periódica durante el año.

¿Qué es el Formulario de Medicamentos de Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP)?

En este documento, usamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario 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 figuran en nuestro Formulario, 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 nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, 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 agregar o eliminar medicamentos en el Formulario 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. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí:

www.globalhealth.com.

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

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Es posible que eliminemos inmediatamente un medicamento de nuestro formulario si lo estamos reemplazando con una nueva versión de ese medicamento que aparecerá con las mismas restricciones o con menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero agregar inmediatamente nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriéndole el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP)?"

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego notificar 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 eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Es posible que realicemos cambios en función de las nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicita una reposición del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso del cambio.

Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción para usted y que continuemos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP)?"

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si usted está tomando un medicamento de nuestro Formulario 2025 que estaba cubierto al comienzo del año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, salvo lo descrito 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 formulario del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El Formulario adjunto entra en vigor a partir del 01/01/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP), 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 el Formulario que no sean de mantenimiento, el Formulario se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el Formulario?

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

Afección Médica

El Formulario comienza en la página 14. 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 14. 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 90. 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 el Índice. 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 and Drug Administration, FDA) que contiene el mismo ingrediente activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Hay sustitutos de medicamentos genéricos disponibles para muchos medicamentos

de marca. Los medicamentos genéricos generalmente pueden ser sustituidos por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

- Para hablar sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, "La 'Lista de Medicamentos' indica qué medicamentos de la Parte D están cubiertos."

¿Existe alguna restricción en mi cobertura?

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

- **Autorización Previa:** Nuestro plan necesita que usted o su prescriptor obtengan una autorización previa para 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 medicamento que cubrirá nuestro plan. Por ejemplo, nuestro plan proporciona 30 tabletas 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. Por ejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir el medicamento 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 el Formulario que comienza en la página 14. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones 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 del Formulario, aparece en la portada y en la contraportada.

Puede solicitar a nuestro plan que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómo solicito una excepción al Formulario de Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP)?" en la página 11 para información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en la Formulario?

Si su medicamento no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con 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 un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que nuestro plan haga una excepción para que cubra su medicamento. Consulte la siguiente sección para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP)?

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

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro Formulario. 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 pedirnos que renunciemos a una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que le eximamos del límite y cubramos una cantidad mayor.

Por lo general, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o su médico deben comunicarse con nosotros para solicitar una excepción al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico deberá explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si su médico solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo de su médico.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, es posible que esté tomando un medicamento que está en nuestro formulario pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios para la aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no estén en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está escrita para menos días, permitiremos que los resurtidos proporcionen un suministro máximo de medicamentos para 30 días. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención médica a largo plazo y necesita un medicamento que no está en nuestra lista de medicamentos, o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los 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 sus medicamentos 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 nuestro Formulario o si su capacidad para obtener sus medicamentos es 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 Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP), revise su Evidencia de Cobertura y otros materiales del plan.

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

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicare al 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>.

Formulario de Generations Dual Support (HMO D-SNP) y Generations Dual Premier (HMO D-SNP)

El Formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 90.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca registrada están 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 para la 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 previa para ciertos medicamentos. Esto significa que necesitará obtener nuestra aprobación antes de obtener los 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 la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas por 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. Por ejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir el medicamento 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 entorno del medicamento para tomar la decisión.

GLOBAL_HEALTH_CY25_1T_SNP eff 01/01/2025

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg	Tier 1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
MITIGARE CAPS .6mg	Tier 1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	Tier 1	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	Tier 1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	Tier 1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	Tier 1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
<i>diflunisal</i> TABS 500mg	Tier 1	
<i>ec-naproxen</i> TBEC 375mg	Tier 1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	Tier 1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	
<i>naproxen</i> TBEC 375mg	Tier 1	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	Tier 1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	Tier 1	
<i>piroxicam</i> CAPS 10mg, 20mg	Tier 1	
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Tier 1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	Tier 1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	Tier 1	QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TABS 50mg	Tier 1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	Tier 1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	Tier 1	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 1	
ARIKAYCE SUSP 590mg/8.4ml	Tier 1	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	Tier 1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	Tier 1	
CAYSTON SOLR 75mg	Tier 1	NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	Tier 1	
<i>clindamycin phosphate</i> SOLN 900mg/6ml, 9000mg/60ml	Tier 1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	Tier 1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	Tier 1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
<i>colistimethate sodium</i> SOLR 150mg	Tier 1	
<i>dapsone</i> TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 1	
<i>daptomycin</i> SOLR 350mg, 500mg	Tier 1	
EMVERM CHEW 100mg	Tier 1	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	Tier 1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	Tier 1	
<i>gentamicin in saline inj</i> 1 mg/ml	Tier 1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	Tier 1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	Tier 1	
<i>gentamicin in saline inj</i> 2 mg/ml	Tier 1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	Tier 1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	Tier 1	
IMPAVIDO CAPS 50mg	Tier 1	PA
<i>ivermectin</i> TABS 3mg	Tier 1	QL (12 tabs / 90 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> SOLN 600mg/300ml	Tier 1	
<i>linezolid</i> SUSR 100mg/5ml	Tier 1	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	Tier 1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	Tier 1	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 1	
<i>methenamine hippurate</i> TABS 1gm	Tier 1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	Tier 1	
<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>nitazoxanide</i> TABS 500mg	Tier 1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	Tier 1	
<i>pentamidine isethionate inh</i> SOLR 300mg	Tier 1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	Tier 1	
<i>polymyxin b sulfate</i> SOLR 500000unit	Tier 1	
<i>praziquantel</i> TABS 600mg	Tier 1	
<i>pyrimethamine</i> TABS 25mg	Tier 1	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	
<i>sulfadiazine</i> TABS 500mg	Tier 1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	Tier 1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	Tier 1	
<i>tinidazole</i> TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 1	NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	Tier 1	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 1	
<i>trimethoprim</i> TABS 100mg	Tier 1	
<i>vancomycin hcl</i> CAPS 125mg	Tier 1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	Tier 1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 1	
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 1	B/D
<i>amphotericin b</i> SOLR 50mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b liposome</i> SUSR 50mg	Tier 1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 1	
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 1	
<i>itraconazole</i> CAPS 100mg	Tier 1	PA
<i>ketoconazole</i> TABS 200mg	Tier 1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	Tier 1	
<i>nystatin</i> TABS 500000unit	Tier 1	
<i>posaconazole</i> SUSP 40mg/ml	Tier 1	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	Tier 1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	Tier 1	PA
<i>voriconazole</i> SUSR 40mg/ml	Tier 1	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	Tier 1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	Tier 1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	Tier 1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	Tier 1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 1	
<i>mefloquine hcl</i> TABS 250mg	Tier 1	
<i>primaquine phosphate</i> TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 1	
<i>quinine sulfate</i> CAPS 324mg	Tier 1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 1	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 1	
<i>darunavir</i> TABS 600mg	Tier 1	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDURANT TABS 25mg	Tier 1	
<i>efavirenz</i> TABS 600mg	Tier 1	
<i>emtricitabine</i> CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 1	
<i>etravirine</i> TABS 100mg, 200mg	Tier 1	
<i>fosamprenavir calcium</i> TABS 700mg	Tier 1	
FUZEON SOLR 90mg	Tier 1	
INTELENCE TABS 25mg	Tier 1	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	Tier 1	
ISENTRESS HD TABS 600mg	Tier 1	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
<i>maraviroc</i> TABS 150mg, 300mg	Tier 1	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	
NORVIR PACK 100mg	Tier 1	
PIFELTRO TABS 100mg	Tier 1	
PREZISTA SUSP 100mg/ml	Tier 1	QL (400 mL / 30 days)
PREZISTA TABS 75mg	Tier 1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	Tier 1	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	Tier 1	
<i>ritonavir</i> TABS 100mg	Tier 1	
RUKOBIA TB12 600mg	Tier 1	
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	Tier 1	
SUNLENCA TBPK 300mg	Tier 1	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	Tier 1	
TIVICAY TABS 10mg, 25mg, 50mg	Tier 1	
TIVICAY PD TBSO 5mg	Tier 1	
TROGARZO SOLN 200mg/1.33ml	Tier 1	
TYBOST TABS 150mg	Tier 1	
VIRACEPT TABS 250mg, 625mg	Tier 1	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 1	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 1	
BIKTARVY TAB 50-200-25 MG	Tier 1	
CIMDUO TAB 300-300	Tier 1	
COMPLERA TAB	Tier 1	
DELSTRIGO TAB	Tier 1	
DESCOVY TAB 120-15MG	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	Tier 1	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	Tier 1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	Tier 1	
GENVOYA TAB	Tier 1	
JULUCA TAB 50-25MG	Tier 1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	
ODEFSEY TAB	Tier 1	
PREZCOBIX TAB 800-150	Tier 1	
STRIBILD TAB	Tier 1	
SYMTUZA TAB	Tier 1	
TRIUMEQ PD TAB	Tier 1	
TRIUMEQ TAB	Tier 1	
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	Tier 1	
<i>ethambutol hcl TABS 100mg, 400mg</i>	Tier 1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	Tier 1	
PRIFTIN TABS 150mg	Tier 1	
<i>pyrazinamide TABS 500mg</i>	Tier 1	
<i>rifabutin CAPS 150mg</i>	Tier 1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	Tier 1	
SIRTURO TABS 20mg, 100mg	Tier 1	NM, PA
TRECTOR TABS 250mg	Tier 1	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	Tier 1	
<i>acyclovir sodium SOLN 50mg/ml</i>	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i> TABS 10mg	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 1	ST
<i>entecavir</i> TABS .5mg, 1mg	Tier 1	
EPCLUSA PAK 150-37.5	Tier 1	NM, PA
EPCLUSA PAK 200-50MG	Tier 1	NM, PA
EPCLUSA TAB 200-50MG	Tier 1	NM, PA
EPCLUSA TAB 400-100	Tier 1	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	Tier 1	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 1	B/D
HARVONI PAK 33.75-150MG	Tier 1	NM, PA
HARVONI PAK 45-200MG	Tier 1	NM, PA
HARVONI TAB 45-200MG	Tier 1	NM, PA
HARVONI TAB 90-400MG	Tier 1	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	Tier 1	
LIVTENCITY TABS 200mg	Tier 1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	Tier 1	NM, PA
MAVYRET TAB 100-40MG	Tier 1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	Tier 1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	Tier 1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	Tier 1	QL (1080 mL / year)
PAXLOVID TAB 150-100	Tier 1	QL (40 tabs / 90 days);
PAXLOVID TAB 300-100	Tier 1	QL (60 tabs / 90 days);
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 1	NM, PA
PREVYMIS TABS 240mg, 480mg	Tier 1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	Tier 1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	Tier 1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	Tier 1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	Tier 1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	Tier 1	
VOSEVI TAB	Tier 1	NM, PA
XOFLUZA TBPB 40mg, 80mg	Tier 1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	Tier 1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	Tier 1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 1	
TEFLARO SOLR 400mg, 600mg	Tier 1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 1	
e.e.s. 400 TABS 400mg	Tier 1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 1	
<i>erythrocin stearate</i> TABS 250mg	Tier 1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 1	
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1	
<i>moxifloxacin hcl TABS 400mg</i>	Tier 1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 1	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	Tier 1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>ampicillin CAPS 500mg</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 1	
<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	Tier 1	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	Tier 1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium</i> SOLR 5000000unit	Tier 1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 1	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	Tier 1	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	Tier 1	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	Tier 1	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	Tier 1	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	Tier 1	

TETRACYCLINES

<i>doxy 100</i> SOLR 100mg	Tier 1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 1	NM
NUZYRA TABS 150mg	Tier 1	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 1	
<i>tigecycline</i> SOLR 50mg	Tier 1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	Tier 1	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	Tier 1	NM
LEUKERAN TABS 2mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	Tier 1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	Tier 1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	Tier 1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	Tier 1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	Tier 1	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> TABS 50mg	Tier 1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D
ONUREG TABS 200mg, 300mg	Tier 1	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	B/D
PURIXAN SUSP 2000mg/100ml	Tier 1	NM
TABLOID TABS 40mg	Tier 1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	Tier 1	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	Tier 1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	Tier 1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	Tier 1	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	Tier 1	
<i>bicalutamide</i> TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 1	NM, PA
ERLEADA TABS 60mg	Tier 1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	Tier 1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	Tier 1	
<i>exemestane</i> TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg, 120mg/vial	Tier 1	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>letrozole</i> TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 1	NM, PA
LYSODREN TABS 500mg	Tier 1	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 1	
<i>nilutamide</i> TABS 150mg	Tier 1	
NUBEQA TABS 300mg	Tier 1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	Tier 1	NM, PA
ORSERDU TABS 86mg	Tier 1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	Tier 1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	Tier 1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> TABS 60mg	Tier 1	PA
XTANDI CAPS 40mg	Tier 1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	Tier 1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	Tier 1	QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	Tier 1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	Tier 1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	Tier 1	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	Tier 1	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 1	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	Tier 1	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	Tier 1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	Tier 1	B/D
<i>hydroxyurea</i> CAPS 500mg	Tier 1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
IWILFIN TABS 192mg	Tier 1	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	Tier 1	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	Tier 1	
WELIREG TABS 40mg	Tier 1	QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	Tier 1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	Tier 1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	Tier 1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	Tier 1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	Tier 1	QL (240 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	Tier 1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	Tier 1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	Tier 1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	Tier 1	NM, PA
BOSULIF CAPS 50mg	Tier 1	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	Tier 1	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	Tier 1	QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400mg, 500mg	Tier 1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	Tier 1	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	Tier 1	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 1	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	Tier 1	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	Tier 1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	Tier 1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	Tier 1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	Tier 1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	Tier 1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	Tier 1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	Tier 1	QL (63 tabs / 28 days), NM, PA
DAURISMO TABS 25mg	Tier 1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	Tier 1	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	Tier 1	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	Tier 1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	Tier 1	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	Tier 1	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	Tier 1	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	Tier 1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	Tier 1	QL (84 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPS 5mg	Tier 1	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	Tier 1	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	Tier 1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 1	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	Tier 1	NM, PA
HERCEPTIN SOLR 150mg	Tier 1	NM, PA
HERZUMA SOLR 150mg, 420mg	Tier 1	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	Tier 1	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	Tier 1	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	Tier 1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	Tier 1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	Tier 1	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	Tier 1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	Tier 1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	Tier 1	QL (30 tabs / 30 days), NM, PA
INLYTA TABS 1mg	Tier 1	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	Tier 1	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	Tier 1	QL (120 caps / 30 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	Tier 1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	Tier 1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	Tier 1	B/D, NM
KANJINTI SOLR 150mg, 420mg	Tier 1	NM, PA
KEYTRUDA SOLN 100mg/4ml	Tier 1	NM, PA
KISQALI 200 DOSE TBPK 200mg	Tier 1	QL (21 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	Tier 1	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	Tier 1	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	Tier 1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	Tier 1	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	Tier 1	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	Tier 1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	Tier 1	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	Tier 1	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	Tier 1	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 1	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	Tier 1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	Tier 1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	Tier 1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	Tier 1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	Tier 1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	Tier 1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	Tier 1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	Tier 1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 1	QL (112 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	Tier 1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	Tier 1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	Tier 1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	Tier 1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	Tier 1	NM, PA
NERLYNX TABS 40mg	Tier 1	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	Tier 1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	Tier 1	NM, PA
OGSIVEO TABS 50mg	Tier 1	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	Tier 1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	Tier 1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	Tier 1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	Tier 1	NM, PA
<i>pazopanib hcl</i> TABS 200mg	Tier 1	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	Tier 1	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	Tier 1	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	Tier 1	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	Tier 1	QL (120 caps / 30 days), NM, PA
REZLIDHIA CAPS 150mg	Tier 1	QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	Tier 1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	Tier 1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	Tier 1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	Tier 1	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	Tier 1	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	Tier 1	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	Tier 1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	Tier 1	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	Tier 1	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	Tier 1	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	Tier 1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	Tier 1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	Tier 1	QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	Tier 1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 1	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	Tier 1	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	Tier 1	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	Tier 1	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	Tier 1	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 1	NM, PA
TEPMETKO TABS 225mg	Tier 1	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO TABS 250mg	Tier 1	QL (60 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	Tier 1	NM, PA
TRUQAP TABS 160mg, 200mg	Tier 1	QL (64 tabs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 1	NM, PA
TUKYSA TABS 50mg, 150mg	Tier 1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	Tier 1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	Tier 1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	Tier 1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	Tier 1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	Tier 1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	Tier 1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	Tier 1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	Tier 1	QL (120 caps / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	Tier 1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	Tier 1	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	Tier 1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	Tier 1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	Tier 1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	Tier 1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	Tier 1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	Tier 1	QL (24 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	Tier 1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	Tier 1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	Tier 1	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	Tier 1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 1	NM, PA
ZOLINZA CAPS 100mg	Tier 1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	Tier 1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	Tier 1	QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MESNEX TABS 400mg	Tier 1	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	

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

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	Tier 1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone TABS 25mg, 50mg</i>	Tier 1	
<i>KERENDIA TABS 10mg, 20mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	Tier 1	

ALPHA BLOCKERS

<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	Tier 1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	Tier 1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	Tier 1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	Tier 1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1	
<i>olmesartan medoxomil TABS 5mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	Tier 1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	Tier 1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 1	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	Tier 1	
<i>MULTAQ TABS 400mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>pacrone TABS 100mg, 200mg, 400mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	Tier 1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	Tier 1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	Tier 1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	Tier 1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
<i>ezetimibe</i> TABS 10mg	Tier 1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	Tier 1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	Tier 1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	Tier 1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml	Tier 1	NM, PA
REPATHA PUSHRONEX SYSTEM SOCT 420mg/3.5ml	Tier 1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 1	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>isradipine</i> CAPS 2.5mg, 5mg	Tier 1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	Tier 1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 1	
<i>nimodipine</i> CAPS 30mg	Tier 1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 1	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	Tier 1	
<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	
<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	Tier 1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	Tier 1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	Tier 1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml	Tier 1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	Tier 1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 1	
<i>digoxin</i> TABS 125mcg, 250mcg	Tier 1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	Tier 1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	Tier 1	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	Tier 1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>metyrosine</i> CAPS 250mg	Tier 1	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	Tier 1	

PULMONARY ARTERIAL HYPERTENSION

<i>alyq</i> TABS 20mg	Tier 1	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	Tier 1	QL (60 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	Tier 1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	Tier 1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>lorazepam</i> CONC 2mg/ml	Tier 1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	Tier 1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	Tier 1	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	Tier 1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	Tier 1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	Tier 1	
NAMZARIC CAP 14-10MG	Tier 1	
NAMZARIC CAP 21-10MG	Tier 1	
NAMZARIC CAP 28-10MG	Tier 1	
NAMZARIC CAP PACK	Tier 1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	Tier 1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 1	
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	Tier 1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	Tier 1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	Tier 1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Tier 1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	Tier 1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg	Tier 1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	Tier 1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1	
MARPLAN TABS 10mg	Tier 1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	Tier 1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	Tier 1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	Tier 1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>phenelzine sulfate</i> TABS 15mg	Tier 1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	Tier 1	
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	Tier 1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	Tier 1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	Tier 1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	Tier 1	QL (14 caps / 14 days), PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	Tier 1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	Tier 1	
<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	Tier 1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	Tier 1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	Tier 1	
<i>carbidopa & levodopa tab</i> 10-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab</i> 25-250 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	Tier 1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	Tier 1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	Tier 1	
<i>entacapone</i> TABS 200mg	Tier 1	
INBRIJA CAPS 42mg	Tier 1	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	Tier 1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	Tier 1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	Tier 1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
<i>aripiprazole</i> SOLN 1mg/ml	Tier 1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 1	
NUPLAZID CAPS 34mg	Tier 1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	Tier 1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	Tier 1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	Tier 1	QL (60 tabs / 30 days), ST
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	Tier 1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	Tier 1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 1	
<i>pimozide</i> TABS 1mg, 2mg	Tier 1	
<i>quetiapine fumarate</i> TABS 25mg	Tier 1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	Tier 1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	Tier 1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	Tier 1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	Tier 1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	Tier 1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	Tier 1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	Tier 1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	Tier 1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	Tier 1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml	Tier 1	QL (600 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS 1.5mg	Tier 1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	Tier 1	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	Tier 1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	Tier 1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	Tier 1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	Tier 1	QL (1 vial / 28 days), NM, PA

ANTIEPILEPTIC AGENTS

APTIOM TABS 200mg, 400mg	Tier 1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	Tier 1	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	Tier 1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
clobazam SUSP 2.5mg/ml	Tier 1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	Tier 1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	Tier 1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	Tier 1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	Tier 1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	Tier 1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	Tier 1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	Tier 1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 1	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 1	
<i>diazepam intensol</i> CONC 5mg/ml	Tier 1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	Tier 1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml	Tier 1	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	Tier 1	
EPRONTIA SOLN 25mg/ml	Tier 1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	Tier 1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml	Tier 1	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	Tier 1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	Tier 1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	Tier 1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	Tier 1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	Tier 1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	Tier 1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	Tier 1	
<i>lacosamide</i> TABS 50mg	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	Tier 1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	Tier 1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	Tier 1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml	Tier 1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
<i>phenobarbital</i> ELIX 20mg/5ml	Tier 1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	Tier 1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	Tier 1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	Tier 1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	Tier 1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	Tier 1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 1	
<i>roweepira</i> TABS 500mg	Tier 1	
<i>rufinamide</i> SUSP 40mg/ml	Tier 1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	Tier 1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	Tier 1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	Tier 1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	Tier 1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	Tier 1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 1000mg	Tier 1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg	Tier 1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	Tier 1	
<i>valproic acid</i> CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	Tier 1	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	Tier 1	QL (180 tabs / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	Tier 1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	Tier 1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml	Tier 1	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	Tier 1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	Tier 1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	Tier 1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	Tier 1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	Tier 1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	Tier 1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	Tier 1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	Tier 1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	Tier 1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	Tier 1	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	Tier 1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	Tier 1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	Tier 1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	Tier 1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	Tier 1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	Tier 1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	Tier 1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	Tier 1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	Tier 1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	Tier 1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	Tier 1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	Tier 1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	Tier 1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	Tier 1	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	Tier 1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	Tier 1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	Tier 1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	Tier 1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	Tier 1	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	Tier 1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	Tier 1	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	Tier 1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	
NUDEXTA CAP 20-10MG	Tier 1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	Tier 1	
<i>riluzole</i> TABS 50mg	Tier 1	
<i>tetrabenazine</i> TABS 12.5mg	Tier 1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	Tier 1	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	Tier 1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	Tier 1	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	Tier 1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	Tier 1	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> TB12 10mg	Tier 1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	Tier 1	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	Tier 1	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	Tier 1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	Tier 1	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	Tier 1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	Tier 1	QL (16 pens / year), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	Tier 1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	Tier 1	
<i>carisoprodol</i> TABS 350mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	Tier 1	
<i>methocarbamol</i> TABS 500mg	Tier 1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	Tier 1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	Tier 1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	Tier 1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	Tier 1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	Tier 1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	Tier 1	QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	Tier 1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	Tier 1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	Tier 1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	Tier 1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	Tier 1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	
<i>naltrexone hcl</i> TABS 50mg	Tier 1	
NICOTROL INHALER INHA 10mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	Tier 1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack	Tier 1	QL (2 packs / year)
VIVITROL SUSR 380mg	Tier 1	NM

DIABETIC SUPPLIES

BLOOD GLUCOSE MONITORING KIT

ACCU-CHEK KIT AVIVA PL	PART B
ACCU-CHEK KIT COMPACT	PART B
ACCU-CHEK KIT GUIDE	PART B
ACCU-CHEK KIT GUIDE ME	PART B
ACCU-CHEK KIT NANO	PART B
ONETOUCH KIT ULT MINI	PART B
ONETOUCH KIT ULTRA 2	PART B
ONETOUCH KIT VERIO	PART B
ONETOUCH KIT VERIO FL	PART B
ONETOUCH KIT VERIO IQ	PART B
ONETOUCH KIT VERIO RE	PART B

Drug Name	Drug Tier	Requirements/Limits
CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR		
DEXCOM G5 MIS RECEIVER	PART B	
DEXCOM G5 MIS TRANSMIT	PART B	
DEXCOM G6 MIS RECEIVER	PART B	
DEXCOM G6 MIS SENSOR	PART B	
DEXCOM G6 MIS TRANSMIT	PART B	
DEXCOM G7 MIS RECEIVER	PART B	
DEXCOM G7 MIS SENSOR	PART B	

GLUCOSE BLOOD TEST

ACCU-CHEK TES AVIVA PL	PART B
ACCU-CHEK TES COMPACT	PART B
ACCU-CHEK TES GUIDE	PART B
ACCU-CHEK TES SMART	PART B
ONETOUCH TES ULTRA	PART B
ONETOUCH TES VERIO	PART B

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>methyld testosterone</i> CAPS 10mg	Tier 1	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	Tier 1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	Tier 1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 1	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 1	
FARXIGA TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	Tier 1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	Tier 1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	Tier 1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	Tier 1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	Tier 1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	Tier 1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	Tier 1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	Tier 1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000	Tier 1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	Tier 1	
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	Tier 1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 1	
FIASP SOLN 100unit/ml	Tier 1	
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 1	
FIASP PENFILL SOCT 100unit/ml	Tier 1	
FIASP PUMPCART SOCT 100unit/ml	Tier 1	B/D
GAUZE PADS 2" X 2"	Tier 1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 1	
INSULIN PEN NEEDLES: BD-EMBECTA	Tier 1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	Tier 1	PA
INSULIN SYRINGES: BD-EMBECTA	Tier 1	PA
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	Tier 1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	Tier 1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	Tier 1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	Tier 1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 1	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 1	
TRESIBA SOLN 100unit/ml	Tier 1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 1	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	Tier 1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	Tier 1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 1	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D
PROLIA SOSY 60mg/ml	Tier 1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	Tier 1	
<i>risedronate sodium</i> TBEC 35mg	Tier 1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 1	NM, PA
XGEVA SOLN 120mg/1.7ml	Tier 1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	Tier 1	
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	Tier 1	NM, PA
<i>kionex</i> SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 1	
<i>penicillamine</i> TABS 250mg	Tier 1	NM
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i> SUSP 15gm/60ml	Tier 1	
<i>trientine hcl</i> CAPS 250mg	Tier 1	NM, PA

CONTRACEPTIVES

<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>amethia</i>	Tier 1	
<i>amethyst</i>	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>ashlyna</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela 24 fe</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi 24 fe</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i> TABS .35mg	Tier 1	
<i>camrese</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>camrese lo</i>	Tier 1	
<i>chateal eq</i>	Tier 1	
<i>cryselle-28</i>	Tier 1	
<i>cyred eq</i>	Tier 1	
<i>dasetta 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i>	Tier 1	
<i>daysee</i>	Tier 1	
<i>deblitane</i> TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	Tier 1	
<i>dolishale</i>	Tier 1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	
<i>elinest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>emzahh</i> TABS .35mg	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>enskyce</i>	Tier 1	
<i>errin</i> TABS .35mg	Tier 1	
<i>estarylla</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>finzala</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>hailey 24 fe</i>	Tier 1	
<i>haloette</i>	Tier 1	
<i>heather</i> TABS .35mg	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia</i> TABS .35mg	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jolessa</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
junel fe 24	Tier 1	
kaitlib fe	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kelnor 1/50	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin 24 fe	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	
layolis fe	Tier 1	
leena	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	Tier 1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg	Tier 1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	
levora 0.15/30-28	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 1	NM
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
loryna	Tier 1	
low-ogestrel	Tier 1	
lutra	Tier 1	
lyleq TABS .35mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>lyza</i> TABS .35mg	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 1	
<i>mibelas 24 fe</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin 24 fe</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-lynyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
NEXPLANON IMPL 68mg	Tier 1	NM
<i>nikki</i>	Tier 1	
<i>nora-be</i> TABS .35mg	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	Tier 1	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.4 mg-35 mcg	Tier 1	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.8 mg-25 mcg	Tier 1	
<i>norethindrone (contraceptive)</i> TABS .35mg	Tier 1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> 20/1-30/1-35 mg-mcg	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1</i> mg-20 mcg	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg	Tier 1	
<i>norethindrone ace & ethinyl estradiol-fe</i> tab 1 mg-20 mcg	Tier 1	
<i>norethindrone ace-eth estradiol-fe chew</i> tab 1 mg-20 mcg (24)	Tier 1	
<i>norgestimate & ethinyl estradiol tab 0.25</i> mg-35 mcg	Tier 1	
<i>norgestimate-eth estrad tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg	Tier 1	
<i>norgestimate-eth estrad tab 0.18-</i> 35/0.215-35/0.25-35 mg-mcg	Tier 1	
<i>norlyroc</i> TABS .35mg	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
<i>nylia 1/35</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 7/7/7</i>	Tier 1	
<i>nymyo</i>	Tier 1	
<i>ocella</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>rivelsa</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel TABS .35mg</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>simpesse</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina 24 fe</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-linyah</i>	Tier 1	
<i>tri-lo-estarylla</i>	Tier 1	
<i>tri-lo-marzia</i>	Tier 1	
<i>tri-lo-mili</i>	Tier 1	
<i>tri-lo-sprintec</i>	Tier 1	
<i>tri-mili</i>	Tier 1	
<i>tri-nymyo</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>tydemy</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	
<i>vienva</i>	Tier 1	
<i>viorele</i>	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i>	Tier 1	
<i>wera</i>	Tier 1	
<i>wymzya fe</i>	Tier 1	
<i>xulane</i>	Tier 1	
<i>zafemy</i>	Tier 1	
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>estradiol</i> 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; TABS .5mg, 1mg, 2mg	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	Tier 1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 1	
<i>fyavolv tab 1mg-5mcg</i>	Tier 1	
<i>jinteli</i>	Tier 1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>yuvaferm</i> TABS 10mcg	Tier 1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 1	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	Tier 1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
<i>methylprednisolone</i> TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	Tier 1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	Tier 1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 1	NM, PA
<i>betaine powder for oral solution</i>	Tier 1	NM
<i>cabergoline</i> TABS .5mg	Tier 1	
<i>carglumic acid</i> TBSO 200mg	Tier 1	NM, PA
CERDELGA CAPS 84mg	Tier 1	NM, PA
CEREZYME SOLR 400unit	Tier 1	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	Tier 1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	Tier 1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	Tier 1	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 1	NM, PA
GENOTROPIN CART 5mg, 12mg	Tier 1	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 1	NM, PA
INCRELEX SOLN 40mg/4ml	Tier 1	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone (hyperglycemia)</i> TABS 300mg	Tier 1	NM, PA
NAGLAZYME SOLN 1mg/ml	Tier 1	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	Tier 1	NM, PA
<i>raloxifene hcl</i> TABS 60mg	Tier 1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 1	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1	NM, PA
SYNAREL SOLN 2mg/ml	Tier 1	PA
VEOZAH TABS 45mg	Tier 1	PA

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	Tier 1	PA
<i>norethindrone acetate</i> TABS 5mg	Tier 1	
<i>progesterone</i> CAPS 100mg, 200mg	Tier 1	

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 1	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i> TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro</i> SUPP 25mg	Tier 1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	Tier 1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 1	
<i>granisetron hcl</i> TABS 1mg	Tier 1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	Tier 1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	Tier 1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	Tier 1	
<i>glycopyrrolate</i> TABS 1mg	Tier 1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	Tier 1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	Tier 1	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	Tier 1	
<i>budesonide</i> CPEP 3mg	Tier 1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	Tier 1	
<i>mesalamine</i> CP24 .375gm	Tier 1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	Tier 1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	Tier 1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	Tier 1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	Tier 1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	Tier 1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 1	
<i>enulose</i> SOLN 10gm/15ml	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose</i> SOLN 10gm/15ml	Tier 1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	Tier 1	
PLENVU SOL	Tier 1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	Tier 1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	Tier 1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Tier 1	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	Tier 1	
GATTEX KIT 5mg	Tier 1	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>misoprostol</i> TABS 100mcg, 200mcg	Tier 1	
MOVANTIK TABS 12.5mg, 25mg	Tier 1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 1	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	Tier 1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	Tier 1	
VOWST CAP	Tier 1	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	Tier 1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	Tier 1	PA
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	Tier 1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	Tier 1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
<i>rabeprazole sodium</i> TBEC 20mg	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	Tier 1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	Tier 1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	Tier 1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	Tier 1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	Tier 1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	Tier 1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	Tier 1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	Tier 1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	Tier 1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	Tier 1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	Tier 1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	Tier 1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	Tier 1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	Tier 1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	Tier 1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	Tier 1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	Tier 1	
<i>metronidazole vaginal</i> GEL .75%	Tier 1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	Tier 1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	Tier 1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	Tier 1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	Tier 1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	Tier 1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml	Tier 1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	Tier 1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	Tier 1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	Tier 1	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Tier 1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 1	NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	Tier 1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	Tier 1	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit	Tier 1	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 1	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 1	
ENDARI PACK 5gm	Tier 1	NM, PA
HAEGARDA SOLR 2000unit	Tier 1	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	Tier 1	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	Tier 1	QL (9 syringes / 30 days), NM, PA
<i>L-glutamine (sickle cell)</i> PACK 5gm	Tier 1	NM, PA
<i>pentoxifylline</i> TBCR 400mg	Tier 1	
<i>sajazir</i> SOSY 30mg/3ml	Tier 1	QL (9 syringes / 30 days), NM, PA
TAVNEOS CAPS 10mg	Tier 1	QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TABS 60mg, 90mg	Tier 1	
<i>clopidogrel bisulfate</i> TABS 75mg	Tier 1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	Tier 1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	Tier 1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	Tier 1	QL (56 pens / 365 days), NM, PA
COSENTYX SOLN 125mg/5ml	Tier 1	NM, PA
COSENTYX SOSY 75mg/0.5ml	Tier 1	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	Tier 1	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 1	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	Tier 1	QL (16 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	Tier 1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 100mg/0.67ml	Tier 1	NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	Tier 1	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	Tier 1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	Tier 1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	Tier 1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	Tier 1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	Tier 1	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	Tier 1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	Tier 1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	QL (6 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml	Tier 1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	Tier 1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	Tier 1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 1	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	Tier 1	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	Tier 1	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	Tier 1	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	Tier 1	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	Tier 1	NM, PA
REMICADE SOLR 100mg	Tier 1	NM, PA
RENFLEXIS SOLR 100mg	Tier 1	NM, PA
RINVOQ TB24 15mg, 30mg	Tier 1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	Tier 1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	Tier 1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	Tier 1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	Tier 1	NM, PA
SKYRIZI SOSY 150mg/ml	Tier 1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	Tier 1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	Tier 1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	Tier 1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	Tier 1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOPN 100mg/ml	Tier 1	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 1	NM, PA
VELSIPITY TABS 2mg	Tier 1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	Tier 1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	Tier 1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	Tier 1	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	Tier 1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 1	NM, PA
GAMASTAN INJ	Tier 1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 1	NM, PA
ARCALYST SOLR 220mg	Tier 1	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	Tier 1	B/D
<i>azathioprine</i> TABS 50mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	Tier 1	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	Tier 1	NM, PA
cyclosporine CAPS 25mg, 100mg	Tier 1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	Tier 1	B/D
mycophenolate sodium TBEC 180mg, 360mg	Tier 1	B/D
NULOJIX SOLR 250mg	Tier 1	B/D
PROGRAF PACK .2mg, 1mg	Tier 1	B/D
REZUROCK TABS 200mg	Tier 1	QL (30 tabs / 30 days), NM, PA
SANDIMMUNE SOLN 100mg/ml	Tier 1	B/D
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 1	B/D

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	Tier 1	
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENG VAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	Tier 1
D10W/NACL INJ 0.2%	Tier 1
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose 5% in lactated ringers</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1
ISOLYTE-P INJ /D5W	Tier 1

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S INJ PH 7.4	Tier 1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 1	
<i>lactated ringer's solution</i>	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 1	
<i>multiple electrolytes ph 5.5</i>	Tier 1	
<i>multiple electrolytes ph 7.4</i>	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	Tier 1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	Tier 1	
<i>klor-con 8 TBCR 8meq</i>	Tier 1	
<i>klor-con 10 TBCR 10meq</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	Tier 1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 1	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	Tier 1	B/D
CLINIMIX INJ 4.25/D10	Tier 1	B/D
CLINIMIX INJ 5%/D15W	Tier 1	B/D
CLINIMIX INJ 5%/D20W	Tier 1	B/D
CLINIMIX INJ 6/5	Tier 1	B/D
CLINIMIX INJ 8/10	Tier 1	B/D
CLINIMIX INJ 8/14	Tier 1	B/D
<i>clinisol sf 15%</i>	Tier 1	B/D
CLINOLIPID EMU 20%	Tier 1	B/D
<i>dextrose</i> SOLN 5%, 10%	Tier 1	
<i>dextrose</i> SOLN 50%, 70%	Tier 1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 1	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 1	B/D
<i>plenamine</i>	Tier 1	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 1	B/D
TRAVASOL INJ 10%	Tier 1	B/D
TROPHAMINE INJ 10%	Tier 1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>neo-polycin hc ophth oint 1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	Tier 1	
TOBRADEX ST SUS 0.3-0.05	Tier 1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6%	Tier 1	
CILOXAN OINT .3%	Tier 1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gatifloxacin (ophth) SOLN .5%</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	Tier 1	QL (12 mL / 30 days)
NATACYN SUSP 5%	Tier 1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin (ophth) SOLN .3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	Tier 1	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	
<i>trifluridine SOLN 1%</i>	Tier 1	
XDEMVY SOLN .25%	Tier 1	NM, PA
ZIRGAN GEL .15%	Tier 1	

ANTI-INFLAMMATORIES

<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	Tier 1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
<i>difluprednate EMUL .05%</i>	Tier 1	
FLAREX SUSP .1%	Tier 1	
<i>fluorometholone (ophth) SUSP .1%</i>	Tier 1	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	Tier 1	
LOTEMAX OINT .5%	Tier 1	
<i>loteprednol etabonate SUSP .2%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i> SUSP 1%	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 1	
ZERVIAE SOLN .24%	Tier 1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 1	
BETOPTIC-S SUSP .25%	Tier 1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	Tier 1	
<i>brinzolamide</i> SUSP 1%	Tier 1	
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	
<i>dorzolamide hcl</i> SOLN 2%	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	Tier 1	
<i>latanoprost</i> SOLN .005%	Tier 1	
<i>levobunolol hcl</i> SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 1	NM, PA
CYSTARAN SOLN .44%	Tier 1	NM, PA
EYSUVIS SUSP .25%	Tier 1	
MIEBO SOLN 1.338gm/ml	Tier 1	
<i>proparacaine hcl</i> SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 1	
RESTASIS MULTIDOSE EMUL .05%	Tier 1	
XIIDRA SOLN 5%	Tier 1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 1	
<i>flac</i> OIL .01%	Tier 1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	Tier 1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin (otic) SOLN .3%</i>	Tier 1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	Tier 1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	Tier 1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	Tier 1	

ANTIHISTAMINES

<i>azelastine hcl SOLN .1%</i>	Tier 1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	Tier 1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	Tier 1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	Tier 1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	Tier 1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	Tier 1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	Tier 1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	Tier 1	QL (300 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i> TABS 5mg	Tier 1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	Tier 1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	Tier 1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	Tier 1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 1	
VENTOLIN HFA AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	Tier 1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	Tier 1	
<i>zafirlukast</i> TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	B/D
ARALAST NP SOLR 500mg, 1000mg	Tier 1	NM, PA
BRONCHITOL CAPS 40mg	Tier 1	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	Tier 1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	Tier 1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	Tier 1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 1	QL (56 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150mg	Tier 1	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	Tier 1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	Tier 1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	Tier 1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	Tier 1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	Tier 1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	Tier 1	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	Tier 1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	Tier 1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	Tier 1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 1	NM, PA
<i>roflumilast</i> TABS 250mcg	Tier 1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	Tier 1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	Tier 1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	Tier 1	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG	Tier 1	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	Tier 1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	Tier 1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	Tier 1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	Tier 1	QL (8 vials / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	Tier 1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	Tier 1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 1	NM, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	Tier 1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	Tier 1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	Tier 1	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	Tier 1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	Tier 1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters / 30 days)
<i>breyna</i>	Tier 1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	Tier 1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	Tier 1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	Tier 1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	Tier 1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	Tier 1	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	Tier 1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	Tier 1	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	Tier 1	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	Tier 1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	Tier 1	
<i>ssd CREA 1%</i>	Tier 1	
<i>SULFAMYLON CREA 85mg/gm</i>	Tier 1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	Tier 1	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	Tier 1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	Tier 1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	Tier 1	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	Tier 1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical)</i> SHAM 2%	Tier 1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	Tier 1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	Tier 1	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	Tier 1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	Tier 1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	Tier 1	QL (120 gm / 30 days), PA
ENSTILAR AER	Tier 1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	Tier 1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	Tier 1	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	Tier 1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	Tier 1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	Tier 1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	Tier 1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	Tier 1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	Tier 1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	Tier 1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	Tier 1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	Tier 1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	Tier 1	QL (60 mL / 30 days)

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

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	Tier 1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	Tier 1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	Tier 1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	Tier 1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	Tier 1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	Tier 1	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	Tier 1	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	Tier 1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	Tier 1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	Tier 1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 1	
<i>imiquimod</i> CREA 5%	Tier 1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	Tier 1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	Tier 1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	Tier 1	QL (30 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL .1%	Tier 1	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	Tier 1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	Tier 1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	Tier 1	
<i>proctocort</i> CREA 1%	Tier 1	
<i>proctosol hc</i> CREA 2.5%	Tier 1	
<i>proctozone-hc</i> CREA 2.5%	Tier 1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	Tier 1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	Tier 1	QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	Tier 1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	Tier 1	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	Tier 1	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	Tier 1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	Tier 1	
<i>clotrimazole</i> TROC 10mg	Tier 1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	Tier 1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	Tier 1	
<i>periogard</i> SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	Tier 1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	Tier 1	

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<i>carb/levo orally disintegrating tab 25-250mg</i>	44	<i>cefuroxime axetil</i>	22
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<i>carbidopa & levodopa tab er 50-200 mg</i>	44	<i>cetirizine hcl</i>	82
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<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	36	ORKAMBI GRA 75-94MG	84
<i>omega-3-acid ethyl esters cap 1 gm</i> .	38	ORKAMBI TAB 100-125	84
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		<i>oxcarbazepine</i>	49
		<i>oxybutynin chloride</i>	71
		<i>oxycodone hcl</i>	15
		<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	15
		<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	15
		<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	15
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<i>paliperidone</i>	46
<i>pamidronate disodium</i>	60
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<i>pantoprazole sodium</i>	70
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<i>paricalcitol</i>	68
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<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	69
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<i>penicillin g potassium</i>	23
<i>penicillin g sodium</i>	24
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<i>pentamidine isethionate inj</i>	17
<i>pentoxifylline</i>	72
<i>perindopril erbumine</i>	35
<i>perio gard</i>	89
<i>permethrin</i>	89
<i>perphenazine</i>	46
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<i>pimtrea</i>	64
<i>pindolol</i>	39
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<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	57
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	57
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<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	24
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	24
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<i>piroxicam</i>	14
<i>plenamine</i>	79
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<i>podofilox</i>	89
<i>polycin ophth oint</i>	80
<i>polymyxin b sulfate</i>	17
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	80
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<i>portia-28</i>	64
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<i>prasugrel hcl</i>	73	PURIXAN	25
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<i>prazosin hcl</i>	35	<i>pyrimethamine</i>	17
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<i>prednisolone acetate (ophth)</i>	81	QINLOCK	31
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<i>prednisone</i>	66	<i>quetiapine fumarate</i>	46
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<i>primaquine phosphate</i>	18	<i>reclipsen</i>	64
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<i>proparacaine hcl</i>	81	<i>rifabutin</i>	20
<i>propranolol hcl</i>	39	<i>rifampin</i>	20
<i>propylthiouracil</i>	68	<i>riluzole</i>	53
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<i>risedronate sodium</i>	60	SKYRIZI	74
<i>risperidone</i>	46	SKYRIZI PEN	74
<i>risperidone microspheres</i>	46	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>ritonavir</i>	19	17.5-3.13-1.6 gm/177ml	69
<i>rivastigmine</i>	42	<i>sodium chloride</i>	78
<i>rivastigmine tartrate</i>	42	<i>sodium chloride (gu irrigant)</i>	89
<i>rivelsa</i>	64	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>rizatriptan benzoate</i>	53	mg/ml soln	79
ROCKLATAN DRO	81	SODIUM OXYBATE	55
<i>roflumilast</i>	84	<i>sodium phenylbutyrate</i>	67
<i>ropinirole hydrochloride</i>	44	<i>sodium polystyrene sulfonate powder</i>	
<i>rosuvastatin calcium</i>	38		60
ROTARIX SUS	77	<i>solifenacin succinate</i>	71
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<i>rufinamide</i>	49	SOMAVERT	67
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<i>sajazir</i>	72	<i>spironolactone</i>	35
SANDIMMUNE	76	<i>spironolactone & hydrochlorothiazide</i>	
SANTYL	89	<i>tab 25-25 mg</i>	40
<i>sapropterin dihydrochloride</i>	67	<i>sprintec 28</i>	64
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<i>scopolamine</i>	68	SPRYCEL	32
SECUADO	46	<i>sps</i>	60
<i>selegiline hcl</i>	44	<i>sronyx</i>	64
<i>selenium sulfide</i>	87	<i>ssd</i>	86
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<i>sertraline hcl</i>	43	<i>streptomycin sulfate</i>	17
<i>setlakin</i>	64	STRIBILD TAB	20
<i>sharobel</i>	64	<i>subvenite</i>	50
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<i>sildenafil citrate (pulmonary</i>		<i>sulfacetamide sodium (ophth)</i>	80
<i>hypertension)</i>	41	<i>sulfacetamide sodium-prednisolone</i>	
<i>silver sulfadiazine</i>	86	<i>ophth soln 10-0.23(0.25)%</i>	79
SIMBRINZA SUS 1-0.2%	81	<i>sulfadiazine</i>	17
<i>simliya</i>	64	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>simpesse</i>	64	400-80 mg/5ml	17
<i>simvastatin</i>	38	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>sirolimus</i>	76	200-40 mg/5ml	17

<i>sulfamethoxazole-trimethoprim tab</i>	
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<i>tobramycin</i>	17	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin (ophth)</i>	80	1000MG	58
<i>tobramycin sulfate</i>	17	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tobramycin-dexamethasone ophth susp</i>		1000MG	58
0.3-0.1%	80	TRIJARDY XR TAB ER 24HR 25-5-	
<i>tolterodine tartrate</i>	71	1000MG	58
<i>topiramate</i>	50	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>toremifene citrate</i>	26	1000MG	58
<i>torseamide</i>	40	TRIKAFTA PAK 59.5MG	84
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<i>tramadol hcl</i>	16		84
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tri-legest fe</i>	64
<i>mg</i>	16	<i>tri-linyah</i>	64
<i>trandolapril</i>	35	<i>tri-lo-estarylla</i>	64
<i>tranexamic acid</i>	73	<i>tri-lo-marzia</i>	64
<i>tranylcypromine sulfate</i>	43	<i>tri-lo-mili</i>	64
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<i>tretinoin (chemotherapy)</i>	27	TROPHAMINE INJ 10%	79
<i>triamcinolone acetonide (mouth)</i>	89	<i>trospium chloride</i>	71
<i>triamcinolone acetonide (topical)</i>	88	TRULICITY	58
<i>triamterene & hydrochlorothiazide cap</i>		TRUMENBA INJ	77
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<i>triamterene & hydrochlorothiazide tab</i>		TRUXIMA	33
37.5-25 mg	40	TUKYSA	33
<i>triamterene & hydrochlorothiazide tab</i>		TURALIO	33
75-50 mg	40	<i>turqoz</i>	64
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<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	37
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	37
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<i>vigpoder</i>	50
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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 (TTY: 711). 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 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-280-5555 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-280-5555 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-280-5555 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-280-5555 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-280-5555 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-844-280-5555 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-280-5555 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-280-5555 (TTY: 711). 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 (TTY: 117). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-280-5555 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त स .

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 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-280-5555 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-280-5555 (TTY: 711). Ta usługa jest bezpłatna.

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

This formulary was updated on 08/26/2024. 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 08/26/2024. 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.



Customer Care: 1-844-280-5555 (Toll free)

From 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31),
and 8 a.m. to 8 p.m. from Monday to Friday (April 1 – September 30)

www.GlobalHealth.com

Servicio al Cliente: 1-844-280-5555 (Libre de costo)

De 8 a.m. a 8 p.m. los 7 días de la semana (del 1 de octubre al 31 de marzo) y de
8 a.m. a 8 p.m. de lunes a viernes (del 1 de abril al 30 de septiembre)

www.GlobalHealth.com